



**Public Health Association**  
AUSTRALIA

# **Preventive Mental Health Conference 2026**

‘Doing Better – Working together to promote and protect the mental health and wellbeing of people in Australia.’

**Tuesday 24 to Wednesday 25 March 2026**  
**Novotel Parramatta**  
**Parramatta (Sydney)/Dharug Country, NSW**

## **Abstract Book**

Last updated 17 March 2026



## Prevention Through Connection: Embedding Nature and Trauma-Informed Practice into Public Mental Health

Ms Kit Kline<sup>1</sup>

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3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

### Pre-recorded Presentation

Preventing mental health problems requires a systemic shift towards addressing upstream drivers of distress—trauma, disconnection, and environments that erode wellbeing. This presentation argues that embedding trauma-informed assessments and nature-based interventions into public health strategies can strengthen protective factors across populations. Evidence shows that time in natural environments reduces stress, builds community connection, and supports nervous system regulation. When combined with trauma-informed assessments such as the TIWSA, these approaches provide not only early detection of risk but also pathways for strengthening resilience and community capacity. Case studies will illustrate how schools, workplaces, and community services can integrate nature-based and trauma-informed approaches into their prevention strategies. Attendees will gain practical ideas for low-cost, scalable interventions that can promote population-level wellbeing and reduce the burden of mental illness.

# Why Causal Evidence on Child Maltreatment Demands a Re-prioritisation of Mental Health Investment

Dr Lucy Grummit<sup>1</sup>

<sup>1</sup>The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney, Sydney, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

## Long Oral Presentation

The high burden of mental disorders globally necessitates a critical evaluation of investment. Social and structural factors act as fundamental causes of mental disorders, yet remain under-addressed in policy and practice. This presentation will review findings from a national epidemiological assessment showing that childhood maltreatment causes between 21-41% of all mental health conditions in Australia, equating to over 1.8 million preventable cases. Two years on from this evidence, the imperative is clear: we must move beyond treating the consequences and commit to the primary prevention of child maltreatment as a core, non-negotiable pillar of preventive mental health. The presentation will outline urgent policy and practice shifts required, including the allocation of dedicated mental health funding to evidence-based early intervention and family support programs and policy targets for reducing child maltreatment prevalence.

## Implementing a systemic approach to wellbeing promotion

Dr Matt Fisher<sup>1</sup>

<sup>1</sup>Adelaide University, Blackwood, Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,

11:00 AM - 12:30 PM

Mental health and wellbeing in Australia are affected by multiple social determinants across the life course. Resultant rates of psychological distress, burnout, and mental ill-health are high and increasing. A systemic response is urgently required but has proved difficult to conceptualise and implement. 'Health in All Policies' and similar approaches to intersectoral, healthy public policy have had limited success and siloed approaches remain the norm. Mental 'health' policy is stuck within a failing and far too limited biomedical paradigm of individualised diagnosis and treatment. Despite this, mental health promotion has only marginal support in policy and is often limited to small-scale or short-term interventions. This presentation will synthesise insights from the author's research on wellbeing theory and healthy public policy in areas of primary health care, Indigenous health, health policy, food policy, intersectoral policy, and commercial determinants of health. It will propose and unpack key elements of government, business and community-based action needed to implement a systemic, intersectoral approach to equitable promotion of psychological wellbeing. I will argue that this systemic approach requires integrative thinking across fields of wellbeing theory, political ethics, healthy public policy, community development, and environmental sustainability. The proposed approach will include measures to ensure equity of access to supportive social conditions for wellbeing. I will centre on the 'wellbeing community' as a core feature underpinning policy coherence for wellbeing. I will propose strategies to implement this approach incrementally while building public support for wider change.

## The mental health promotion work of Australia's Suicide Prevention Networks

Dr Matt Fisher<sup>1</sup>, Dr Miriam van den Berg<sup>1</sup>, A/Prof Toby Freeman<sup>1</sup>

<sup>1</sup>Adelaide University, Blackwood, Australia

3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

Current Australian government responses to suicide include support for around 160 community-based Suicide Prevention Networks (SPNs) operating in communities around Australia. Around 130 of these are supported through the national Wesley Mission LifeForce program. Another 30 or so in South Australia are supported by Preventive Health SA. SPNs are primarily run by volunteers and operate within localised spaces such as urban regions within major cities, regional cities, and rural or remote towns and communities. Our current MRFF-funded research has investigated the nature and scope of work of SPNs through a) thematic analysis of online information on 103 individual networks drawn from Facebook pages and websites, and b) in-depth interviews with 14 key stakeholders and SPN members. Although SPNs work does include support for people experiencing suicidal ideation or bereaved by suicide, we found that it also includes a range of broader mental health promotion strategies offered to whole communities or groups defined by criteria such as gender, age, employment, Indigeneity, or ethnicity. We present our findings on the variety of mental health promotion work undertaken by SPNs, the population groups toward whom such strategies are directed, and the extent to which these strategies address social determinants of suicide risk or target known, higher-risk groups. We also present findings on key factors enabling SPNs to function effectively and remain durable over time. Based on these findings we discuss suitable policy and organisational actions to improve and expand the mental health promotion work of SPNs within their respective communities.

# The importance of everyday actions on mental health: The Big 5 Framework

Professor Nick Titov<sup>1</sup>

<sup>1</sup>MindSpot, Macquarie University, Sydney, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

## CONTEXT AND AIM

Most of us know what to do to stay physically healthy — eat well, move often, get enough sleep. But when it comes to mental health, the everyday actions that help aren't always clear. Our research set out to answer two simple but important questions:

1. What daily actions make the biggest difference to our mental health?
2. How often should we be doing them?

## METHODS AND ANALYSIS

The Big 5 Framework is based on research involving over 25,000 adults. Through large-scale surveys, we identified five key actions — out of 16 possibilities — that were most strongly linked to lower symptoms of depression and anxiety, and higher life satisfaction.

Longitudinal studies showed that the more often people did these five actions, the better their mental health. Experimental studies revealed that gentle nudges, like SMS reminders, helped people do these actions more often — leading to real improvements in wellbeing.

Importantly, when people were asked to stop doing these actions, their mental health declined quickly — but improved again once they resumed them.

## OUTCOMES

The Big 5 Framework is now being used by Health Direct, several Australian NGOs, and in clinical trials across more than 10 countries. It's also been implemented at MindSpot, an Australian digital psychology service.

At this conference, we'll share new findings from MindSpot showing how promoting the Big 5 not only improves mental health outcomes, but also helps people understand what they can do each day to support their own wellbeing.

## FUTURE ACTIONS

The Big 5 Framework is simple, low-cost, and scalable — making it ideal for national education campaigns. We believe it's time to promote a clear message: there are things we can do every day to support our mental health, and when we stop doing them, our wellbeing can suffer.

## Understanding Disordered Eating in Schools: Global Prevalence, Risk Factors, and Research-to-Practice Integration

Mrs Jessica Morgan<sup>1</sup>, Thi Ngoc-Anh Hoang<sup>2</sup>

<sup>1</sup>headspace National Youth Mental Health Foundation, Melbourne, Australia, <sup>2</sup>Curtin University, Perth, Australia

2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

Eating disorders are clinically diagnosed psychiatric conditions with severe physical and psychological consequences, whereas disordered eating refers to unhealthy eating attitudes and behaviours that may not meet diagnostic criteria but still pose significant risks. Both are serious and potentially life-threatening health concerns. Early identification and support are critical to improving outcomes. headspace National Youth Mental Health Foundation, supported by Curtin University, conducted a rapid review of 1,821 articles from PubMed and PsycINFO. Findings show that 1 in 4 school-aged students worldwide report disordered eating behaviours (pooled prevalence: 25.7%; 95% CI: 21.1–30.2), while 1 in 20 is suffering from eating disorders (4.5%; 1.8–7.1). Disordered eating behaviours were 1.5 times more prevalent in female students than in males, while the prevalence of eating disorders was 7.7 times higher among females. The highest prevalence of disordered eating behaviours was observed among students aged 15–16 years, those attending public schools, and in Southeast Asia. By contrast, eating disorders were most common among students aged 8–18 years in the Americas and Eastern Mediterranean regions.

Key risk factors for both EDs and DE included female sex, overweight or obesity status, depression, anxiety, perfectionism, body dissatisfaction, and substance use. Beyond individual-level factors, family influences (e.g., weight-related teasing, maternal dieting or smoking), peer influences (e.g., bullying, peer weight teasing), and sociocultural pressures (e.g., media influence, thin-ideal messaging) also increased vulnerability.

Despite this complexity, protective factors such as self-esteem, family cohesion, and school safety can buffer risk. Schools therefore present a critical setting for early intervention, offering opportunities to integrate prevention into whole-school mental health strategies and deliver timely support. Food for Thought is a school-based early intervention model designed to build the confidence, skills, and knowledge of school staff to identify early signs, respond appropriately, and support students experiencing disordered eating and is strengthening headspace support to communities.

## Depression and One-Carbon Metabolism: An Anthropogenetic Study in North India

Dr Gurjinder Kaur Brar<sup>1,2</sup>, Prof Rajan Gaur<sup>1</sup>

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2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

Depression, a multifactorial mental health condition, arises from the interaction of biological, nutritional, and socio-cultural determinants. One-carbon metabolism, involving folate, vitamin B12, and homocysteine, has been implicated in neuropsychiatric disorders through its role in methylation processes, neurotransmitter synthesis, and cognitive regulation. Despite its biomedical relevance, the intersection of nutrition, genetics, and cultural practices remains underexplored in anthropological research.

This study was undertaken among a Mendelian population in North India, characterized by genetic homogeneity, vegetarian dietary habits, and shared cultural practices—conditions that minimize variability and allow deeper exploration of bio-cultural links to mental health. A total of 808 adults aged 30–70 years were assessed for depression using standardized screening tools. Biochemical analyses of serum folate, vitamin B12, and plasma homocysteine were conducted, alongside genotyping for the MTHFR C677T polymorphism. Anthropometric and socio-demographic data were also collected to situate findings within a broader anthropological framework.

The prevalence of depression was 31.1%, with women more affected than men. Elevated homocysteine and low folate/vitamin B12 were associated with depressive symptoms, though statistical significance varied. Interestingly, folate appeared to mitigate the effects of B12 deficiency, suggesting adaptive nutritional buffering within this vegetarian community. No significant association was found between MTHFR C677T polymorphism and depression.

From an anthropological perspective, the study underscores how dietary traditions, kinship patterns, and genetic endogamy intersect with biological risk factors to shape mental health outcomes. The findings highlight the need for culturally contextualized interventions addressing both nutritional adequacy and mental well-being.

This anthropogenetic approach demonstrates that integrating biochemistry with socio-cultural analysis enriches our understanding of depression and offers pathways toward population-specific prevention strategies.

## Climate Crisis and Indigenous Youth Mental Health: Identifying Preventions and Solutions

Dr Suzanne Stewart<sup>1</sup>, Mr. Keith McCrady, Mr. Shiva Acharya

<sup>1</sup>University Of Toronto, Toronto, Canada

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

The climate crisis continues to significantly and disproportionately impact Indigenous Peoples across Canada and worldwide. Major issues faced by Indigenous youth are threats to education, employment, food sovereignty, and access to land based Indigenous knowledges, which are all key to the youths' mental wellness. Existing data show that Indigenous youth experience mental health problems across all dimensions at significantly higher rates than non-Indigenous youth. A community-driven regional study by an Indigenous academic research team responds to the need for the inclusion and empowerment of Indigenous youth perspectives on the impacts of the climate crisis on mental health. A goal is to generate responses to address and end Indigenous youth mental health crisis such as with mood disorders, addictions, PTSD, and suicide along with policy solutions to end environmental genocide and to scale up to national and international solutions. A mixed method approach of qualitative and survey data was used as driven by local, national community partners. Results include meta-themes and concrete calls to change in policy and practice both nationally and regionally in Canada. Indigenous leadership and data governance frameworks for the project were determined by community partners, Elders, and youth. Results provide Indigenous Knowledges solutions for practice/interventions and prevention to remove barriers for improved mental health outcomes for Indigenous youth. Next steps in the project include, in the context of the climate crisis, implementation and evaluation of mental health prevention programming and a national impact assessment of Indigenous youth mental health and expanding research collaborations through existing partnerships with the Poche Centres at University of Sydney and University of Melbourne.

## Building Workforce Resilience: A Lived-Experience Approach to Preventing Burnout and Vicarious Trauma

Mr Benn Lockyer<sup>1</sup>

<sup>1</sup>Benn Lockyer, Gisborne, Australia

3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

Mental health challenges affect everyone, yet workplaces often focus on outcomes rather than the wellbeing of the people who drive them. Stress, vicarious strain, and everyday pressures can reduce resilience, engagement, and connection, impacting both individuals and the broader environment. Supporting mental health proactively through practical prevention and coping strategies, benefiting both individuals and organisations.

Drawing on lived experience of profound grief and recovery, Benn developed the RISE framework (Recognise, Invite, Separate, Engage) as a practical approach to supporting mental health. RISE equips individuals to notice early signs of strain, invite supportive connections, create healthy boundaries, and engage in positive coping practices that strengthen resilience.

Delivered through keynotes and interactive workshops, RISE helps teams and individuals reduce stigma, normalise help-seeking, and build a culture of mutual support. Participants leave empowered and prepared to take practical steps for their wellbeing, maintain connection with peers, and apply strategies that prevent stress from escalating.

Embedding resilience-building approaches like RISE across workplaces and communities promotes mental health at individual, team, and organisational levels. By empowering people with a practical toolkit, we can create environments where everyone is equipped to thrive, contribute fully, and sustain their wellbeing in a changing world.

## Reversing the creep: Should we reassess our approach to mental health literacy?

Ms Maja Havrilova<sup>1</sup>

<sup>1</sup>Prevention United, Melbourne, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

There is no doubt that mental health awareness and literacy efforts over the last few decades have helped to reduce stigma around high prevalence mental health conditions like depression and anxiety, promote help-seeking, and secure people's access to support and services. However, there is now growing evidence that the current approach may have led to several unintended negative consequences including contributing to the pathologisation of common difficult emotions, the medicalisation of mental ill-health and over-diagnosis of mental health conditions – all related phenomena that have the potential to paradoxically undermine the quality of people's mental health.

This presentation will explore three aspects of this issue. First, it will consider the broad drivers of our changing perceptions of poor mental health including concept creep, heightened vigilance and social contagion, systemic incentives, and commercial and pharmaceutical interests – and how efforts to improve mental health literacy may have contributed to some of these. Second, it will discuss the potential impacts on our mental health and wellbeing, including undermining people's resilience, increasing self-stigma, obscuring the environmental causes of poor mental health, trivialising some mental health conditions, and misallocating resources. Third, it will explore how we can improve our approach to mental health promotion – particularly mental health literacy - by applying a more sophisticated mental health framework – the dual-continua model of mental health. Helping people in the community, as well as mental health promotion workers, develop a more nuanced understanding of mental health, particularly different states of poor mental health, should better support them to effectively manage its key influences, thereby helping them to experience their highest possible mental wellbeing throughout their lives.

## Evaluation of an online mental health and suicide gatekeeper resource for parents

Professor Alison Calear<sup>1</sup>, Dr Sonia McCallum<sup>1</sup>, Associate Professor Michelle Torok<sup>2</sup>, Associate Professor Aliza Werner-Seidler<sup>2</sup>, Professor Bridianne O'Dea<sup>3</sup>, Dr Alyssa Morse<sup>1</sup>, Associate Professor Louise Farrer<sup>1</sup>, Professor Fiona Shand<sup>2</sup>, Professor Philip Batterham<sup>1</sup>

<sup>1</sup>The Australian National University, Acton, Australia, <sup>2</sup>Black Dog Institute, Randwick, Australia,

<sup>3</sup>Flinders University, Adelaide, Australia

3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

What is the problem/issue that requires action?

Rates of help-seeking for suicidal thoughts, suicide attempts, and mental disorders are low among children and adolescents. Parents are often the facilitators of care for young people, yet they may not have sufficient knowledge and skills to identify mental health needs or suicide risk in their child or facilitate their access to services. The aim of this study is to test the effect of a new mental health and suicide gatekeeper resource for parents and caregivers on participant self-efficacy, knowledge, stigma and help-seeking.

What do we know or have we learned to address this problem/issue, and how has this finding been derived?

The “Recognise, Respond and Support – A Parent’s Guide to Youth Mental Health” resource was developed around the needs and experiences of Australian parents/caregivers. Parents and caregivers with a child aged 5-17 years participated in a two-arm randomised controlled trial (n=509) comparing the new online resource to a wait-list control condition. At post-intervention, there was a significant effect of the intervention on mental health self-efficacy, suicide and self-harm self-efficacy, perceived mental health and suicide knowledge, suicide stigma and literacy, and barriers to help-seeking.

How has this been used in practice?

The Recognise, Respond and Support – A Parent’s Guide to Youth Mental Health is an effective and accessible resource that addresses a clear unmet need for parents and caregivers.

What actions should we take in the future to address the problem/issue?

Providing parents and caregivers with the knowledge and skills to support the mental health of their children is likely to facilitate more timely and effective care for young people experiencing distress.

## Adolescent mental health and prevention: findings from the Future Proofing Study

Dr Lyndsay Brown<sup>1</sup>

<sup>1</sup>Black Dog Institute, Randwick, Australia

1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

### 1. Problem/issue

Adolescent anxiety and depression are urgent public health concerns in Australia with 15% of young adolescents reporting clinical depression, 18% reporting clinical anxiety, and more than 30% reporting significant psychological distress. These high rates affect the whole population, while some groups, including those with adverse childhood experiences, females and gender and sexuality diverse adolescents, and other marginalised young people experience disproportionate challenges.

### 2. Knowledge and methods

The Future Proofing Study is Australia's largest, comprehensive, longitudinal study of adolescent mental health, following more than 6,300 students across 134 schools for six years. Since 2019, researchers have conducted secure, anonymised online surveys each year, with validated measures covering mental health, identity, values, relationships, wellbeing, sleep, technology use and more.

### 3. Practice/outcomes

Some of the findings of this study are being translated into universal prevention programs developed in consultation with adolescents and delivered at scale through schools. Teens & Screens helps young people critically reflect on online engagement, while Sleep Ninja for the Classroom adapts evidence-based sleep interventions for universal delivery. Both are curriculum-aligned and accessible free to school staff. Early evaluations show strong engagement and improved awareness.

### 4. Future actions

Embedding these universal programs into school curricula, strengthening teacher capacity, and sustaining community awareness of adolescent wellbeing will support population-wide prevention. Continued collaboration between researchers, schools, families, and policymakers is essential to ensure all young people benefit, and that prevention becomes a visible, collective priority at local and national levels.

# Let's Talk TACTICS: A Practical, Preventative Framework for Effective Communication

Ms Malinda Guest<sup>1</sup>

<sup>1</sup>Boundless Psychology, Narrabri, Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

## Problem:

Mental health conditions and suicide remain pressing issues across Australia, particularly among young adults and in regional, rural, and remote communities. While initiatives often encourage mental health check-ins, many people are unsure how to have these conversations effectively or what actions to take next. This gap can delay early intervention, increase distress, and reduce help-seeking behaviour (Beyond Blue, 2023; Everymind, 2024).

## Methods/Research Findings:

Let's Talk TACTICS is a structured, preventative communication framework that equips individuals, families, and workplaces with practical skills for initiating, navigating, and concluding conversations about mental health. Research shows that structured, skills-based approaches reduce distress, improve help-seeking, build coping skills, and are more cost-effective than treatment alone (ScienceDirect, 2025; Everymind, 2024; NHS Mental Health Prevention Research, 2024). Over the past 12 months, participants consistently reported that TACTICS is practical, easy to use, and increases confidence and willingness to engage in conversations. Requests for longer workshops highlight strong engagement and demand for extended learning.

## Outcomes:

TACTICS has been applied in diverse contexts, including the Rural Financial Counselling Service for succession planning and Telstra for national staff development, demonstrating relevance across personal, workplace, and community settings. Its scalable design enables adaptation to local needs, suitable for workplaces, communities, and professional development programs (ISAT, 2019; WHO, 2020). It will also be presented at the 2025 National Rural Mental Health Conference, underscoring its recognition and value in rural and regional contexts.

## Future Actions:

Aligned with the 2025 NSW Suicide Prevention Bill, TACTICS will be scaled to additional communities, embedded into workplace and professional training, and co-designed with local stakeholders to reflect community-specific needs (ISAT, 2019; WHO, 2020). Broad implementation of structured communication skills will promote safer conversations, strengthen resilience, and support mentally healthy settings across Australia.

## Learning Objectives:

Understand how TACTICS equips participants with communication skills to prevent mental health crises.

Explore how TACTICS promotes equity in mental health across diverse communities.

Examine how TACTICS supports mentally healthy settings through engagement, awareness, and co-design.

## Good Policy, Poor Fit? What small-medium businesses need for mental health prevention

Ms Kristy Burns<sup>1</sup>, Dr Abilo De Almeida Neto<sup>2</sup>, A/Prof Louise Ellis<sup>3</sup>, A/Prof Josephine Chau<sup>1</sup>, Dr Sharon Stoddart<sup>3</sup>, Professor Janaki Amin<sup>1</sup>

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2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
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Workplaces are critical settings for preventive mental health interventions, yet efforts to address psychosocial risks are often limited by challenges in real-world implementation. Recent regulatory reforms in Australia require employers to manage psychosocial hazards with the same rigour as physical risks. However, small and medium-sized enterprises (SMEs) face disproportionate barriers in meeting these expectations.

This qualitative study explored the experiences of 29 business leaders across NSW, most from SMEs, through interviews and a focus group. Using reflexive thematic analysis, three themes emerged: (1) workplace-level implementation challenges including regulatory complexity, limited resources, and knowledge gaps; (2) macro-level pressures such as broader mental health demands and compliance overload; and (3) a search for contextualised, practical guidance.

Some participants described screening out job applicants perceived to pose a “mental health risk” as a compliance strategy, raising concerns about the unintended consequences of limited support.

Others expressed high levels of stress and uncertainty about their own capacity to meet requirements, suggesting a risk of harm to business leaders as well.

Findings suggest that without targeted, industry-specific tools and support, current approaches may not only fail to prevent harm but may also introduce new forms of exclusion. Intermediary organisations such as industry associations may play a key role in bridging this gap by contextualising guidance, sharing practical strategies, and facilitating dialogue between regulators and businesses.

This research highlights the urgent need to adapt psychosocial risk management strategies to meet the realities of SMEs if workplace mental health reforms are to succeed as truly preventive, inclusive measures.

## Implementing a Global primordial Prevention Universal Wellbeing Charter

Ms Susan Stevenson<sup>1</sup>

<sup>1</sup>FREEDOM Wellbeing Institute , Hamilton, New Zealand

3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

A seventeen year wellbeing research programme in New Zealand has produced breakthroughs in evidence based, multidisciplinary, and authentically holistic conceptions of wellbeing. The research programme addressed four core questions: What is wellbeing? How is wellbeing influenced? How can wellbeing be measured? How can wellbeing be improved over time? From this work emerged the Universal Wellbeing Model, a testable definition of Universal Wellbeing, the Determinants of Universal Wellbeing, a Universal Wellbeing Evaluation Tool, and the Prevention Universal Wellbeing Charter.

The research was initially motivated by a pressing challenge recently highlighted in the 2024 Accord: to lift higher education programme completion rates. As the investigation progressed, researchers repeatedly encountered international evidence of entrenched poor wellbeing and its cascading consequences. Although the specific profile of poor wellbeing varied between countries, two constant barriers to progress identified were practitioner burnout and rising costs. In New Zealand, entrenched poor wellbeing manifests in child and adult suicide, addictions, chronic disease, low school attendance and achievement, mental health problems, family violence, crime, inadequate housing, and declining social cohesion. Each year the call for more funding to respond to crises—“more ambulances at the bottom of the cliff”—repeats and grows louder.

In response to these findings, the FREEDOM Wellbeing Institute convened a national conference, The Prevention Imperative: Universal Wellbeing, there the Prevention Universal Wellbeing Charter was introduced and opened for consultation. The Charter aims to empower individuals and communities by reallocating a greater portion of thinking, effort, and resources toward preventing poor wellbeing at its roots rather than primarily funding downstream responses. This presentation shares the Charter, the consultation outcomes, and subsequent developments advancing a primordial Prevention Universal Wellbeing, and systems level approach.

## Structural prevention: can alienation be reduced under capitalism?

Dr Julia Anaf<sup>1</sup>, Professor Fran Baum<sup>1</sup>, Dr Connie Musolino<sup>1</sup>, Dr Miriam Van den Berg<sup>1</sup>, Associate Professor Toby Freeman<sup>1</sup>, Dr Jaye Litherland-De Lara<sup>1</sup>

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1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

Structural prevention: can alienation be reduced under capitalism?

Julia Anaf, Fran Baum, Connie Musolino, Miriam van den Berg, Toby Freeman, Jaye Louise Litherland-De Lara

**Background:** Alienation is part of Marx's theory of class and describes the negative health impacts stemming from the ways production and consumption are organised. Some scholars interpret his theory to mean that unless the capitalist mode of production is changed alienation in society will not be reduced. Yet reducing alienation would be an important action to improve population mental health.

**Methods:** This paper will draw on four ongoing studies: 1) A narrative literature review on alienation's impacts on health, 2) A self-completion survey of Gig workers' health; 2) mixed methods study of how employment affects suicide; and 4) A review of the impact of privatisation on health and equity.

**Findings:** Our work on alienation (1) has been critiqued for assuming that alienation could be reduced under capitalism (2). Our narrative literature review highlights the ways public health researchers have used the concept of alienation. Our research studies indicate that the extent and impacts of alienation do vary, are affected by consumption systems, privatisation, and working and employment conditions, and consequently alienation is amenable to policy interventions. Policy initiatives that the studies suggest might reduce the health impacts of alienation will be presented.

**Conclusion:** While we accept Marx's thesis that capitalism inevitably produces alienation among all members of society, our research indicates that its health impacts can be alleviated or exacerbated through policy decisions and commercial forces. In concluding we will pose the question of what measures might reduce the alienation that people experience from processes of production and consumption that have such a strong adverse impact on their mental health.

### References

1. Baum F, Anaf J, Freeman T, et al Twenty-first century alienation and health: a research agenda. *J Epidemiol Community Health*. 2025. DOI: 10.1136/jech-2024-223112
2. Muntaner, C et al Alienation: another contested Marxian construct in epidemiology and public health, *J Epidemiol Community Health*. 2025, Forthcoming

## Evaluation of the Queensland Ed-LinQ Program Connecting Schools and Mental Health Services

Mrs Claire Fairley<sup>1</sup>, Dr Elena Swift<sup>2,3</sup>, Dr Clea Headley<sup>1</sup>, Dr Kannan Kallapiran<sup>1</sup>, Mrs Judith Piccone<sup>1</sup>

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1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30

PM - 3:00 PM

Improving outcomes for school-aged children and young people at risk of or experiencing mental health problems requires enhanced prevention, early detection, support, and streamlined access to mental health services. The Queensland Health Ed-LinQ Program addresses this by strengthening service integration and partnerships between mental health, education, primary care and other community services across the state.

Since 2019, Hospital and Health Service (HHS) Ed-LinQ coordinators have reported monthly on workforce activities, partnerships, and outcomes aligned with Statewide Ed-LinQ priorities. The 2025 evaluation analysed 1,017 reports (July 2019-December 2024) to descriptively examine workforce behaviour, program implementation, and summarise contextual factors affecting students' mental health.

Despite stable staffing, consultation liaisons increased over time. Ed-LinQ consultations with schools changed from primarily reactive to majority proactive. In collaboration with the Statewide Ed-LinQ Reference Group (SERG) members and coordinators, the proportional number of consultations with primary schools increased. Feedback from education partners, at both statewide and local HHS levels, led to changes in the statewide delivery of training with the establishment of a Statewide Training Calendar. Successfully implementing the monthly reporting template captured program activities not recorded in clinical data systems. This facilitated transparency in governance processes; specifically, quarterly reports to Ed-LinQ coordinators, their managers, and SERG members – further promoting the program and linking education and health sectors.

A working group of HHS Child and Youth Mental Health Service (CYMHS) managers has been established focused on program expansion, coverage and embedding within health and education networks. Internally, data collection processes are being refined, including capturing the proportion of specific schools engaged with the Ed-LinQ Program, and refining processes and reporting of quarterly updates to SERG and HHS managers. Overall, the reporting tool provided a mechanism for identifying gaps in service delivery, monitoring impact and planning statewide implementation and review of key priorities to determine effectiveness.

## National survey of community attitudes to prevention of mental health problems

Associate Professor Amy Morgan<sup>1</sup>, Ms Ellie Tsiamis<sup>1</sup>, Emeritus Professor Anthony Jorm<sup>1</sup>, Dr Stephen Carbone<sup>2</sup>, Professor Nicola Reavley<sup>1</sup>

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2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,

11:00 AM - 12:30 PM

**Context and aim:** Improving population mental health will require greater investment in prevention, yet the level of community support for such efforts is unclear. This study aimed to examine the attitudes of Australian community members and population health professionals about the prevention of mental health problems, particularly depression and anxiety conditions.

**Methods and analysis:** A probability-based panel provider recruited 6,142 Australians aged 16-75+ to complete an online survey. Survey items were developed to assess attitudes about prevention of physical and mental health problems, and support for government action on prevention of mental health problems. Community responses were compared with those of 73 Australian population health professionals who completed a subset of survey items.

**Outcomes:** 80.9% of community respondents rated mental health as a top Australian government priority to prevent health problems. 14.6% of community members thought that mental health problems were not preventable, 24.3% were not sure, and 61% agreed they were preventable, with younger adults being more positive. 79.5% of community members agreed that the Australian government should play a role in preventing mental health problems in the population and 64.7% thought mental health funding should be spent equally on prevention and treatment. Community members thought that the most important age groups to focus on were adolescence and young adulthood and the most important areas were healthy housing, mental health promotion in schools, and reducing socioeconomic inequality. Professionals favoured greater attention to prevention in childhood and focusing on reducing child abuse and neglect as prevention targets.

**Future actions:** There was strong support for prevention of mental health problems as a government priority to improve the health of Australians. Findings can support advocacy for greater investment in prevention and the areas that community members and professionals agree should be a priority.

## Changing the Narrative: How Co-Design is Shifting Help-Seeking Behaviours Amongst Regional Men

Mrs Jo Drayton<sup>1</sup>

<sup>1</sup>Holyoake, NARROGIN, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

Men in regional and remote Australia remain significantly over-represented in suicide statistics, yet engagement with generic awareness campaigns remains low. In the Wheatbelt, men have consistently reported that state or national campaigns feel metrocentric and disconnected from regional realities. In response, Holyoake initiated two mutually reinforcing initiatives: 4ME & MEN EVERYWHERE and Mates Coasters. Both were co-designed through authentic, community-driven strategies, empowering men to engage with help-seeking behaviours while emphasising the importance of checking in on their mates.

Focus groups with men aged 21–75 years—including Aboriginal and Torres Strait Islander participants, those with lived experience, and sector professionals—highlighted consistent themes: low rates of self-monitoring, ingrained stigma, and difficulty connecting distress with help-seeking. This revealed a significant gap in the behaviour-change continuum for regional men. The strategy therefore focused on shifting narratives—enabling men to move naturally from self-awareness to help-seeking, rather than relying on traditional “forced” approaches.

The Mates Coasters initiative built on this platform, providing simple drink coasters with dual evidence-based messaging: a visible call to action on the front and crisis support prompts on the back. Placed where men naturally gather—sporting clubs, pubs, cafés, roadhouses—the coasters prompt reflection, conversations, and help-seeking in everyday contexts.

Rather than investing in costly mass advertising, co-designed assets became the hook. Men themselves drove promotion and dissemination, supported by Holyoake’s established regional networks. This low-cost, high-impact approach has delivered significant outcomes, maximising return on investment while strengthening community ownership.

This presentation will outline the co-design methodology, behavioural framework, and quantitative and qualitative findings. Results demonstrate measurable improvements in self-awareness, help-seeking, and men’s confidence to support others. Together, these initiatives provide a replicable model for policymakers and practitioners aiming to reach priority male populations in regional and remote settings.

## From Uncertainty to Strength: Sector-Specific Mental Health and Suicide Prevention Training Program

Mrs Jo Drayton<sup>1</sup>

<sup>1</sup>Holyoake, NARROGIN, Australia

3D - Building Capacity, Bridging Gaps, Avalon Room, March 25, 2026, 1:30 PM - 3:00 PM

The phase-out of Australia's live sheep export industry presents profound social and economic uncertainty for WA farming enterprises. Recognising the increased risk of mental ill-health and suicide in these communities, Holyoake has developed a comprehensive, evidence-informed, community-led wellbeing training initiative to strengthen individual and collective capacity to navigate this change.

Over 18 months, Holyoake will deliver tailored mental health literacy and suicide prevention programs across six regions of Western Australia. Drawing on 25+ years of evidence-based training in the Wheatbelt, Holyoake will offer Mental Health First Aid (MHFA), Accidental Counsellor, and AgriBalance, ensuring timely and locally relevant mental health & suicide prevention upskilling. Each community will select the program most suited to its needs, ensuring ownership, engagement, and sustainability.

Participants (including farmers, families, frontline workers, and industry professionals) will gain practical skills across the three complementary programs. MHFA builds capacity to recognise signs of distress, encourage professional help-seeking, and connect individuals to referral pathways. Accidental Counsellor equips participants to conduct difficult conversations, de-escalate crises, and maintain healthy boundaries. Holyoake's AgriBalance, developed specifically for the agricultural sector, embeds these skills in farming contexts, enabling participants to reframe negative thinking, identify strengths, and apply adaptive coping strategies. Together, these programs deliver culturally relevant, industry-informed tools to strengthen resilience and safety within farming communities.

The program incorporates pre and post-training evaluation to capture changes in knowledge, confidence, and community capacity. Comparable Holyoake programs have demonstrated significant improvements in mental health literacy, help-seeking, and self-care, with participants reporting greater confidence to support others while safeguarding their own wellbeing.

This presentation will share the design, implementation, and emerging outcomes of this sector-specific model. By empowering communities to choose and apply training most relevant to them, Holyoake demonstrates how evidence-based, community-led interventions can mitigate suicide risk, strengthen resilience, and increase safety in times of industry-wide change.

## Investigating young adults' media mental health literacy: A questionnaire-based study

Dr. Catriona Bonfiglioli<sup>1</sup>, Ms Shi Dai

<sup>1</sup>University Of Technology Sydney, Sydney, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Conversation Starter Presentation

#### Investigating young adults' media mental health literacy: A questionnaire-based study

##### Background:

Depression which affects more than 300 million people globally is particularly impactful among adults aged 18 to 30. Despite this prevalence, depression is highly stigmatised with media representations and low public awareness contributing to negative perceptions.

This study investigates whether patterns of media use affect young adults' media mental health literacy and what key demographic factors correlate with media mental health literacy levels.

This study aims to contribute to improved media coverage, foster a better understanding of mental illness and encourage appropriate uptake of mental health services.

##### Methods:

We conducted a cross-sectional survey using a structured questionnaire distributed to over 1000 young adults aged 18–30. The questionnaire gathered demographics (including gender, education level, region, occupation), media usage patterns (including media platform selection and frequency), and applied a media mental health literacy scale.

To improve response rates, the survey link was distributed via social media platforms (e.g., WeChat, Weibo, and RedNote). All participants were offered an information statement to provide informed consent. The survey was completed anonymously.

##### Result:

A total of 736 questionnaires were collected in this study. After excluding those with a negative response to the informed consent question, 708 valid questionnaires remained, providing an eligibility rate of 96.2%.

We are using correlation analysis and descriptive statistics to examine the relationship between, demographics, media usage and media mental health literacy.

##### Conclusion:

Preliminary findings suggest that the choice of media platform influences media mental health literacy, and that high use of social media may correlate with lower media health literacy. This study highlights the need for mental health education for young people, particularly regarding purposeful media consumption.

## Co-designing a Bangla Mental Health Sign Language Bank for Deaf Communities

Dr M Tasdik Hasan<sup>1</sup>, Md Khalid Hossain<sup>1</sup>, Jessica Watterson<sup>1,2,3</sup>, Manika Saha<sup>1</sup>, Natasha Layton<sup>4</sup>, MD Jahirul Islam<sup>5</sup>, Helal Uddin Ahmed<sup>6</sup>, Delvin Varghese<sup>1</sup>, Roisin McNaney<sup>1,7</sup>

<sup>1</sup>Department of Human Centred Computing, Faculty of Information Technology, Monash University, Melbourne, Australia, <sup>2</sup>School of Health and Social Development, Deakin University, Melbourne, Australia, <sup>3</sup>Jeffrey Cheah School of Medicine and Health Sciences, Monash University, Malaysia, Malaysia, <sup>4</sup>Rehabilitation, Ageing and Independent Living Research Centre, Monash University, Melbourne, Australia, <sup>5</sup>Team Inclusion Bangladesh Foundation, Dhaka, Bangladesh, <sup>6</sup>Department of Psychiatry, Faridpur Medical College, Faridpur, Bangladesh, <sup>7</sup>Faculty of Engineering and IT, University of Melbourne, Melbourne, Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

### Co-designing a Bangla Mental Health Sign Language Bank for Deaf Communities

**Background:** Globally, Deaf communities face significant barriers in accessing mental health resources due to social exclusion and systemic marginalization. In Bangladesh, these challenges are further exacerbated by a historical neglect of Deaf mental health, reflected in the absence of relevant research. Recent studies also highlight a critical gap in the literature, noting limited research on Bangladeshi sign language and a general lack of comprehensive datasets on Bangladeshi sign vocabulary. This study aimed to explore the mental health understanding and struggles of the Deaf community in Bangladesh, with the goal of co-developing culturally and linguistically appropriate digital mental health tools in collaboration with Deaf individuals, sign language interpreters, and mental health professionals.

**Methods:** Two exploratory workshops were conducted to investigate the experiences and mental health awareness of Deaf individuals (n=12), and their caregivers (n=4), facilitated by sign language interpreters (n=4). These workshops revealed a significant gap in Bangla Sign Language vocabulary related to mental health. In response, the research team initiated the development of the first digitally delivered Bangla Mental Health Sign Language Bank through an adapted Delphi study and focus group approach. The three-phased Delphi study involved mental health professionals (n=9), Deaf individuals (n=5), and sign language interpreters (n=3) to identify and prioritize essential mental health terms. This was followed by three focus groups with Deaf individuals (n=6) and sign language interpreters (n=4) to collaboratively develop the final sign language bank digitally.

**Results:** Qualitative findings from the workshops revealed five major themes: social stigmatisation and discrimination, social isolation, denial of healthcare support, inability to express emotions, lack of mental health support, and the supportive role of family and mental health awareness. These exploratory insights informed the development of an accessible and inclusive digital mental health resource—the Bangla Mental Health Sign Language Bank—through a participatory action research approach. The co-development process of the sign language bank is detailed in this paper.

**Interpretation:** This research explored the mental health struggles of the Deaf community and presented a novel digital resource to ensure a shared understanding of mental health terms among the Deaf community. It can pave the way to design future digital tools to support the mental health of Deaf communities in Bangladesh and similar settings.

## Building Mentally Healthy Communities: Co-Designing Scalable Psychosocial Supports Outside the NDIS

Mrs Chloe Jesson<sup>1</sup>, Kris Sargeant, Emily Wolter<sup>1</sup>

<sup>1</sup>Queensland Alliance For Mental Health, Woolloongabba, Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

### Context and Aim

Australia's mental health system remains heavily weighted toward acute and clinical care, while community-based psychosocial supports are underfunded and fragmented. In Queensland, more than 90,000 people with moderate to severe needs miss out on support each year, leading to unnecessary crisis presentations and growing pressure on hospitals. The community mental health and wellbeing sector delivers non-clinical supports that play a crucial role in early intervention and secondary prevention. By addressing social drivers of distress and enabling people to stay connected, these services help prevent crisis and foster mentally healthy communities. This project explored how community-based, person-led models could better meet these unmet needs.

### Methods and Analysis

The Psychosocial Approaches to Thriving Health Systems (PATHS) Project used a place-based methodology in Townsville, engaging over 90 participants including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, carers, older adults, and workers in high-stress industries. Guided by experience-based co-design, the project developed a scalable model centred on low-barrier entry points, culturally safe supports, and stronger system integration. National and international research, cost modelling, and evaluation evidence from Queensland services informed the design.

### Outcomes

The model reflects what communities said they need: face-to-face, relationship-based support delivered locally by trusted workers, with pathways that scale from early engagement to complex needs. It embeds cultural governance and lived experience leadership, ensuring safe, inclusive options for diverse communities. Cost modelling showed delivery at \$3–\$65 per person per day, well below acute care costs.

### Future Actions

Governments should prioritise scalable psychosocial supports outside the NDIS, embed co-design and place-based commissioning, and strengthen the community mental health workforce, particularly peer and cultural roles. Integration across health, housing, education, and community systems is essential to create mentally healthy settings, achieve equity for diverse communities, and relieve pressure on an overstretched acute system.

## Neighbourhood social fragmentation and psychological distress among middle-aged Australians: A longitudinal study

Mr Vincent Learnihan<sup>1</sup>, Professor Nasser Bagheri<sup>1</sup>, Professor Gavin Turrell<sup>2</sup>

<sup>1</sup>Health Research Institute, University of Canberra, Canberra, Australia, <sup>2</sup>Centre for Urban Research, RMIT, Melbourne, Australia

1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

**Introduction:** Calls to address mental illness and poor mental health have recognised that various social, economic, and environmental factors shape mental health over the life course.

Neighbourhood social fragmentation, characterised by dimensions of attachment to neighbourhood, transience and sharing of norms and values has been linked with suicide, psychological distress, depression, and self-rated mental health. The purpose of this study was to examine for the first time, the longitudinal effect of neighbourhood social fragmentation on psychological distress among middle-aged Australian adults.

**Methods:** The Longitudinal - Australian Neighbourhood Social Fragmentation Index (L-ANSFI) was developed using census data and includes an interactive online tool for local exploration and visualisation. We examined change in psychological distress by neighbourhood social fragmentation over four time points between 2009 and 2016. Data were from HABITAT, a population-representative study of persons aged 40–65 in 2007 (baseline) residing in 200 neighbourhoods in Brisbane, Australia. The analytic sample comprised 2,902 men and 3,950 women who recorded scores on the validated Kessler 6 scale of non-specific psychological distress. Sex-specific longitudinal analyses used mixed effects regression models before and after adjustment for individual, household and neighbourhood level covariates.

**Results:** Men living in more socially fragmented neighbourhoods had higher mean scores of psychological distress. The effect of neighbourhood social fragmentation on psychological distress among men was stable over time. A trend of higher distress scores for women occurred as the level of neighbourhood social fragmentation increased, however this was found not to be statistically significant.

**Conclusion:** In the context of ageing populations and increasing mental healthcare costs, these findings suggest that neighbourhood social fragmentation is important for the development of targeted prevention strategies aimed at improving mental health and wellbeing via creating more cohesive communities.

## To what degree is primary prevention included in Australian mental health policies?

Dr Philippa Ditton-Phare<sup>1</sup>, Dr Jaelea Skehan OAM<sup>1</sup>, Dr Leicha Stewart<sup>1</sup>, Amelia Russell<sup>2</sup>, Dr Lexine Stapinski<sup>2</sup>, Professor Nicola Newton<sup>2</sup>, Maja Havrilova<sup>3</sup>, Professor Alison Caelear<sup>4</sup>, Professor Nicola Reavley<sup>5</sup>, David Baker<sup>6</sup>, Vivienne Browne<sup>6</sup>

<sup>1</sup>Everymind, Newcastle, Australia, <sup>2</sup>The Matilda Centre, Sydney, Australia, <sup>3</sup>Prevention United, North Melbourne, Australia, <sup>4</sup>Australian National University, Canberra, Australia, <sup>5</sup>University of Melbourne, Parkville, Australia, <sup>6</sup>Orygen, Parkville, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

There is growing recognition that the promotion of mental health and wellbeing and the prevention of mental ill-health must be a key priority across government mental health policies and funding. The Everymind Prevention First Framework identifies eight key action areas spanning primary, secondary, and tertiary prevention, and mental health promotion. This review seeks to understand how and to what extent primary prevention and mental health promotion is represented in current government-endorsed mental health policies in Australia.

This review identified 19 current government owned or endorsed mental health policies that met inclusion criteria. Twelve policies were for the whole community at either a state, territory or national level, and seven were written for a particular population. Two coders used the Prevention First Framework to perform a content analysis and code all actions noted within each policy.

The findings highlight significant inconsistencies across jurisdictions in both the existence and content of mental health policies. Only one state had both a standalone mental health strategy and a supporting implementation plan, with other jurisdictions using a mix of strategies, promotion and prevention plans, or implementation plans. Three states had no current overarching mental health strategy in place at the time of analysis

The review found that state, territory and national policies include a greater focus on treatment and support (62%) than primary prevention (15%), whereas policies that focus on particular population groups had a greater focus on primary prevention (23%) and mental health promotion (32%) than broader population-based policies.

This paper will report on key insights from the policy review, trends across different types of policies and emerging opportunities for advocacy and influence.

## Nature-based programs for children impacted by family mental illness: The Regenerate program

Ms Inkah Fischer, Dr Caley Tapp<sup>2</sup>

<sup>1</sup>Australian Kookaburra Kids Foundation, Sydney, Australia, <sup>2</sup>University of Queensland, Brisbane, Australia

3B - Supporting the Next Generation: Effective Program Approaches, Madison Room, March 25, 2026,

1:30 PM - 3:00 PM

Approximately 1.66million families with dependant children are impacted mental illness placing the young people at elevated risk of poor mental health, self-harm, and social isolation. There is an urgent need for preventive interventions to reduce the risk of adverse mental health outcomes amongst this group. While nature-based programs are known to support mental health and wellbeing among young people, their role in preventive mental health for this population remains underexplored. Kookaburra Kids aimed to investigate the effects of nature-based mental health promotion programs among young people living in families impacted by mental illness.

Delivered nationally, Regenerate integrates mental health education with nature-based activities through delivery of activity days and camps for young people. 138 participants completed pre- and post-program surveys assessing mental health literacy, help seeking intentions and connection to nature. Analysis found that while baseline mental health literacy and help-seeking intentions were high, camp attendance significantly reduced the number of young people reporting they would not seek help from anyone. Activity days produced significant increases in connection to nature ( $p < .001$ ). More than half of participants reported restored attention, reduced stress, and improved psychological wellbeing following nature activities.

Young people described strong enjoyment, new friendships, and a sense of respite. Ninety-three percent said they would attend again. Embedding nature-based activities within preventive mental health programs appears to foster psychological benefits and social connection among young people at risk of poor mental health outcomes.

By March 2026, a second year of program data analysis will be available, providing a richer dataset to examine sustained outcomes. This extended analysis will strengthen the evidence base for nature-based mental health promotion initiatives and support advocacy for broader policy recognition.

This work was supported by the Bupa Foundation, Principal Partner of the Australian Kookaburra Kids Foundation's Regenerate program.

## Co-designing Digital Support for Postnatal Mental Wellbeing: A Preventive, Strengths-Based Approach

Dr. Rebecca Liackman<sup>1,2,3</sup>, A. Prof Rachel Sutherland<sup>1,2,3,4</sup>, A. Prof Nicole Nathan<sup>1,2,3,4</sup>, Dr. Melanie Kingsland<sup>1,2,3</sup>, Dr. Anna Rayward<sup>1,2,3</sup>, Dr. Alison Brown<sup>1,2,3</sup>, Ms. Nayerra Hudson<sup>1,2,3</sup>

<sup>1</sup>Hunter New England Local Health District, Newcastle, Australia, <sup>2</sup>School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, <sup>3</sup>Population Health Research Program, Hunter Medical Research Institute, New Lambton Heights, Australia, <sup>4</sup>The National Centre of Implementation Science (NCOIS), The University of Newcastle, Callaghan, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

### Context and Aim

The early postnatal period presents substantial emotional, physical, and social challenges for birthing parents. Promoting mental wellbeing (MWB) during this time can protect against distress, reduce the risk of mental health conditions, and build parenting confidence. Despite available healthcare, support remains fragmented, especially in regional and rural communities, and preventive strategies to promote MWB are underutilised in routine postnatal care.

### Methods and Analysis

This work is embedded within Healthy Beginnings for HNEKids, an innovative digital universal model of care delivered via text messages. Guided by behavioural science frameworks (Behaviour Change Wheel, Theoretical Domains Framework), we co-designed a MWB support component with 38 rural parents, 11 people with lived experience of perinatal mental health conditions, and 6 health professionals working with birthing parents. Barriers (exhaustion, guilt, conflicting advice) and enablers (validation, realistic expectations, peer-informed support) informed the development of 30 brief, strengths-based text messages promoting MWB. Messages focused on emotional coping, normalising help-seeking, strengthening social and support networks, creating space for guilt-free self-care, and fostering self-kindness through noticing small daily wins.

### Outcomes

To refine the messages, online surveys were completed by 23 parents (some with lived experience) and 26 health professionals. Feedback guided tone, relevance, and clinical alignment. A final set of 20 messages was pilot tested in a 10-day trial with 14 parents and 13 health professionals, each reviewing 10 messages. Messages were well received, highlighting their accessibility, acceptability, and potential to address current support gaps. Their effectiveness will be evaluated in a randomised controlled trial using the Short Warwick-Edinburgh Mental Wellbeing Scale, embedded within the usual-care text message program.

### Future Actions

Co-designed, scalable, evidence-informed mHealth interventions targeting MWB should be prioritised in routine postnatal care. Such interventions must centre lived experience and emphasise preventive, strengths-based approaches, particularly in communities with limited access to mental health services.

## Adapting and evaluating a universal, school-based, LGBTQI+-inclusive, trauma-informed mental ill-health prevention program

Dr Lucinda Grummitt<sup>1</sup>, Prof Maree Teesson<sup>1</sup>, Prof Nicola C Newton<sup>1</sup>, Dr Siobhan O'Dean<sup>1</sup>, Isobel Ivison<sup>1</sup>, Prof Cath Chapman<sup>1</sup>, Emily Hunter<sup>1</sup>, Dr Lauren Gardner<sup>1</sup>, Dr Katrina Champion, A/Prof Emma Barrett<sup>1</sup>, Dr Louise Birrell

<sup>1</sup>The Matilda Centre For Research In Mental Health And Substance Use, Sydney, Australia

3B - Supporting the Next Generation: Effective Program Approaches, Madison Room, March 25, 2026,  
1:30 PM - 3:00 PM

**Context:** Youth mental illness is a leading public health concern associated with lifelong adverse outcomes. Existing mental ill-health prevention programs have shown mixed efficacy and have widely neglected critical social and identity-related factors. This presentation describes the outcomes from a randomised controlled trial (RCT) of the universal OurFutures Mental Health program to be trauma-informed and respond to disproportionate rates of mental illness among LGBTQA+ youth.

**Methods:** Program adaptation involved a multi-stage process including; course modification based on student evaluations (N=762, Mage=13.5 years), three student focus groups (N=39), regular meetings with an eight-member LGBTQA+ Youth Advisory Committee, and two individual semi-structured interviews with LGBTQA+ youth. In the next stage, a clinical psychologist thoroughly reviewed and updated program materials.

Subsequently, a cluster-RCT was conducted in 10 schools randomised to either the intervention or control condition. Primary outcomes were change in anxiety (GAD-7) and depression symptoms (PHQ-A) and mental health knowledge (intervention-specific measure), at 3-months post-baseline. Linear mixed-effects models were used to examine changes in outcomes over time and the impact of the intervention.

**Outcomes:** A total of 784 Year 8-9 students (Mage=13.8 years, 37.6% female, 59.8% male, 1.5% other gender) completed the baseline assessment, and follow-up surveys at 6-weeks and 3-months post-baseline. A significant interaction was observed for the intervention condition at 3-months post-baseline for anxiety symptoms (B=-1.05, p=0.024), suggesting a greater reduction in anxiety over time in the intervention group compared to control. There were no significant differences in depression (B=-0.94, p=0.05). Knowledge was significantly higher in the intervention group at 6-weeks, but not at 3-months (B=0.30, p=0.339). Implementation outcomes, including student and staff feedback will also be presented.

**Conclusion:** The updated OurFutures Mental Health program is trauma-informed and LGBTQA+ affirmative. This presentation will provide practical information on the adaptation, implementation, and RCT of one of the first trauma-informed school-based programs.

## 5 Ways to Wellbeing, implementation within community health - health promotion setting

Mrs Natalia March (Smith)<sup>1</sup>, Mr Sebastian Goscha<sup>1</sup>

<sup>1</sup>Bendigo Community Health Services, Bendigo, Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

In 2018, when planning for our 4-year Integrated Health Promotion plan, it was identified through higher mental health statistics in Greater Bendigo and absent mental health promotion initiatives, that more was needed to be done to improve the overall health and wellbeing of our community. As a result, the #5Ways campaign was developed.

Positive mental health and wellbeing is linked with healthier lifestyle choices, improved sleep, and increased pro-social behaviour to name a few. Knowing that health promotion aims to strengthen existing capabilities to provide increased power and control at a population level, resilience was a major focus. There was strong evidence of effective interventions providing improved outcomes across a range of preventable diseases and health behaviours across the life-course that directly aligned to IHP outcome measures.

Initially, the #5Ways was a weeklong campaign in March with each of the 5 days focusing on one of the 5Ways. However, over the years, this program has grown to now include:

- Improve personal skills: bringing a Smiling Mind workshop locally, resource packs for how to maintain your mental wellbeing resulting from the Covid-19 pandemic, whole-school campaigns directly linking to the Achievement Program and integration with other health promotion initiatives.
- Strengthen community action: annual 5Ways Action Calendar (previously undertaken in partnership) and leading a 'Give' campaign in partnership with local coffee shops - giving away 1 free coffee a day for a month, utilising social media to sharing the message.
- Creating supportive environments: implementing 5ways messaging and strategies internally - including posters, resources, mental health month linked initiatives and regular CEO promotion as well as running an annual community workplace wellbeing competition.

We plan to utilise the recently launched Victorian Wellbeing Strategy to better integrate our current initiatives and create direct alignment. Moving forward, how do we share our knowledge to support others increasing their work in this space and not recreate the wheel?

## Seeing Multiple Systems Clearly: Mapping Diverse Lived Experiences of Mental Wellbeing

Mr Matt Healey<sup>1</sup>

<sup>1</sup>First Person Consulting, South Melbourne, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

Despite increasing attention to mental wellbeing, most responses continue to focus on individual resilience rather than the interacting systems that shape people's experiences. The Victorian Legal Services Board + Commissioner identified poor lawyer wellbeing as a complex, multi-level problem influenced by structural, cultural, and interpersonal determinants. This presentation demonstrates how systems methodologies - specifically the System Effects approach - can make these determinants visible and actionable, revealing the interconnections that sustain poor wellbeing and the opportunities for more equitable interventions.

### Methods

Using System Effects, over 1,100 members of the Victorian legal sector mapped the causal factors contributing to poor wellbeing, generating more than 8,800 unique connections. The resulting network visualised 45 interrelated determinants spanning individual, interpersonal, organisational, and sectoral levels. Network-analysis metrics such as betweenness centrality identified leverage points most capable of influencing the broader system. Importantly, each participant's data were tagged by demographic characteristics, enabling future filtering of the maps by age, gender, or professional role. This capacity allows the same systemic map to be viewed through multiple population lenses, showing how determinants manifest differently for distinct groups.

### Translational outcomes

Findings informed the Lawyer Wellbeing Systems Theory of Change, now guiding VLSB+C's sector-wide initiatives, including leadership capability programs, mentoring pilots, and regulatory reforms. The approach has provided a replicable, evidence-based foundation for designing interventions and innovative evaluative approaches that target system drivers rather than individual symptoms.

### Future actions

More opportunities present themselves, including the ability to filter the analysis by a range of specific demographic features to understand how systemic determinants differ. This session highlights the role and value that systems methods can play to understand the complexity of individual experiences and translate them into genuine, novel insights.

## Mental health service use after minor to moderate motor vehicle crash injuries

Miss Simone Yu<sup>1</sup>, Dr. Daniel Griffiths<sup>1,2</sup>, Dr. Nigel Armfield<sup>3,4,5,6</sup>, Dr. Shannon Gray<sup>1,4</sup>, Professor Alex Collie<sup>1,4</sup>

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2C - The Future of Prevention: Insights, Signals, and Stories, Linden Room, March 25, 2026, 11:00 AM - 12:30 PM

### Pre-recorded presentation

#### Context and aim

Over 80% of motor vehicle crash (MVC) injuries are classified as minor to moderate, yet often result in persistent and elevated levels of psychological distress which can affect work participation and quality of life. Mental health conditions are common in this group, but the use of mental health services remains poorly understood. This study examines the prevalence and determinants of mental health service use following minor to moderate MVC injury.

#### Methods and analysis/research findings

This retrospective cohort study of work-related MVC injuries used data from workers' compensation claims in New South Wales, Australia, linked with universal health insurance, hospital, and social welfare records. Analysis compared the prevalence of post-injury mental health service use between (1) people hospitalised after MVC injury; and (2) people with MVC injury who were not hospitalised. A third, age and gender matched community comparator group was included. Binary logistic regression was used to examine associations between mental health service use and covariates including pre-injury service use, age, gender, socio-economic status, and injury year. Analyses were stratified by funder (universal health insurance or workers' compensation) and conducted across multiple follow-up periods (12, 24, and 60 months).

#### Translational outcomes

This study confirms that people with minor to moderate work-related MVC injuries experience significant mental health needs, evidenced by the high prevalence of mental health service use. The results highlight the importance of preventive mental health strategies, even for non-hospitalised injuries, and could inform service design across healthcare and compensation systems.

#### Future actions

To strengthen prevention, future efforts could include mental health screening post-MVC, integrated physical and psychological care, targeted support for vulnerable groups, and policy changes to improve access. Enhanced data sharing across health services and compensation systems could also help identify people at risk and to provide timely support.

## Pharmacological/psychosocial interventions for children in out-of-home care with mental health difficulties

Dr Nazmul Huda<sup>1,2,3</sup>, Ms Mobarrat Monir<sup>2</sup>, Ms Hasan Jamali<sup>2</sup>, Mr Pratham Merchant<sup>2</sup>, Ms Anne-Marie Schlesinger<sup>2</sup>, Ms Natalie Lee<sup>2</sup>, Mr Eunjae Lee<sup>4</sup>, Dr Saskia Drever<sup>2,4,5</sup>, A/Professor Rajeev Jairam<sup>1,2,4</sup>

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2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

### Abstract

**Background:** Children and young people (CYP) in out-of-home care (OOHC) have a significantly higher rate of mental health difficulties compared to general population samples. Existing literature lacks a comprehensive synthesis of evidence on the effectiveness of pharmacological and psychosocial interventions in addressing mental health difficulties in this population. This systematic review aims to address this gap by identifying, collating, appraising, and synthesising peer-reviewed research on pharmacological and psychosocial interventions for mental health difficulties among CYP aged 2–17 years in OOHC.

**Methods:** This systematic review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines (PROSPERO: CRD42025635898). A systematic literature search was conducted in six academic databases (CINAHL, EMBASE, ProQuest, PsycINFO, PubMed and Google Scholar) for studies published up to February 2025 with accessible full texts. A meta-ethnographic approach was employed to synthesise the evidence from the studies.

**Results:** Of the 384 articles identified, 23 studies were included. Trauma and other adverse life events were ubiquitous experiences of CYP in OOHC. High rates of pre-existing mental health diagnoses – PTSD, anxiety, conduct disorder and attachment-related difficulties were also common. Twenty studies examined psychosocial interventions alone (e.g., Motivational Enhancement Therapy, Social Behaviour and Network Therapy, Cognitive Behavioural Therapy [CBT]); two studies involved both psychosocial and pharmacological interventions, and one study examined pharmacological interventions. CBT was commonly used to address emotional regulation and behavioural issues in CYP in OOHC. Notable post-intervention changes included reductions in emotional and behavioural problems, as well as improvements in social safety, functioning, and well-being, alongside enhanced school performance and engagement.

**Conclusions:** Findings suggest that some psycho-social and pharmacological interventions may effectively address emotional regulation and behavioural issues in CYP in OOHC. They can also improve engagement, psychosocial functioning, well-being and academic performance.

## Mixed-method evaluation of structure, process and outcome of mental health crisis interventions

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2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

Background: Mental health (MH)-related Emergency Department presentations among children and adolescents (CYP) have doubled recently, necessitating a major service response. The innovative Safeguards Teams Program (STP) provides client-centred, outreach-timely specialist care for CYP experiencing MH crises and their families/caregivers. Aims: Using an explanatory sequential mixed-method design, this study aimed to apply Donabedian's structure-process-outcome model to evaluate the Macarthur Safeguards Teams (STP) program. Methods: An explanatory sequential mixed-methods design was employed involving a quantitative analysis of clinician-rated Children's Global Assessment Scale (CGAS), Factors Influencing Health Status (FIHS), and Health of Nations Assessment Scale for C&A (HoNOSCA) (pre and post interventions) data (n=201) and qualitative thematic analysis of interview data from C&A/parents/carers and clinicians (n=28) to evaluate the STP program. Using SPSS, the Wilcoxon signed-rank test was employed. Semi-structured interviews were conducted in-person/online, transcribed, and coded using NVivo. Results: A statistically significant difference was found between consumers' pre-intervention and post-intervention scores on CGAS, FIHS, and HoNOSCA, demonstrating substantial improvements in C&A's MH and functioning (outcomes). Qualitative analysis showed that most C&A received clinical communications and services (processes) at various locations (structures) (telephone, at home/school/MH centres), felt better/active, less aggressive, tired, and anxious, and reported an improvement in sports/school attendance/engagement (outcomes) and attributed this to STP interventions. Clinicians felt supported by structures/resources (facilities, collaboration and training). Conclusion: Our findings indicate STP's effectiveness as a crisis response program, which improved C&A's MH and addressed C&A's and their family/carers' concerns. This research applied Donabedian's model to demonstrate improvements in C&A's MH via the STP interventions.

## Working Beyond the Traditional Retirement Age and Health in Later Life

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1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

### Abstract

#### Context and Aim:

As Australia's population ages, a growing proportion of retirees will rely on government support. Extending working lives beyond the traditional retirement age may provide not only financial security but also benefits for health and well-being. This study examined the association between continued employment and health outcomes among older Australians.

#### Methods and Analysis:

Data were drawn from 45,653 person-year observations of 5,970 Australians aged 65+ across 18 waves (2006–2023) of the nationally representative Household, Income and Labour Dynamics in Australia (HILDA) Survey. Health outcomes included health-related quality of life (HRQoL), mental health (0-100), health satisfaction (0-10), and self-assessed health (1-5), where HRQoL is measured using physical component summary (PCS: 4.54-76.09), mental component summary (MCS: -1.21-76.19), and short-form six-dimension (SF-6D: 0.29-1) with lower scores reflecting poorer health. Current labour force status was self-reported and categorised as employed, retired, or non-employed. Random-effects generalised least squares models were fitted to estimate the associations between labour force status and health outcomes, stratified by gender and age.

#### Outcomes:

Approximately 11% of Australians remain in the workforce after the age of 65. Compared to retirees, employed older Australians had significantly higher scores on PCS ( $\beta = 1.50$ , SE = 0.17), MCS ( $\beta = 0.60$ , SE = 0.17), SF-6D utility value ( $\beta = 0.02$ , SE = 0.00), mental health ( $\beta = 0.93$ , SE = 0.25), health satisfaction ( $\beta = 0.26$ , SE = 0.05), and self-assessed health ( $\beta = 0.45$ ; SE = 0.06). Subgroup analyses confirmed benefits across gender and age groups.

#### Future Actions:

Findings highlight that working beyond 65 benefits health, underscoring the need for preventive strategies. Flexible, age-friendly employment can mitigate health risks and ease fiscal pressures. Future research should examine workplace adaptations, community initiatives, and cross-sector collaborations to support older Australians' sustained health and well-being.

Keywords: Working past retirement age, Health, Older adults, HILDA, Australia.

## Mental Health Impacts of Stressful Life Events in Older Australians Over Time

Mr. Md. Mahmudul Hasan Sagar<sup>1</sup>, Mr Syed Afroz Keramat<sup>1,2</sup>, Mr. Md. Mehedi Hasan<sup>3</sup>, Mr. Rubayyat Hashmi<sup>4</sup>, Mr. Abdullah Mamun<sup>3</sup>

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1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

### Abstract

#### Context and Aim:

Stressful life events are well-established predictors of mental health decline, yet their long-term effects in later life remain underexplored. This study examined associations between major personal and work-related stressors and mental health outcomes among Australians aged 50 years and older, addressing critical gaps in age-specific mental health research.

#### Methods and Analysis:

Data were drawn from 95,603 person-year observations of 11,187 individuals across 16 waves (2006–2021) of the nationally representative Household, Income and Labour Dynamics in Australia (HILDA) Survey. Key personal (e.g. separation, physical violence, serious illness/injury, detention in jail) and work-related (e.g. retirement, fired or being made redundant, major worsening in finance) stressors were included. Mental health was assessed using Mental Health Inventory (MHI-5: 0–100) and Mental Component Summary (MCS: –1.21–76.19), where lower scores reflect poorer outcomes. Longitudinal fixed-effects generalised least squares models were employed to examine within-individual changes in mental health, stratified by gender and age.

#### Outcomes:

Mean MHI-5 and MCS scores were stable over time but declined significantly during exposure to stressors. Separation from partner (MHI-5:  $\beta = -3.79$ , SE = 0.74; MCS:  $\beta = -2.26$ , SE = 0.46), physical violence (MHI-5:  $\beta = -4.60$ , SE = 0.84; MCS:  $\beta = -2.56$ , SE = 0.53), serious injury/illness (MHI-5:  $\beta = -3.62$ , SE = 0.66; MCS:  $\beta = -2.46$ , SE = 0.41), and major worsening in finances (MHI-5:  $\beta = -4.19$ , SE = 0.70; MCS:  $\beta = -2.71$ , SE = 0.43) were consistently linked with poorer mental health. Effect sizes varied by gender and age group.

#### Future Actions:

Stressful life events undermine mental health, requiring tailored interventions and policies. Future research should assess cultural differences and economic impacts, including healthcare costs, to guide policy and investment in mental health services.

Keywords: Stressful life events, Mental health, Middle-aged and older Adults, HILDA, Australia.

## Trauma-Informed Mindful Breath, Movement & Music Meditation for Youth Mental Health

Ms Beata Heymann<sup>1</sup>

<sup>1</sup>Breath Circle, Cheltenham, Australia

2C - The Future of Prevention: Insights, Signals, and Stories, Linden Room, March 25, 2026, 11:00 AM - 12:30 PM

Pre-recorded Presentation

### Breath Circle: Strengthening Emotional Resilience Through Mindful Breath and Movement

Breath Circle is an evidence-based, trauma-informed program that equips young people with lifelong tools for emotional regulation, self-awareness, and resilience. At its core, the program integrates mindful breath and movement practices into school communities, creating a sustainable foundation for preventative mental health and wellbeing.

Our approach includes:

- **Somatic education:** Delivered in safe, trauma-informed environments, students learn how to calm their nervous systems, regulate emotions, and respond to stress with increased agency.
- **Inner empowerment:** By fostering self-awareness, autonomy, and body-mind connection, young people are encouraged to turn inward for support and move through challenges with confidence.
- **Resilience-building:** Sessions reinforce the belief that each student has innate tools to navigate adversity — increasing self-esteem, emotional literacy, and mental flexibility.

We adopt a whole-community model by offering tailored training to teachers, caregivers, and school staff. This shared language of breath and movement creates intergenerational support systems, embedding mindful practice into the culture of the school and wider community.

Breath Circle recently completed a 12-month research collaboration with Western Sydney University's Young & Resilient Research Centre, analysing programs delivered across 40+ schools nationwide. Results showed that 97% of students reported positive outcomes, including improved emotional self-regulation, reduced anxiety, and increased use of breath-based tools in everyday life.

Our growing impact is strengthened through strategic partnerships with:

- Monash University (music-for-meditation and consciousness research)
- Western Sydney University (program evaluation)
- Cool Australia (curriculum integration)
- Australian Yoga Academy (facilitator training)

By embedding mindful, body-based practices into school ecosystems, Breath Circle offers a scalable, preventative framework for cultivating resilience and mental wellbeing in young people — and the communities around them.

## Strengthening primary care professionals' capability to support family, friends and carers

Dr Philippa Ditton-Phare<sup>1</sup>, Dr Jaelea Skehan<sup>1</sup>

<sup>1</sup>Everymind, Newcastle, Australia

3D - Building Capacity, Bridging Gaps, Avalon Room, March 25, 2026, 1:30 PM - 3:00 PM

Primary care and mental health professionals play a key role in supporting those experiencing mental health concerns and suicidal distress. However, outside of clinical care settings, family, friends and carers provide most of the practical and emotional support. Challenges associated with the caring role can contribute to strain, distress and mental health concerns for carers. Supporting carers is critical to preventing the onset or worsening of mental health concerns and suicidality of the carers themselves, as well as building and maintaining their capability to provide effective support.

Primary care and mental health professionals are well placed to identify and offer support to these carers. In health service roles, knowledge about including family and friends in care is increasingly expected, especially in mental health and primary care settings. While involving carers is part of collaborative care models promoted by policies, many staff report a lack of training in this area, hindering effective engagement with family and friends in the care process.

An online training program has been developed to ensure primary care and mental health service providers have the knowledge, skills and confidence to identify, engage and support carers of those experiencing mental health concerns or suicidal distress. This presentation will explore how this training was developed, including the needs identified in consultation with primary care professionals, mental health service providers and those with a lived experience of providing and receiving care. The presentation will also highlight key content of the training and recommended strategies for engaging with carers to ensure their mental health is promoted and protected throughout the often-challenging role of providing care.

This project focuses on the need for carers to be engaged in care and highlights the importance of upskilling those in roles that serve as key touchpoints for this at-risk population.

## Reaching the Right Care: Migrant Women's Experiences of Perinatal Mental Health Support in Australia

Dr Areni Altun<sup>1</sup>, Associate Professor Melissa Oxlad<sup>2</sup>, Dr Rochelle Hine<sup>1</sup>, Professor Andrea Ruepert<sup>1</sup>, Associate Professor Shamiram Slewa-Younan<sup>3</sup>, Delaram Ansari<sup>4</sup>, Dr Levita D'Souza<sup>1</sup>, Shazia Syed, Malavika Kadwadkar, Professor Helen Skouteris<sup>1</sup>, A/prof Jacqueline Boyle<sup>1</sup>

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2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Rapid Fire Presentation

Digital platforms are increasingly promoted as accessible preventive supports for perinatal mental health, offering privacy, flexibility, and broad reach. However, design and delivery often fails to reflect the cultural and social contexts of migrant women. Instead, many encounter systemic barriers including limited language access and digital exclusion. This co-produced study explored how migrant women engage with existing digital perinatal mental health resources and identified opportunities to strengthen equity by tailoring design and delivery to their lived realities.

#### [Methods/Analysis]

Focus groups and interviews were conducted with migrant women from Chinese, Arabic, and Indian-language speaking communities, supported by interpreters and consumer advisors, to explore their engagement with five Australian digital perinatal mental health websites. Participants shared their experiences highlighting both barriers and enablers to digital engagement. Thematic analysis was used to reflect women's lived realities and collective experiences in navigating perinatal mental health websites.

#### [Outcomes]

Participants expressed a preference for content on digital websites in their first language. Poor translations, hidden options, and complex navigation limited trust and use. Participants strongly preferred visual and audio formats (e.g., videos, podcasts) that reflected their cultures, rather than text-heavy or overly clinical designs. Participants appreciated the privacy and flexibility of digital tools but noted inequities in device access, internet availability, and digital literacy.

#### [Future actions]

To build equity in preventive perinatal mental health, digital platforms should be co-designed with migrant women, drawing on their lived experiences. Priorities include integrating digital resources early in the antenatal journey, improving integration between digital and primary care supports (e.g. GPs and midwives), ensuring multilingual and culturally responsive formats and addressing systemic barriers to digital access to further support engagement. By centering community voices and collaboration between health systems, social supports and migrant communities, digital tools can become trusted, accessible, and empowering resources that strengthen perinatal mental health.

## Communicating about suicide and mental health concerns: Partnering with impact across communities

Dr Jaelea Skehan<sup>1,2</sup>, Dr Elizabeth Paton<sup>1,2</sup>, Ms Olivia De Pomeroy<sup>1</sup>

<sup>1</sup>Everymind, Newcastle, Australia, <sup>2</sup>University of Newcastle, Newcastle, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

What's the issue that requires action? When it comes to mental health concerns and suicide, media and other communicators informing communities and engaging them in conversations about these issues is critical for prevention, intervention and postvention efforts as well as broader policy and strategy development. What and how they communicate about these issues also matters. The words and images used can reinforce or reduce shame and stigma, impact help-seeking and help-offering and, in some cases, increase or decrease suicidal behaviour.

What do we know? Based on research exploring the links between communication and its impact, guidelines have been developed for communicating about suicide and mental health concerns. Internationally, this guidance is predominantly focused on media reporting, given the broader scope for community impact than other forms of communication. Implementation of media guidelines, particularly in the Australian context through Everymind's Mindframe program, have been found to be impactful and cost-effective prevention activities. One component of this implementation program includes developing additional guidance for media on specific or emerging issues, incidents or populations.

How has this been put into practice? This presentation focuses on recent work by Everymind in partnerships with population specific organisations and communities, developing new resources to communicate safely and sensitively about First Nations suicide, child and youth suicide and suicide and mental health concerns in LGBTIQ+ communities. The processes for developing these resources are outlined with a particular focus on partnering for impact and authenticity, inclusion of people with a lived and living experience of suicide, and ensuring resources are fit for purpose.

What actions should we take in the future? These resources contribute to ongoing efforts to enhance media reporting on suicide, working to reduce stigma and distress, and encouraging prevention and early help-seeking. Additional resources, centred on connections with communities, will be developed as needed.

## From Data to Action: COVID-19's Impact on Child Wellbeing and Local Solutions

Dr Leona Pascoe<sup>1,2,3</sup>, Associate Professor Suzanne Mavoa<sup>1,2</sup>, Associate Professor Simone Darling<sup>1,2</sup>, Dr Anna Price<sup>1,2</sup>, Dr Melvin Marzan<sup>1,2</sup>, Ms Rachel Whiffen<sup>1</sup>, Professor Amanda Wood<sup>1,4</sup>, Professor Sharon Goldfeld<sup>1,2,4</sup>

<sup>1</sup>Murdoch Children's Research Institute, Parkville, Australia, <sup>2</sup>University of Melbourne, Parkville, Australia, <sup>3</sup>Monash University, Clayton, Australia, <sup>4</sup>The Royal Children's Hospital, Parkville, Australia

2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

Australia's Commonwealth COVID-19 Response Inquiry (2024) has called for urgent action to prioritise children's mental health in pandemic recovery. However, it remains unclear which communities were most affected and which aspects of child mental health are of greatest concern. This study aimed to describe and visualise changes in child mental health and wellbeing across Victoria from 2018-2024 to inform prioritisation and support place-based responses.

Secondary, local-level population data from the Australian Early Development Census and School Entrant Health Questionnaire (Strengths and Difficulties Questionnaire) were used to integrate teacher and parent-reported concerns at school entry. Changes in social competence, emotional maturity, and total behavioural difficulties were examined across two time periods (2018-2021, 2021-2022/2024) to identify Local Government Areas (LGAs) with increasing, decreasing, or stable patterns of vulnerability. Geospatial mapping visualised trends across Victoria's 79 LGAs.

Emotional maturity showed the highest proportion of LGAs with an increasing trend of vulnerability (51%), while a declining vulnerability trend was most evident for social competence (12.5% of LGAs). Most LGAs (53%) showed no change in parent-reported behavioural difficulties (2018–2022). 39% of LGAs showed an increased vulnerability trend in two or more domains, while only 1.3% showed a decreased trend. Mixed trends were observed in 27% of LGAs, and 13% showed no significant change across domains over time.

Results have informed selection of LGAs with increased vulnerability trends for a second study phase aimed at codesigning a solution with ready, local communities to build local capacity to support child emotional and behavioural development.

Findings indicate that many Victorian communities continue to experience child mental health and wellbeing concerns post-COVID-19. These insights are critical for planning and directing efforts to support children's mental health and wellbeing, and co-designing place-based solutions with community to improve vulnerable outcomes for children, such as emotion regulation.

## Old School Night Out. Strengthening Rural Connection Through Music and Community

Ms Carissa Graham<sup>1</sup>, Mrs Bek Nash-Webster<sup>1</sup>

<sup>1</sup>Rural City of Wangaratta, Wangaratta, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Rapid Fire Presentation

Abstract: Old School Night Out: Strengthening rural connection through music and community

### Context and Aim

Social isolation in rural communities can impact mental wellbeing and community cohesion. The Grit and Resilience Program's "Old School Night Out" rural tour was designed to address this by bringing people together through music, nostalgia, and shared experience in local township halls.

### Methods and Analysis

Launched in 2024 following a successful pilot, the tour visited four rural townships, Springhurst, Edi Upper, Eldorado, and Bobinawarra, hosting inclusive, family-friendly events featuring live music, dancing, and community-led catering. Each event was co-delivered with local hall committees and supported by the Grit and Resilience Program, clubs, groups, and the band Sweet Buzz. Attendance, feedback, and social media engagement were tracked to assess impact. The 2025 tour has expanded its reach to four new locations, continuing the model.

### Outcomes

Over 400 people attended across the 2024 tour, with many events drawing intergenerational participation, often four generations of a family. Feedback highlighted the joy of reconnecting, the relaxed atmosphere, and the value of celebrating local spaces. Social media reach exceeded 10,000 across platforms. The events increased visibility of the Grit and Resilience Program and strengthened ties between residents and local groups.

### Future Actions

The 2025 Old School Night Out tour marks the second iteration of this initiative within the Wangaratta LGA. While the tour continues to build community connection and showcase the value of local leadership, the program will shift focus and rather than completing a third tour, the Program will finalise and publish a how-to guide to support other communities in independently delivering similar events. This resource will be made available on the RCoW website, offering practical tools, templates, and insights drawn from two years of delivery. The model remains a replicable, low-cost approach to preventive mental health promotion in rural settings, grounded in co-design, local ownership, and celebration of place.

## The Grit and Resilience Festival Community-led celebration of Connection & Mental Wellbeing

Ms Carissa Graham, Mrs Bek Nash-Webster<sup>1</sup>

<sup>1</sup>Rural City of Wangaratta, Wangaratta, Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

**Abstract:** The Grit and Resilience Festival: A Community-led celebration of Connection and Mental Wellbeing.

### Context and Aim

In regional communities, mental health promotion often struggles to engage people meaningfully. The Grit and Resilience Festival, held annually in Wangaratta on World Mental Health Day, was created to foster connection, reduce stigma, and showcase local supports in a vibrant, inclusive setting.

### Methods and Analysis

The Festival is co-designed and delivered by the Grit and Resilience Program in partnership with different partners each year, but is funded and curated by the Grit and Resilience Consortium, a group of community members and organisations leading this program. Each year, it brings together stallholders from local organisations, clubs, groups, and social connection opportunities. Activities include live music, cultural performances, interactive stalls, and inclusive features like low sensory spaces and welcomers. Data is collected via attendance tracking, feedback surveys, and social media analytics.

### Outcomes

Over four years, the Festival has grown from 200 attendees in 2022 to thousands in 2025. In 2024, 88% of attendees reported making new connections, and 87% became more aware of local mental health services. Representation from eight priority cohorts, including Aboriginal and Torres Strait Islander peoples, LGBTQIA+ communities, and people with disabilities, was confirmed. Stallholders consistently rated the event highly for its organisation, support, and impact on community connection.

### Future Actions

The Festival offers a scalable, low-cost model for preventive mental health promotion. Future improvements include humanistic feedback mechanisms, change of location due to out growing the current space and transport options to increase accessibility. The model is adaptable to other regional settings, with co-design and partnership at its core.

## A Case Study of Partnership to Address a Complex Determinant of Health

Ms Irene Verins<sup>1</sup>

<sup>1</sup>Beyond Blue, Melbourne, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

**Context and Aim:** The ongoing cost-of-living crisis has intensified the bidirectional relationship between financial hardship and poor mental health, where each exacerbates the other. Beyond Blue and Financial Counselling Australia have formed a strategic partnership to address this complex public health issue, strengthening cross sectoral capacity, building new knowledge and codesigning much needed tools and resources for those struggling.

**Methods and Analysis:** Our mixed-methods research confirmed the bidirectional nature of money and mental health challenges, and highlighted that social connection is protective, while isolation increases vulnerability to financial and mental health challenges. Life transitions and unexpected events, compounded by stigma, often inhibit help-seeking.

Beyond Blue's recent population health survey revealed that financial stress is the leading cause of psychological distress, affecting 46% of people in Australia. Those facing multiple stressors reported significantly higher rates of anxiety, depression, and suicidal ideation, with nearly half unable to access professional support due to cost. As a result, our financial and mental health support services require collaboration, unique new approaches and resources to support their customers.

**Outcomes:** The partnership has led to the co-design of products and processes that address both financial and mental health challenges. These resources, targeting both individuals and organisations, have gained widespread popularity, demonstrating the effectiveness of cross-sector collaboration in reducing stigma and improving access to earlier support.

**Future Actions:** To address the intertwined nature of money and mental health, future efforts must prioritize systemic, multi-level strategies involving sectors beyond health. Strengthening partnerships, enhancing codesign, and leveraging complementary strengths over competition will be key to developing sustainable solutions to complex public health issues.

## Young and Wise: Embedding Youth Voice in Health Policy and Advocacy

Ms Sarah Lake<sup>1</sup>, Ms. Sachini (Tiara) De Silva<sup>1</sup>

<sup>1</sup>Australian Research Alliance For Children And Youth (aracy), Richmond, Australia

1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

Young people want a genuine say in the decisions that shape their wellbeing, yet their voices remain underrepresented in public health policy. The Australian Research Alliance for Children and Youth (ARACY) established the Young and Wise program to change this by embedding youth participation, lived experience, and advocacy within national health reform processes. Supported by the Department of Health, Disability and Aged Care, Young and Wise connects diverse young Australians, across rural, multicultural, and First Nations backgrounds, directly with policymakers to advance intergenerational equity and youth-led advocacy.

Between March and June 2025, ARACY convened five national roundtables co-designed with the Department. Each explored youth priorities such as social media and mental health, nutrition, alcohol and other drugs, sexual health and contraception, and cost-of-living pressures. More than sixty young people aged 14–24 contributed their lived experiences and co-authored recommendations for reform. The process combined participatory research and facilitated group discussions, using verbatim insights from young participants to ensure their voices were represented without filtration. These authentic perspectives directly shaped final reports and policy recommendations, strengthening youth advocacy capability and government responsiveness, and supporting ongoing, sustainable participation.

The program demonstrated that structured, participatory approaches create space for genuine dialogue and richer understandings of wellbeing, while building young people's confidence as advocates and civic contributors. Roundtable insights have informed federal policy submissions, wellbeing frameworks, and government engagement strategies. Young and Wise continues to evolve, with Series 2 expanding youth leadership roles and deepening collaboration with government and community partners.

This presentation highlights a practical model for moving beyond consultation toward co-leadership in health advocacy, showing how embedding youth participation can improve health and wellbeing outcomes across generations.

## Her Mental Health Matters: Developing a mental health strategy for regional communities.

Ms Alison Jones<sup>1</sup>, Dr Karen Anderson<sup>1</sup>, Ms Belinda Buck<sup>1</sup>

<sup>1</sup>Womens Health Loddon Mallee, Bendigo, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

The mental health of women, girls, trans and gender diverse people is shaped by a complex mix of environmental, social and biological influences across the life course, and their individual wellbeing is deeply interconnected to the wellbeing of the communities that they belong to. Systemic barriers include persistent gender inequality, gendered violence and intersecting forms of discrimination that create unique challenges that limit women, girls, trans and gender diverse people's ability to protect and improve their wellbeing.

In the Loddon Mallee region, females are 1.5 times more likely than males to be diagnosed with a long-term mental health condition, 1.9 times more likely to be diagnosed with anxiety or depression and 1.3 times more likely to report high or very high levels of psychological distress. The challenges to achieving and maintaining good mental health are compounded by factors that include social isolation, rurality, limited-service access, disability and financial hardship.

Women's Health Loddon Mallee undertook the development of a regional strategy to empower women, girls, trans and gender diverse people to stay well and protect their mental health throughout their lives. This gender transformative approach brings together the voices of women, trans and gender diverse people, and is informed by local data, community surveys, stakeholder interviews and a working group that identified strengths, opportunities and lived experiences.

When women, girls, trans and gender diverse people thrive, their communities thrive too. This presentation will unpack five key priority areas: enhancing local evidence, strengthening community connection, addressing barriers to support, empowering individuals, & embedding mental health in community settings. Examples will demonstrate practical ways to drive meaningful change through health promotion initiatives, using this strategy as a tool to understand the gendered determinants affecting mental health and wellbeing and address the underlying causes of health inequities within regional and rural communities.

## Parenting as a Team: Stronger Partnerships, Thriving Families, Happier Kids

Ms Elizabeth Neal<sup>1</sup>

<sup>1</sup>The Relationship Therapy Centre, Drummoyne, Australia

1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

Couple conflict is one of the most powerful predictors of children's emotional and behavioural difficulties. When parents are misaligned, children are either drawn into their conflict or left emotionally unattended — both of which compromise family wellbeing. The Parenting as a Team model offers a preventative framework designed to reduce relational distress and promote cohesive co-parenting partnerships.

Grounded in decades of clinical practice and research integration, this model draws on Gottman Method Couples Therapy, contemporary attachment theory, and triadic family alliance research (Lausanne Trilogue Play). It identifies three patterns of dysfunctional triadic alliances — competitive, collusive, and disengaged — which each represent a breakdown in the couple's ability to work together in the presence of the child. These alliances are contrasted with cohesive co-parenting, in which parents maintain solidarity and shared leadership even when emotionally provoked.

This keynote presentation introduces a roadmap for strengthening co-parenting partnerships through early relational prevention. By addressing how parents can shift from adversarial or avoidant stances to supportive teamwork, clinicians and practitioners can intervene before relational distress becomes entrenched. The Parenting as a Team framework offers practical assessment tools, clinical language to describe alliance types, and structured interventions that promote repair, shared compassion, and team-based parenting.

Ultimately, when couples learn to stay connected under stress, children thrive in the secure and predictable environment that cohesive co-parenting creates. This presentation bridges the gap between relationship therapy and family prevention, demonstrating how strengthening the parental alliance is one of the most effective mental health interventions available.

## Building momentum for an Eating Disorder Safe society

Ms Hilary Smith<sup>1</sup>

<sup>1</sup>National Eating Disorders Collaboration, The Gap, Australia

3C - Linking Systems, Unlocking Potential, Linden Room, March 25, 2026, 1:30 PM - 3:00 PM

Eating disorders are a major, preventable cause of mental distress, physical illness and death, yet public health systems often overlook their determinants. Policies, programs, and messages about health, food, minds and bodies can unintentionally increase risk. Shifting these systems is essential to achieving genuine, equitable health promotion and harm prevention.

Since their launch in 2024, the Eating Disorder Safe (ED Safe) principles have influenced conversations and practices in relation to health, food, mind and body across a diverse range of contexts, including healthcare, public policy, education settings, sports settings, and workplaces. Early indications suggest that collective uptake of these approaches to eating disorder prevention and harm minimisation is both possible and already in progress.

To build on this momentum, ongoing support from early adopters is essential. The next phase of this work depends on people and communities using ED Safe principles and approaches to help expand their impact by embedding them into everyday practice, contributing to implementation efforts, and helping others to understand and apply them in their own contexts.

This presentation will equip attendees to become “ED Safe Champions”, with tools and knowledge to support the broader adoption of ED Safe principles and approaches in their own fields and wider spheres of influence. It will explore strategies for integrating the principles into policy development, research design and interdisciplinary practice. Participants will also consider how to evaluate impact, contribute to evidence-informed refinement of the implementation plan, and influence systems change through knowledge translation and thought leadership.

The goal is to strengthen and expand the use of the ED Safe principles so that safe, inclusive practices become standard across all settings. By focusing on what works and building networks of support, we can help foster a culture where safe and supported relationships with health, food, mind and body become the norm.

## Starting Safely: Embedding "ED Safe" approaches across the First 2000 Days

Ms Hilary Smith<sup>1</sup>, Ms Gabrielle Orr<sup>1</sup>

<sup>1</sup>National Eating Disorders Collaboration, The Gap, Australia

3B - Supporting the Next Generation: Effective Program Approaches, Madison Room, March 25, 2026,  
1:30 PM - 3:00 PM

The First 2000 days, from conception to five years of age, presents a critical window for shaping a child's lifelong health and wellbeing. Rapid brain growth, social and emotional development, and the establishment of eating behaviours lay the foundation for future physical and mental health outcomes. Research and recent consultation reveal a range of ways in which policy and service touchpoints may either help or hinder positive foundational experiences. With experiences of weight stigma highly prevalent across fertility and antenatal care, significant social pressures regarding postpartum body image, wide differences in infant and child feeding practices, and evidence showing that children as young as three exhibit weight bias, the need for a comprehensive approach to health promotion which fosters positive relationships with food and body is clear.

The Eating Disorder Safe (ED Safe) principles offer a comprehensive framework for promoting body esteem and food peace across policy and service contexts. For the First 2000 Days, the ED Safe principles can be leveraged to support infants, children, families and their communities by equipping the professionals, services and systems that support them with evidence-based approaches to health promotion which minimise food, body and weight-related harm. In 2025-26, the National Eating Disorders Collaboration has been developing an implementation plan aimed at building a unified ED Safe response across the First 2000 days, so that policy and practice approaches are consistent and complementary across healthcare, early education, child and family services and beyond.

This presentation will be grounded in implementation science. It will report on findings to date in the development of the implementation plan and next steps towards roll-out. Attendees will learn about the process of developing a multi-sector implementation plan and hear key insights derived from this complex undertaking. A range of ED Safe implementation resources will be shared.

## Way to Wellness: Optimising emotional wellbeing while awaiting surgery

Miss Clare Pekin<sup>1</sup>, Miss Claudia Regan-Knights<sup>1</sup>, Casey Windshuttle<sup>1</sup>, Joanne Isbel<sup>1</sup>

<sup>1</sup>Quitline, Queensland Health, Brisbane, Australia

2C - The Future of Prevention: Insights, Signals, and Stories, Linden Room, March 25, 2026, 11:00 AM - 12:30 PM

### Context and Aim:

Individuals living with chronic conditions and awaiting surgery often experience significant emotional distress, yet there remains a lack of evidence-based preventive interventions to address these needs. The Queensland Health Way to Wellness service (WTW) opportunistically intervenes with priority public patients during their wait to improve modifiable risk factors, including emotional wellbeing through brief evidence-based interventions. The service incorporates the PHQ-4, a screening tool aimed at identifying emotional wellbeing risks related to anxiety and depression, and intervening to prevent further psychological deterioration.

### Methods and Analysis:

The evaluation focused on measuring the effectiveness and patient satisfaction of the Way to Wellness service, which has been operating across Queensland since 2019. Evaluation data is collected through evaluation surveys completed via phone and coupled with service-level data including along utilisation rates, to assess both the reach and impact of the service.

### Outcomes:

Evaluation results revealed that 9735 patients have participated in the Way to Wellness service since inception and 46% have been eligible for emotional wellbeing support with half of these patients experiencing moderate to severe psychological distress. WTW has connected patients with mental health supports that they otherwise may not have accessed. The evaluation showed >1000 links were provided to support clients including MindSpot, and PainLink. The service also receives compliments outlining the positive impact of the service on emotional wellbeing. These findings suggest that the Way to Wellness service has successfully filled a critical gap in preventive emotional health support for individuals with chronic conditions who are awaiting surgery.

### Future Actions:

Given the positive outcomes observed, future actions should focus on expanding the service's reach to ensure more individuals benefit from early emotional wellbeing support. Additionally, future developments could include the integration of more personalised interventions, increased awareness campaigns, and exploring digital innovations to enhance accessibility.

## Youth Mental Health Quit Support

Ms Chloe Willats<sup>1</sup>, Clare Pekin<sup>1</sup>, Hillary Rono<sup>1</sup>, Joanne Isbel<sup>1</sup>

<sup>1</sup>Quitline, Queensland Health, Brisbane, Australia

3D - Building Capacity, Bridging Gaps, Avalon Room, March 25, 2026, 1:30 PM - 3:00 PM

### Context and Objective:

Youth with complex mental health (CMH) conditions often exhibit high rates of nicotine use, including cigarette smoking and vaping, which exacerbates both mental and physical health risks. This complexity hampers recovery and increases mortality, with nicotine-related harm frequently surpassing that of the underlying mental health conditions. Evidence indicates that cessation of smoking and vaping can improve mental health outcomes, particularly when cessation support is integrated within existing mental health services. In Queensland, the Quitline program offers an Intensive Quit Support Program (IQSP) designed specifically for youth experiencing CMH. The program provides nicotine replacement therapy (NRT) and tailored counselling aiming to support smoking and vaping cessation among this vulnerable population.

### Methods and Evaluation:

In September 2024, Quitline introduced an evaluation framework to assess the feasibility and effectiveness of the IQSP among youth with CMH. Clients were assessed at two intervals: three months after the initial planning call (EV1) and six months following the first evaluation call (EV2). Key evaluation metrics included program engagement, participation, counselling session completion, and cessation outcomes.

### Outcomes:

During the 2024–25 financial year, 1,143 clients were referred to Quitline from community mental health and AOD services. Of these, 21% (n=245) were under 30 years of age. Among this subgroup, 40% (n=99) engaged with the IQSP. Thirty-four participants completed at least one counselling session and a follow-up assessment. At three months, 35% (n=12) of these individuals reported successfully quitting smoking or vaping.

### Future Actions:

Preliminary findings indicate that integrating intensive quit support within youth mental health services is feasible and associated with positive cessation outcomes. Future efforts will focus on enhancing program delivery, monitoring long-term outcomes, and expanding service access across diverse clinical settings to support sustained nicotine cessation in youth with CMH.

## Mentally Health Schools: promoting mental health and wellbeing

Professor Sharyn Burns<sup>1</sup>, Professor Christina Pollard<sup>1</sup>, Mx Kim Andreassen<sup>1</sup>

<sup>1</sup>Curtin University, Kent Street, Australia

1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

**Context and aim:** Whole-school based interventions have the potential to enhance mental health and wellbeing among students, school staff, parents and the broader school community.

**Methods and Analysis:** The Mentally Healthy Schools (MHS) program is a targeted program under the Western Australian evidence-based mental health promotion campaign Act Belong Commit<sup>®</sup> which encourages protective behaviours to improve mental health.

The program aims to: encourage young West Australians to develop and adopt problem-solving skills and mentally healthy behaviours early in life so they can cope better with stressors; increase openness about discussing mental health and reduce stigma around mental illness; and build the capacity of school staff to create mentally healthy school environments and supportive community partnerships to create a 'Mentally Healthy WA'

To foster a whole school approach, the MHS program adopts the WHO Health Promoting Schools Framework (HPSF), ensuring the Act Belong Commit<sup>®</sup> message is embedded according to the eight global HPSF standards and indicators. Whole-school resources use the Act Belong Commit<sup>®</sup> branding and the tailored "Standing Strong Together" branding for promotion of social and emotional wellbeing for Aboriginal and Torres Strait Islander people.

In 2025 a new evaluation strategy was developed to evaluate the MHS program across three phases.

Mixed methods include surveys, interviews and holistic embedded case studies.

**Outcomes:** Approximately 120 schools are sub-licensed partners reaching over 82,000 students as well as staff, parents and community members. Most partner schools agreed that being a MHS fostered a sense of belonging in the school community (88%) and being a MHS encourages open discussions around mental wellbeing (84%).

**Future actions:** Supporting schools to implement whole-school Act, Belong, Commit<sup>®</sup> strategies to promote mental health and wellbeing is an effective and cost-efficient public health approach.

Opportunities to support schools to promote mental health and wellbeing among diverse students is a future priority.

## My Story Cards: A Culturally Grounded Visual Tool for Exploring Well-Being

Ms Jude Page<sup>1</sup>

<sup>1</sup>UNSW Sydney, Randwick , Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

Supporting social and emotional well-being requires tools and approaches that are culturally grounded, strengths-based, and responsive to the lived experiences of Aboriginal and Torres Strait Islander peoples. Conventional assessment tools often fail to capture Indigenous ways of knowing, being, and doing, which emphasise connection to (or disconnection from) family, community and culture. The Aboriginal version of My Story Cards was developed through a process of consultation and co-design with Aboriginal people including, Elders, young people and health workers to create an empirically rigorous, engaging and practical visual tool that enables individuals to identify what matters most to them and explore themes in relation to other needs and priorities.

My Story Cards use images representing specific concepts to prompt reflection, narrative, and prioritisation across areas such as connection, identity, safety, health, purpose, and belonging. The culturally meaningful visuals and narrative format allows participants to focus discussion and express thoughts, values and emotions, and develop personal well-being plans. The tool can be used in one-on-one settings, group workshops, or community programs to support goal setting, healing, and shared understanding between clients and practitioners.

Findings from its application in Aboriginal health and community contexts demonstrate that My Story Cards are well accepted by clients and practitioners. They help strengthen communication, enhance self-awareness, explore and prioritise competing needs. Participants describe the process as empowering and respectful, fostering trust and enabling deeper discussion about needs and aspirations that may not arise through conventional interview or survey methods.

By integrating visual communication with cultural approaches, the Aboriginal My Story Cards contribute to culturally safe practice and promote holistic well-being. The approach offers a practical model for embedding participatory and culturally responsive tools in health promotion, mental health, and community development initiatives across diverse Aboriginal and Torres Strait Islander settings.

## Be Nice to Brain - Preventing mental health harm from alcohol

Ms Susan Hickson<sup>1</sup>, Mr Cameron Banks

<sup>1</sup>Foundation for Alcohol Research & Education, Canberra, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Conversation Starter Presentation

#### Context:

The Foundation for Alcohol Research and Education (FARE), supported by the Tasmanian Government, has planned and implemented a campaign addressing the link between alcohol and mental health.

The relationship between alcohol and mental health is complex. Alcohol can cause or contribute to feelings of depression and anxiety, and can disrupt sleep, with potential short and long-term consequences for mental wellbeing.

The campaign aims to increase awareness of the link between alcohol and mental health; increase awareness of Australia's Alcohol Guidelines; and support Tasmanians to reduce the amount they drink.

#### Methods:

Pre-campaign, FARE surveyed the alcohol knowledge, behaviours and intentions of 850 Tasmanian adults, and tested potential campaign messages.

Planning involved input from people with lived experience, experts in the fields of alcohol and other drugs, mental health and public health, and researchers.

As the first known Australian prevention campaign on this issue, FARE tested an animated face-brain concept which resonated positively with the audience. 'Be Nice to Brain' launched in November 2024.

Due to limited resources, the campaign runs solely on Meta channels, supported by a 'Be Nice to Brain' website.

#### Outcomes:

After seven months the digital campaign has delivered more than six million impressions and 21,000 website views.

Key learnings to date include the value of local insights from steering committee members, broad stakeholder consultation, audience testing, and use of 'vox-pop' videos to boost engagement.

Challenges include gaining media traction and engaging with people to share their relevant story related to alcohol.

#### Future actions:

Reducing mental health impacts from alcohol by digital awareness campaign is a promising but so-far underexplored public health activity. Implementing this project in a small jurisdiction has provided an ideal environment to pilot the approach. Given a positive evaluation, the campaign could be scaled-up for a wider audience. Project evaluation is due July 2026.

## Partnering with purpose: People and culture, and peer workers

Miss Emily Smith<sup>1</sup>, Ms Olivia Goodchild

<sup>1</sup>Reachout Australia, Sydney, Australia

3D - Building Capacity, Bridging Gaps, Avalon Room, March 25, 2026, 1:30 PM - 3:00 PM

In recent years, Australia's lived experience workforce has experienced tremendous growth, offering new opportunities to embed recovery-oriented and person-centred care into mental health services. However, with rapid growth comes challenges. Peer workers in multidisciplinary teams can often feel undervalued, isolated from the broader organisation and as though they have no clear pathway for development. Without support, the very workforce that brings hope, empathy and connection risks burnout and disconnection.

For peer work to be effective, safe and sustainable, we need to create an environment where lived experience is not only acknowledged, but championed. To do so meaningfully, this requires structural change and genuine partnership between leadership, people and culture and the lived experience team.

When supporting a lived experience team, organisations must consider the distinct set of values and principles that peer workers are guided by. They must adopt new ways of working, engage in deep listening and ongoing learning, which can only be achieved when you have buy-in from the top and commitment across the organisation.

Join Emily Smith (Peer Work Manager) and Olivia Goodchild (People and Culture Manager) as they discuss how they partner to effectively support the wellbeing, growth and development of ReachOut's PeerChat team. ReachOut's PeerChat team has grown by 375% (from 4 to 19) since its launch in 2022. Instrumental to this growth has been the co-design of new leadership roles, clear pathways for development, and wrap-around support that acknowledges the emotional labour of sharing your own story to support others.

Drawing on their expertise, Emily and Olivia will highlight how embedding lived experience and prioritising collaboration can create workplaces where peer workers feel valued, supported and empowered to do their best work. Through practical examples, they will show how inclusive dialogue, open conversations and co-designed solutions are strengthening ReachOut's lived experience workforce.

## "Safety planning" done better: A standardised cross-sector approach to supporting young Australians

Dr Stephen Spencer<sup>1</sup>

<sup>1</sup>EquiEnergy Youth, Broadmeadow, Australia

2C - The Future of Prevention: Insights, Signals, and Stories, Linden Room, March 25, 2026, 11:00 AM - 12:30 PM

Young people experiencing acute mental health and psychological distress episodes require adults to be able to support and guide them during these difficult moments. However, many adults are unsure how to respond effectively to young people, with responses often reactive, inconsistent, or not being appropriate to the level of distress. Many times adults either under-or-over-respond to young people in these times.

When an adult over-responds to a young person in distress we often provide interventions that are not suitable, such as emergency service involvement and presentations to hospital. At times, adults also under-respond and the young person will often escalate to activate the adults around them.

There is no standardised approach to 'safety planning' and for young people experiencing acute mental health or psychological distress episodes. Young people, and the families who support them, are provided with inconsistent, non-standardised information that is often contradictory. This non-standardised approach is not current best practice for physical health issues such as asthma and diabetes.

Along with the non-standardisation and inconsistency, current practices relating to 'safety planning' are siloed. Different settings and sectors have different names and templates for safety planning for the same child. EquiEnergy Youth's Coach 2 Cope programs and tech enabled individual support planning tools provide an evidence-based framework to standardise the care and support for young people across settings and sectors. The tools allow young people, families, and professionals to use a common language and framework to co-create the support plan that guides a consistent, predictable, and appropriate response to young people to reduce episodes of distress. The TAR3 Support Plan can be used at a primary prevention level to guide adults to support a young person's coping, resilience, and positive help-seeking behaviour. Additionally, the plans can be used at an intervention level for those young people experiencing increased frequency, intensity, and duration of psychological distress that often impacts on the safety of self and others.

The presentation will provide an overview of Coach 2 Cope program and tech enables support planning tools, and current implementation and outcomes progress across sectors and settings.

## The postcode effect: Access to recreational spaces and adolescent mental health

Dr Scarlett Smout<sup>1</sup>, Ms Camilla Sedgwick<sup>1</sup>, Ms Lauren Scott<sup>1</sup>, Associate Professor Suzanne Mavoa<sup>2</sup>, Dr Kimon Krenz<sup>3</sup>, Associate Professor Matthew Sunderland<sup>1</sup>, Dr Katrina Champion<sup>1</sup>, Ms Amarina Donohoe-Bales<sup>1</sup>, Prof Maree Teesson<sup>1</sup>, Dr Marlee Bower<sup>1</sup>

<sup>1</sup>The Matilda Centre, University Of Sydney, Tempe, Australia, <sup>2</sup>The Centre for Community Child Health, Murdoch Children's Research Institute, Melbourne, Australia, <sup>3</sup>ARC The Space Syntax Lab, Bartlett School of Architecture, University College London, London, United Kingdom

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

### Context/ Aim

The mental health of young Australians has declined substantially over recent decades, reflecting global trends. Key protective factors, such as social connection, leisure, and exercise, are often dependent on access to safe and inclusive public spaces. This study investigates the relationship between proximity to recreational spaces and mental health among adolescents, with the aim of informing future research and practice utilising place-based levers for prevention.

### Methods

Data were drawn from 2,015 Year 10 students in New South Wales (mean age = 15.74; 43.3% female). Survey responses (capturing mental health outcomes [psychological distress, mental wellbeing], sociodemographic characteristics [gender, school affluence, family affluence, geographic remoteness], and behavioural factors [screen time, physical activity]) were linked to Government spatial data detailing recreational facilities and transport. Given the exploratory nature of this study, a staged analysis approach was used with linear regression models investigating: 1) Unadjusted associations between counts of each recreational facility type (community, cultural, greenspace/ blue space, sports grounds, and youth centres within participants' home postcode and school radius) and psychological distress/ mental wellbeing 2) Associations adjusting for sociodemographic factors and public transport availability, 3) Associations adjusting for sociodemographic, transport, and behavioural factors, and finally, 4) A fully adjusted model for each outcome, including all recreational facility types.

### Outcomes

Preliminary results show that while several associations were found in unadjusted models, in adjusted models home proximity to youth facilities was significantly associated with lower psychological distress. In the fully adjusted model, both youth facilities and green/blue spaces showed independent associations with reduced distress. Recreational facilities around schools were not significantly related to outcomes.

### Future Actions

These findings underscore the importance of equitable access to diverse, youth-oriented public spaces. Future research should explore how young people engage with these environments and how specific design features influence psychological outcomes, to inform urban planning and health policy.

## Mental health and wellbeing programs currently being implemented in Australian primary schools

Dr Rebecca Hodder<sup>1,2,3,4</sup>, Dr Kate Bartlem<sup>1,2,3,4</sup>, Dr Kate O'Brien<sup>1,2,3,4</sup>, Dr Tara Clinton-McHarg<sup>1,5</sup>, Ms Katrina McDiarmid<sup>1,2,3,4</sup>

<sup>1</sup>University Of Newcastle, Callaghan, Australia, <sup>2</sup>Hunter New England Population Health, Wallsend, Australia, <sup>3</sup>Hunter Medical Reserach Institute Population Health Program, Newcastle, Australia, <sup>4</sup>National Centre of Implementation Science, Newcastle, Australia, <sup>5</sup>Melbourne School of Population and Global Health, University of Melbourne, Parkville, Australia

2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM - 12:30 PM

### Pre-recorded Presentation

**Context and aim:** Schools are increasingly recognised as critical settings for promoting student mental health and wellbeing, particularly through prevention and early intervention. In Australia, national initiatives such as the Be You framework provide guidance on best practice in school-based mental health promotion. However, limited evidence exists on how widely these programs are being implemented in Australian primary schools. This study aims to assess the prevalence and types of mental health and wellbeing programs and classroom resources currently implemented, classified against the five components of the Be You framework.

**Methods and Analysis:** A national cross-sectional survey of 700 Australian primary schools across government, Catholic, and independent sectors was conducted. A sub-sample of schools (n=263) provided detailed information about whole-of-school/class programs and classroom resources implemented in the past 12 months to promote student mental health and wellbeing. These were categorised according to the five Be You components: Mentally Healthy Communities, Family Partnerships, Learning Resilience, Early Support, and Responding Together. Preliminary analysis shows high levels of engagement, with 87% of schools reporting at least one whole-of-school or class-based program, and 88% using classroom resources to support student mental health.

**Outcomes:** This is the first national study to map the implementation of mental health and wellbeing programs in Australian primary schools using the Be You framework. Findings are already being used to inform discussions with education stakeholders and program developers to better align offerings with school practices and needs.

**Future actions:** Future work should explore the quality, evidence base, and effectiveness of implemented programs. Investment in accessible, evidence-informed initiatives and implementation support is essential to strengthen student mental health promotion in school settings.

## The contribution of crime to neighbourhood disadvantage and mental well-being, 2009-2016.

Ms Emily Davis<sup>1</sup>, Dr Kristiann Heesch<sup>1</sup>, Dr Jerome Rachele<sup>2</sup>, Associate Professor Nicola Burton<sup>3</sup>, Professor Gavin Turrell<sup>4</sup>

<sup>1</sup>Queensland University of Technology, Kelvin Grove, Australia, <sup>2</sup>Victoria University, , Australia,

<sup>3</sup>Griffith University, Brisbane, Australia, <sup>4</sup>RMIT University, , Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

Just as neighbourhood disadvantage gets under the skin, so too can it get into the mind, manifesting as poor mental well-being. Actions to reduce neighbourhood-level socioeconomic inequities in mental well-being hinge on exploring neighbourhood-level mechanisms, such as crime, a social factor disproportionately distributed in disadvantaged neighbourhoods. Evidence of a relationship between neighbourhood crime and mental well-being is emerging, but only from cross-sectional studies. This study examined the contribution of different types of neighbourhood crime to the relationship between neighbourhood disadvantage and mental well-being.

The study used data collected in 2009, 2011, 2013 and 2016 for HABITAT, a multilevel, longitudinal study of mid-aged residents of Brisbane, Australia. Crime data in each study year (crime against the person, social incivilities, unlawful entry) recorded by the Queensland Police Service (QPS) were used as objective indicators of neighbourhood crime. Perceptions of crime and safety, mental well-being, and potential confounders in modelling were self-reported on a mailed survey sent to participants in each study year. Associations between neighbourhood disadvantage and crime with mental well-being were examined using random effects linear regression models, adjusted for neighbourhood self-selection and socio-demographic variables.

Residents with greater concerns about crime and safety in their neighbourhood had poorer mental well-being. This partly explained the relationship between neighbourhood disadvantage and mental well-being. However, objectively measured crime did not contribute to this relationship.

Policies and programs aimed at reducing concerns about crime and safety in disadvantaged neighbourhoods may provide an opportunity to reduce socioeconomic inequities in population-level mental well-being. Action to address neighbourhood crime requires a combination of macro-level policies targeting socioeconomic determinants of crime alongside community-based prevention interventions (e.g. targeted hot spot policing infused with informal social control) and strategies that aim to increase residents' sense of safety, such as improving infrastructure or creating safer public spaces (i.e., street lighting).

## Helping young adults in Western Australia find their way to okay

Miss Rebecca Salsano<sup>1</sup>, Miss Sophie Hammond<sup>1</sup>

<sup>1</sup>Mental Health Commission, Perth, Australia

1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

Recent Western Australian data indicates young adults, aged 18-24 years, are significantly worse-off across a range of mental health and wellbeing indicators compared to other age groups. Although most young adults can identify behaviours to support mental health and wellbeing, very few report engaging in these activities regularly. To address this, the Mental Health Commission in partnership with Cancer Council WA, developed the Think Mental Health 'Find Your Way to Okay' campaign.

Twenty short-form 'point-of-view' social videos were created from the perspective of young adults engaging in a range of activities known to protect and improve mental health and wellbeing. The 'Find Your Way to Okay' messaging validated individual exploration of new activities and encouraged people to find 'what works for them'. Launched in September 2023, the campaign ran statewide for 10 months across digital, audio and out-of-home channels.

A total of 899 young adults from both metropolitan and regional areas across Western Australia completed a post-campaign online survey. Results indicated that the 'Find Your Way to Okay' messaging was successful in encouraging young Western Australians to undertake protective actions regularly:

- 95% of those aware of the campaign could name at least one strategy that promotes mental health and wellbeing;
- 69% of those aware of the campaign reported increased confidence in their ability to improve their mental wellbeing; and
- Those aware of the campaign were more likely to have engaged in self-care in the past week and to trial new behaviours, compared with those unaware of the campaign.

The development of a multi-faceted campaign tailored to young adults and grounded in community voices can help drive positive behaviour change. Mental wellbeing is a critical issue for young people, and insights from this campaign offer valuable guidance for future initiatives.

## Enhancing lifelong wellbeing through a systems approach to building capacity and capability

Ms Sophie Morson<sup>1</sup>, Ms Michelle Cole<sup>1</sup>

<sup>1</sup>Thriving Queensland Kids Partnership, 826 Ann Street, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

We know that what surrounds us shapes us. Prioritising children's health and wellbeing from conception is essential to ensuring a safe, flourishing and positive society, including intergenerationally. Achieving this requires that children, young people, parents, carers and communities are supported by systems and natural, built and digital environments that will enable them to thrive. We also know that not all are thriving, compounded by growing pressure on families, human services and the economy. It is crucial we adopt a systems approach to building individual and collective capacity and capability if we are to optimally promote and protect lifelong mental health and wellbeing.

Thriving Queensland Kids Partnership (TQKP) is an initiative of the Australian Research Alliance for Children and Youth. We are a systems coalition and broker working towards the vision that within one generation, every young Queenslander has what they need to thrive no matter their background or where they live.

Running through all TQKP's initiatives is the thread of enhancing, enabling and embedding the capabilities required to optimise human development. TQKP has woven together wisdom from First Nations people, lived experience, practitioners, community and research to develop, disseminate and/or enact shared, neuro-informed knowledge, skills and language within and across the people, places, services and systems that promote positive health and learning outcomes for children and young people.

This presentation will explore how knowledge translation and innovation can connect existing resources and foster sustainable implementation strategies to enhance collective capacity and capability. We will share resources and insights from a number of TQKP initiatives, including our learnings regarding what helps and hinders sustainable system change.

Working together to adopt, embed, upscale and steward a systems approach grounded in wellbeing, resilience and healing will promote and protect the mental health and wellbeing of all Australians, now and into the future.

## A scoping review of Indigenous children's social and emotional wellbeing initiatives

Professor Michelle Dickson<sup>1</sup>, Ms Matilde Petersen<sup>1</sup>

<sup>1</sup>Poche Centre for Indigenous Health, University of Sydney, Sydney, Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

Middle childhood (5–12 years) is a formative period for identity development, emotional regulation, and cultural learning; it is shaped by children's relationships with family, community, culture, and Country. However, limited evidence exists on social and emotional wellbeing initiatives designed for Aboriginal and Torres Strait Islander children during this life stage. To address this gap, a team of Aboriginal and non-Indigenous researchers conducted a scoping review to identify and map initiatives that strengthen cultural wellbeing, relationships, and community connections for Indigenous children aged 5–12 years across Australia, Canada, New Zealand, and the United States. The review followed the Joanna Briggs Institute (JBI) methodology and was led by Aboriginal and Torres Strait Islander researchers. Academic and grey literature, published between 1946 and 2025, were searched across multiple databases.

Nine studies met the inclusion criteria, revealing shared characteristics across identified initiatives including culturally grounded Social and Emotional Wellbeing (SEWB) frameworks, co-design approaches, Indigenous governance, and delivery within school and community settings. Initiatives that engage Elders and embed cultural practices are most aligned with Indigenous concepts of wellbeing. The review illustrates the scarcity and promise of culturally responsive wellbeing initiatives for Indigenous children in middle childhood. The findings also reveal underrepresentation of Indigenous researchers in research leadership and governance roles.

The review highlights that strengthening Indigenous leadership and ensuring community-driven design are critical to building culturally grounded programs that foster identity, belonging, and emotional wellbeing in Indigenous children. These approaches are key to creating sustainable, impactful initiatives that reflect community strengths and priorities.

## Place-Based Prevention: Systems Thinking in Rural Youth Mental Health Promotion

Dr Laura Grattidge<sup>1</sup>, Mr Jeremy Wiggins

<sup>1</sup>Live4life, Woodend, Australia

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

### Context and Aim

Suicide is the leading cause of death among young people. The prevalence of suicide in rural and remote Australia is more than 50% higher than in cities. Drivers of this disparity include geographic isolation, limited access to services, and stigma among rural communities.

### Methods and analysis

Live4Life (L4L) is an evidence-informed, whole-of-community model for rural and regional settings. L4L aims to reduce youth suicide by building community capacity and resilience through stigma reduction, improved mental health literacy, and promotion of help seeking/offering behaviours among young people and adults.

A key strength of L4L is its collaborative, cross-sectoral approach, engaging local government, schools, health services, and young people. While all communities deliver core components, implementation is adapted to local needs, knowledge, and networks, ensuring relevance and impact.

Youth leadership is central to L4L through the 'Crew' programs which empower young people to actively contribute to their communities. These programs build skills in leadership, public speaking, health promotion, and advocacy, and provide ongoing opportunities for alumni to collaborate on mental health promotion after leaving school.

### Outcomes

The model has been shown to improve mental health literacy, reduce stigma, and increase the confidence of both young people and adults to seek and provide support.

'Catching up with the Crew', a qualitative study on long-term outcomes for L4L Crew found benefits were sustained for several years.

### Future actions

L4L's whole of community approach involves outcomes for multiple stakeholder groups and cohorts, that are cumulative and interact over time to produce deep transformational change. Expectations and standards of evidence for program effectiveness should take this into account. Evaluation approaches must incorporate systemic factors not purely short and medium outcomes such as changes in knowledge, attitudes and behaviours among target cohorts.

## Navigating the challenges of amplifying lived experience in mental health advocacy

Ms Jessica James<sup>1</sup>

<sup>1</sup>Beyond Blue, Melbourne, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Conversation Starter Presentation

**Context and Aim:** How do we ensure that lived and living experience meaningfully shapes mental health policy? Beyond Blue's advocacy is informed by insights from community – through our service delivery, research and through our Blue Voices community – a group of 3,000 people who have lived and living experience (LLE) of mental health challenges and suicide, and their supporters who want to make a difference. Amplifying their voices in our advocacy helps us drive person-centered change and gives them opportunities to influence policy outcomes.

**Methods and Analysis:** Beyond Blue engages Blue Voices members through focus groups, interviews and surveys on a range of policy issues, including mental health system reform, cost of living challenges and social media regulation. Engagements are guided by the principles of safety, respect, inclusion, trust, transparency, collaboration, and mutuality and value the diversity of people's experiences across cultures, identities and journeys.

**Outcomes:** Beyond Blue's submissions to policy consultations center the unique perspectives and solutions shared by Blue Voices members and our recommendations for change harness their expertise to improve the systems that have failed to meet their needs. In 2024 and 2025, their contributions shaped Beyond Blue's input into the Review of the National Mental Health and Suicide Prevention Agreement, Tasmania's 20-Year Preventative Health Strategy, and the NSW Mental Health and Wellbeing Strategy among others.

**Future Actions:** When people share their stories and experience, we have responsibility to act. More work is needed at all levels of the mental health system to meaningfully and consistently embed LLE across design, delivery and monitoring. Beyond Blue values the community's generous contributions, and is committed to continuous improvement in the way we partner with them to deliver impactful mental health advocacy.

## Keeping Kids Connected: Embedding Social-Emotional Learning and Child-Safety Education into Australian schools

Mrs Rita Maher<sup>1</sup>

<sup>1</sup>CatholicCare, Narellan Vale, Australia

1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

### Keeping Kids Connected: Embedding Social-Emotional Learning and Child-Safety Education into Australian Schools

What is the problem/issue that requires action?

Children's mental health and wellbeing are under increasing pressure, with schools often being the first point of contact for early intervention. However, school systems may lack structured, age-appropriate frameworks for teaching protective factors and emotional literacy. In response, CatholicCare Diocese of Wollongong identified the need for an integrated, classroom-based early intervention program that supports social-emotional learning (SEL) and child-safety education in primary schools.

What do we know or have we learned to address this problem/issue, and how has this finding been derived?

Drawing on over ten years of longitudinal school counselling data and informed by a social-ecological resilience framework, CatholicCare developed the Keeping Kids Connected program. It embeds SEL and child-safety education into the NSW PDHPE K–10 syllabus. Program themes—emotional regulation, empathy, body respect, self-worth, respectful friendships, online safety, and consent—are delivered progressively across K–6. Data-informed insights highlighted the importance of co-delivery by counsellors and educators to ensure consistent messaging and increased student engagement.

How has this been used in practice?

Since launching in 2022, the program has been delivered to over 2,000 students in 20+ schools, with high teacher participation and strong student engagement. A complementary Child Protection Week Parent Series has also reached 21 schools, with positive feedback from families and schools alike. Evaluation through both qualitative and quantitative measures confirms the program's positive impact on student wellbeing and family engagement.

What actions should we take in the future to address the problem/issue?

To further support children's mental health and safety, we recommend scaling up programs like Keeping Kids Connected nationally, embedding SEL within curriculum standards, strengthening counsellor-teacher-parent collaboration, and investing in ongoing evaluation frameworks to ensure sustained impact across diverse school communities.

## Storying BlaQ cultural determinants of health

Professor Jen Evans<sup>1</sup>

<sup>1</sup>University Of Tasmania, Pataway/Burnie, Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

### Context and Aim:

There have been calls for culturally informed research to address Aboriginal and/or Torres Strait Islander LGBTIQ+ Peoples (BlaQ) health and wellbeing. BlaQ peoples and communities are subjected to discrimination that causes significant physical and mental health impacts and harms. BlaQ voices are underrepresented in research, particularly regarding specific approaches to understanding BlaQ cultural determinants of health and their benefits for good mental health. Diverse approaches are required to provide the foundational work to progress and foreground evidence-based and evidence-informed research. BlaQ storywork has potential to communicate BlaQ cultural wellbeing aspirations to inform future cultural determinants of BlaQ health. Such approaches offer opportunities to improve mental health and wellbeing outcomes for BlaQ peoples through its foundational contribution.

### Methods and Analysis:

I use Indigenous storywork to visually illustrate and narrate potential BlaQ cultural determinants of health and wellbeing domains. This approach makes accessible the strengths-based elements required to better understand the specific requirements for BlaQ strong culture and health and their benefits for good mental health and wellbeing. My approach highlights the importance of making space to consider the powerful role that Indigenous methodologies can bring to informing good BlaQ mental health and wellbeing.

### Outcomes:

Providing deeper understandings of the cultural determinants of health have been significantly beneficial for the culturally informed care of Aboriginal and/or Torres Strait Islander peoples. The provision of foundational work to inform the development of BlaQ cultural determinants of health and wellbeing is essential to delivering culturally informed and safe care for BlaQ peoples and communities. This presentation is a contribution to the foundational work required to advance BlaQ health and wellbeing research.

### Future actions:

Future research is required to develop culturally informed BlaQ cultural determinants of health and wellbeing domains that are BlaQ led, designed and implemented according to BlaQ aspirations and self-determination.

### Indigenous data sovereignty:

As a Dharug scholar and artist, I have drawn on my personal and individual creative processes and expression to create my BlaQ Storywork. It does not include any sensitive cultural material or traditional collective knowledge. I am providing my own scholarly contribution, creative expression and personal interpretation.

## Reality Psychology, a new paradigm for supporting preventive mental health

Associate Professor Stephen McKenzie<sup>1</sup>

<sup>1</sup>Torrens University, Melbourne, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Rapid Fire Presentation

- What is the problem/issue that requires action? [Context and Aim]

Mental Health challenges are an increasingly serious problem in Australia and internationally.

According to the National Study of Mental Health and Wellbeing, approximately 43% of Australians will experience a mental disorder at some point in their lives, and almost one in four Australians are currently living with one. This presentation describes a new psychological paradigm, developed by the presenter, which supports the systematic and strategic development of valuable mental health prevention programs and associated promotion and research (McKenzie, 2021).

- What do we know or have we learned to address this problem/issue, and how has this finding been derived? [Methods and Analysis]

The Australian Psychological profession is unable to respond adequately to our rapidly increasing and very well documented mental health challenges, and their human costs. We urgently need to respond to our mental health epidemic by improving our understanding of the vital need of preventive mental health, and by systematically expanding, across disciplines and stakeholders, our preventive mental health prevention and promotion capacities.

- How has this been used in practice? [Outcomes]

Positive psychology has provided a useful paradigm for facilitating preventive mental health programs, promotion and research, by focusing on building wellbeing and resilience, rather than 'fixing' mental illness. There are potential problems with the paradigm however in that it can result in people feeling guilty if they are not always positive, and not realize that adversity can actually be valuable for their mental health.

- What actions should we take in the future to address the problem/issue? [Future actions]

The Reality Psychology paradigm helps to protect people's mental health not by protecting them from life challenges, but by helping them grow in response to them.

Key principles and programs include:

- Psycho immunisation – the psychological equivalent to physical immunisation - encouraging exposure to small life challenges to help people respond to and benefit from large ones,
- Real resilience – from exposure to and mastery of rather than avoidance of real life experiences,
- Real mindfulness – taking mindfulness back to its origins - of helping people to be aware of and accept reality, as it really is.

### Reference

McKenzie, S. (2022). Reality Psychology - A New Perspective on Wellbeing, Mindfulness, Resilience and Connection. Springer-Verlag, Singapore.

## From Fragmentation to Collaboration: The Local Model for Mental Health & Wellbeing

Ms Emma Grose<sup>1</sup>, Ms Rebecca Ponchard<sup>1</sup>

<sup>1</sup>Mental Health & Wellbeing Local Yarra Ranges, Lilydale, Australia

1B - Shaping Stronger Systems, Madison Room, March 24, 2026, 1:30 PM - 3:00 PM

### Context and Aim

Mental health services in Victoria have historically been fragmented - Lived Experience voices sidelined, and collaboration between clinical and peer workforces limited. The Royal Commission into Victoria's mental health system called for change and services that are compassionate, holistic, prevent mental ill health, promote wellbeing, and centre Lived Experience in leadership and decision making. The Mental Health and Wellbeing Local in Lilydale (the Local) was established as a key recommendation from the Royal Commission. The Local created a culture where Lived Experience, multidisciplinary clinicians and community engagement teams work together to strengthen prevention and mental health care across communities.

### Methods and Analysis

Collaboration is embedded in Local practice. Lived Experience leads the participant journey, with clinical and community engagement staff as active partners. Reflective spaces and shared decision making empower individuals to lead their care, preventing dependence on tertiary services. Learning comes from stories of teams and community members, and observing how collaboration empowers and improves mental health and wellbeing outcomes.

### Outcomes

The Local is breaking down divides, co-creating care that is more responsive, preventative and community focused. Participants show growth and increased hope for their future. Lived experience and clinical expertise working together have strengthened trust, shaped innovative approaches to mental health support, and shown that by centring participants as the drivers of their care, avoidance of hospital admissions is possible.

### Future Actions

To sustain and grow our approach, we must continue to prioritise Lived Experience leadership, invest in workforce development and build partnerships across sectors. Our experience shows that when collaboration is genuine, prevention and promotion of mental health can become a reality.

## Preventing national mental health problems by improving tertiary student mental health

Associate Professor Stephen McKenzie<sup>1</sup>

<sup>1</sup>Torrens University, Melbourne, Australia

3B - Supporting the Next Generation: Effective Program Approaches, Madison Room, March 25, 2026,  
1:30 PM - 3:00 PM

- What is the problem/issue that requires action? [Context and Aim]

Education should be a mental health and wellbeing positive, not a negative. Changes to tertiary education and its perception including the proliferation of online education, and the increasing use of Artificial Intelligence, are adding to pressures on students and to their likelihood of developing mental health problems. This presentation provides examples of how tertiary education can help to prevent rather than add to mental health problems.

What do we know or have we learned to address this problem/issue, and how has this finding been derived? [Methods and Analysis]

There is a large and growing research literature on the negative effects of the increasing threats to tertiary student mental health and wellbeing. The negative wellbeing and mental health related effects of education which is becoming increasingly virtual are particularly serious for high risk groups including international students.

- How has this been used in practice? [Outcomes]

Despite the rapid recent changes to our tertiary education world and the growth of education related wellbeing and mental health threats, student success is commonly seen as academic success, rather than whole student success, including wellbeing and mental health success. A change in focus is needed to enable the development and expansion of student wellbeing and mental health programs and resources that are integrated into a whole student success model.

- What actions should we take in the future to address the problem/issue? [Future actions]

At Torrens University we are systematically and strategically developing student wellbeing and mental health supporting programs, resources and understanding within a total student success focused framework. Examples of initiatives which could usefully be introduced into other tertiary education settings will be described in this presentation, and include:

- A wellbeing and mental health as well as study skills supporting orientation module and preliminary across courses unit
- A research program into the balanced use and understanding of Artificial Intelligence, for education good as well as evil
- The development of an Artificial Intelligence bot which will support student wellbeing and mental health, and identify at risk students

## Building collaborative partnerships to promote mental health and wellbeing in the community

Professor Christina Pollard<sup>1</sup>, Ms Jessica Nella, Mr Rodney Glossop, Prof Sharyn Burns

<sup>1</sup>Curtin University, Bentley, Australia

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

**Context and aim:** Since 2008, the Western Australian Act Belong Commit<sup>®</sup> mental health promotion campaign has been underpinned by a partnership program using a social franchising approach. This study explores the value of formalised partnerships with organisations from a variety of sectors to create supportive environments for mental health promotion.

**Methods and analysis:** A formal licensing system was introduced in 2021 to protect the brand and support organisations to embed the message and promote mentally healthy activities at the local level. The social franchising model builds the capacity of organisations to adopt (embed the framework), adapt (to make relevant to their audience and setting) and innovate (extend the campaign in new ways). This enables the campaign to reach priority population groups and builds mentally healthy settings and communities for people to engage with. Mixed methods evaluation includes: a biannual Qualtrics survey (activities undertaken and partners' response to the campaign support resources); digital analytics (partner campaign communications and content tracking), and Computer Assisted Web-based Interviews (n=601).

**Outcomes:** The number of sub-licensed partner organisations increased from 302 in January 2021 to 597 in October 2025, including 119 schools and 80,000 children. There has been over 50,000 partner-led community events and activities during that time. Between 2024-2025 partners have actively engaged in sharing Act Belong Commit messages on social media (1,050 shares) and utilising the partnership portal (13,000 visits). Community awareness and engagement of partner activities is high (14,781 visits to the online Activity Finder) and 48% of people who are aware of the campaign recall local community events.

**Future actions:** Engaging diverse organisations in mental health promotion through a campaign based formal licensing system has been successful in extending the campaign message and creating supportive environments. Targeted recruitment of organisations servicing vulnerable population groups is a future priority.

## Evolution of the Act Belong Commit® campaign for population mental wellbeing

Professor Christina Pollard<sup>1</sup>, Ms Jessica Nella, Dr. Getinet Yaya, Mrs Liyuwork Dana

<sup>1</sup>Curtin University, Bentley, Australia

2C - The Future of Prevention: Insights, Signals, and Stories, Linden Room, March 25, 2026, 11:00 AM - 12:30 PM

**Context and aim:** After exploring community perception of the behaviour that promotes mental wellbeing in 2002, the Act Belong Commit® campaign was piloted in regional areas in 2005-2007. Based on its success, the statewide mental wellbeing promotion campaign was launched in 2008. The model has been adapted for different cultures, geographic areas, settings and population sub-groups. Traditional mass media gave way to digital first channels, driving the evolution of the campaign in 2020, including a brand refresh and strategic shift. This study evaluates campaign awareness and engagement from 2019 to 2022.

**Methods and analysis:** Mixed methods evaluation included a comprehensive brand and communication review, partner consultations, digital analytics, and annual Computer Assisted Telephone Interviews (CATI) 2019-2022 (total n=2,256). Multivariable logistic regression was used to identify demographic factors associated with campaign awareness at 5% significance level.

**Outcomes:** Unprompted awareness of the Act Belong Commit® message decreased slightly, from 20.4% in 2019 to 16.6% in 2022. Prompted overall campaign awareness increased from 54.2% in 2019 to 82.5% in 2022 with differing channels reported. Awareness was significantly higher among females, rural and remote residents, and middle-aged adults ( $p < 0.05$ ). Proportion of people who reported taking action to improve their mental health due to the campaign increased to 27.7% in 2022 from 13.4% in 2019. In 2021, there were 81,928 total visitors to the website, and three collaborative posts over one week reached 109,634 unique users across Facebook with over 118,000 impressions.

**Future actions:** The shift to an 'always on' digital marketing approach fosters continuous engagement with the campaign and its message. Digital strategies increase marketing flexibility and enable targeted messaging to specific population segments. Strengthening digital engagement and capability is the focus of future campaign strategies. Challenges include managing costs and developing evaluation approaches suited to multiple creative executions and channels.

## Deadly Minds: Embedding Mindfulness Movement for Aboriginal and Torres Strait Islander Wellbeing

Mrs Charlene Carlisle<sup>1</sup>, Mrs Sharnell Avery, Prof Christina Pollard, Prof Sharyn Burns, Ms Jessica Nella, Ms Luari Parr

<sup>1</sup>Curtin University, Bentley, Australia

1C - Learning from Diversity to Drive Prevention, Linden Room, March 24, 2026, 1:30 PM - 3:00 PM

Deadly Minds™: Embedding Mindfulness Movement for Aboriginal and Torres Strait Islander Wellbeing.

### Context and Aim:

Deadly Minds™ integrates mindful movement, yoga, and cultural learning to strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and adolescents. In 2024, Yogazeit – a small charity that co-developed the world’s first Indigenous Youth Yoga Teacher Training – gifted its programs to Curtin University’s Act Belong Commit campaign, supporting national dissemination of these culturally grounded wellbeing practices. This collaboration provides a platform for respectful knowledge sharing, empowering educators and communities to embed holistic wellbeing strategies that honour both evidence and culture.

### Methods & Analysis

The program is guided by anti-colonial, trauma-informed, and co-designed principles, embedding yarning, cultural exchange, and movement practices connected to Country, kinship, and community. Educators are supported with structured resources, mindfulness tools, and practical guidance to integrate wellbeing within classrooms and community settings. Evaluation employed participatory and culturally safe methods to assess engagement, implementation, and outcomes, highlighting the importance of ongoing consultation, relationship building, and share learning between partners.

### Outcomes

Nineteen educators, community leaders, and health professionals completed Deadly Minds™ Empower Facilitation Training across the Kimberley and Pilbara regions, reaching over 400 children and youth. Seven language translations have supported revitalisation of language and reconnection to Country. A digital teacher training version has been developed to expand accessibility and ensure program sustainability. Evaluation findings indicate increased educator confidence, enhanced student engagement, and strengthened cultural identity, resilience, and connection to wellbeing practices.

### Conclusions

Deadly Minds™ demonstrates the value of culturally anchored wellbeing programs in preventative mental health. Future directions include expanding to remote and regional communities nationwide, ensuring all evaluation and delivery processes remain ethical, respectful, and responsive to Aboriginal and Torres Strait Islanders leadership and community priorities.

## Tharlbarra Maga: Co-designing a culturally grounded mental health tool in Western Australia.

Dr Astrid Turner<sup>1</sup>, Ms Tara Merry<sup>1</sup>, Dr Nia Pulu<sup>1</sup>, Dr Merridy Grant<sup>1,2</sup>, Ms Lenny Papertalk<sup>1</sup>, Ms Allee Bartlett<sup>1</sup>, Prof Sandra Thompson<sup>1</sup>, Mr James Brockman<sup>1</sup>, Mr Levi Thorne<sup>1</sup>, Associate Prof Rohan Rasiah<sup>1</sup>, Mrs Lindi Pelkowitz<sup>1</sup>, Dr Samantha Bay<sup>1</sup>, Ms Chantal Crinquand<sup>1</sup>, Ms Alejandra Cova<sup>1,3</sup>, Ms Riya Sanghavi<sup>1,3</sup>

<sup>1</sup>Western Australian Centre for Rural Health (WACRH), Geraldton, Australia, <sup>2</sup>School of Health and Clinical Sciences, University of Western Australia, Perth, Australia, <sup>3</sup>Georgetown University, Georgetown, United States of America

3A - Partnerships in Action: Designing Better Outcomes, Lennox Ballroom, March 25, 2026, 1:30 PM - 3:00 PM

Aboriginal and Torres Strait Islander Australians continue to experience disproportionately high rates of mental illness and suicide, despite strong cultural resilience. Formative research in a Western Australian community revealed deep trauma, poor mental health, and limited access to services. Existing tools for assessing mental health and wellbeing often lack cultural relevance. Storytelling and art have emerged as effective methods to engage communities, raise mental health literacy, and promote self-care. This project explores culturally congruent elements of existing tools and co-designs a new instrument with the adult Aboriginal community in Mullewa, WA.

This project follows an Aboriginal Participatory Action Research framework, prioritising co-design and collaboration with the Mullewa community, guided by the Elders Governance Group. Aboriginal research team members from Mullewa advise on each step, ensuring cultural relevance and community ownership. The project's core aim is to co-design a mental health tool that is meaningful and useful to the Mullewa Aboriginal community. Community members, including research assistants as co-researchers, have contributed to all aspects of the project. Information sessions are held to explain the project, invite input, and incorporate local expertise. Data is collected voluntarily through prior written informed consent and treated confidentially.

Findings and outputs, including the completed tool with psychoeducation and self-care strategies, will be returned to the community in accessible formats. Data sharing and dissemination will be transparently negotiated with the community, both verbally and through participant information forms.

By applying Data Sovereignty principles throughout the study's conception, design, analysis, and dissemination, we ensure Aboriginal participants retain the right to regulate the collection and use of data concerning their people, communities, and lands. The Mullewa Aboriginal community also maintains the right to determine which data sets require active governance and to opt out of processes that do not align with these principles. This approach is not only an ethical and legal obligation but also a vital expression of respect for Aboriginal peoples' right to self-determination.

The Tharlbarra Maga project began in November 2024. It involves Elders, community members, service providers, researchers, and experts in co-designing a strengths-based mental health tool. Workshops and interviews were held with service providers and partners and information sharing sessions with the community. Based on these processes, the draft tool was co-designed using a river analogy to introduce mental health concepts. Following a yarn, it presents seven vignettes drawn from common community experiences, addressing themes such as anxiety, grief, substance use, depression, gambling, family violence, and intergenerational trauma.

Yarning circles, co-facilitated by an Aboriginal research assistant, were used to evaluate the tool's clarity and cultural relevance. With informed consent, photographs were taken. Recordings were transcribed and thematically analysed.

Initial findings from a women's yarning circle showed that while the river metaphor resonated as a symbol of strength and connection to Country, its use to represent mental health states was not easily understood. Participants found the vignettes on grief, trauma, and family violence relatable and clearly presented. However, the open-ended nature of the stories was perceived as lacking hope. Revisions will be made in consultation with the Elders Governance Group and service providers, with further yarning circles planned. Indigenous artists will contribute illustrations, and ongoing community engagement will build trust and strengthen mental health awareness.

Ongoing co-design is vital. Future actions include continued co-design, improving storytelling, art, and culturally grounded education culminating in pilot studies to enhance mental health awareness, support early intervention, and foster community-led responses.

## Postnatal group therapy for anxiety and depression – treatment and prevention?

Dr Jessica Appleton<sup>1</sup>, Dr Greg Fairbrother<sup>3</sup>, Dr Anne-Marie Maxwell<sup>2,4</sup>, Margaret Booker<sup>2</sup>

<sup>1</sup>University of Technology Sydney, Ultimo, Australia, <sup>2</sup>Tresillian Family Care Centres, Belmore, Australia, <sup>3</sup>Sydney Local Health District, Camperdown, Australia, <sup>4</sup>Macquarie University, North Ryde, Australia

1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

Depression (D) and anxiety (A) in the postnatal (PN) period can significantly impact family functioning and infant development. Effective, accessible interventions during this period are needed to support maternal mental health and promote positive family outcomes for families. Group psychotherapy is one such intervention, but its efficacy requires further evaluation. This presentation will showcase findings from an evaluation of an eight-week group psychotherapy program – Tresillian PNDA group - and will consider evidence for postnatal group psychotherapy as both treatment and prevention.

Tresillian is Australia's largest early parenting support service, offering a range of programs for families with children under five. Tresillian's therapeutic PNDA group has been developed in practice, takes a strengths-based approach, and is informed by attachment and cognitive theories. The program is currently offered at selections of Tresillian's metropolitan and regional centres and online.

In this pre- post- evaluation, the group intervention was associated with reductions in both depression and anxiety symptoms for participants. Mean EPDS scores decreased from 14.11 to 9.99, and EPDS-3a scores from 5.68 to 4.37 (both  $p < .001$ ). These improvements were sustained at a four-week follow-up session. Participants who had sub-clinical depression symptoms at baseline had a smaller degree of improvement compared to those with symptoms in the clinical range. It may be that participation in the group program could prevent more severe symptoms for these participants. However, as the current study does not include a comparison group this cannot be proven.

Evidence for group psychotherapy in the postnatal period as a prevention rather than treatment of postnatal depression and anxiety is limited with most preventive interventions commenced in the prenatal period. Therefore, further evidence is needed regarding the prevention potential of group-based interventions commencing in the postnatal period.

## Addressing stigma in alcohol use in pregnancy and FASD: a scoping review

Miss Jessica Ravindran<sup>1</sup>, Doctor Fiona Robards<sup>1,2</sup>, Associate Professor Sharon Medlow<sup>2,4</sup>, Doctor Helen Cheng<sup>3</sup>, Professor Elizabeth Elliott<sup>2,4</sup>

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2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Conversation Starter Presentation

Women who use alcohol in pregnancy and people living with Fetal Alcohol Spectrum Disorder (FASD) experience stigma, which can negatively impact screening, diagnosis, access to services and quality of life. Little is known about current approaches to address stigma relating to these groups and the intervention outcomes. This review aims to explore approaches to address stigma relating to alcohol use in pregnancy and FASD and the outcomes of these approaches.

This scoping review included peer-reviewed studies, published from January 2015 to May 2025, that implemented an intervention to address stigma relating to alcohol use in pregnancy or FASD. Extracted data included study characteristics, intervention details and key outcomes. Nine studies met the inclusion criteria. Interventions to address stigma included community programs (n=3), mobile Health interventions (n=3) and healthcare provider training (n=3). Two studies aimed to reduce stigma as a primary outcome, and seven studies included stigma-reduction as a secondary outcome within broader educational or service provision. The studies provided qualitative evidence of stigma reduction across several domains: self-stigma (n=5), public stigma (n=4), structural stigma (n=1) and stigma by association (n=1).

Few stigma interventions have been developed specifically for alcohol use in pregnancy or FASD. Therefore, because addressing stigma was predominantly a secondary focus, most studies lacked objective indications of stigma reduction. The use of standardised measures for the evaluation of stigma could strengthen assessment of effectiveness.

Approaches to address stigma in alcohol use in pregnancy and FASD are relatively underdeveloped. Further research is needed to examine how interventions can be scaled for broader implementation and to evaluate their effectiveness to improve health outcomes related to alcohol use in pregnancy and FASD.

## Australian primary schools' perspectives on student wellbeing priorities and program adoption influences

Associate Professor Rebecca Hodder<sup>1,2,3,4</sup>, Dr Kate O'Brien<sup>1,2,3,4</sup>, Miss Katrina McDiarmid<sup>1,2,3,4</sup>, Professor Luke Wolfenden<sup>1,2,3,4</sup>, Dr Tara Clinton-McHarg<sup>3,5</sup>, Dr Kate Bartlem<sup>1,6</sup>

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1A - Together from the Start: Strengthening Early Foundations, Lennox Ballroom, March 24, 2026, 1:30 PM - 3:00 PM

### Pre-Recorded Presentation

**Context and aim:** Child health and wellbeing is a global priority, critical for preventing chronic disease and mental health disorders, and promoting social, emotional, and educational success. Schools are recognised as key settings for health promotion, but their primary focus remains literacy and numeracy. With increasingly crowded curricula, schools must prioritise which health and wellbeing programs to adopt based on student needs and local context. However, there is limited up-to-date national evidence on which student health and wellbeing issues are currently prioritised in Australian primary schools, or which program characteristics influence adoption. Addressing this gap is essential to support relevant and effective program implementation.

**Methods and Analysis:** To address this gap, a national cross-sectional survey of Australian primary schools (government, Catholic, independent) was conducted. A sub-sample of 549 schools responded to questions about: 1) their current student health and wellbeing priorities; and 2) the factors influencing adoption of programs. Quantitative analysis showed that schools prioritise social/emotional wellbeing (83%), classroom learning/behaviour (71%) and physical activity (63%). Key factors influencing program adoption included cost (78%), perceived effectiveness (76%) and positive impact on mental health and wellbeing (69%). These findings provide new national insight into school-level priorities and decision-making.

**Outcomes:** Findings are being used to inform the development and refinement of school-based health and wellbeing programs. By identifying school priorities and adoption drivers, the study provides a framework for aligning program design with school needs. This evidence has informed stakeholder discussions with education departments and program developers.

**Future actions:** Policymakers, researchers, and developers should use this evidence to ensure programs address school-identified priorities and practical constraints. Ongoing collaboration with the education sector and further research into implementation supports will be key to improving uptake and sustainability of school-based health and wellbeing initiatives.

## Staff and student views on school physical activity and wellbeing program

Associate Professor Rebecca Hodder<sup>1,2,3,4</sup>, Miss Jessica Wrigley<sup>1</sup>, Miss Emma Ainsworth<sup>5</sup>, Miss Katrina McDiarmid<sup>1,3</sup>, Dr Kate O'Brien<sup>1</sup>, Associate Professor Nicole Nathan<sup>1,2,3,4</sup>, Dr Kate Bartlem<sup>1,3</sup>, Mr Daniel Groombridge<sup>1</sup>, Dr Tara Clinton-McHarg<sup>3,5</sup>

<sup>1</sup>Hunter New England Population Health, Wallsend, Australia, <sup>2</sup>National Centre of Implementation Science, University of Newcastle, Newcastle, Australia, <sup>3</sup>College of Health Medicine and Wellbeing, University of Newcastle, Newcastle, Australia, <sup>4</sup>Hunter Medical Research Institute Population Health Program, Newcastle, Australia, <sup>5</sup>Community Health Service, Northern Territory Health, Big Rivers Region, Australia, <sup>6</sup>Melbourne School of Population and Global Health, University of Melbourne, Parkville, Australia

3D - Building Capacity, Bridging Gaps, Avalon Room, March 25, 2026, 1:30 PM - 3:00 PM

### Pre-recorded Presentation

**Context and aim:** Physical inactivity and poor mental health are significant and interrelated concerns among adolescents, with both short- and long-term impacts. Schools are well-positioned to address these issues due to their infrastructure and reach. Evidence suggests that physical activity can improve mental health, and school-based programs that integrate both domains may enhance outcomes while reducing implementation barriers related to curriculum demands. This study aimed to assess the acceptability, feasibility, perceived effectiveness, and factors influencing implementation of a combined physical activity and mental wellbeing program delivered in Australian secondary schools.

**Methods and Analysis:** A pilot study was conducted in two New South Wales secondary schools with Year 7 students. The teacher-delivered program ran for five weeks and included both physical activity and mental wellbeing content. Data were collected via surveys and focus groups with participating teachers and students, assessing implementation fidelity, acceptability, feasibility, confidence to deliver, perceived effectiveness, and implementation barriers. Seven teachers (64%) and 87 students (58%) participated. Both schools implemented all program components.

**Outcomes:** Teachers reported high levels of confidence (71%-100%) and feasibility (71%) in delivering the program, with most rating it acceptable (40%-100%) and supportive of student wellbeing. Students also found the content acceptable (74%-78%) and engaging. Identified barriers included limited financial resources (86%) and lack of formal recognition for delivery (71%). Students recommended more active lessons, teacher and peer involvement, and autonomy in activities to boost engagement.

**Future actions:** The program shows promise as a feasible and acceptable approach to jointly address adolescent physical and mental health. Findings support further controlled evaluation of its effectiveness on student outcomes and highlight key areas to optimise future implementation and scalability.

## YouTube for Mental Health Promotion: Enhancing Equity, Engagement in Diverse Australian Communities

Ms Deena Mehjabeen<sup>1</sup>, Ms Deborah Hilton

<sup>1</sup>Western Sydney University, Campbelltown, Australia

2D - Wider Voices, Bigger Change, Avalon Room, March 25, 2026, 11:00 AM - 12:30 PM

### Rapid Fire Presentation

#### Context & Aim:

Digital platforms such as YouTube increasingly shape mental health awareness, literacy, and stigma in Australia. However, existing content often lacks cultural relevance, accuracy, and meaningful engagement for CALD (Culturally and Linguistically Diverse) populations. Given the rapidly evolving digital landscape, this review provides timely insights into how YouTube can be leveraged to promote culturally inclusive mental health content for Australian audiences. This rapid review examines global mental health representations on YouTube to inform culturally valid, inclusive, and effective digital mental health promotion strategies.

#### Methods & Analysis:

A structured search of PubMed and Scopus using relevant keywords and MeSH/subject terms identified approximately 40 peer-reviewed review articles. The articles were thematically analysed to examine content type, engagement strategies, cultural representation, and attention to mental health literacy, stigma, and CALD inclusion.

#### Outcomes:

Findings indicate a predominance of high-engagement, easily consumable video content, but with variable accuracy and cultural sensitivity. Personal testimonies and psychoeducational content dominate, with limited tailoring to CALD audiences. Storytelling and visual metaphors enhance engagement, whereas content neglecting cultural nuance may reinforce stigma or exclusion.

#### Future Actions:

Future directions involve co-designing YouTube content with CALD communities to ensure cultural validity, engaging students and community collaborators in video creation under mentorship to build capacity and authenticity, piloting locally produced short videos to evaluate reach, comprehension, and stigma reduction, and integrating digital content creation into prevention policies and community mental health frameworks to ensure sustainability.

## Being Heard, Connecting, Reflecting: Peer to Peer Story Sharing Amongst University Students

Mr. Ilan Alick Abrahams<sup>1</sup>, Dr. Catherine Trundle<sup>1</sup>, Dr. Sabrina Gupta<sup>1</sup>, Adjunct Professor Bruce Rumbold<sup>1,2</sup>

<sup>1</sup>La Trobe University, School of Psychology and Public Health, Northcote, Australia, <sup>2</sup>The Perron Institute, Perth, Australia

3B - Supporting the Next Generation: Effective Program Approaches, Madison Room, March 25, 2026,  
1:30 PM - 3:00 PM

What is the problem/issue?

Many university students experience loneliness, which is correlated with decreased levels of wellbeing and poor mental health outcomes. Social connection often reduces loneliness, yet research about the quality and type of social connection that students benefit from has previously been underdeveloped. We will share our recent research findings about beneficial social connection pathways for students.

What do we know or have we learned to address this problem/issue, and how has this finding been derived?

Students were recruited to join a social-sharing network at an Australian university. They were randomly placed in pairs, meeting with their partner for an hour each week to share autobiographical stories and personal perspectives. After one month, students were interviewed about their experiences in the network. The interview transcripts were coded and analysed using the grounded theory methodology.

We found that students benefitted from being heard, connecting with new people, and intersubjective reflecting. Being heard happened through the attention of a focused listener, creating feelings of release and value. Connecting with new people happened through the enabling setting of regular and structured sharing meetings, and through stories which created meaning and empowerment. Intersubjective reflecting happened through comparisons with other students and follow up questions, which enabled new perspectives.

How has this been used in practice?

These approaches have been implemented in an online story-sharing circle for North-West Victorian residents during the Covid-19 Pandemic, at a long running story-sharing circle with students at a local library, and an in a university story-sharing network.

What actions should we take in the future?

Create more story-sharing networks at universities. Integrate story-sharing activities into existing university classes. Create story-sharing networks in libraries and community centres. Integrate story-sharing approaches into book clubs, craft groups, and other community-based activity groups.

## Bridging Digital Gaps: Youth-Led Tech Mediation for Mental Health Equity

Dr. Shreya Anil Chauhan<sup>1</sup>, Dr. Anil Dineshchandra Chauhan<sup>2</sup>

<sup>1</sup>Western Sydney University, Westmead, Australia, <sup>2</sup>Gujarat Assembly, Gandhinagar, India

2B - Digger deeper: What is the evidence telling us?, Madison Room, March 25, 2026, 11:00 AM -

12:30 PM

### Context and Aim:

Digital mental health tools play an increasingly important role in preventive care, yet young people from culturally diverse or low-resource backgrounds often face barriers in accessing and trusting these platforms. This student-led conceptual study proposes a youth-focused “Community Tech Mediator” framework to address inequities in digital mental health access and promote early help-seeking among young Australians.

### Methods and Analysis:

Drawing from national literature, policy documents, and WHO frameworks on digital inclusion, this study applies the Social Ecological Framework to explore how peer-led initiatives could enhance mental health literacy and digital equity. The model integrates theoretical perspectives on community engagement, participatory design, and peer education to conceptualise the role of trained youth mediators as connectors between technology and wellbeing.

### Outcomes:

The proposed framework identifies trust, cultural relevance, and peer relatability as central to improving digital engagement. By equipping youth with basic mental health and digital communication skills, community tech mediation could support early identification of distress, increase digital confidence, and strengthen social connectedness. Collaboration between schools, Primary Health Networks, and digital health platforms could embed these initiatives within preventive care systems.

### Future Actions:

Further exploration through student projects and local pilot studies could assess feasibility and scalability. Embedding youth-led tech mediation into preventive mental health strategies may contribute to a more inclusive, equitable, and collaborative approach to promoting wellbeing in Australia.

## Social Prescribing for Prevention: Connecting Communities to Build Mental Resilience

Dr. Shreya Anil Chauhan<sup>1</sup>, Dr. Anil Dineshchandra Chauhan<sup>2</sup>

<sup>1</sup>Western Sydney University, Westmead, Australia, <sup>2</sup>Gujarat Assembly, Gandhinagar, India

2A - Pathways to Wellbeing: Community Perspectives in Action, Lennox Ballroom, March 25, 2026,  
11:00 AM - 12:30 PM

### Context and Aim:

Mental health promotion often focuses on clinical interventions, while the social dimensions of wellbeing—such as connection, belonging, and purpose—receive less emphasis. This student-based conceptual paper explores social prescribing as a preventive approach to mental health in Australia. It aims to highlight how linking individuals with non-clinical community supports, like volunteering, creative programs, or physical activity, can strengthen mental resilience and reduce the onset of psychological distress.

### Methods and Analysis:

This framework was developed through a synthesis of Australian and international literature, including findings from the UK's NHS Social Prescribing model and emerging Australian pilot initiatives. Using the Social Determinants of Health and Salutogenic theory as guiding lenses, this conceptual analysis examines how social prescribing can be integrated into preventive mental health promotion across primary care, community, and educational settings.

### Outcomes:

The conceptual model identifies key benefits such as reduced loneliness, increased social capital, and improved sense of belonging. It also highlights system challenges, including referral pathways, workforce capacity, and awareness among health professionals. The paper emphasises the potential for community connectors—trained facilitators who link individuals to local programs—to bridge the gap between clinical and social support systems.

### Future Actions:

Future student and practitioner collaborations could evaluate the scalability of social prescribing frameworks across Australian contexts. Embedding these approaches within mental health policies and Primary Health Networks could create more connected, preventive systems that value social wellbeing as much as clinical care.

## Moving Minds and Bodies: Addressing Loneliness and Depression in Seniors through Dance

Ms Gwen Korebrits<sup>1</sup>

<sup>1</sup>Dance Health Alliance, GORDON, Australia

1D - Strengthening Wellbeing at Every Age, Avalon Room, March 24, 2026, 1:30 PM - 3:00 PM

Mental health conditions such as depression, anxiety, and chronic loneliness are prevalent among older Australians, particularly those living in residential aged care or isolated in their own homes. These experiences are often exacerbated by a lack of social connection, meaningful activity, and opportunities for expression. Despite growing awareness, the mental health of older adults remains under-prioritised in both policy and practice.

Drawing on over a decade of practical experience and a review of relevant scientific literature, Dance Health Alliance has developed an integrated, evidence-informed approach to support older adults' mental health through movement. Combining principles from physiotherapy, psychology, dance therapy, music therapy, and art therapy, our methodology supports emotional well-being, connection, and cognitive engagement.

DHA has created two core programs — DanceWise and DanceMoves — designed to be accessible, affordable, and adaptable. These fully seated, seated-to-standing therapeutic dance sessions are delivered by trained aged care and allied health professionals, with over 600 practitioners trained across Australia and over 90% from rural and remote communities. The programs foster connection, laughter, memory recall, and a sense of purpose — significantly improving mental health outcomes in seniors. Practitioners create programs tailored to their community's needs, supported by ongoing professional development from DHA.

We must formally recognise the power of creative, movement-based interventions to promote mental health in ageing populations. Government-backed funding and policy will ensure therapeutic dance programs are embedded across all aged care and community health settings. This will ensure all seniors have access to both the physical and mental health benefits of dancing in the community, increasing mood-boosting hormones and addressing loneliness and isolation.

Join us for an interactive workshop run by Dance Health Alliance CEO, Gwen Korebrits, where you will experience the benefits of DanceWise and DanceMoves for yourself. Discover more about our novel, effective, and scientific approach to cultivating holistic well-being for seniors.

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