With Health in Mind

By Paul Henningham
With Health in Mind

Australian Rotary Health
supporting healthier minds, bodies
and communities through research,
awareness and education
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WITH HEALTH IN MIND

The story of
Australian Rotary Health

by Paul Henningham

Australian Rotary Health
(in association with RDU Books)
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THE AUTHOR
Herbert Paul Henningham, OAM, MA, DipSocStud, PhD, was born in 1921 and raised in rural NSW. After military service in World War II he worked in turn as a social worker, publisher/journalist and social historian. A Rotarian since 1955, Paul Henningham has served Rotary International as district governor, committee member and chairman. He was founding editor of *Rotary Down Under* and is the author of several works of history and biography.
FOREWORD
by Professor Patrick McGorry AO,
MD, PhD, FRCP, FRANZCP
Australian of the Year 2010

Australian Rotary Health has made an inspirational contribution to Australian society during its relatively recent history and it is a huge pleasure and privilege to have been asked to write a brief foreword to this historical record.

The litany of crucially important health issues and medical challenges that Rotary Health has supported over the years are faithfully recorded here. The record reflects the virtually endless needs that exist in our community, yet, at the same time, throws into relief the judgement and vision of the organisation and its Research Committee in identifying those issues which need strategic support and which have suffered from the lack of a level playing field elsewhere in the funding universe.

First and foremost among these is the mental health field, which, while it has not been the only area that Rotary Health has adopted and catalysed, is certainly the most neglected and yet absolutely strategic. The perspective taken by Professor Harvey Whiteford in highlighting the dramatic mismatch between the public importance in terms of illness burden flowing from mental ill health and the level of research and clinical funding was critical, as was the vision and support of those leading Rotarians who must have courageously held the policy line for affirmative action. Many other funding organisations privilege other familiar health areas such as cancer, child health and heart disease, admittedly all worthy causes, so this focus from Rotary is hugely welcomed by the 3.2 million Australians who experience mental ill health each year, as well as everyone in the mental health field. Reading this history, other medical areas have also received support at critical times in their evolution, so the balance has been managed well too.

The community respect and cache which Rotary as an organisation and brand possesses, linked to its public support
for mental health, have also contributed much to the palpable reduction in stigma that we have witnessed in recent years in our country.

I would like to pay tribute to all those senior Rotarians and the academic leaders who have contributed so much, especially the Chairs and members of the Research Committee. So many Australians are better off because of your work. I am personally delighted to see that the future beneficiaries of the generative Rotary Health gaze will be young Australians. This is a great decision since young people on the threshold of productive life are vulnerable yet bursting with potential and resilience. Understanding how to protect and maximise their well being and potential and intervene early as their health, especially their mental health, is threatened is one of our top national priorities.

Looking forward to the next chapter of Australian Rotary Health with anticipation.

Patrick McGorry
PREFACE

Australian Rotary Health, then called the Australian Rotary Health Research Fund, was tentatively introduced to Australian Rotarians only 30 years ago, soon after Ian Scott, impelled by compassion, sowed the seed that was to germinate in fertile minds, grow in an environment of service and flourish with the application of enthusiasm and commitment.

When, a decade ago, I was “requested” by Chief Executive Officer Joy Gillett to write the story of the first 20 years, I was reminded of the old army edict, “a request is tantamount to a command” which, added to the unwritten Rotary law that one accepts any assignment offered in the absence of any compelling reason to decline, gave me no alternative but to comply.

Since that story, titled In Search of Health, appeared in 2001, the growth of Australian Rotary Health has been phenomenal and its achievements spectacular. In this volume we have tried to bring the story up to date – a hopeless aspiration, of course, because today’s news is tomorrow’s history; what we record this morning will be out of date by this afternoon.

In 2001 the emphasis was on mental health research; and the development of public awareness programs had just begun. The first Ian Scott Fellowship (now Scholarships) had been awarded and the early community forums had been conducted, opening the door to extended programs for the promotion of health beyond those areas of medical research for which the charity had been established; and leading, eventually, to the change of name.

Those who have read In Search of Health will readily recognise that much from its early chapters is repeated in the following pages. For this I make no apology, confident that no charge of plagiarism of one’s own work can be laid.

Again, for their patience and generosity, I thank all those on whose precious time I have encroached in my search for information: present and past chairmen and members of the board and the research committee and those researchers whose projects are described; and, of course, the highly competent,
totally dedicated staff members, still being led quietly, efficiently and indefatigably by CEO Joy Gillett; with special thanks to Jenny Towe for her painstaking preparation of the appendices.

Paul Henningham

The researchers – an explanation

All of the research projects funded and scholarships granted by Australian Rotary Health are listed in Appendix III of this work.

For the information of the great majority of us, who have had little or no experience of scientific research, a few of these studies have been described in some detail. These were not selected because they are more important or more interesting or have more popular appeal or had outcomes of more practical value than others. They were chosen, almost at random, to give us some idea of the work involved: the preparation, the methodology, the criteria for selection of subjects, the ethical considerations, the meticulous gathering of evidence, the rigorous analysis, the conclusions and the practical application of the findings for public benefit. These few were chosen, in short, to represent them all.

The Board of Directors of Australian Rotary Health and the author most sincerely thank those researchers whose work is so described for their ready co-operation and assistance; and, for their dedicated work for the better health and welfare of our nation, we also thank those whose research projects, of equal value, are merely listed in Appendix III.
CHAPTER I

In the beginning
The Pioneers

It was May, 1981 and the 51st Congress of the Australian and New Zealand Association for the Advancement of Science (ANZAAS) was being held in Brisbane.

One of the convention participants was Professor Alan Williams, Chief Pathologist at Melbourne’s Royal Children’s Hospital, who was interviewed on a latenight program for a commercial broadcasting station.

Men of science do not usually display emotion when providing factual information or making public pronouncements, but Alan Williams’ own distress and frustration had been evident as he repeated to his radio listeners what he had been telling his medical colleagues at ANZAAS about that dreaded phenomenon known as “Cot Death” or “Sudden Infant Death Syndrome” which, without warning, was snatching away the lives of babies in their first (and only) year. Their tragic loss was needless, he said, because, although the cause or causes of cot death were still unknown, those medical scientists who were willing and well qualified to carry out the desperately-needed research, which almost certainly could find the means of saving many of these infants, were unable to do so for one reason only: there were not enough research funds available.

Alan Williams had gone on to deplore the shortage of funds for all medical research. Australia, he said – this rich and fortunate nation which had contributed so much to the sum total of human welfare – had brought distinction upon itself by being placed third last in the whole wide world in its allocation of medical research funds; far below some of the world’s poorest.

Cot death, he explained, affected not only the bereaved parents and siblings, but also the whole extended family and, because the causes were still unknown, it was all too often assumed that
someone must be at fault. Then, as blame was levelled by the ignorant against the innocent, families were split asunder and many marriages collapsed under the strain; and the other children of the broken families suffered the consequences.

A listener to that broadcast was Ian Scott, a member of the Rotary Club of Mornington, Victoria (Classification: Banking), who was so moved, so deeply troubled by what Alan Williams had said, that he resolved to take some action; but what? What could a country bank manager do to persuade politicians or corporations to part with money for research? Politicians would expect votes, corporations would expect profits, neither of which Ian Scott could deliver.

It was his wife, Joyce, who supplied the answer. “Surely,” she said, “some of your contacts in Rotary could help.” Admitting that he had not considered the possibility, he agreed that, despite his Rotary club’s many commitments, it was worth trying.

He quickly developed the broad outline of a proposal for a Rotary-sponsored national research foundation, with a detailed plan for its implementation.

At the next meeting of his Rotary club he spoke briefly about the tragedy of cot death and the need for research, suggesting that Rotary should do something about it; but he did not then present his plan. It needed study; it needed refinement; it needed detail; he needed to be quite sure of his facts; but the seed had been sown in the minds of some concerned people. Members started to talk about cot death research.

At the meeting of the Rotary Club of Mornington on Wednesday, 17 June, 1981, having already gained the approval and support of the president, Jan Cover, and having gained the advanced approval of the president elect, Don Gordon (who had been attending the Rotary International Convention and was still in Brazil), Ian Scott repeated the story of Alan Williams and his efforts to find the causes of cot death. He described the agony of the bereaved families and the tragic consequences for so many of them. He told his fellow members about the desperate need for research funds.
They heard him in silence; but some of them were visibly moved, for he was an effective speaker with a talent for communicating ideas, appealing to both emotion and reason. He reminded them of Rotary’s service commitment: of each club’s obligation to identify urgent community needs and then, where possible, by mobilising the resources of Rotary and the community, to meet them.

Then, having promised that what he was about to propose was “exciting, frightening, demanding and fulfilling” he dropped his bombshell. He proposed that the Rotary Club of Mornington establish a national Rotary research foundation with a corpus of $2 million to provide essential funds for health research, with the initial grants to be allocated for research into cot death.

Two million dollars!

In 1981, when the average weekly wage was around $380 and the salary of a middle executive no more than $30,000 a year, $2 million was a huge sum; but before anyone could suggest that this was an impossible dream and that such a target was totally unrealistic for a small club, he outlined his detailed operational plan showing exactly how it could be achieved.

What was the foundation to be called? The Rotary Australia Foundation To Encourage Research – RAFTER.

Any audacious plan, especially if it departs from traditional and well-tried procedures, is almost certain to be opposed; and the plan proposed by Ian Scott was no exception. It would be opposed, in due course, at Rotary district and national level, by those ever-present, self-appointed authorities who are ever ready to tell us what can not be done and why it cannot be done and why it should not be done; but if there were any of that persuasion in the Rotary Club of Mornington they were strangely silent or very fortunately absent on that evening. The members, it seems, were instant enthusiasts, for they unanimously adopted this resolution:-

That this meeting accepts in principle the scheme outlined by the speaker, requests immediate Board ratification of same, allocates $5,000 of club funds to the implementation of the scheme subject to the scheme obtaining Board and District support and authorises President Jan Cover, President-Elect Don Gordon, Ian Scott and Past District Governor Keith Norman to wait on the incoming District Governor without delay to
outline the scheme and attempt to obtain his immediate support.

They further resolved to increase the initial offer to $10,000 if the plan were approved by the Rotary district.

At the conclusion of the meeting a quiet little waitress, who had heard Ian Scott’s talk as she served at the tables, timidly approached him. She was vainly trying to fight back tears.

“I lost a baby from cot death,” she said, in little more than a whisper. “What you are doing is wonderful. Please tell me if there’s anything I can do to help.”

One week later, on 24 June, at the last meeting in the Rotary year 1980-81, the club appointed a RAFTER Committee, with Ian Scott as chairman, George Allsop as secretary, Steve Bardsley as treasurer and President Elect Don Gordon, Charles Arter and Ken Gregory as members. Also appointed was a panel of speakers to address the clubs in what was then District 982: Ian Scott, Dr Charles Arter, Jan Cover, Leigh Cook, Bill Farrell, Ted Moore, Ern Gauhl and the two past district governors who were members of that club, Keith Norman and George Allsop.

Only four days after this, on 28 June, on behalf of the Rotary Club of Mornington and with the support of both the incumbent and incoming governors, Harry Oakes and Ken Oldmeadow, Ian Scott presented his proposal to establish a health research fund to the incoming club officers at the District 982 (now 9820) Assembly at Phillip Island.

It would be not entirely truthful to say that there was not a dissenting voice, but they were so few and so muted that they were quite overwhelmed by those in support; especially when it was demonstrated that the traditional and jealously guarded club autonomy could not be at risk by adoption of the plan. Even those who had grave doubts about the wisdom of entering into this commitment were comforted by the thought that, after all, it was to be a “one-off” Australia-wide fund-raising effort with $2 million as the target. Therefore, they reasoned, the sooner they raised the money, the sooner they could forget about it and get on with other activities.

The proposal was adopted by a large majority.
Rotary’s newest infant had been born. Its survival would depend upon the nurture it received.

*The first step, in the long road to authorisation by the Rotary International Board and wide acceptance by Australian Rotary clubs of any multi-district project, is usually to form a steering committee.

Ian Scott had thought about this carefully and he knew well the person whom he wanted to lead the team: a successful businessman, a dynamic and inspirational leader, an enthusiast, a committed Rotarian who had served his own club and district with distinction and had already served Rotary International in the office of vice president: Royce Abbey of the Rotary Club of Essendon.

Someone else suggested (Sir) Clem Renouf, on the assumption that a former president of Rotary International – especially one who had already shaken the very foundations of the movement with his introduction of the 3-H program* – would have more influence than any other Australian Rotarian; but, when approached, Sir Clem, still serving as a director of The Rotary Foundation, declined the honour and promptly recommended Royce Abbey. So, in September 1981, Royce Abbey received a “deputation” in the persons of Ken Oldmeadow, Ian Scott, Keith Norman, Harry Oakes and Don Gordon who invited him to select and chair a steering committee.

“Faced by a district governor, two past governors, a club president and the initiator of the project, how could I decline?” said Royce Abbey. He accepted.

The next formal step was a motion for acceptance in principle of a multi-district project at the 1981-82 Australian Rotary Institute, the annual meeting of past, incumbent and incoming officers of Rotary International. It was accordingly moved by District 982 Governor Ken Oldmeadow and, again with some reservations – volubly expressed by a few past governors – and the inevitable gloomy predictions of certain failure, was adopted, with implied endorsement of the appointment of a working party – or
The steering committee was duly selected and convened for its historic first meeting at the Naval and Military Club in Melbourne on 4 February, 1982. The members were Royce Abbey (R.I. past vice president), Geoff Betts, Les Whitcroft and Harry Oakes (past governors respectively of Districts 978, 968 and 982), Don Gordon (president of the Rotary Club of Mornington) and Ian Scott.

The name originally proposed had been abandoned because of possible confusion between a “Rotary Australia Foundation To Encourage Research” and The Rotary Foundation of Rotary International. The name now adopted was The Australian Rotary Health Research Fund. Ian Scott accepted that the loss of an acronym was a small price to pay for the future success of the enterprise.

The members at that first meeting of the steering committee completed a prodigious amount of work. It was confirmed that the Rotary Club of Mornington had allocated $5,000 for initial expenses, had pledged $10,000 in the first year and hoped to add a similar sum in the next year. It was also recorded that clubs in District 982 had so far promised $45,600 and expected to contribute $100,000 within two years. The committee discussed the possibility of tax deductibility and decided to make early application to the Commissioner for Taxation; considered a draft Memorandum and Articles of Association; made detailed plans for immediate Australia-wide promotion of ARHRF, initially through district conferences and assemblies; decided to call for nominations of well known and highly regarded medically-qualified persons (not necessarily Rotarians) to serve as members of a “medical panel”, which would be appointed to advise on appropriate future research grants; but the committee still confirmed that the initial grants would be for research into cot death.

The committee also recorded its thanks to Ian Scott for initiating the project and its congratulations on his detailed operational
planning.

There followed a series of meetings with Professor Alan Williams and discussions of the proposal to fund research into cot death – or Sudden Infant Death Syndrome (SIDS). Royce Abbey remembered Alan Williams as a compassionate man whose concern for vulnerable babies and for the families of the tiny victims of this stealthy killer was obviously genuine.

At the second meeting of the steering committee it was revealed that some district conference programs had been too far advanced to permit the inclusion of a segment to promote a health research fund; but material was made available to all districts in the hope that incoming club officers, particularly presidents and community service directors, could be fully informed at their forthcoming district assemblies. To ensure that the new national Rotary initiative would be mentioned at some conferences, sympathetic personal representatives of the Rotary International president agreed to exceed their brief by sneakily incorporating the subject into one of their addresses. One of those who did so was Bob Camm of Toowoomba, Queensland, who was representing the president at District 968 in metropolitan Sydney. Thus the recommendation to support Rotary’s new Australian health research fund was subtly introduced with what appeared to be the full authority of the hierarchy.

By the time the District 982 Conference was held in Albury on March 13, 1982, after the steady work of the RAFTER committee, the enthusiastic advocacy of the speakers’ panel in addressing clubs and the preliminary work of the steering committee, the concept had been so well accepted in the “home” district that Don Gordon, in his address to the members, was not required to “sell” the idea but merely to report progress and to appeal for continued support; which he did most convincingly.

Royce Abbey had asked every district governor in Australia to appoint a district co-ordinator and the committee decided to prepare a simple brochure for distribution to all district governors and all Rotary, Rotaract and Inner Wheel clubs.

The number of enquiries indicated that interest in the project
was growing; but at the August meeting it was decided that promotion should be suspended until Rotary International Board approval of a multi-district project had been granted. A mild note of impatience then appears in the minutes of the October meeting when it was resolved that “having met all the requirements of R.I. . . . this committee should proceed with promotion . . . in anticipation of formal board approval.”

Plans for Australia-wide district publicity were still put on hold pending R.I. Board approval; but a special presentation was planned for the Australian Rotary Institute to be held in Brisbane in January, 1983; and, at the same gathering, Chairman Royce Abbey would be able to urge support for the project to a captive audience of incoming district governors.

In the meantime the finishing touches were being put on the proposed Memorandum and Articles of Association; and senior public servants in the office of the Taxation Commissioner were being badgered by weekly reminder calls for a determination of the request for tax exemption on donations. Also, recognising the advantage of having a “friend at court” and being familiar with the mysterious workings of the “system”, Royce Abbey made personal representations to the incumbent Rotary International Director from this region, Glen Kinross, with the desired results.

A report and promotion of the Australian Rotary Health Research Fund was ably presented to the Australian Rotary Institute in Brisbane in January, 1983, by Ken Campbell. The January meeting of the committee was held during that Institute at which it was reported that the Memorandum and Articles had been lodged. Jack Olsson of Canberra was invited to be honorary treasurer and Geoff Stevens of Melbourne was appointed honorary secretary. Also appointed were Frank McDonald of N.S.W. and State Co-ordinators Ken Campbell (Queensland), Mike Zantiotis (New South Wales), Keppel Turnour (Victoria), Fred Stewart (South Australia), Bill Bale (Tasmania) and Ron Sloan (Western Australia) with Bill Thornton as his deputy.

These newly-commissioned co-ordinators, all former district governors, began their work of promotion immediately and, within
weeks, were able to report a positive response from Rotary clubs in all states, many of which launched immediately into fund-raising activities.

With the passage of years, the organisational structure changed to provide an intermediate contact between district and board. The initial “co-ordinators” were replaced by district chairmen, each with a committee to assist and maintain direct and continuing contact with clubs; and eight regional co-ordinators were appointed to maintain liaison between district chairs and the board. Notwithstanding the larger and more sophisticated structure, however, the missionary zeal of those first Rotary health proselytes continued unabated.

One example of early enthusiasm was shown by the Mornington club's neighbouring Rotary Club of Frankston, which made an initial gift of $2,500 and followed this with the raffle of a mobile “handyman” workshop, which yielded a further $25,000, bringing the total contributions at that time to $135,000. Frankston club members reported that, during the ticket selling, public support for the cause was very evident.

With all formalities completed, the steering committee held its final meeting on 7 February, 1983, after just one year of deliberations, planning and execution. Royce Abbey agreed to attend a meeting of the Rotary Club of Mornington “to convey thanks for the painstaking and persistent work put in by its leaders and their colleagues which had resulted in the development . . . and the con-siderable task of building up the momentum to achieve the progress to date”. Then, after agreeing to the time and venue of the first meeting of the board of directors of the newly-formed company, the steering committee voted itself out of existence.

The Australian Rotary Health Research Fund was “up and running”.

* Recalling those early days, Royce Abbey said that the entire and generous support of the Mornington Rotarians, especially the RAFTER committee and the speakers’ panel had been vital to the success of the enterprise.
“I’m delighted to know that Ian Scott’s initiative and continuing contribution has been appropriately recognised,” he said (referring to the inaugural Ian Scott Fellowship in 1999), “but the loyal support, the enthusiasm and the hard work of that club should never be forgotten; particularly the total dedication of Don Gordon, who was club president when the project began and acted as secretary of the steering committee for the whole of its existence. Don carried out his duties efficiently and cheerfully and enthusiastically; and his personal contribution, in time and energy and ideas, was enormous. Another whose most important work should be acknowledged was Phil McCullough, honorary legal adviser who, over a period of many months, prepared, revised, refined and finally presented the Memorandum and Articles of Association for adoption.”

Royce Abbey also paid warm tribute to his other fellow members of the steering committee, all of whom, he said, had worked assiduously and enthusiastically to bring the Australian Rotary Health Research Fund into formal existence.

* The Health, Hunger and Humanity (3-H) program of Rotary International was the first internationally approved program to offer Rotary clubs the opportunity to work together on huge projects for the improvement of health, the alleviation of hunger and the advancement of human welfare. Breaking with long tradition, 3-H enabled Rotary clubs throughout the world to embark on such programs as PolioPlus. The 3-H initiative was introduced by Clem Renouf as president of Rotary International in 1978-1979 in the face of very strong opposition.
CHAPTER II

Structure: Board – Research Committee
The first symposium: SIDS

Under the Articles of Association of Australian Rotary Health, the directors are elected by the members. An individual member must be a member of a Rotary club in Australia. For the privilege of membership a Rotarian is required to pay a $50 entrance fee and an annual subscription of $10. All Australian Rotary districts are corporate members, represented by their own nominees, usually the Rotary district ARH chairmen.

The foundation members and directors of the Australian Rotary Health Research Fund were the subscribers to the Memorandum and Articles of Association: Royce Abbey (chairman), Geoff Stevens (hon. secretary), Jack Olsson (hon. treasurer), Ian Scott, Geoff Betts, Don Gordon, Harry Oakes, and Keppel Turnour. The first meeting was held in Melbourne on March 15, 1983, at which formalities were completed and the Common Seal adopted.

The work of the directors would be henceforth divided into three parts.

The first was the day-to-day dull, routine but essential work of any responsible board of directors; except that it was probably more demanding because of the nature of the new organisation as a Rotary-sponsored charitable trust and the expectation of full accountability and total transparency of all its affairs.

The second was the creative and exciting work of promotion and expansion: of devising an effective and ongoing public relations program; and of developing novel fund-raising schemes.

The third was the work associated with the reason for the fledgling research fund’s being: the responsible allocation of funds to those areas of health research which were seen to be in the greatest need but with good prospects of successful and valuable outcomes of practical benefit to society; for, desirable as it may be
to carry out pure research in pursuit of knowledge for its own sake, it cannot indulge in the luxury of sponsoring such esoteric investigation. In the vital task of choosing the research projects to be funded, the contribution of a competent, independent and impartial research committee, made up of highly-qualified and well-respected health specialists was essential.

The important “i” dotting, “t” crossing accounting, legal and organisational functions were quickly delegated to Secretary Geoff Stevens, Treasurer Jack Olsson and Vice Chairman Geoff Betts.

“They laid the foundations on which the whole structure was built,” said Royce Abbey. “Their work, their expertise and their attention to detail were invaluable.”

Promotion and publicity were to be handled initially by Geoff Betts and Les Whitcroft. Geoff Betts had already anticipated the need for immediate action by preparing speakers’ notes for distribution to state co-ordinators and district chairmen. The effectiveness of this campaign was amply demonstrated by the number of Rotary clubs that agreed to support the new Rotary instrumentality.

The district and state co-ordinators were tireless in their efforts to bring the project to the notice of Rotarians. Their constant attention to this task was reinforced by district governors, who seem seldom to have missed an opportunity to encourage support.

For their partiality the governors were not totally free from criticism; because there remained those in the Rotary family who still did not favour this activity, for a number of reasons, and were quick to question the propriety of the governors’ support, as officers of Rotary International, of a purely national multi-district project – probably at the expense of their support for R.I. programs, particularly The Rotary Foundation. These were usually the same unhappy souls who had most vocally opposed 3H – and every other innovation in Rotary. Happily, as time was to show, district governors found no difficulty in promoting both; and club contributions to The Rotary Foundation and its programs (including Polio-Plus, which was to occupy so much time in the ensuing years) were in no way jeopardised by their enthusiastic
support of the new Rotary charitable institution.

In July 1983, Royce Abbey announced that donations had reached $250,000.

“At the last count,” he said, “more than 250 clubs and individuals have donated sums ranging from a few dollars to $25,000.”

It is interesting that the report coincided with a statement that the Australian Rotary Institute in 1981, “. . .spurred on by the success of the 3H program, an international program that was succeeding with club support and which had in no way diminished traditional club autonomy . . . had appointed a steering committee to investigate the feasibility of a project of national significance to which all Rotary clubs could be invited to contribute” and that “. . . the project chosen for study was one already initiated by the Rotary Club of Mornington, a research fund for the investigation of Sudden Infant Death Syndrome . . .”

In January 1984, Royce Abbey was able to report that donations from Rotary, Rotaract and Inner Wheel clubs and from individuals now totalled $320,000.

“Wherever we have been able to get informed board members, zone and district co-ordinators as guest speakers at club meetings we have had a good response,” he said, urging Institute members to encourage all clubs in their districts to arrange programs in which health research could be discussed.

One of the many responses to the promotion came from the newly-formed Rotary Club of Hyde Park, South Australia, which raised $2,000 at an antique fair. Special guests who were happy to support the appeal were the parents of a baby girl who had miraculously survived attacks of a condition which, had it not been for their awareness of the symptoms, would have resulted in her death.

In the meantime, as the fieldwork continued and the corpus of the fund was steadily growing, those other workers were not being idle. Plans were still being made for bigger and better fund-raising and publicity campaigns; an embryonic “secretariat” had been established in Geoff Betts’ office in Geelong and the “finance” office, to receive and process donations, was in Jack Olsson’s
Canberra office; and members of a research committee had been carefully selected.

The members of the first Research Committee were Professor Alan Williams (chairman, Vic.), Dr John Harley and Dr E. Owen (NSW), Dr Glen Buchanan and Dr John Tonge (Qld), Dr R. Carter (SA) and Dr B. Kakulas (WA). Non-medical members representing the board were Chairman Royce Abbey and Vice Chairman Geoff Betts.

The board had decided, from the beginning, that the first research grants would be for investigation into cot death and that applications would be invited from researchers in this field; but it was important that as much information as possible about existing research findings be gathered. To this end it was proposed that a conference be held in Canberra to which world authorities on cot death would be invited. Meanwhile one world authority, Professor John Emery from the University of Sheffield, was invited to lecture on tour in Australia, during which he described past research projects and indicated that all findings so far suggested that there were multiple causes.

The first symposium — a colloquium
Sudden Infant Death Syndrome

The first of the conferences, later to be referred to as symposia, under the leadership of Research Committee Chairman Professor Alan Williams, was logistically organised most expertly by Jack Olsson and a small ACT committee. It was held at the Australian National University in Canberra from 8 - 10 February, 1985 and was voted an outstanding success, bringing together some of the world’s eminent researchers into Sudden Infant Death Syndrome, or SIDS, the name by which this tragic phenomenon was known to the medical profession. Geoff Betts described his initial reactions:

“As I walked into the long common room at University House it became apparent why Alan Williams referred to this gathering as a ‘colloquium,’” he said. “Obviously I was at a ‘Claytons’ conference; you know, the conference you have when you are not
having a conference: no platform, no podium, no lectern, no top table for VIPs, no formal speakers lecturing their audience – no audience! Instead I found 35 or so men and women, quite young to not-so-young, seated around a hollow square of tables with plenty of microphones to record every comment.

“There was an air of intense interest and complete concentration, all making the most of this opportunity. They were there to hear and to be heard; to contribute something new and to learn first hand about current cot death research from all around the world.”

In his special address to the gathering the Governor General, Sir Ninian Stephen, said that SIDS or “cot-death” was a most appropriate opening project. He suggested that a simple if dramatic way to appreciate the advance of medical science was to ask oneself how today’s parents would react to a health scene in which more than 10 percent of babies died within a year of birth. That, he said, was the situation that existed just over 80 years ago, pointing out that cot-death had been long with us but had been internationally recognised and studied only in recent times.

“For every thousand live births around the world,” Sir Ninian said, “it is estimated that sudden infant death syndrome claims the lives of two infants, many in their third or fourth month of life. As a single cause of death between one month and one year of age, the syndrome is highly significant, accounting for more than half the deaths in that age group.”

Guest speaker at the opening was Dr John Iredale Tonge, introduced by Research Committee Chairman Alan Williams as a distinguished Australian pathologist and former Queensland Director of Forensic Science, who said that, because of “the overwhelming need for research funds in all fields of medicine, the establishment of the Australian Rotary Health Research Fund could not be more timely.” He was highly critical of Australia’s apathy towards medical research, pointing out that Australia’s health bill was approximately $600 per head of population but that we spent only $2.20 on research. He also strongly supported research into cot-death as the initial project.
Among the distinguished overseas participants in the colloquium were Professor Julius Goldberg of Loyola University in USA; Professor Hamish Simpson of the University of Leicester, UK; Professor Ronald Harper, University of California, USA; Professor Ronald Peterson of the University of Washington, USA; and Professor John Emery of Sheffield, UK.

Commenting on the colloquium later, Geoff Betts described the many contributions of the various local and overseas participants from a large variety of disciplines.

“However,” he said, “the greatest benefit was the cross-fertilisation of minds already trained in their individual aspects of the problem. This was greatly assisted by the ‘lateral’ thinkers and plain ‘stirrers’ who made each participant defend his thesis and try to place his knowledge into the overall pattern.”

In a comprehensive review of the conference six months later (published in *Rotary Down Under* in October, 1985), Alan Williams concluded by saying:-

“Speaking as the organiser of the conference, I can only say that, in my opinion, the work of many of the participants will be stimulated by this conference; while for others, including the overseas participants, new perspectives have been given that undoubtedly will alter the direction of their research.”

The colloquium in Canberra provided the final vital and detailed information required by the board and research committee. Now they could make informed decisions and plans for the future.

The Australian Rotary Health Research Fund was ready for action.
CHAPTER III

The first research grants
S.I.D.S Research

In 1985, after careful study of its finances and guided by Treasurer Jack Olsson, the board made its decision. Only four years after the health research fund had been established with nothing more substantial than an idea in the mind of Ian Scott and a pledge of $10,000 from the Rotary Club of Mornington, the board was able to announce the allocation of its first financial grants of up to $100,000 for research into Sudden Infant Death Syndrome.

Applications were invited and were received from all States in Australia. They were referred to the research committee for evaluation and recommendation.

The first research grants

The research committee was asked to consider 19 applications for research grants. Geoff Betts, one of the non-medical members, recalled their deliberations.

“The applications had been in the hands of the committee for some weeks for evaluation,” he said, “and additional comments had been received from referees of the highest standing. Each application was subjected to intensive discussion and review, led by a medical member who had specialised knowledge in that specific field.

“It soon became apparent that one significant and all-embracing project was not the way we would go. Cot death research was obviously as diverse as the individuals who had made it their professional study; as fragmented as the worldwide centres in which studies take place. Here was a complicated task of following up what seemed to be unrelated clues, any of which may, with further study, unlock the secrets
of cot death.”

As Geoff Betts indicated, the task of the research committee was far from easy. The members carefully considered each application and, with extreme reluctance, rejected many; not because the work the applicants was doing or proposed to do was unimportant but for other reasons: one had been attempted before, another did not meet the funding criteria, yet another did not provide a satisfactory reason for identifying the proposed field of study as being relevant. Finally six projects were selected as being the most worthy of support.

“The question then,” he said, “was how to recommend them all and still stay within the Board allocation of $100,000?”

Happily for the committee one project, which would have required longer term funding to be of real value, could be given initial support because an Apex fund had undertaken to provide the balance.

The application from Professor Terry Dwyer for support of long-term investigation into cot death in Tasmania was particularly appealing. It was concluded that, if his preparatory work led to positive evaluation of the entire project, further support could be given so that the dream of a major significant project might be still realised.

The six applications recommended by the committee were approved by the board and work began. Thus the first researchers whose projects were financed were: Professor Terry Dwyer, University of Tasmania ($11,637); Dr Chin Moi Chow, Cumberland College of Health Science, N.S.W. ($18,314); Dr R. Harding, Monash University, Vic. ($17,471); Dr D. Henderson-Smart, King George V Hospital, Sydney, N.S.W. ($15,170); Dr S. Tzipori, Royal Children’s Hospital, Melbourne, Vic. ($17,960); and Dr J C Vance, University of Queensland ($20,000). A total allocation of $100,552.

The wide range of research areas included the matching of SIDS statistical birth data with control data; a study of pulmonary changes; response of certain infants to nasal obstruction; abnormal breathing, resulting from possible faulty
maturation of the brain causing lowering of oxygen; toxins elaborated by certain bacterial infections; and the important study of psychological processes in families following loss of an infant.

One researcher, the young and diminutive Dr Chin Moi Chow, who was studying the connection of pulmonary changes to cot death, would use her grant to buy essential equipment for a new research laboratory. Each of the other recipients of grants would make equally good use of the funds.

The board predicted that the initial target of $2 million would be reached in the next year which would make it possible to consider a substantial increase in the 1987 grants allocations; and also that it may be possible to widen the area of research without in any way lessening the commitment to cot death research over a three year period.

**Sudden Infant Death Syndrome**

From an historical viewpoint the various areas of research into Sudden Infant Death Syndrome were the most important to be funded by the Australian Rotary Health Research Fund. The very reason for its existence was cot death. Moreover the SIDS research grants became the testing ground for both the board of directors and the research committee. Procedures were established for the careful selection of future areas of research funding and for the selection of projects worthy of financial support.

Because this area of research proved so successful, with identifiable benefits to society at large, to countless families and, particularly, to untold thousands of as-yet-unborn babies, the reputation of the Australian Rotary Health Research Fund as a munificent but responsible and competent funding body with professional credentials was established; and the future support of its aims by Rotarians throughout the land could be sought with confidence.

Of the six areas of SIDS research funded, none produced such important outcomes with such demonstrable benefits as that
conducted by Professor Terry Dwyer in Tasmania.

* Terence Dwyer, AO, MD, MPH, was born in Sydney in 1949 and absorbed the ideals of service to society at his mother’s knee. His father was a highly respected citizen whose commitment to community service was demonstrated by his active participation in charitable organisations and local government, in which he served for many years, seven of them as shire president.

After secondary education at Caringbah High School, young Terry enrolled in Medicine at the University of New South Wales, graduating MBBS with Honours in 1971, after having spent some months of his final year as an exchange student at the Harvard University Medical School in Boston, Mass., USA. He was awarded the Gilbert Ashley Memorial Prize for the highest aggregate marks in final exams at St. George Hospital Clinical School.

Following a residency at Royal North Shore Hospital, he enrolled in the Faculty of Arts at Sydney University in 1973 to study government and philosophy while waiting to depart for U.S.A. to undertake training in epidemiology. He attended Yale University School of Medicine, graduating MPH with an epidemiology major. Back home, he took his MD degree from the University of New South Wales in 1985.

Professor Terry Dwyer has held a series of important appointments in notable institutions, both at home and abroad, including the University of Texas School of Public Health and Baylor College of Medicine in Houston, the CSIRO in Adelaide, Sydney University School of Public Health and Tropical Medicine, and the University of Tasmania where he served as Dean of the Faculty of Medicine, Executive Dean of the School of Health Science, Professor of Community Health and Director of the Menzies Centre for Population Health Research.

Currently (2011) he is Director of the Murdoch Children’s Research Institute. He is Chairman of the World Health Organisation (WHO) Western Pacific Region Advisory
Committee on Health Research and a member of the WHO Global Advisory Committee on Health Research and the Scientific Advisory Board for UK BioBank. Terry Dwyer is married and has a daughter and a son.

Former Chairman Royce Abbey said that Rotarians could count themselves fortunate to have had the opportunity to support the research of such a distinguished scientist.

“Our first research committee chairman, Alan Williams – whose appeal for help was heard by Ian Scott and began the chain of events which produced Australian Rotary Health – immediately recognised the importance and the potential benefits of Terry Dwyer's work,” he said.

*Sudden Infant Death Syndrome was first formally defined in 1969 as the diagnosis when no other identifiable cause could be found for the sudden death of an infant.

The incidence of SIDS appeared to increase during the 1970s and 1980s but for most of that period its cause or causes remained a mystery. Each year, in many western countries, the media reported many theories about its cause, some of which seemed credible, others incredible but all highly speculative. Pathological examination of deceased infants and physiological studies using animal models were the source of evidence used to support many of these theories.

Because he became interested in the prevention of disease quite early in his career, Professor Dwyer chose to work in the field of epidemiology. This is the branch of medical research that studies the occurrence of disease in humans and tries to find out what differentiates those who do get a disease from those who do not. It had been previously applied to the study of SIDS, but it had not been used as thoroughly as in studies of some other human diseases.

“When I made the decision to go to Tasmania in 1985 with the intention of setting up a research centre, I looked to see what diseases might be worthy of focus in Tasmania,” said Professor Dwyer. “One that stood out as being important was Sudden
Infant Death Syndrome; which, at that time, was occurring at twice the rate in Tasmania as elsewhere in the country. My interest was sparked further by the visit of Dr Neville Newman, a neonatologist from Hobart, who had been working on SIDS and who visited me in Sydney prior to my departure for Tasmania. Together we decided that we would undertake epidemiological work on SIDS in Tasmania.”

By this time Australian Rotary Health had been established and had decided that SIDS would be the major focus of its initial funding. In fact, as mentioned earlier and on several occasions, the desperate need for research into SIDS was the reason for its existence.

After reviewing the epidemiological studies that had been undertaken and the hypotheses that existed about SIDS, Terry Dwyer decided that they would undertake what was to be the world’s first prospective epidemiological study on SIDS. Previous epidemiological studies, involving data collection at any time after the babies were in hospitals, had been purely of the retrospective type; that is, investigators had gone out and interviewed the bereaved families and conducted measurements on these babies after the death of the infants.

Professor Dwyer’s team was aware that there were possible problems with the recollections of families who had lost babies compared to those whose babies were still healthy. They also knew that some of the measurements needed for the research could be made only while the baby was alive and healthy.

After looking at the number of babies being born in Tasmania each year and the number dying of SIDS, they calculated that it would be just possible to conduct a study that would provide enough evidence on possible causes of SIDS using prospective measurement.

“The disadvantages of this approach are that, because only a small fraction of infants dies, many more babies have to be included in a study and measured than in the retrospective approach, where a sample of cases can be compared to a similar number of controls,” Professor Dwyer explained. “Several
hundred babies can be studied in a case control study, but we estimated that thousands would be needed for this prospective study.

“We determined that, because the cause of SIDS was uncertain and there were a number of possibilities, this study must include measurements on the wellbeing of the infant at birth and after birth, nutrition, development, the nature of the baby’s living environment and also the sleeping circumstances.

“This very large study was projected to be quite expensive by Australian standards and we were very fortunate that, from the beginning, Australian Rotary Health decided it would get behind the project and get it started. They provided the major funding for the project for its first four years, after which funding was taken over by the National Health and Medical Research Council and then the National Institutes of Health in America.”

After the preliminary work had been undertaken, the first data collection began in 1987. From the early stages of the study, evidence was emerging that the sleeping position of the infant may be more crucial than had been first thought by SIDS researchers before the mid-1980s. In 1985 a Hong Kong study reported that Chinese infants rarely died of SIDS and traditionally slept on their backs.

“By 1988 an Australian investigator, Dr Susan Beal, observed that nine case control studies to that point had found that the prone position (on the stomach) was more common among cases than controls,” said Terry Dwyer. “At that time, as well as our large prospective study, there were two large case control studies being conducted in New Zealand and Avon County in England.

“In mid-1990 the Avon group reported a risk of SIDS that was eight times higher for babies on their stomach than on their back; and then the New Zealand cot death group reported a risk almost six times as high in babies on their stomach as on their side or back.”

Because these case control studies all relied on recollections,
The possibility of what is known as “recall bias” had to be considered as an explanation. (Recall bias may occur when parents who have lost babies remember events differently from those who had not lost a child). Recall bias was thought to be particularly likely in this setting because parents, at that time, were being advised by hospital staffs to place their babies on their stomachs to avoid reflux of stomach contents, which could possibly lead to death through inhalation.

Considerable dispute arose, particularly in North America but also in the British medical journals, around the possibility that recall bias could have been responsible for the finding of a higher risk for prone infants. The only way that this could be resolved was through examining data on sleeping position collected before the baby died.

The Tasmanian cohort study was the only study in the world that had such data and Terry Dwyer published the team’s findings in May, 1991, in the well-known and highly respected British medical journal, The Lancet. They showed that, even with measurement of infant sleeping position prospectively, the risk for prone position was increased.

“We estimated the risk to be four and a half times as high for prone infants as for babies on their side or back,” Professor Dwyer recalled.

Based on all the evidence, public health authorities in a number of countries, particularly the UK, Australia and New Zealand, decided that they would mount campaigns to reduce prone sleeping position.

Parents responded by dramatically changing the position in which they placed their babies for sleep; and the death rate from SIDS fell equally dramatically – falling by approximately 40% in the first year of the campaign.

By the end of the 1990's the number of cot deaths in Australia had fallen from 500 per year, prior to the campaign, to just over 100 in the late 1990’s. In Tasmania, where the work started, the number of deaths had averaged 27 per year prior to the campaign, and in the most recent year for which data was
available there were three deaths.

“This result was a very exciting one,” said Professor Dwyer. “However, not unreasonably, some sceptics suggested that factors other than sleeping position may have changed at the time of the sleeping position intervention and caused the fall in SIDS deaths.

“Because we had been able to continue our cohort study through the period of the intervention – and after it – we were able to track closely other possible causes of a decline in SIDS death; such as changes in infection rates during winter and the campaign to ensure that mothers were given ante-natal folate supplementation.”

The analysis of possible contributions of all factors showed that the overwhelming cause of the decline in deaths was the change in sleeping position and this finding was published in the Journal of the American Medical Association (JAMA) in 1995.

When asked by The Lancet, for inclusion in a profile article, what research event had had most effect on his work, Terry Dwyer replied, “The scientific controversy our team found ourselves embroiled in (over the prone sleeping position and SIDS findings) taught me the importance of focusing on what your data shows you and not to be swayed by an alternative view simply because it is fashionable and loudly proclaimed.”

He said that he and his team were very pleased to have played a part in the SIDS research initiated by Rotary Health, which has had such an impact on the health of infants.

“We don’t claim in this to have been the only contributors,” he said, “but merely to have provided a very important piece of evidence that contributed to solving the puzzle.

“What remains in this area is to explain why sleeping position was part of such an important causal chain contributing to SIDS. It is clear that it is not the only link in that chain, but identifying the other links will prove difficult. Generally, in science, when epidemiological research shows such a strong causal association as this, there is the possibility of doing work
in animals to further investigate the cause. In this case that will not be so easy as baby animals have very many differences from human infants with respect to their development at birth and also the nature of their sleeping environment.

“The identification of these other contributing causes is nonetheless a scientific question of great interest and importance. In the meantime however, we are able to substantially prevent approximately 80% of the cases that were occurring previously and this, in itself, is the most important outcome.”

As Professor Dwyer predicted, research has continued and still continues; and other links in the causal chain have been identified. More, no doubt, will be found in future studies until all the causes are known and the terms “cot death” and “SIDS” are consigned to medical history.
CHAPTER IV

Raising funds
Second Symposium: Muscular Dystrophy

In the midst of all the exacting work and excitement of allocating research funds for the very first time, thus making history for Rotary in Australia, those responsible for the day-to-day administration – the computing, typing, record-keeping, correspondence, filing, photo-copying, printing, distributing, accounting and all the other essential if unglamorous jobs associated with any organisation – were going about their tasks quietly and efficiently. And those responsible for promotion and fund-raising were being equally diligent.

Early minutes of the board record the decision to make an all-out effort to include what has become known as “the corporate sector” in the list of potential benefactors; and it must be said that the members were quite shameless in their approaches to their own businesses, Rotary associates and personal friends in their quest for funds. An example of their success was reported in Rotary Down Under, in July, 1985. At a special function Russell Rechner, a member of the Rotary Club of Melbourne and a director of the Myer Emporium, presented a cheque for $5,000 to Vice Chairman Geoff Betts (who just happened to be a former director of Myer); Ray Forrest, also a Rotary Club of Melbourne member and charter president of the Rotary Club of St Georges, W.A., general manager for Victoria and Tasmania of the National Australia Bank, presented a cheque for $3,000 (the first of five annual donations) to Ian Scott, the initiator of the Fund, who, by a strange co-incidence, was an officer of the same bank. Other donors at the same dinner were the Rural and Industries Bank of Western Australia, Bowater Scott, B. Seppelt & Sons Ltd.,
National Panasonic Australia, Sandoz Pty. Ltd., Gilbarco (Aust) Ltd., Australian General Electric Sales Ltd., W.C.S. Thomas Charitable Trust and the Percy Baxter Trust. One need not look very far to find some Rotary association with each of these generous donors.

Rotary clubs were urged to seek support from businesses in their own communities, using a useful “package” made available through their district chairmen. One of the first to respond was the Rotary Club of Ryde, N.S.W., which formed an enthusiastic committee led by its president, Barry Dennewald, to canvass all the businesses in the area, with extraordinary success. Many more clubs used the same method with equally good results. As someone remarked, “All you need is the time, the commitment and the hide.”

Meanwhile other novel fund-raising schemes were being dreamed up by imaginative Rotarians. Board member Les Whitcroft reported on some of them:

Len Parkin, a one-legged Rotarian of Ryde, raised more than $1,600 selling aluminium cans for recycling, personally collecting, crushing and bagging them in 600 plastic bags.

Ern Gould, a past president of the Rotary Club of Cobram, Vic., used his interest in training sheep dogs to raise $1,000, spending six months training four dogs obtained as pups aged six weeks. He sold them as fully trained working sheep dogs.

The Rotary Club of Perth raised more than $5,000 at a celebrity concert, featuring some of Australia’s most talented artists, at the Perth Entertainment Centre.

In Heidelberg North, Vic., 570 very successful businessmen parted with more than $5,000 to hear Bob Ansett talk about marketing at a businessmen’s breakfast.

Pat Young of Taree, N.S.W. and her husband, Bob, who was District 965 governor at the time, assembled a recipe book containing 450 favourite recipes provided by well-known Rotarians and their spouses. Bob challenged the district to sell 5,000 copies and the Rotarians responded by selling the lot, adding $30,000 to the corpus of the Fund.
The International Golfing Fellowship of Rotarians in Australia contributed $1,000, the proceeds of its seventh golfing championship held at Orange, N.S.W.

A giant Easter egg, two metres high, was raffled by the Rotary Club of Brisbane Mid-City, Qld., yielding $500.

These and many other activities of Rotary clubs, large and small, steadily built the corpus of the Fund, enabling the research work to continue with the objective, in those earliest years, of finding the cause or causes of cot death and saving the lives of babies.

In the next few years the board had to cope with the loss of some of its valued members. Les Whitcroft resigned to take on the heavy responsibility of co-ordinating Australia’s participation in the world-wide Polio-Plus appeal, aimed at ridding the world of the scourge of poliomyelitis forever. Royce Abbey had been elected to the presidency of Rotary International for the year 1988-89 and his services were required in Evanston, Ill, USA, as president-elect during 1987-88. Sir Clem Renouf also found it necessary to withdraw because of other Rotary International commitments. Don Gordon, who had worked tirelessly from the very beginning of the Fund’s existence, also had been called to other duties. Nevertheless, there were willing workers to step into their shoes and serve with equal distinction in future years.

Geoff Betts, a foundation member and vice chairman of the board, who had worked assiduously in the areas of administration, public relations, promotion and fund-raising, and as a board representative on the research committee, accepted the chairmanship.

Before he surrendered the chair at the end of 1987, Royce Abbey had been able to report that the goal of $2 million was in sight and certainly would be achieved within weeks; that research into SIDS was well advanced, particularly with Professor Terry Dwyer’s work in Tasmania; and that the second conference (now styled a symposium) had been successfully held.
The second symposium
Muscular Dystrophy and Related Diseases

Muscular Dystrophy and related diseases was the subject of the second international conference convened by the Australian Rotary Health Research Fund. It was held in Sydney in November, 1986. The convener was Research Committee member Byron Kakulas, Professor of Neuropathology at the University of Western Australia. He gathered 40 leading Australian and New Zealand researchers to discuss neuromuscular disorders with three authorities from U.S.A. and U.K.: Professor Allen Roses from North Carolina; Professor Milan Dimitrijevic of Houston, Texas; and Professor John Morgan-Hughes from London.

Allen Roses of Duke University, a biochemist and clinical neurologist, was one of the foremost authorities on molecular genetics and was able to apply the most recent discoveries in DNA technology to the problem of muscular dystrophy. He had contributed significantly to the recent dramatic discoveries concerning the muscular dystrophy gene.

Milan Demitrijevic, Professor of Neurology and Neurophysiology at Texas Institute for Rehabilitation Research, University of Texas, was identified as the leading proponent of restorative neurology who had already done outstanding work as head of a large international research program.

John Morgan-Hughes, consultant neurologist at the National Hospital for Neurological Diseases, University of London, was recognised as one of the most important contributors to recent progress in metabolic diseases of the muscle.

The expertise of the Australasian participants ranged from basic laboratory science to genetic counselling and rehabilitation. Also in attendance, as observers, were 10 young neurological trainees for whom the experience was particularly valuable.

It was estimated at the time that muscular dystrophy afflicted some 50,000 Australians. The emphasis at this symposium was on those forms of the disease that occur in childhood.
The majority of the papers presented were original; reporting, for the first time, recent research progress. Reports of the then very recent advances in the molecular genetics of muscular dystrophy were a highlight of the conference. The new information brought to light was several years ahead of that available to the general medical community at the time.

As Geoff Betts commented after the symposium, “The benefits of medical scientific meetings are both direct and indirect. The direct benefits relate to discoveries in the context of cure or control of serious disorders. Indirect benefits derive from the profession being made aware of the latest advances in diagnosis and treatment, so that standards of medical practice are maintained at a high level. Both conferences have achieved this end.

“The participants also made new friends and were able to plan future collaborative research. Many new ideas and concepts were formulated which must accelerate progress in the field.”

The worldwide dissemination of the information given at the symposium was assured by the publication of the proceedings in a major international journal.

An interesting sequel to this symposium was the decision of the Rotary clubs in Western Australia to endow a Rotary Post-Doctoral Neuromuscular Research Fellowship, to which 85 clubs contributed $114,000. The first fellowship for collaborative research with Dr Allen Roses at Duke University in USA was awarded in 1987 to Dr Rodney Scott, a young protégé of Professor Byron Kakulas.

Promotion and fund-raising, of course, continued, with more original and highly imaginative schemes being recorded daily. It seemed that Rotary clubs were entering into an unofficial competition for the honour of having initiated the most unusual method of acquiring money.

As one example of their inventiveness, the enthusiastic members of the Rotary Club of Knoxfield, Vic., decided to ride
bicycles to their district conference in the border city of Albury, a distance of 450 km, recruiting former world champion cyclist and some time Cabinet Minister, Rotarian Sir Hubert Opperman, aged 85, as their coach for the event. The Rotary Clubs of Huntingdale and Oakleigh each contributed a member to provide a team of nine cyclists and three support drivers. Clubs along the way were encouraged to stage activities in support of the marathon ride. During the six day event the team visited 21 functions with 23 participating clubs and raised more than $33,000.

They followed up a year later by pedalling 880 km to their next conference in Canberra, raising a further $25,000. Known as the “Pedlin’ Pete” team, the Rotarians, on this occasion, were accompanied for various short and long distances by many young cyclists who enjoyed the experience immensely.

So began a tradition that continues to this day: the annual bike ride to the district conference, wherever it is held; and each year the cyclists await the announcement of the next year’s conference venue with some anxiety, for district governors and club presidents have a bad habit of choosing locations to which their Rotarians can bring their families for a long week-end holiday; and such desirable destinations are not necessarily to be found within the district boundaries. Yes, they have cycled as far as Sydney.

Early in 1987 the board announced that a further $100,000 would be allocated for research, including an additional $67,000 to Professor Terry Dwyer’s cot death research team in Tasmania. In July of that year it was proposed that medical problems of the elderly should be the next major area of research and it was announced that the next international Symposium, to be held in 1988, would focus on Alzheimer’s disease.
CHAPTER V

Goal achieved and goalposts moved
Third symposium – Alzheimers

In 1988 the goal of $2 million was reached; and everyone conveniently forgot that this was to be the final achievement: a corpus of $2 million, wisely invested to provide an annual income to be devoted to health research. No sooner had Chairman Geoff Betts announced that the invested funds had reached that magic figure than the board was calling upon Rotary clubs for a corpus of $5 million by 1995, $10 million by 2000 and $20 million in the early years of the 21st century. If any Rotarians did remember the original intention, they made no attempt to remind the directors or to raise any objection to the expectation of their future support. Perhaps this was a classic case of corporate amnesia; or perhaps they were too polite to refer to this memory lapse, especially with Alzheimer’s disease as the focus of the next symposium.

Of course, as anyone who heard Ian Scott’s address to his club in which he launched the campaign might have remembered, he talked of $2 million as the “initial” target. It was hardly his fault if others chose to promote the fund as a “one-off” project.

To the amazement of its members the Rotary Club of Maroubra, NSW, by making what it thought was a modest donation of $1,000, was singled out for nation-wide recognition for raising the corpus of the Australian Rotary Health Research Fund to $2 million.

The board grasped every opportunity of promotion by publicising the aims of this unique Rotary unit and appealing for support through Rotary district-to-club channels, direct appeals to clubs, by presentations at conferences, institutes and assemblies and regular articles and features in Rotary Down Under.

As the highly successful international Polio-Plus campaign slowly wound down, support for Rotary’s health research
program within Australia escalated, with many clubs now able to devote more of their fund-raising efforts to their home-grown operation.

The Rotary Club of Adelaide, for example, contributed more than $50,000 during 1988-89, setting a new record for a single club's support in any one year.

In Western Australia the wives of District 947 past governors relieved the boredom which would have been their inevitable lot had they attended meetings of the college of governors with their husbands, by meeting separately to make a patchwork quilt, pillow cover, three cushion covers and a doll's set. Raffled at the next district conference, the articles raised $1,000.

In Victoria, the “home” state of Australian Rotary Health, the clubs were determined to maintain their support for their own districts’ endorsement of Mornington club’s initiative. In two auctions mounted by the Rotary Clubs of Waverley and Cheltenham, with goods donated by local businesses and prizes donated by Qantas, they managed to raise $44,889.

The staff club of Star Printery Pty. Limited, in Newtown, N.S.W., which had been supporting PolioPlus, now continued its fund-raising effort for health research, contributing in the next year $2,000 through the local Rotary club. This was matched, dollar-for-dollar by the company, adding $4,000 to bring the Rotary club’s total contributions to $10,000. It is probably no surprise to learn that the firm’s managing director at the time was Warwick Boase, a past president of the club.

An interesting fund-raising venture was devised by two young women, Diana Young and Lee Deutsher – both daughters of Rotarians – who produced a charming gift book for children, My Adventure in the Land of Wishes, Hopes and Dreams, which, through the miracle of laser technology, was “personalised” for each little recipient, introducing the child’s own family and friends and even pets into the story.

Throughout the length and breadth of the country, Rotary clubs were taking similar action to support their own national Rotary research fund; and all available evidence suggests that they
were doing so without neglecting their primary obligations to identify and meet local community needs, to promote vocational excellence and ethical practices and to advance world understanding and peace.

The third symposium
Alzheimer’s Disease

The third symposium was held in the Australian National University, Canberra, from 27 to 30 October, 1988. The convener was Research Committee Member Dr Ross Anderson of the University of Melbourne. The subject was Alzheimer’s disease; and, again, an impressive group of 25 Australian specialists and three from overseas presented a wide variety of papers on which the subsequent discussions were centred.

Again the Governor General, Sir Ninian Stephen, opened the proceedings.

Reminding the audience that he had been pleased to launch the first symposium – on cot-death – he said that, once again, Rotary was to be congratulated on its choice of a subject so well matched to community needs and capable of practical outcomes.

“There can be no more timely subject for study in a nation facing this prospect [of an ageing population] than Alzheimer’s disease,” he said.

“In only five years of existence [Australian Rotary Health] has already raised and invested over $2 million, much of it from Rotary clubs throughout the nation, but also from corporate and individual donors. The aim is by 1995 to have raised $5 million; ambitious, but the Rotarians of Australia always have set themselves demanding targets and have a habit of achieving them.

“One of the features of the research projects seems to me of special interest: it is the concept of quite direct community benefit; something of a boomerang effect, or rather, because it is a Rotarian concept, perhaps I should say the completion of a circle. The initial concept originates within Rotary ranks, in Rotary clubs. Then that force of practical goodwill and good
works leads to the research projects concerned with community health problems. In turn the benefits of that research will be ultimately felt in the communities which the individual Rotary clubs serve. In this way the wheel of Rotary turns full circle and, in doing so, directly serves all Australians and, through the dissemination of the fruits of research, ultimately all mankind.”

Who could have asked for a more emphatic endorsement?

The keynote address at the opening was delivered by Dr Norman Swan of the ABC Radio National Health Report. Overseas specialists who participated were Professor Stephen de Armond of the University of California, Professor Raymond Levy of the Institute of Psychiatry, UK, and Professor Hans Goebel from Germany. The opening paper, “Risk Factors for Alzheimer’s Disease” was presented by Dr Scott Henderson, whose subsequent research into Alzheimer’s disease was to be supported by Australian Rotary Health. The broad areas covered by the papers, following an overview of risk factors, demographics and pathology, were the sub-strata of the ageing process, neuropathology, the “search for aetiology”, diagnostic issues and clinical diagnosis and the management of sufferers.

As usual the wide-ranging discussion allowed for the maximum exchange of information and ideas; and, as usual, the participants were lavish in their praise of the initiative that offered them such an opportunity.

Thanking the participants, Chairman Geoff Betts said, “We can only propose initiatives, set up structures and provide limited funds. If there is to be any successful outcome it will depend on the professionalism of the people here who have given us the gift of your time to participate. Without that we can achieve nothing at all.”

It is probable that the discussions at this symposium were at least partly responsible for the research committee’s recommendation to the board that health problems of the elderly be considered as a future area of research for funding.
CHAPTER VI
Governance – staff
Fourth Symposium: Environmental Health of the Aged
Research projects

In 1988 the board decided that, having honoured its commitment to fund cot death research for the first three years by contributing $423,000, and recognising that Professor Dwyer's work in Tasmania would almost certainly warrant further funding, it should ask the research committee to recommend a further area of research worthy of support. After due consideration of several proposals, the committee recommended that major funding for the next triennium should be devoted to Environmental Health Problems of the Aged.

Board members were not unanimously in favour immediately, some feeling that the focus should remain, at least for the next three years, on the illnesses of childhood as a natural extension of cot death research. However, after some discussion and general agreement that there was a genuine need for research into health problems of the elderly in a rapidly-ageing society – and further agreement that the focus could return to youth in a future triennium – the recommendation was adopted.

They decided that preference should be given to projects involving Rotary or community groups in investigation or application, taking note of the ageing of the population and the fact that many Rotary clubs were active in serving the elderly in their communities. They also agreed that a symposium, with “Environmental Health of the Elderly” as its title, should be convened in November 1990.

In an annual review published in April 1990, Chairman Geoff Betts was able to report that there had been record
contributions of $672,736 received in the period October 1988 - September 1989, bringing the corpus to more than $3 million. Income during that year also had been a record at $362,000.

Since the Australian Rotary Health Research Fund began its life as a legal entity in 1983 – that is, after the steering committee had completed its many tasks and the first board of directors had been appointed – the “secretariat” had been in the office of Geoff Betts in Geelong with the financial affairs and receipt of donations handled in Canberra by Jack Olsson.

In May, 1986, by arrangement with CEO Bob Aitken of Rotary Down Under, the “treasury” was transferred to the Parramatta premises of RDU Pty. Limited and Rotary Down Under Inc. with Office Manager Joy Gillett as financial controller. Then, early in 1990, under a similar arrangement negotiated by Chairman Colin Dodds, the “secretariat” was also transferred to the RDU office building; and Mrs Gillett happily accepted the extra responsibilities of part-time executive secretary.

No stranger to the extended Rotary family, Joy Gillett had joined the Rotary Down Under staff at the age of 17 as a junior clerk-typist and was appointed, only two years later, to the responsible position of office secretary (i.e. manager). Her responsibilities grew with the organisation; and by the time she was appointed part time to Australian Rotary Health she was managing the office and supervising a clerical, circulation and production staff of 15. She immediately impressed the board members with her quiet efficiency, her integrity, her absolute dependability and her warm friendliness. Inevitably, the workload increased with the growth and development of Australian Rotary Health and she resigned from Rotary Down Under to take up full time duty with ARH. By 2001, as general manager, she was assisted by a staff of three. In 2004 she was appointed CEO, supported by a staff of six which, by the end of 2010, had stabilised at eight.

Mother of two grown up children and grandmother of one, Joy Gillett is also a busy Rotarian: a past president of the Rotary
Club of Parramatta City with service on several district committees to her credit. She also, in her mature years, transferred her enthusiasm for netball from playing to coaching, then to State administration. She was awarded the Medal of the Order of Australia (OAM) on Australia Day, 2011.

From 1990, as well as working in harmony with a series of boards of directors and research committees, Joy Gillett was called upon to contribute her executive talents to the success of symposia by working closely with the conveners. She was given responsibility for organising board meetings and the AGM, producing the Annual Report and Annual Review and the regular newsletters and supervising all aspects of the Australian Rotary Health activities, including the allocation of research grants.

Australian Rotary Health remains a tenant of RDU Pty Limited in Hunter Street, Parramatta, NSW, to the mutual benefit of both Rotary instrumentalities.

The fourth symposium
Environmental Health problems of the aged

The secret of success of the symposia was revealed by the board in an article published with the Annual Review of April, 1990: “The recipe is deceptively simple. Take 25 or 30 of Australia’s best and brightest researchers in a given field, add two or three world-renowned scientists at the forefront of their discipline, bring them together in an attractive conference facility, choose an excellent and knowledgeable chairman and lock the participants in a large room for three days. Record every presentation and subsequent discussion and issue the report in a recognised medical journal.”

The benefits were claimed to be many. The participants all gain from the cross-discipline discussions — apparently rare in medical research circles. Three days of workshops, casual discussions, fellowship dinners and other social activities provide the material for stimulation and cross-referencing of information from Australia and overseas. The report appears in
the recognised refereed journal of the specialist college concerned which automatically places it in every major medical library. The material is cross-referenced in the Index Medicus giving world-wide access to the information.

The fourth symposium, which was convened by Professor Edmond Chiu of Melbourne, was held at the Australian National University from 21 to 24 November, 1990. No fewer than 30 papers were presented by overseas and Australian specialists and the proceedings were published in the *Australian Journal of the Ageing* with worldwide distribution.

The “batting” was opened by Dr Norman Sartorius, Director, Division of Mental Health, World Health Organisation, based in Geneva, whose subject was “Environment, Health and the Elderly — a W.H.O. Perspective”. This was followed by “perspectives” from Europe by Professor Bertil Steen of Gothenburg, Sweden; North America by Dr Sanford Finkel of Chicago, and Australia by Cliff Picton from Melbourne.

After consideration of the broad picture from these three viewpoints, the participants discussed a huge range of relevant subjects: physical health, mental health, legal aspects, intellectual opportunities, continuing education, the media, arts, movement and dance, music, recreation, nutrition, religion and health, social policy, town planning, housing, travel, plants and gardens, injuries and environmental hazards, loneliness, retirement-planning, technical aid, design for disabilities, the role of the pharmacy and even pet therapy. Out of the presentations and discussions arose 16 important recommendations to professional associations, the community at large, community organisations, governments and the media.

For research in the area of environmental health of the elderly, the board allocated $1,435,993 in research grants to 34 individual researchers and research teams whose work covered a vast range of health and welfare subjects. Grants ranged from a single $7,640, for a study of discharge planning and community resource allocation, to $129,000 paid over four years for a study of environmental determinants of outcomes.
of depression. There was research into physical and mental health, lifestyle factors, blood pressure, hazards, stress, widowhood, brain function, education, exercise, diet, home care services, passive smoking, skin cancer, energy loss, falls, musculoskeletal disorders, social interactions, promotion of independence, quality of life of aged Aborigines, prevention of accidents, living conditions and psychosocial health, dependence on medication, osteoporosis; you name it, they researched it; and ARH funded it. [All research grants from 1985 to 2010 are listed in Appendix III.]

Obviously a detailed description of all these research projects and the people who conducted them would occupy many volumes; therefore, as mentioned previously, in those chapters in which it seems appropriate to give readers some idea of the work being done, a few have been chosen to represent them all.

**Is dementia in the genes?**

When Scott Henderson was still a wee lad at school in Aberdeen, Scotland, he had already decided to become a doctor; not because he was the only son of an important doctor in the public health field but for reasons of his own. His interest in human behaviour began at an early age; and when he began to consider the careers in which this interest might be developed, he soon concluded that psychiatry offered the best opportunity for helping his fellow humans through a greater understanding of behaviour. What he did not contemplate, at that time, was the possibility of practising his chosen profession on the other side of the world.

After graduating in medicine from the University of Aberdeen and gaining post-graduate qualifications in psychiatry and science, he set out to acquire wider experience in the field; and it was at this point that he met Miss Priscilla Gill, an amiable and attractive Australian physiotherapist. For some not entirely unaccountable reason, the young Dr. Scott Henderson developed a sudden interest in the Antipodes and a determination to visit Australia.
Scots, as we all know, have a reputation for being eminently sensible in their attitude to the expenditure of funds – especially their own – and Scott Henderson, as a representative of that noble race, could see no good reason for paying a fare to Australia when he could travel free and, moreover, could earn a modest stipend during the voyage. Accordingly, in 1962, he signed on as ship’s surgeon on a Shaw Savill vessel bound for Sydney, where he signed off. After a brief and not very congenial job as a locum in a Sydney suburb, he was appointed the first Psychiatric Registrar at Prince Henry Hospital.

It is clear that Scotland’s loss was Australia’s gain. (Scott Henderson’s principal gain was the aforesaid Australian physiotherapist, who has been his wife and partner since 1963 and shares with him the parenthood of three daughters and two sons.)

Australia’s gain was an eminent psychiatrist who was Foundation Professor of Psychiatry at the University of Tasmania from 1969 to 1974, during the first years of the new Medical School; and then established and became Director of the Centre for Mental Health Research at The Australian National University in 1975. No one could deny that he was well qualified for the job: he is a Doctor of Medicine (Aberdeen), Doctor of Science (ANU), a Fellow of both the Royal College and the Royal Australasian College of Physicians and the Royal College and the Royal Australian and New Zealand College of Psychiatrists; and, as an indication of the esteem in which he is held by his peers, the University of New South Wales conferred upon him the degree of Doctor of Medicine Honoris Causa.

When Professor Scott Henderson established the Research Centre at The Australian National University he had a group of four scientific and two support staff, funded by the National Health and Medical Research Council (NHMRC). Productivity soon soared, with some excellent research on common mental health problems as they occur in the wider community; but the survival of the unit was always uncertain, with funding based on five-year cycles dependent on performance, the value of
which was assessed by other researchers, both here and overseas.

It is regrettable that such dedicated researchers were expected to carry out their vitally important work in a climate of extreme competition for research funding, just to cover salaries and research expenses; and it is even more regrettable that this unhappy situation continues to worsen, with ever-increasing needs to be met from ever-diminishing resources.

In the 1980s the Centre for Mental Health Research had turned its attention to mental health problems in later life, particularly depressive disorders and dementias. In 1990 the director and his team began an ambitious study of 900 people, then aged 70 and over – living in the community in the Canberra-Queanbeyan area – who had agreed to participate, having been fully informed about the study, its objectives, procedures and confidentiality.

The main purpose of this study was to discover the causes of depressive illnesses in the elderly; and the way in which some people age well, with only a slight decline in memory and thinking, whereas others decline more rapidly, some developing dementia.

The main types of dementia are Alzheimer’s disease (the most common), vascular dementia and Lewy body dementia. The study involved visits by the research staff to all of the 900 persons in their homes to assess their health and cognitive performance. This work was successfully completed in 1990; but the researchers knew that they would want to reassess each surviving participant, who agreed and was available, in about three years.

In 1992, while the research team was planning the final details of the next re-examination of the participants, Scott Henderson attended a talk given by a visiting American scientist at the neighbouring John Curtin School of Medical Research, that illustrious institution in which both John Eccles and Peter Doherty have won Nobel Prizes.

“The visitor was Elizabeth Corder,” said Professor Henderson,
“and she was speaking about how she and her laboratory had discovered the link between carrying the apolipoprotein Eε4 gene variant (or “allele”) and the risk of developing Alzheimer’s disease.

“It should be made clear that this is not a gene for Alzheimer’s disease; it is only a risk factor for it, just as a lack of exercise is a risk factor for cardio-vascular disease.

“They had published their findings in the highly respected American journal Science and were clearly aware of the significance of their work.

“Sitting in the audience, I thought, ‘But she has done her work on patients who already have Alzheimer’s disease; what about the manifestations of this gene in the community? Suppose someone were able to study people some years before they developed the full clinical picture’.

“It seemed to me that those who were going to be afflicted should already show a decline in cognitive function; and there should be more of these people than by chance who have the apolipoprotein E ε4 gene variant.”

This, it must have seemed to Scott Henderson, was serendipity working in overdrive. His team at the Centre for Mental Health Research was about to return to the participants in their study and could ask permission to test their genetic make-up. The Centre already had base-line measures on the participants’ memory and thinking from the first study some three years earlier.

Before leaving the auditorium he discussed his plan with Professor Simon Easteal, who agreed to carry out the genetic analysis in collaboration with the Centre and assured him that a cheek-swab was sufficient for this purpose and it would be unnecessary to ask participants for a blood sample.

“What a marvellous opportunity!” he said. “I walked back to our Centre to tell the other scientific staff that we could now add molecular genetics to our already comprehensive project. They were as excited as I was at the prospect.

“Now all we had to do was take a cheek-swab from every
participant. This involved wiping a sterile cotton bud on the inside of the mouth, then putting it in a sterile tube for extraction of that person’s DNA for genetic analysis."

Of course Professor Henderson had still two obstacles to overcome before he could proceed: the first was the approval of the University’s Human Research Ethics Committee to vary the original research proposal by adding another component; and the second was the necessary funding to cover the considerable costs of the genetic analysis, which were not planned in the original budget.

Ethics approval was granted and, because the focus of Australian Rotary Health was on the health of the elderly – and clearly this work was very much concerned with the elderly and held great promise of being a development of direct use in the prevention and treatment of Alzheimer’s disease – Scott Henderson submitted a research grant proposal. After assessment and a favourable recommendation by the research committee, the grant was approved by the board.

They were in business.

As a result of the painstaking work that followed, the research team showed, for the first time, that people in the general population with the apo E ε4 gene were more likely to suffer declining memory and thinking ability, especially if they were “homozygous” with two copies of the gene.

“This has practical implications,” said Scott Henderson.

“For example, there is now intense research being done on medication or other interventions that can slow the ageing process in the brain. Such prevention will have particular relevance to people with the ĀE4 gene. The frequency of this gene is probably not the same across the world, so the elderly of some populations may be more likely or less likely to develop dementia.

“The contribution of Rotary to our work has not stopped there,” he said. “Encouraged by this partnership with molecular genetics and Professor Easteal’s laboratory, we saw that the same basic principles could be applied in searching for the genetic
contribution to ‘common mental disorders’ – anxiety disorders, depressive disorders, alcohol misuse or a combination of these. It is certain that the search is justified and should continue.”

Professor Scott Henderson’s psychiatric research in various projects continued throughout the next decade. As Emeritus Professor of Psychiatry at Canberra Hospital, Australian National University, he is also the author of numerous important scholarly articles in refereed journals. In 2003 he was appointed an Officer of the Order of Australia (AO).
CHAPTER VII

Innovative marketing
The fifth symposium: Adolescent Health
Adolescent health research

By 1989 the Australian Rotary Health Research Fund, as it was then known, was so well established as a national Rotary program that it could boast, with some satisfaction, that it was being supported by 90% of the Rotary clubs in Australia. Contributions during 1988-89 had totalled $572,617. Regional seminars were attended by Rotary district governors and incoming governors, regional and district ARH chairmen and board members. Summaries of discussions were sent to all Rotary clubs.

An innovation at this time was the Companion Award, for donors of not less than $5,000 in any one year. A “companion” could be an individual, a company or a Rotary club or district. Individual or corporate donors could ask that their contribution be credited to a Rotary club. A certificate and lapel pin were presented to each Companion of the Fund. Vice Chairman Colin Dodds, announcing the decision to make the awards, said that the proposal, when first canvassed some months earlier, had been enthusiastically received by Rotary clubs. The innovation proved highly successful and remains popular.

The “Gold Companion” award was subsequently introduced to recognise those who had contributed $10,000.

Meanwhile clubs, districts and the board continued to devise original fund-raising ventures. One that aroused considerable interest was a superbly produced coffee-table book, Australian Impressionist and Realist Artists, containing large colour reproductions of 210 paintings by 70 famous Australian artists and priced at $85. Another was a “tall story competition” arranged by the Rotary Club of Fitzgerald-Innisfail, Qld., at
which contestants from five North Queensland clubs, in the words of reporter Frank Darveniza, “did their utmost to destroy the first ‘tenet’ of the Four Way Test”. The Rotary Club of Adelaide followed up the book of paintings by mounting an art exhibition featuring some of the original paintings reproduced in the book.

For choosing areas of research funding a standard procedure had evolved and by now was being followed: the board would seek the advice of the research committee, which would recommend an area of research funding for the next triennium. If the board adopted the recommendation, a symposium would be convened to introduce the new focus. Notwithstanding the area chosen, however, enough flexibility remained for the board to make grants for individual projects and sponsor symposia outside the major field of research.

In 1991 the board adopted the research committee recommendation that the major research funding for the 1993-1996 triennium should be directed to adolescent health.

**The fifth symposium**

**Adolescent Health**

The fifth symposium was held in Canberra from November 11 to 14, 1992, convened by Dr (later Professor) David Bennett, then Head of the Adolescent Medical Unit at the Children’s Hospital in Sydney, who declared that the common assertion that health problems of young people are minimal was a community and professional misconception, well out of step with evident realities.

“Drug and alcohol use, sexual behaviour, eating disorders, delinquency and violence, stress, depression and suicide are among the more obvious manifestations of the difficulties young people are facing today,” he said. “The fact that many of these serious risks to health are experienced earlier in life than in the past underscores the urgent need to set a new and effective agenda for adolescent health in Australia.”

The full title of the symposium was Adolescent Health
Behaviour — Identifying vulnerability and resilience; and, as had become the established practice, a group of 39 highly-regarded Australian medical and adolescent health specialists with some distinguished overseas authorities gathered to share their knowledge, experience and ideas and to discuss as many aspects of the broad subject as possible. Thus they considered physical, mental, social, environmental and psychological factors and a multiplicity of aspects of each.

The visiting presenters included Dr Patrick Alvin from France, Professor Michael Resnick and Dr Linda Bearinger from USA and Dr Evelyn Eisenstein from Brazil.

Presentations focused on the problems facing adolescents and helped to identify ways in which young people can respond positively to the many vicissitudes they face in the process of growing older.

“Among a number of profoundly important outcomes of the symposium was the creation of a network of caring and committed individuals concerned with the health and wellbeing of young people and their families,” reported Dr Bennett.

“The spin-off from this is immeasurable,” he said. “What followed during the ensuing triennium of funding for adolescent health research was an extraordinary number of applications for support. The breadth and richness of proposed projects, many involving innovative approaches and collaborative partnerships within research teams, provides an articulate endorsement of ARHRF's vision and courage, as well as of the issues being addressed.”

There was, indeed, an extraordinary number of applications; and the research committee and board responded by approving an extraordinary number of grants: 39 projects were funded for periods between one and four years with grants totalling $1,528,598.

Again, all the projects funded are summarised in Appendix III, but four have been chosen for more detailed description here.
**Stuttering**

Stuttering might not seem to be a major medical problem. It is not life threatening, nor does it appear – especially to those who are not sufferers from this widely known but not widely understood condition – to be particularly disabling. Child stutterers, however, often suffer agonies of shame and embarrassment, particularly when insensitive schoolfellows mock them for their impediment.

As a schoolboy in the Sydney suburb of Pennant Hills in the 1960s, Ashley Craig was probably almost unaware of stuttering as a disability of any great consequence and certainly had no idea that the study and treatment of the condition would play such an important part in his later professional life. He was a bright and conscientious student who aspired to a career in science and, having gained an enviable pass in the matriculation examinations, was granted a Commonwealth Scholarship to the University of New South Wales.

Dr Ashley Craig, Professor of Behavioural Sciences at the University of Technology Sydney, began his research into stuttering almost by accident. As an honours student he had chosen, as the subject of his research, the incidence of asthma in children but was unable to gain access to enough young sufferers for his study. He therefore, without any particular enthusiasm at the time, accepted the advice of his supervisor to consider a study of stuttering as an alternative, and very soon discovered a whole world of ignorance waiting to be explored.

With a double major and an honours degree to his credit he worked with stutterers at Prince of Wales and Prince Henry Hospitals and, with a research grant from the National Health and Medical Research Council, he embarked upon what were to become the first controlled clinical trials into stuttering anywhere in the world, his major research for a Ph.D. degree.

When the money from NHMRC ran out, Australian Rotary Health came to the rescue with a research grant that enabled him to continue this vital work for a further year.

By this time, with papers published in scientific journals, the
importance of the research had been recognised by the international scientific community and had begun to attract world media attention, with articles in newspapers and magazines and reports and interviews on radio popular science and “talk-back” programs.

Thus a distressing complaint, which had been largely ignored in the past, became the focus of much greater attention and concern.

As Professor Craig pointed out, research into the incidence and treatment of stuttering was not regarded as a health problem of sufficient importance to attract funding; but to the sufferer it is distressing, is frequently vocationally, psychologically and socially disabling and is potentially crippling. If left untreated beyond early teenage years, it can be a lifelong disability.

The major benefit of the research was the vast increase in understanding of the condition leading to the development of effective treatment. Probably the success of the 2010 film, *The King’s Speech*, depicting the agonies suffered by the late King George VI, has helped to raise public awareness of the disabling effects of speech impediments and the importance of early intervention.

**Bullying**

Research into the problem of peer victimisation in schools (commonly called “bullying”) began in the 1970s in Scandinavia, principally by Professor Dan Olweus. This research focused mainly on the nature and incidence of bullying in schools in Norway and Sweden.

In the late 1980s in many countries, including Australia, it was becoming apparent that bullying in schools constituted a serious problem that needed to be addressed. Earlier work, conducted overseas, had suggested that a substantial proportion of children were repeatedly victimised by their peers, with possibly significant consequences for their mental and physical health.

In Australia in the early 1990s Associate Professor Ken Rigby
and his associate, Dr Philip Slee, began to investigate the nature and extent of bullying in Australian schools.

Ken Rigby had been a schoolteacher in England before migrating to Australia and settling in Tasmania in 1959. With a long interest in human behaviour, he completed a psychology degree as he continued to teach and then worked for a time as a guidance officer (called, at that time, a teacher-psychologist or, in some States, a school counsellor). Moving to the University of South Australia as Director of the Institute of Social Research, he became interested in the incidence of bullying.

Professor Rigby and Dr Slee published the first refereed reports on bullying in Australia in 1991 and 1993. The results of their research indicated that at least 10% of children were frequently singled out by their peers and bullied, physically and/or psychologically.

The question naturally arose: how was the health of such children affected?

In 1993 they applied for support from the Australian Rotary Health Research Fund and, because of the importance of the research they were undertaking, succeeded in having a series of projects funded to provide the answers they were seeking. Subsequently further support was provided to continue the work in 1994 and 1995, and included Dr G. Martin from Flinders University as a co-researcher in some of the work.

The results from this research were of considerable interest to a number of refereed journals reporting on findings in the areas of health, education and psychology. In addition, reports from the studies were discussed in several books, including a major text on bullying or victimisation in schools (Rigby 1996) and a more recent American text on peer harassment in schools (Juvenaan and Graham, 2001).

The major findings of this research proved to be of considerable importance. It was found that the frequency of being bullied in schools as reported by secondary school students – and also as identified by peer reports – was positively
and significantly correlated with indices of mental and physical ill health.

Of particular importance, suicidal ideation (that is, thinking about suicide) was significantly more prevalent among school children who were frequently victimised by peers.

Peer victimisation was identified as a probable cause of deteriorating mental and physical health among Australian adolescent school children. This was established by using a longitudinal research design in which students were re-tested after three years.

The provision of social support for students who were being victimised repeatedly by peers at school, significantly reduced the negative impact of bullying on the health of adolescents.

Students who repeatedly engaged in bullying also tended to experience relatively poor mental and physical health.

The implications from these studies are that peer victimisation at school is a significant health hazard for a minority of vulnerable children, that social and psychological support is needed for such children and that policies and practices to reduce bullying in schools are clearly justified on health grounds.

“The support of this research has been very important to us,” said Professor Rigby. “The findings have added significantly to the growing number of studies addressing the problem of bullying in schools and made it more likely that steps will be taken by education departments and schools in particular to improve the quality of school life for all children.”

Between 1994 and 2001 articles on bullying in schools, deriving from the research of Ken Rigby and Phillip Slee, appeared in influential refereed health, psychological, educational, family therapy and other professional journals in Australia, the U.K. and U.S.A. Some have been used in guidelines for teacher-educators and in professional reading guides for secondary school principals and administrators.

In subsequent years, as Adjunct Research Professor at the University of South Australia and author of several books,
including handbooks for parents and children, Ken Rigby became an acknowledged authority on the incidence, causes and prevention of school bullying.

**Suicides**

Professor John Tiller’s interest in psychiatry resulted from his concern for the mental health of his patients when he was working as a hospital physician.

New Zealand born, he had attended Rangotai College in Wellington and had then graduated in science at Victoria University, following the excellent example of his parents, both of whom were science graduates. The only medical school in New Zealand at the time was in the University of Otago, from which he graduated MB,ChB, with top marks in his year in 1968. After a year back in Wellington as a hospital resident, he accepted the offer of a job in Melbourne from one of his former university teachers who had been impressed by his work as a student. He came to Australia for a year and has been here ever since.

After gaining post-graduate qualifications in Melbourne he worked in hospitals as a specialist physician. It was then that he became more and more fascinated with human development, particularly the mysteries of mental development and human behaviour. This led him to the study of psychiatry and his further qualifications in psychological medicine; and his appointment to the University of Melbourne and the Royal Melbourne Hospital.

The background to Professor John Tiller’s research into youth suicide in Victoria is to be found not in psychological medicine but in the law.

As a result of changes in the Coroner’s Act (1985) the Coroner was able to look beyond individual deaths into the causes of death in different classes or categories. The State Coroner at that time, Mr Hal Hallenstein, recognised that an important and disturbing cause of death was suicide. He sought the assistance of two highly qualified and experienced
psychiatrists: Professor Graham Burrows and Associate Professor John Tiller. After discussions they recommended the formation of a Coroner's Working Party — a recommendation that was promptly adopted.

The working party of 20 well-qualified and capable people included Professors Burrows and Tiller, the Coroner himself and Mr Graham Johnstone. John Tiller was appointed secretary of the group.

When Graham Johnstone was appointed Coroner in 1994 he took up the project with vigour, enthusiasm and, as John Tiller recalls, “a much valued critical eye which enhanced the completion of the project”.

The working party decided, at an early meeting, that the main focus should be youth suicide as an entree into the whole area of suicide.

They began their work with the findings of no previous studies to guide them. There were no data at all on the phenomenon of suicide in Victoria at the time. After considering various proposed projects to understand the basis of the problem, the group decided to design a study using “psychological autopsies”: attempting to determine, after the suicide, as much as possible of the background leading up to the suicide.

It very soon became apparent that such a project would need the support of other organisations and instrumentalities, the first of which was the Victorian Police Service. The officers attached to the Coroner’s office were asked to assist with the completion of details for the psychological autopsy. Thus the police officers became active partners in the development of an interview schedule designed to be readily completed by the investigating officers, concurrently with their preparation of the Coroner's brief on each death. Also involved was the Australian Bureau of Statistics, which supplied data for reviewing youth suicide in the 20th Century.

The review of youth suicide since the early 1900s in Australia, particularly in Victoria, resulted in the initial paper, which
recorded the key findings of the working party.

Surprisingly, perhaps, it was revealed that the increase in youth suicide was confined, almost exclusively, to young men, while the rates for young women remained stable. The rate declined slightly during World War II. Also it was found that the more recent disturbing increase began before the major increase in youth unemployment; suggesting, of course, that unemployment alone could not explain the increase in youth suicide.

Now began the task which is the most frustrating for all researchers: that task which occupies so much valuable time that could be better used in research: the task of seeking research funding.

Youth suicide is disturbing to many authorities but makes little emotional impact on society at large. There was no public clamour for a remedy, as there might have been if an unidentified virus were taking the lives of an equal number of young people, or if a dragon had suddenly appeared and devoured a mere half dozen maidens. There was no track record of research into youth suicide at that time; indeed there was no general recognition that it was a significant problem.

The lack of broad recognition of this as an important area of research was highlighted by a major state-based research organisation (which has since accepted youth suicide as one of its major areas for research funding) indicating, at the time, that this was not an area warranting any funding whatever. Nor, apparently, was any other funding body interested.

Finally someone suggested that application be made to the Australian Rotary Health and, to the amazement mingled with relief and pleasure of the researchers, it was successful. Funding was granted in 1993 and again in 1994, making possible the development and evaluation of the questionnaire and the subsequent assessments.

The Victorian Department of Health and Community Services provided supplementary funding to complete the final report and finalise the study.
“It was the initial Rotary research grant that allowed this project to be developed and sufficiently undertaken to warrant the additional Government support,” John Tiller said.

The research plan, under the leadership of Dr Tiller, was designed to look at some 100 consecutive suicides by persons, aged under 25 years, reported to the State Coroner in Victoria. These were to be compared with 200 patients presenting to hospital, of whom half were to have been admitted for at least 24 hours. It was expected that this comparison group would have similar characteristics to the actual suicides; meaning that the severity of the self harm was such that, without medical intervention, it could well have resulted in death. The other group, not admitted to hospital but discharged after treatment and evaluation in emergency departments, was considered likely to be representative of those known as “suicide attempters” or “para-suicides”. Other research had suggested that this group would display different characteristics from those who suicide.

The researchers studied 148 young people who had suicided, 105 who had attempted suicide and had been admitted to hospital, and 101 who had been discharged after treatment and evaluation in hospital emergency departments. The data from these three groups were then compared.

In contrast to the initial hypothesis, the two groups of “attempters” studied in hospital were similar. It seemed not to matter whether there was or was not immediate medical hazard warranting hospital admission. Both hospital groups had the characteristics of suicide attempters and were different in general terms from those who had suicided.

It was shown that those at greatest risk of suicide were young adult males in the 19-24 years age group, who were six times more likely to suicide than males in younger age groups. Members of the next group most at risk were young women in the same age range, who were twice as likely to suicide as younger girls. The researchers found it interesting that there were no variations shown in different countries of birth, race
differences or rural-urban differences.

Though there had been considerable public concern about the contribution of guns to suicide and demands for the surrender of all firearms, the study showed that the most common method was hanging (37%) with firearms next (20%) closely followed by carbon-monoxide poisoning (18%). The researchers pointed out that: “It is clearly not practical to ban all possible means of suicide.”

Some common assumptions about suicide were not demonstrated in this study. Threats or prior attempts did not discriminate between a subsequent attempt and an actual suicide; in fact almost 90% of suicides had made no identifiable attempt to seek help before the suicide. For the majority there was no specific event, such as loss of employment, prior to their suicide that could be seen as contributory. Indeed, unemployment was given as a possible reason for fewer than 5% of suicides. In comparison with attempters, actual suicides had fewer stressful life events. And, contrary to the expectation that homelessness and isolation were major contributors, more than half the suicides were living at home or living with others and were not alone.

Characteristics of prior physical or sexual abuse related not to actual suicides but suicide attempts. Also, contrary to common assumptions, a majority of those who suicided were not using drugs or alcohol.

This study showed that the typical person who suicided was a young adult male, using a violent method and leaving a suicide note. The presence of notes indicated that they had an awareness of their emotional predicament but seemed to lack the ability or skills to convey any awareness of their vulnerability to others. It was concluded that they probably had psychiatric problems or feelings of worthlessness and had rarely asked for help before suicide.

In contrast, the typical suicide attempter profile applied to all those who attended hospital, whether admitted as in-patients or not. They were typically female, had used poison or drug
overdose and gave, as reasons, family conflict, quarrels and fights. A common precipitant was a broken relationship or a fight. Most of these attempters had sought help from doctors, family or friends.

Speculating why fewer women than men suicided, the researchers hypothesised that women have better networking skills, were prepared to seek help and had some adaptive communication skills.

There emerged several implications for prevention of youth suicide: to change attitudes and responses – especially those of young men; to improve men’s communication skills; to change community attitudes and reduce the stigma of psychiatric problems and feelings of worthlessness so that young men would be more likely to attend for help; and, finally, to provide accessible psychiatric resources for young adults.

The researchers made several specific recommendations for a wide range of practical interventions that would be reinforced over an extended period.

They suggested that legislative changes could be useful to minimise harm: such as fitting carbon-monoxide interlocks on motor vehicles that would stop the car engine when levels of the gas in the cabin reached potentially dangerous levels.

Education was identified as the key to better public awareness of youth suicide. The ways to deal with those problems and circumstances that might lead to suicide and the means of seeking effective help should be highlighted and should involve the community, schools, the professions and the media, with key opinion-leaders and politicians taking a central role.

Young people should be helped to recognise their own feelings and to develop coping skills.

There should be support services, readily available and automatically accessible; their locations widely known and as easily recognised in the community as the local post office.

The use of predictive screening was suggested, especially for those who had made prior suicide attempts or who had histories of identified mental illness. This could result in targeted
prevention for “at risk” individuals.

It was recommended that there be co-ordinated strategies, or interventions, with progressive evaluation.

Finally, there was a recommendation for ongoing research in this area.

What were the identifiable outcomes of this research?

When the Victorian Premier’s Task Force on Youth Suicide was established in 1997, the Coroner’s Working Party was able to make a major contribution to its deliberations. Professor Tiller reported verbally to the Task Force on the working party’s research; and the findings of the Task Force and its recommendations included many of the Coroner's Working Party recommendations.

Other States concerned themselves with the study of suicide and youth suicide; and the Federal Government provided funding for a range of projects on youth suicide across Australia.

Expressing appreciation for Australian Rotary Health funding, Professor Tiller said that, without this support, the project would never have been undertaken.

“The findings provided a basis for understanding more about youth suicide in Victoria and indicated some intervention approaches,” he said. “More than anything, this project and its successors acted as a catalyst for other researchers to pursue the area of suicide and particularly youth suicide.”

Many scholarly articles appeared in refereed journals and in text books of psychiatry after John Tiller’s research was completed. Several were published in The Medical Journal of Australia and others in the Australian Journal of Social Issues, publications of the Mental Health Foundation of Australia, the University of Melbourne, and also in influential North American specialist journals. Thus the important and potentially helpful findings resulting from these studies into youth suicide have been shared widely in Australia and overseas. Deservedly, John Tiller received recognition for his
work from many institutions, including the Australian Post Graduate Medical Foundation which elected him a Fellow for distinguished service to Medical Education.

**Finding and studying the gene that causes sudden heart attack in adolescents**

Why do some apparently fit teenagers suddenly die of heart attack? A team of researchers from the Royal Prince Alfred Hospital in Sydney was determined to find out.

A leader in this research was Professor R.J.A. Trent, a medical graduate and Ph.D of the University of Sydney, a Fellow of the Royal Australasian College of Physicians, and a Fellow of the Royal College of Pathologists of Australasia.

Ron Trent first developed an interest in genetic disorders in the early 1980s when he worked in England, and this led to his obtaining an extra Doctor of Philosophy degree, this time from Oxford (which entitles him to add D.Phil to his post-nominals, thus telling the world that this exalted degree, as distinct from the common Ph.D given by other universities, was awarded by the senior seat of learning in the Commonwealth and one of the oldest and most illustrious in Christendom). Subsequently Professor Trent worked at the University of Sydney and the Royal Prince Alfred Hospital as Professor of Molecular Genetics and the Director of the hospital's Molecular & Clinical Genetics department.

The work in cardiomyopathy is an important research interest of the department and builds on strengths in clinical cardiology and molecular genetics which are found within the Royal Prince Alfred Hospital.

The Department of Molecular & Clinical Genetics first became involved in research in familial hypertrophic cardiomyopathy (FHC) when, in the early 1990s, two cardiologists at the Royal Prince Alfred Hospital in Sydney (Professors David Richmond and Richmond Jeremy) noticed that a gene had been found which might explain the basis for FHC. Until this time little was known about this disorder apart
from the fact that it was a primary abnormality of heart muscle (hence the term cardio-myopathy) which, in the severe forms, would lead to heart failure that could be resistant to conventional treatment. This would mean that the patient's only chance of survival would be a heart transplant. Of even more concern, in terms of FHC-related complications, was the potential for sudden death from a heart attack, which could occur without prior warning and was often associated with strenuous activity; hence the occasional reports in the media of fit young athletes – or fit individuals undertaking an activity such as jogging – dying without warning.

These cases are likely to represent examples of FHC. In a recent study it was estimated that over one third of such deaths are caused by FHC. It was for this reason that the cardiologists decided to get together with experts in DNA (molecular geneticists) to look at FHC in the Australian population.

From the Molecular Genetics Laboratory, the expertise of Professor Ron Trent and his colleague, Dr Bing Yu, as well as a number of other researchers, was called on to identify new genes which might cause this disorder. From this, it was proposed to explain why genes known to cause FHC were associated with variable severity so that, in the one family, some affected members could have a very minor disorder, while others were more severely affected including the association of the disease with sudden cardiac death.

The research project started with some funding from the Government Employees Medical Research Fund, to which Australian Rotary Health added grants in 1994 and 1995. From this work, the researchers from Sydney’s Royal Prince Alfred Hospital were involved in the discovery of a new gene which causes FHC and, more recently, the identification of both “bad” and “good” genes which might explain the variable severity in FHC.

The “bad” gene is thought to influence the degree of heart thickness (hypertrophy) and indirectly this is a factor which predisposes to sudden cardiac death. This gene is known as the
androgen receptor and, interestingly, is the gene used by athletes when they take illicit drugs known as anabolic steroids to enhance their athletic performance.

The “good” gene is called ACE (angiotensin converting enzyme) and was found to improve cardiovascular (heart and blood vessel) function.

Another valuable contribution made by this hospital research was the construction of an international database. This resource documents all known mutations reported for FHC and can be used by all researchers in this field. The aim of this database is to allow more accurate documentation of the DNA mutations causing FHC as well as enhancing the opportunities for collaborative research by linking names of investigators to the mutation that has been discovered.

The subsequent research era in FHC continued the theme of looking for genes and how these contribute to the clinical picture of FHC. Following this work came the next phase of research, which was to find novel treatments based on knowledge of the gene defects in FHC.
CHAPTER VIII

Silencing critics
Public relations and more novel fund-raisers
Getting on board

It was not until 1992 that the first very few and fairly muted expressions of discontent were heard. One or two Rotarians criticised the board for funding projects which they described as “bordering on the esoteric” or, more colourfully, as “Mickey Mouse” projects (one cannot say why the name of this amiable Disneyland rodent should be invoked as a pejorative term); meaning, presumably, research from which no practical social benefit could be guaranteed. One does not know whether such critics were reminded of the ancient Cambridge toast, “... to the Higher Mathematics; and may they never be of any use to anybody!” implying, of course, that the pursuit of knowledge for its own sake is a worthy objective. But, as we now know, the higher mathematics did become of immeasurable use in many branches of science and have given untold benefits to the world.

The board recognised, from the beginning, that care must be taken to select research projects the outcomes of which seemed likely to have practical health benefits; and that all grants would be made with the advice of a panel of leading specialists; but no one could possibly guarantee such favourable results.

Recalling the disquiet of the board when such criticisms were levelled in the early to mid 1990s, former Chairman Ted Atkinson said that it was probably inevitable that a few people would raise such concerns, but it was still disturbing to a group of volunteers who were giving generously of their time and their talents, doing their best and acting only with the advice of highly-qualified specialists.

“The policy was always to concentrate on projects that were clearly most likely to have practical outcomes; but sometimes it
was important to give young researchers, with well-presented proposals, encouragement to pursue new lines of enquiry and a chance to prove their worth,” he said.

One critic, who openly questioned the value of some grants in a letter published in *Rotary Down Under*, gave Chairman Colin Dodds a golden opportunity to reply with a short list of dramatic success stories and to issue an invitation to the writer and other critics to seek further information direct from the office. Another, whose club had been a valued supporter, was disappointed that the board did not adopt the area of research that he had suggested, not realising that, of the many hundreds of maladies in the world for which further research is needed, very, very few could be adopted; and these only with the considered advice of eminent specialists.

The criticisms, happily, were few and short lived in the face of so many demonstrable benefits flowing from so much of the funded research; but accommodation was to be later offered to those who were dedicated to the pursuit of particular projects with the introduction of Funding Partner Grants and Scholarships [see Chapter XV].

Some who dared to criticise found themselves pressed into service. This was the experience of Dr Dick White, a past governor of District 9690 and later a member of the board. He offered a criticism of one of the board’s small publications and was immediately invited to do better. He was then asked by Chairman Ted Atkinson to write a training program for district committees, which led to his appointment as a regional co-ordinator and finally to his election to the board, on which his responsibilities included the preparation of material for the sponsorship program and helping to draft a new business plan.

For all of us the lesson, surely, is abundantly clear.

Dick White’s services to Australian Rotary Health continued far beyond his term as a board member. It was he who, in 2004-2006, was chairman of the committee responsible for co-ordinating the Round-Australia Safari; and, in 2007-2009, chairman of the Great Australian Bike Ride committee.
His outstanding service was recognised in 2007 by Australian Rotary Health with the award of its highest honour – Life Membership and in 2008 he was the recipient of the Australian Rotary Health Medal. He was awarded the Medal of the Order of Australia (OAM) in 2010 for services to the community.

To give those who were contributing to the corpus of Australian Rotary Health – the Rotarians of Australia – the opportunity to advance their own ideas about areas of research that should be considered, the research committee decided to invite suggestions from Rotary clubs and individual Rotarians. This invitation was issued early in 1993, so that any suggested areas of need could be fully considered by the committee in the following year, when called upon to make its recommendations to the board for the next funding triennium. The committee was pleased with the response, which clearly showed that Rotarians were aware of many of the health problems for which more research was needed.

Meanwhile the board began to intensify its fund-raising efforts to counteract the falling interest rates, which were now yielding a lower income from invested funds and therefore less money available for research grants. May of each year was designated Rotary Health Research Month – later, of course, Australian Rotary Health Month – during which all Rotary clubs would be urged to make an annual commitment to their own research funding organisation. Chairman Colin Dodds was able to report that 92% of all clubs were now supporters and that the corpus was very close to $5 million. And at the end of the 1992-93 year he announced that the $5 million target had been reached because of another record year of contributions amounting to $654,182.

In any charitable organisation, fund-raising is inevitably linked to public relations.

Leon Becker, AM, had been first recruited as a newsletter editor and had been then elected to the board in 1992 to replace
John Carrick, who had resigned to take up his duties as a director of Rotary International. Fellow presidents of their Rotary clubs back in 1961-62, Chairman Colin Dodds and Leon Becker were old friends; and Colin was fully aware of Leon’s very wide experience and mastery of the arts of communication in all media. It was hardly surprising then, that the very best use was made of Leon’s professional skills and his extensive Rotary knowledge – as a past district governor and R.I. committee member and chairman – in bringing the Rotary Health story to Australians, both within and beyond the extended Rotary family.

Throughout the years, until his elective terms expired in 1998, Leon Becker was chairman of public relations and was responsible for producing many brief radio and television “community service” announcements and several video documentaries for distribution to all Rotary clubs, lending his own mellifluous voice to his economically written scripts; and, for variety, introducing the equally well known radio and television voices of Rotarians Jim Dibble and Roger Climpson. Updates and current news and information were provided about the research work being funded and the successes achieved; and the appeal for continued support was always included.

Recalling his association with Australian Rotary Health, Leon Becker paid a warm tribute to the chairmen with whom he worked: Colin Dodds, Bruce Edwards, Bruce McKenzie and Ted Atkinson, whom he described as committed and hard-working Rotarians, each with his own particular style and his own remarkable talents; and each making a most important contribution to the success of the enterprise.

“They all understood the value of good public relations in the best sense,” he said – meaning, of course, the value of using all available media to convey accurate information in the hope of public recognition and support.

The short television and radio community service “spots”, of only 10 to 30 seconds duration, were to prove of tremendous
value, bringing the work of Australian Rotary Health to the attention of the wider community and reinforcing the message in the minds of Rotarians throughout the land. They also demonstrated that the importance of Rotary’s work was being recognised by the media. Longer (eight minutes) videos were widely used to bring the message to club and district officers at meetings, conferences and assemblies.

Leon Becker died in 2009.

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When, at the end of the 1992-93 year, Chairman Colin Dodds announced that the corpus had reached $5 million he indicated that the board had no intention of resting on its laurels. The number of Companions had reached 75 and new fund-raising schemes were being devised.

In his own recollections of these years, Colin Dodds said that there was no further need for board concentration on constitutional, administrative or legal matters and management details. For the foreseeable future a permanent home was assured in the RDU Pty. Limited premises and he saw no danger of early eviction. The procedures were all in place for convening meetings, sponsoring symposia, choosing areas of research funding, advertising for grant applications, allocating grants and selecting specialists for service on the research committee.

“The steering committee and the early boards of directors did a terrific job of laying the foundations and bringing the enterprise to this level of efficiency, putting it on a sound business footing and building the corpus to the level which enabled us to make a difference to health research in Australia,” he said. “By the time I was elected chairman, all the basic work had been done, so we could concentrate our efforts on promotion and fund-raising.”

The development of regional seminars was one of the innovations of the early 1990s. The seminars were designed to ensure that all Rotary governors, governors-elect, district chairmen and other interested people were thoroughly briefed and were given every opportunity to contribute their ideas to
the common pool. Each of the seminars was attended by the chairman and vice chairman of the board.

Held annually in each of the regions, the Australian Rotary Health seminars remain an essential communication and promotional device.

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Some of the fund-raising ventures launched during this era of concentrated promotion were initiated by the board; others were club or district initiatives. They were many and varied.

**Going to the races**

The first Sydney Rotary Race Day was held at Rose Hill Race Course in 1991 with proceeds donated to Australian Rotary Health. It became an annual event and has continued for 20 years and appears, in 2011, to have every chance of continuing for another 20.

This spectacular event, now organised by a special committee of Australian Rotary Health, quickly became a “must” on the Sydney racing calendar. Large numbers of enthusiastic and hopeful race-goers attend the exciting and colourful day; which, they claim, with perhaps some slight exaggeration, rivals Royal Ascot and the Melbourne Cup for its display of high fashion.

The race day has contributed more than $400,000 to ARH funds.

**Christmas cards**

No one could claim that marketing Christmas cards is a unique way to raise funds. Countless benevolent associations, service clubs and other bodies have adopted this simple method of turning an honest dollar.

In 1992 Rotary District 9810, based in Victoria, decided to sell Christmas cards as a fund-raiser for Australian Rotary Health at the suggestion of Fred Hay of the Rotary Club of Waverley, a past governor of the district and chairman of the Victorian Community Service Council. Fred had served as an alternate director and had been elected a director of ARH in
1988. The full story of this project, which had its genesis as an idea in Fred's mind when he received a Rotary Christmas card from an overseas friend, would put the histories of some successful businesses to shame if space were available for its inclusion.

The Christmas cards sold in one Victorian Rotary district in 1992 were different from the general run of greeting cards: they were reproductions of some of the great works by Australian artists which had appeared in the book, *Australian Impressionist and Realist Artists*. So successful was this venture in its first year that it was expanded into other districts with the Rotary Club of Waverley Central (now Mount Waverley) in District 9810 accepting management responsibility. Each participating club was credited with a contribution to the Fund for every card sold.

After Fred Hay’s retirement from the board he became so deeply involved in the marketing of cards that he was appointed chairman of sales and delivery with Rotarian Bev Dean as treasurer. Thereafter the annual marketing of Christmas cards was Fred’s continuing personal contribution to Australian Rotary Health. With increased sales each year, this fund-raising effort has contributed more than $700,000.

**Golf days**

Initiated in 2007, the annual golf day and dinner for Australian Rotary Health gained immediate popularity, attracting a large number of Rotary golf enthusiasts and their friends from the three metropolitan and near country Rotary districts centred on Sydney. Held at the beautiful Riverside Oaks at Cattai, it is organised by a special committee and, by 2011, gave every indication of its continuing and growing support by players and sponsors.

**Bequests**

Seeking bequests was another innovation in 2004. Again this is by no means a novel idea, but the board concluded that there must be Rotarians and members of their families who would
choose to bequeath some money to health research through an all Australian Rotary organisation, and devised the now familiar “Where there’s a Will there’s a way” to help health research. The judgement of the board was shown to be correct by the success of the bequest promotion. In five years Australian Rotary Health had received 17 major bequests amounting to $1.34 million; and 52 more people had confirmed that ARH was included in their wills.

Allied to this was the encouragement of donations in lieu of floral tributes to those who had died. A tasteful gift envelope was designed and distributed through district governors.

**Recognition**

To recognise outstanding contributions from Rotary clubs – and to encourage continued support – certificates were presented to those that had contributed $500 per member to the Fund. This was later developed to encourage “$1,000 per member” contributing clubs.

Throughout the 1990s the development of new and effective fund-raising schemes continued unabated; and the growth of support was reflected in the steady growth of the corpus. The board, under the leadership of Bruce McKenzie, set the very ambitious target of $1 million a year, which, thanks to the enthusiasm of the leadership and the generous support of all concerned, was achieved.

“Toss-the-Coin” was a popular and profitable innovation of the ’90s. Not, as its name might suggest, an advanced form of two-up, Toss-the-Coin was a raffle in which the winner was given a free ticket and the privilege of tossing the coin at the opening of the Australian Football League grand final. The winner also retained the special coin. Proceeds were shared equally between the ARH, a nominated charity of the AFL and the Australian Olympic Committee.

The arrangement ended in 2000 when the AFL authorities decided to take over control and re-allocate the proceeds; but it was revived in a different form by John Turner who, as president
elect of the Rotary Club of Prospect, N.S.W., introduced “The Captain's Call” for the same privileges at the Australian Rugby League grand final.

Friends

In 1997, at the Annual General Meeting, veteran Rotarian Kel Carr, who had served as district governor in 1968-69 and had been busily engaged in club, district, national and international Rotary affairs for more than 50 years, advanced a simple proposal to give recognition to those who could never hope to become Companions of the Fund with a donation of $5,000 but who would be pleased to make some lesser contribution. No doubt with the biblical reference to the Widow's Mite in mind, he suggested that those who contributed $100 be recognised as Friends of the Fund. One wonders whether even Kel realised what a goldmine he was opening. Bruce McKenzie, who was chairman at the time, recalled that there was general acceptance of the idea but no one saw it as an initiative of particular importance. However, with the later introduction of Bronze ($500), Silver ($1,000), Platinum ($2,000) and Diamond ($2,500) Friends of the Fund, contributions from “Friends” by 2010 exceeded $2,025,861.

Later the funds contributed through this simple method of recognition were further increased by the progression from “Friend” to one of the higher levels by cumulative donations. Thus those who follow up their original donations of $100 (becoming Friends) with annual gifts of $100 are given the appropriate recognition when their total contributions reach the specified level for Bronze, Silver, Platinum and Diamond.

Later fund-raising initiatives are described in Chapter XII.

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During the mid to late 1990s also there was a little more flexibility in policy to permit the allocation of funds for research outside the limits of the adopted area for each triennium. Thus there were grants for research into such diverse conditions as Ross River virus, spider venoms, diagnostic scan evaluation,
first aid, pre-hospital treatment and emergency care.

In subsequent decades, the concentration of effort on major research areas for longer periods than the traditional three years encouraged greater diversity of funding to meet individual research needs. This was particularly so with the adoption of Mental Health, first as a five year and later an ongoing program.

Another important step was the development of closer liaison with other worthwhile Rotary programs for the promotion of better health, such as Rotarians against Malaria (RAM) and Rotary Bowelscan, resulting in grants for research into malaria and bowel-scan evaluation. This, too, was seen as a likely field of future expansion with the growing number of important health related projects being adopted by Rotary clubs and districts.

Bruce McKenzie remembered that a general invitation to the annual general meetings, held in conjunction with the annual Rotary Institute and previously attracting a limited number of members, resulted in a much greater attendance and a higher profile for Australian Rotary Health. The newsletter mailing list was expanded to include the names of all past district governors so that they could be kept fully informed of ARH programs and, it was hoped, would use their influence to help promote it in their own clubs and districts.

How does one become a member of the Australian Rotary Health Board of Directors?

The process is simple. Prior to the annual general meeting, any member is entitled to nominate a person for service on the board. All members are entitled to vote at the election and the successful candidate is declared elected. Some directors will have served as regional co-ordinators. The possibility is that they were chosen for that assignment after having served with distinction as district chairmen; and the district chairmen are appointed by their district governors.

So those who aspire to serve on the board should first work assiduously in their Rotary clubs, then indicate their willingness to serve at district level, then volunteer for service.
as regional co-ordinators and, finally, accept nomination for election to the board. It is only fair to add that the essential qualifications are a high level of commitment and an exceptional degree of masochism.

Board member Tony Williams from Ipswich, Queensland, admitted that his election to the board came as a complete surprise but that he found it the highlight of his Rotary life, which began in New Zealand in early 1977 and included service as District 9630 governor in 1992-93.

“My arrival at my first board meeting was a complete fiasco,” he said. “Nobody warned me that to get a taxi at Sydney airport was an endurance test. Finally I managed to scramble into one only to find that the venue for the meeting was a stone's throw from the airport. Arriving by now 45 minutes late I proceeded to the eighth floor where I was confronted with huge, ornately carved doors. I tentatively knocked and entered to find but one empty chair at the board table and was met by 12 pairs of piercing eyes. Chairman Bruce McKenzie sighed in exasperation and told me to sit down.”

Despite this experience, Tony thoroughly enjoyed his work as a director, which, in addition to his participation in the decision-making process, took him to Townsville, Cairns, Darwin and Kooralbyn to run regional seminars as well as those in Southern Queensland.

This is a working board, not a talking board. The job is challenging, time-consuming and both physically and intellectually demanding; but it provides opportunities for service which all have found highly satisfying.
CHAPTER IX

The sixth Symposium: Health and the Family
– Associated research

In 1994-95 Chairman Bruce Edwards announced that the next area of research to be funded would be the broad area of family health. He said the board hoped that the research would cover family dysfunction and child abuse, learning disabilities and behaviour problems, youth homelessness, depression, despair and youth suicide, drug abuse and alcoholism.

“Many disorders begin in unhealthy families,” he said. “As the year 2000 approaches it is believed that Rotary, through the Australian Rotary Health Research Fund, can do much towards improving the quality of family life, wellbeing and health.”

Board members pointed out that family health was a logical area of concern to follow the focus of previous research on infants, the elderly and adolescents. Obviously there had been many overlapping research projects funded previously and the focus on the family would provide opportunities for researchers covering a wide spectrum of health problems to apply for grants.

The sixth symposium
Health and the Family

The sixth symposium was held at the Australian National University, Canberra, from May 23 to 25, 1996. The theme was Health and the Family and it was convened by Dr Stephen Zubrick of Western Australia who followed the well-established pattern of inviting three internationally-acknowledged authorities to work with distinguished Australian specialists in a number of disciplines.

The international visitors were Professor James Anglin of Canada, Professor Dina Krauskopf from Costa Rica and Dr
Zarrina Kurtz from the U.K. As usual, the 27 papers presented at the symposium covered a huge range of relevant topics and provided a wealth of new material to ensure keen discussion and extended informal out-of-session exchanges of ideas.

A summary of the proceedings was published in Family Matters, the journal of the Australian Institute of Family Studies, which gave Bruce McKenzie (1996-1998 chairman) an opportunity, in his introduction, to bring this Rotary enterprise to the attention of readers from a wide range of professions, family oriented groups and community organisations.

Arising from the symposium, applications were invited from researchers for the 1996-1999 triennium; and the board, on the recommendation of the research committee, was able to allocate $1,423,500 in grants for 44 large and small projects covering an extraordinary range of investigations [see Appendix III] by an equally extraordinary range of applicants.

**Depression suffered by new mothers in a new country**

Of all the mental and emotional illnesses that are known to afflict people in our society, none, it seems, is more common than the group of ailments generally classified under the heading of “depression”. For that reason a research project in which this illness was studied has been chosen for presentation here. The researcher whose story is briefly told is Dr Rhonda Small, who had been doing some most valuable work with immigrant mothers.

She began her professional life in education research and librarianship and became interested in the welfare of immigrant women when employed in the Victorian women’s Advisory Bureau during the late 1970s. She was involved in a voluntary capacity for several years in the Melbourne-based immigrant women’s health organisation. These involvements led to her vocational change to health research in 1989.

For 18 months she was senior research officer with the Victorian Ministerial Review of Birthing Services before joining the Centre for the Study of Mothers’ and Children’s Health as a
research fellow in 1991.

The principal motivating factors in the development of the Mothers In a New Country (MINC) study were Rhonda Small’s long-standing interest, shared by Professor Judith Lumley, in the health of mothers and children; and particularly their concern for women of non-English-speaking backgrounds, whose voices are rarely heard in perinatal and public health research in Australia.

This, as Dr Small pointed out, left a huge gap in our understanding, because immigrant women comprise a significant minority of all women giving birth. About one in six women having babies in Australia were born overseas in non-English speaking countries.

In association with staff researchers Jane Yelland and Pranee Liamputtong Rice, Dr Small and Professor Lumley undertook an interview based study designed to explore the experiences of Vietnamese, Turkish and Filipino women who gave birth in Melbourne in 1994-1996. Six to nine months after the birth of their babies, 318 women participated in home-based interviews conducted in the languages of their choice, with bicultural/bilingual interviewers.

Members of the research team were interested in understanding immigrant women’s experiences of their maternity care in Australia and also in exploring their subsequent experiences of the first months of motherhood, with a particular focus on maternal emotional health following the birth.

It was this latter aspect of the study – particularly involving the exploration of women’s experiences of depression – that was funded by a grant from the Australian Rotary Health Research Fund.

Previous research conducted at the Centre by Stephanie Brown, Judith Lumley and Rhonda Small had included a Victorian State-wide postal survey of women’s views of their maternity care; which also provided, for the first time, a population estimate of the prevalence of maternal depression.
eight to nine months after giving birth. The combined group of women (all born overseas in non-English-speaking countries) responding to the survey, had a significantly higher prevalence of depression than Australian-born women (24.1% cf 15.4%).

Given that women not fluent in English were less likely to respond to the survey, women of non-English-speaking background were obviously under-represented among respondents. Due to the small numbers in each country-of-birth group, it was not possible to see whether there were any differences in the prevalence of depression in different immigrant groups. Nor was it possible to determine whether the measure of depression used (the Edinburgh Postnatal Depression Scale), which is well validated in English-speaking populations, was in fact cross-culturally relevant and appropriate for immigrant women of non English-speaking background.

The findings, however, appeared of sufficient significance to give rise to concern; and this prompted the researchers to design a study in which these issues could be further explored; with appropriate attention to language and cultural issues in the design and conduct of the study. To this end a reference group, including representatives of the Vietnamese, Turkish and Philippine communities, was formed to advise them. They also consulted mental health professionals in the communities being studied.

Assessing mental health issues in cross-cultural contexts had not been very well developed methodologically; and the MINC study provided an opportunity to evaluate different approaches to such assessment. As Rhonda Small pointed out, there has been ongoing debate about the appropriateness of measuring mental health status using Western diagnostic and classification tools in cross-cultural contexts. This debate hinges on whether or not it is possible for such assessment tools to be successfully adapted so that they capture potential cross-cultural differences in the experience and/or expression of mental health status, while retaining a common core that supports cross-cultural
comparison. The problem is further complicated in the context of immigration. Yet the need to understand the mental health experiences of immigrant communities, and to address mental health problems appropriately, demands creative approaches to the cross-cultural difficulties encountered in mental health assessment.

A combination of standardised assessment and more descriptive approaches that build a picture of how mental health problems are viewed within a particular culture, has been increasingly proposed as the strategy most likely to be helpful.

So the researchers used three approaches to the task of assessing depression in the MINC study, comparing women’s own assessments of their depression problems with the findings on two standardised assessment tools: the Edinburgh Postnatal Depression Scale (EPDS) and the SF-36 (a physical, mental and social health status measure), used in translation.

In addition to this need for caution in the use of Western developed mental health instruments, it is also vital that a particularly careful approach be taken to the translation of such instruments. In order to develop the best possible translations of the standardised instruments they used in MINC, the process undertaken involved translation by a qualified translator; focus group discussion of each translation by bilingual community representatives to assess accuracy, appropriateness of language, and likely acceptability to women from a range of backgrounds within each cultural group; discussion with a bilingual mental health professional (for Turkish and Vietnamese translations); and piloting and comparison of responses to the original translations and the modified versions.

This process identified a number of problems with the translations not likely to have been picked up by the usual process of back translation into English; particularly those issues related to appropriateness of the language and the translation of colloquial phrases.

“The importance of such a careful process cannot be over-emphasised,” Rhonda Small explained, “especially in the area of
mental health assessment; where, for example, the use of terms implying mental illness can be culturally very inappropriate and may lead to an unwillingness to disclose, or refusal to respond altogether.”

The MINC study findings indicated that, with careful attention to the processes of translation and piloting of the standardised instruments, it was possible to measure mental health status in these three groups of women, with a significant degree of congruence in the findings on the two standardised instruments and women’s own descriptions. On all three measures, Turkish women were most likely to be depressed. By way of example, 29% of Turkish, 10% of Vietnamese and 8% of Filipina women scored as depressed on the EPDS. This type of pattern was repeated for the SF-36 mental health findings and for women’s own descriptions of themselves as depressed.

No major problems were encountered, nor problems in the completion of the two standardised instruments by women in these three communities, with very few women unable to be scored on either the EPDS or the SF-36. Nor did women appear to find it difficult to speak with the interviewers about how they had been feeling, despite some commonly held views, encountered at the beginning of the study, that Turkish and Vietnamese women in particular would not disclose emotional health problems.

The importance of social context factors in understanding depression after childbirth in Vietnamese, Turkish and Filipino women was seen to parallel the findings of the researchers’ earlier work among Australian-born women. The factors most relevant were isolation (compounded often by immigration), physical health problems (including exhaustion) and lack of support. The MINC findings thus confirmed the need for interventions which address women’s needs for support, for attention to physical health issues postnatally and for the provision of empathic primary health care by GPs and maternal and child health nurses, who see women so frequently in the weeks and months following the birth of a baby.
“For women who speak little or no English this will require creative strategies,” the researchers reported. “Clearly there is a need for better use of interpreting services by primary health care providers; but in the context of providing care and support around mental health issues for women, then this can only be seen as a very small first step.

“Providing women with people to whom they can turn, who speak their language and can provide a ‘listening ear’ and other support, is a much more complex service delivery issue; but it is one which needs to be addressed, particularly in the context of our findings of markedly raised levels of depression among Turkish recent mothers.”

Rhonda Small’s work, which earned her a doctorate in philosophy, was of considerable importance to the understanding and, as a consequence, the treatment of emotional problems associated with childbirth in non-English-speaking migrant women. Her contribution to the advancement of knowledge was considered especially praiseworthy by the Research Committee because she successfully combined her commitment to her research with the demands of motherhood.

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**Moderating risk factors for young children with Conduct Disorder**  

Is it possible to modify the anti-social behaviour in some young children by mitigating risk factors associated with conduct disorder?

A project at the University of Western Sydney with the objective of moderating risk factors arose from Professor Ken Linfoot’s long-standing interest, shared by some of his colleagues, in the problems experienced by some young children in learning positive social relationships.

Professor Linfoot’s interest was awakened during his early career as a teacher, a school psychologist and, subsequently, as a teacher-educator at Charles Sturt University. As Associate Professor in Special Education at the University of Western
Sydney in 1995, his special interest had been with the problems of school children who had difficulty in learning, especially learning language and literacy skills, or in developing useful social relationships.

“Sadly,” he said, “these problems are all too often linked. The learning difficulties experienced by many children, as they progress through the school systems and later life, are closely tied to their poorly developed social skills.”

He explained that typical social skills needed by five to six year olds include the ability to attend closely to the people around them, to listen and make sense of much of the language they hear, to be able to play co-operatively with their peers, to be able to take turns and share an adult’s attention when necessary, to be able to follow the reasonable direction of parents and other known adults and to be able to deal with real or imagined disagreements with their peers.

Professor Linfoot’s colleagues in this project were Dr Jennifer Stephenson and Dr Andrew Martin who had previously collaborated on work for the Education Department in evaluating a new program on teaching social skills to young children.

They decided to extend that research and investigate the issue from the perspective of parents and teachers, in both school entry and in pre-school contexts. This work showed that most parents and teachers experienced relatively minor frustration with occasional disobedience or naughtiness of children, but that a very small number displayed extremely aggressive behaviour and sometimes cruelty to other people or animals.

As a result they set out to learn more about the origins of those behaviours in the affected children; and also to see whether they could learn more about ways to prevent that behaviour and to deal effectively with it when it did occur.

Fortuitously Ken Linfoot was about to undertake an assignment as Visiting Professor of Special Education at Vanderbilt University, Nashville, Tennessee, USA. Before leaving, he and his colleagues designed the research project
which became the subject of their application for funding from Australian Rotary Health, the focus of which, at the time, was Health and the Family.

The project had two main aims.

The first was to confirm the existence, in very young children, of risk factors which were associated with the extreme form of anti-social behaviour described as Conduct Disorder.

The second aim was to use, as a trial, one particular approach to working with such children and their families to see whether it may have some useful effects.

Ken Linfoot made good use of his time at Vanderbilt by working with eminent researchers, participating in management meetings of research teams and reading the latest reports from research journals in the areas of psychology, education and family studies.

One particular line of investigation of behaviour disorders in young children concerned the “escalating cycle of coercive relationships” described by Gerald Patterson and colleagues. This work describes the way in which parents of a difficult young child can easily find themselves in a battle for the “last word” over some issue and where the voices gradually rise in volume. Smacks may begin and eventually tantrum behaviour results, perhaps leading to sustained smacking by adults. Ken Linfoot said that Patterson’s work had been important in drawing attention to the all-too-easy onset of such coercive cycles in families and to showing how models of positive social-interactive processes can be used as alternatives.

“On my return to UWS I was delighted to learn that our team had been awarded an Australian Rotary Health research grant. We immediately began the detailed planning for implementing the research.”

The research methodology included two main stages, in line with the two aims of the project. For the first, they developed a survey instrument for use with parents of families who had sought assistance from community health centres in the two Area Health Service districts.
The instrument was administered to 80 people agreeing to take part in the study. The purpose was to establish whether there were potential risk factors in the lives of the parents responding to the survey and which were, in turn, associated with the occurrence of difficult behaviours in the their children.

The six risk factors identified from previous literature and assessed, using the survey items in the study, were the child’s behaviour when younger, poor family support, lack of confidence in one or both parents, family worries, economic concerns and personal anxieties.

Analysis of results showed that the risk factors significantly predicted social withdrawal, hyperactivity, aggression and delinquency in the behaviour of these parents’ children.

The strongest risk factor was the child’s early conduct, which predicted subsequent uncommunicative behaviour, social withdrawal, hyperactivity, aggression, and delinquency. Economic worries were the next risk factor for families, significantly predicting hyperactivity and delinquent behaviour.

The second aim of the study had been to consider possible intervention which may have useful effects in relation to the onset of serious behaviour problems. An intervention study was conducted with two groups of pre-school children and their parents. Both groups were involved in the intervention procedures.

“Our intervention consisted of bringing children together with a parent or caregiver in a playgroup setting, in which they were encouraged to use toys which promoted interaction between each parent and child. The objective was to encourage parents to take less control of the toy-playing and the associated verbal interaction with their children but, instead, to respond positively to their children's initiating of the interaction. This approach encourages child-parent communication in functional interaction and develops from the milieu teaching work referred to earlier,” Dr Linfoot said.

To measure the effects of this part of the study, trained observers made careful records of the interactions involving each child-parent couple. In particular, observers noted the initiator of the
interaction, its language component and the degree to which it was friendly or aggressive.

“Perhaps not surprisingly,” said Dr. Linfoot, “most interactions recorded during our presence were quite friendly. What did emerge from this study, however, was a very clear and statistically-significant trend for the interactions to change from parent-initiated in the first few weeks, to child-initiated towards the end. In other words, parents had learned to follow their child's lead in toy play in our settings. They also changed to increasing their own responsiveness to their child's initiations, in contrast to simply ignoring or not noticing this behaviour.”

Very encouraging results were obtained. Moreover, analysis of the data from each of the sites of this study showed no significant differences in the patterns of interaction change.

“Our research team was very excited by the findings and could see many implications for our work with families and in teacher education,” said Dr Linfoot.

“We have been able to establish the existence of important events in the lives of families which are associated with the onset of difficult behaviours in young children.”

He explained that the findings had obvious implications for those involved in public policy development. The work showed that they were able to bring about at least short-term change in the patterns of social-communicative behaviour between young children and their adult care givers. This change was one which could reduce the cycle of coercive family processes observed by other researchers.

“To that end,” he said, “this project has made a small contribution to the developing knowledge in the onset and development of conduct disorder in very young children. My colleagues and I are indeed grateful for the funds that made this research possible.”

For Ken Linfoot the grant had special significance. As an enthusiastic Rotarian he was able to use his experience as a practical example to his professional colleagues of Rotary’s value to the community in the areas of health and education.
CHAPTER X

Mental Illness
Seventh Symposium: Mental Health
Associated research
Community Forums – beyondblue

Mental illness has afflicted humankind from the very beginning of our existence as a species. In some areas, similar disturbed behaviour and functioning has been identified in pre-human primates. Recognition of this has helped us better understand the aetiology of mental illnesses in humans.

Our Neolithic ancestors attempted to cure “madness” with a variety of gruesome treatments, including a primitive kind of trepanning – boring holes in the skull. The ancient Greeks identified and accurately described some common mental conditions, attributing them to humours in the blood or other physiological factors. As such, they were the first to absolve the gods of blame for mental disorders. Demon-possession is mentioned in the scriptures; and in mediaeval times causes of mental illness were thought to range from original sin through lunar influences to evil spirits. The “new learning” in the 16th and 17th centuries led to more humane treatment of individuals with mental illness. These included placing them in lunatic asylums, later called insane asylums, where their lives were more secure than in the general community and, later still, mental hospitals where a variety of generally ineffectual treatments were utilised.

In London, in 1798, just 10 years after the First Fleet arrived in Sydney Cove, Alexander Crichton, M.D., “Physician to the Westminster Hospital and Public Lecturer on the Theory and Practice of Physic, and on Chemistry” published An Inquiry into the Nature and Origin of Mental Derangement, comprehending a concise system of the Physiology and
Pathology of the Human Mind and a History of the Passions and their Effects. The good doctor’s observations and prescribed interventions ranged from the useless to the dangerous; but at least he was trying to be helpful.

It was not until the late 19th century that scientific enquiry joined compassion to bring some more appropriate medical and psychological care to the mentally ill. This was the era in which the names of Freud, Jung and Adler loomed large. Understanding increased rapidly, especially in the latter half of the 20th century, leading to the introduction of more effective treatment programs.

Unfortunately, although knowledge about the causes of mental illness and the effectiveness of treatments have improved during the last century, negative public perceptions have remained largely unchanged.

In World War I a condition called “shell shock” was identified, which, in World War II, was re-labelled “war neurosis”. Sufferers received scant sympathy from those who regarded their illness as weakness. It was not until after the Vietnam War that the new term “post traumatic stress” was heard, with just a hint of sympathy to modify the underlying mild contempt for the victim.

These attitudes reflect the misfortune that has attended those afflicted with mental illness throughout human history: the awful stigma attached to insanity; to madness – a dark veil of fear and loathing based on ignorance and superstition. Only now is a corner of this veil of darkness being cautiously lifted.

Rotary’s first recorded interest in mental illness began in the Rotary Club of Melbourne in 1945, when members became aware of the appalling conditions in a mental hospital and provided amenities to relieve the misery of the patients. From this arose the appointment by the club of a Mental Health Committee, close liaison with the Mental Hygiene Authority of Victoria and formation of the Mental Health Federation of Victoria. This most commendable continuing interest by the Melbourne Rotarians in mental health and their determination
to change public attitudes to mental illness led, in turn, to the formation or re-formation of mental health associations in other States and their progression to the Mental Health Association of Australia.

When Australian Rotary Health (then the Australian Rotary Health Research Fund) agreed to adopt mental illness as its next major area of research funding, the board members did not realise that they were about to change the organisation’s role dramatically, extending its function beyond the funding of worthwhile research to include active participation in community education programs. This would result in new guidelines, an extension of its basic objectives and, ultimately, a new name.

It was in October, 1998, that the research committee recommended to the board that the next area of research be mental illness, beginning with a symposium in May 1999. The committee proposed that, if the board adopted the recommendation, the first round of research grants be made during 2000.

Research Committee Vice Chairman Michael Sawyer offered to convene the symposium and bring together a group described as “the cream of mental illness researchers and professionals” as participants. He also undertook to brief the board members fully on the importance of mental health in the community, introducing Professor Harvey Whiteford and Mr Dermot Casey of the Mental Health Branch in the Commonwealth Department of Health.

Professor Whiteford was able to quote World Bank statistics showing the incidence of mental illness in the community and its enormous economic cost to society. The members were no less surprised than most people to learn that 20% of all Australians (that is one in five), at some time during their lives, suffer some form of mental illness which can range from a mild depressive state, likely to be only minimally disabling, to a major psychosis resulting in lifelong dysfunction with devastating consequences, not only for the patient but also for the whole

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family. They also learned that widespread, entrenched ignorance perpetuates the awful stigma that has dominated public attitudes to mental illness for thousands of years.

The urgent need for extensive research into many aspects of mental illness was recognised by the board; but it was obvious, also, that some kind of public education was necessary.

The board adopted the recommendation of the committee and pledged $5 million during the next five years for research into mental illness and for the advancement of public awareness of this widespread but still largely misunderstood affliction.

To encourage the board to promote awareness of mental illness to Rotarians, the Department of Health made an initial grant of $100,000. The message was also carried to the wider community through a series of radio and television announcements and newspaper and magazine articles. Soon both State and Federal Governments identified themselves with launches of Rotary's mental health awareness programs.

The seventh symposium
Mental Health

Convened by Michael Sawyer, the 7th international symposium was held in Canberra from May 5 to 7, 1999 with an attendance list that might well have been an abstract from a “Who's Who” of Psychiatry. With the theme Rotary and Science in Australia: Evidence, Action & Partnership in Mental Health, it brought together a team of eminently qualified specialists from all States of Australia.

Professor Harvey Whiteford opened the vast subject with an international view of mental health and mental illness; and was able to demonstrate the huge cost of mental illness in human suffering, in social disruption and in money. He emphasised that mental disorders are real illnesses that can be treated and cured or controlled. He concluded by declaring that, “Quite clearly the burden of mental illness in all societies and the importance of mental health in our world are now recognised as issues which can be tackled and are far too important for our
future to be ignored."

Further papers were delivered covering different aspects of each of the broad areas of Depression, Schizophrenia, Infant Mental Health, Child Mental Health, Youth Mental Health; and Prevention, Promotion and Intervention. In all there were 19 papers presented by leading specialists and researchers, opening the array of subjects to thoughtful deliberation and wide-ranging discussion.

At the conclusion of the symposium no members of the Australian Rotary Health board were left in the slightest doubt about the importance to the human family of the task they had set themselves; but some did privately admit to small but persistent nagging doubts about their ability to achieve their objectives.

Had they bitten off more than they could chew?

To fund useful research projects, guided by a highly professional committee of specialists, was one thing; to embark on a program of public education was quite another. However – first things first – the board set about its primary task of allocating funds for research into mental illness, which it was able to do with the efficiency and effectiveness born of experience. It also charged itself with the responsibility, with the advice of the research committee, of choosing the first Ian Scott Fellow for research into an aspect of mental illness.

By mid 2001, apart from the Ian Scott Fellow, 26 researchers had received funding for a variety of projects [all listed in Appendix III], some of which were breaking new ground in mental illness research. Each year, throughout the decade, brought more applications for research grants and an ever-wider range of mental health problems requiring investigation.

Should they drink alcohol?

Professor Gary Hulse of the University of Western Australia, for example, a pioneer in drug and alcohol research and treatment, recognised the importance of knowing the effects of alcohol consumption on people with mental illness, particularly
in view of our well-entrenched culture of social drinking and the growing problems associated with alcohol abuse.

Born in Melbourne in 1956, Gary Hulse completed his secondary education at Donvale High School and graduated MBSc and PhD from La Trobe University. Father of two girls and two boys, he is primarily preoccupied with being a good dad. He also loves kayaking and all water sports, is a keen student of Italian history and culture and embraces all the arts in his wide range of interests.

His concern for those who suffer the effects of alcohol and illicit drug abuse began when he observed the devastating and long-term effects of early addiction.

He was chief editor of two evidence-based clinical alcohol and drug texts published by Oxford University Press, which have been adopted as the standard text for medical training by the Australian Medical Schools [Committee of Deans]. Professor Hulse has a track record of public health advocacy. He previously served on the committees of management for two community-based alcohol & drug services and one hospital board. He currently (2011) chairs the Committee on Alcohol and Drug Education in Medical Schools (CADEMS) for the Committee of Deans (Australia and New Zealand).

Is there a ‘safe’ level of alcohol consumption for people with mental health problems? was the question asked in a study funded by Australian Rotary Health in 2003.

Professor Hulse said that it had been previously shown that, for people with severe mental health disorders requiring inpatient treatment at specialist facilities, even low levels of alcohol consumption regarded as “safe” in the general community, could have adverse consequences such as re-hospitalisation. This had led to a general recommendation that they should totally abstain from alcohol consumption.

The primary objective for this study, he said, was to assess the relationship between alcohol consumption and adverse health in a group of people with “less severe mental health disorders” treated in general hospital psychiatric wards. Of particular
interest were the health outcomes for those with “safe” alcohol consumption levels compared with the outcomes for “non-drinkers” and those with “harmful” or greater levels of alcohol consumption.

In the mid 1990s, as part of an earlier study, Professor Hulse and his research team had screened 1,017 people in general hospital psychiatric wards to determine their level of alcohol consumption. With the help of an Australian Rotary Health research grant, they wanted to find out how all of these people had fared in the intervening seven years. Using the West Australian Linked Health Database to assemble hospital admission and death data on the cohort, they examined hospital records to determine the total number of admissions, admissions with a mental health diagnosis and admissions with an alcohol related diagnosis. They also counted the number of people who had died. These data, combined with information on their level of alcohol consumption, were assessed at the “baseline” hospital admission in 1994-96.

Over seven years there were 15,624 hospital admissions, an average (median) of six per person. By the end of the study 928 people, or 91% of the group, had suffered at least one hospital admission. In addition there were 93 deaths, including 31 suicides.

The WA Linked Health Database identified 1,015 of the original participants. From their alcohol use at baseline they were classified by the research team in four groups: alcohol dependent (31), harmful alcohol use (114), “safe” alcohol use (621), abstinent (249). The average age was 40 years and 585 were women.

It was found that those with higher levels of alcohol consumption had more mental health admissions than those classified as safe or abstinent. Notably, the safe group had the longest survival time (899) days followed by the abstinent group (832 days) and the harmful group (745 days).

The total number of alcohol related admissions was positively related to the level of alcohol consumption. The “survival” times
to first alcohol-related admissions followed the predicted pattern, with the abstinent group having the longest (2423 days) and the dependent group the shortest “survival” time (598 days).

In the first year of the study, 65% of people had at least one hospital admission. The safe group had the longest “survival” times to first admission and both the safe and abstinent groups had significantly longer “survival” times than the harmful or dependent groups.

Over a seven year period, the researchers investigated hospital admissions and deaths in a group of persons with “less severe mental health problems” who were categorised according to their level of alcohol use at baseline. Overall, they found that those with alcohol dependence had worse health outcomes than the remaining groups, but that there was a high level of morbidity in all groups, with more than 90% of participants having at least one hospital admission during this time.

“Of particular interest,” said Professor Hulse, “was the possible difference in morbidity between those with safe levels of alcohol use and non-users (abstinent group). We found no evidence to suggest that those using moderate or “safe” levels of alcohol were more likely to have mental health or general health hospital admissions than were those abstaining from alcohol. In terms of total number of admissions and total length of hospital stay, there were no significant differences between the two groups.

“Furthermore, ‘survival’ time to either first mental health admission or first hospital admission was similar for the two groups. It was only with respect to alcohol related morbidity that those in the abstinent group had better outcomes (longer ‘survival’ times and fewer admissions) than the safe group.”

Professor Hulse said that it has been previously shown that people who have been mental health inpatients have a greatly increased risk (10 times) of suicide compared to the general community. Therefore, the large number of deaths in this group, although distressing, is not surprising.
“However,” he said, “it does show that hospital discharge planning and community support strategies are still inadequate following inpatient treatment.”

Although the participants were described as having “less severe mental health disorders”, the degree of seriousness was not assessed; but all of them were admitted to a general hospital psychiatric ward at “baseline”. This group was likely to differ from those treated in specialist mental health facilities and those who need only community based care.

The results of this study suggested that the reaction to alcohol for people with less severe mental health disorders is more similar to that of the general population than it is to that of those with severe mental health disorders.

“Thus,” Professor Hulse said, “while doctors or mental health professionals will still advise individual patients not to consume alcohol – for example where there are dangers of interactions with medications – and will treat concurrent alcohol disorders, there appears to be no evidence to support a general recommendation of abstinence from alcohol for people with less severe mental health disorders.

“There was some evidence (longer ‘survival’ times for example) of a protective effect of safe alcohol consumption. However, this should be interpreted with great care; any benefit may result from other external factors, such as better social support networks rather than being a direct effect of moderate alcohol consumption.”

The implications of the study, the research team concluded, were (i) that health professionals need to identify and treat alcohol use disorders in those with less severe mental health problems, given the increased level of morbidity in these persons compared with safe or non-users of alcohol; and (ii) that better post-discharge support programs were needed for all psychiatric inpatients.

**Community awareness**

In the long history of Rotary it has been shown, again and
again, that all the major innovations in the movement, all the
great and far-reaching programs, all the significant projects, all
the important initiatives began with one simple idea in the mind
of one Rotarian. It was so with the very birth of Rotary, when
Paul Harris conceived the idea of a simple little fellowship club.
It was so when an unremembered member of the Rotary Club
of Chicago suggested that their comfortable little friendship
group should engage in a community service project and
changed Rotary from a social club to a service club movement
that would encircle the globe. It was so when Sir Clem Renouf
dared to dream about worldwide co-ordinated programs to
promote health, relieve hunger and advance human welfare,
thus giving Rotary clubs the opportunity to work together on
programs of world significance such as PolioPlus, as well as
individually. It was so when Ian Scott had the impudence to put
forward his idea of raising two million dollars for research into
cot death. It has been so in every Rotary club and, no doubt, in
every other association in the wide world every time a project,
large or small, has been adopted. No matter how many help to
implement and promote it, develop it, refine it and even devote
their lives to it, it began when one person had an idea.

Dr Ian Fitzpatrick of the Rotary Club of Mosman, N.S.W., a
retired general practitioner, was involved in local community
services and was a member of the Seniors Safety Committee, in
which capacity he had become aware of a significant number of
suicides among the elderly. This reinforced a growing concern
for the mentally ill, first implanted in his consciousness during
his many years as a family doctor. It also strengthened his
conviction that more should be done about public education to
remove the stigma attached to mental illness.

When he attended the conference of Rotary District 9680 and
heard Ted Atkinson’s announcement that $5 million was to be
allocated over the next five years for mental illness research and
public awareness, he decided that his Rotary assignment as
community service director offered him a Heaven-sent
opportunity to promote community awareness of mental illness.
He telephoned Joy Gillett, requesting that the board join forces with the Rotary Club of Mosman and local mental health service providers in a community forum. The board had no hesitation in acceding to the request and, on 6 April, 2000, a highly successful forum was held at Mosman.

The forum was chaired with courtesy and sympathy by Sally Loane, popular broadcaster and journalist, then with 702 ABC Sydney, who commented later that the participation of local people in such a gathering was clearly an effective way to promote community awareness and was more likely to attract local media interest than occasional news releases.

Sally Loane was an inspired choice as moderator, evident in her responsive handling of the issues raised in discussion. She demonstrated, perhaps unwittingly, the importance of choosing a moderator with the appropriate skills and sensitivity.

The forum was attended by a collection of eminently-qualified speakers who presented a variety of aspects of the subject, from personal experiences of mental illness to care, treatment, rehabilitation, education and the modification of community attitudes. Chairman Terry Edwards, Past Chairman Ted Atkinson, Manager Joy Gillett and other board members were interested and fascinated observers.

The formal presentations were followed by a lively discussion and question time; and one outcome of the forum locally was the formation of an awareness and anti-stigma group through Mosman Community Services.

The forum captured the imagination of the board members. It was clear that here was a highly effective means of bringing the mental health message to the people and to complement the newspaper, radio and television announcements now being professionally produced.

Here was a vehicle to provide for community education and information imparted by those who had personal experience of mental illness and by known authorities, as well as for wide community participation. The board agreed to formalise a forum program as a major part of the aim to promote mental
health through community awareness.

Board members went back to the Commonwealth Department of Health and talked to Mr Dermot Casey about the extension of the plan for community forums throughout the length and breadth of Australia. Mr Casey was impressed; and the happy consequence of their discussions was Government funding of $262,000 over two years to employ a co-ordinator of forums which would be organised by Rotary clubs and also to produce a series of television announcements.

They hoped that a community forum could be held in every local government area in Australia; but when it was realised that this would involve more than 600 forums it became obvious that either additional funding or curtailment of the program would be necessary.

A request for assistance was made to beyondblue, the recently-formed “national depression initiative” headed by former Victorian Premier Jeff Kennett. The result was a partnership forged with beyondblue; and immediately community forums were planned with the participation of more than 100 Rotary clubs.

beyondblue the national depression initiative, was established by the Federal and Victorian Governments to make a contribution in the field of depression. Its “Vision” is stated as “A compassionate society that seeks to prevent depression and in which suffering as a result of depression is reduced through effective responses, co-operation and participation”; and its “Mission”: to “Reduce the prevalence, risks for and the impact of depressive disorders, and increase the capacity of the Australian community to deal effectively with depression.”

Because the first priority was to increase community awareness of depression, the advantages of a partnership with Australian Rotary Health in the encouragement of community awareness were obvious.

The format and structure adopted for the community forums, subsequently conducted Australia-wide, was basically the same as that developed for the first forum at Mosman. It proved
remarkably effective.

The board hoped that, with the help of local Rotary clubs and the co-operation of civic authorities and health professionals, every community in Australia would be given the opportunity to understand this distressing malady in all its many guises; for it is understanding that diminishes the ancient prejudice against the mentally ill; prejudice arising from deep-seated fears, bred in ignorance and superstition; prejudice that adds to the anguish of the sufferers and retards their recovery.

The ambitious target of 600 community forums was not modified and each succeeding board endorsed the decision. By 2002 Chairman Denis Green happily announced that, 84 had been held, 45 had been organised and 175 more Rotary clubs had shown interest.

In the process of mounting their own forums, many clubs were forming new alliances within their communities. In Roma, Qld., the club worked with Anglicare Mental Health Service, while the Rotary Club of South Sydney, NSW, and the South Sydney Uniting Church combined forces to organise a forum. After successfully organising its forum, the Rotary Club of Port of Townsville arranged another for local GPs with strong support from health authorities.

In 2002, two forums were organised for Members of Parliament: the first in June at Australian Parliament House in Canberra and the second in the NSW Parliament in October. Both were well attended and resulted in high praise for Australian Rotary Health.

In 2003 the Department of Community Services national office in the ACT asked that a workplace forum be conducted for its staff. Held in December of that year, this forum gave more than 60 interested public servants the opportunity to learn, first-hand, from clinicians, carers and consumers about the difficulties faced by those of their clients who were afflicted with a mental illness.

Other workplace forums were held that year at the Department of Agriculture in Orange, NSW; Incitec Pivot;
NSW Road Transport Authority, Sanitarium Health Foods and the Transport Workers’ Union; and in the following year at the Rural Lands Protection Board and the Wynnum Chamber of Commerce.

Community forums, as well as those arranged for schools and in workplaces, were to continue until 2009, by which time more than 100,000 Australians had learned a little more about mental illness and the steps that might be taken to help sufferers.

Responsibility for the further extension of community awareness was assumed, in 2010, by the Mental Health First Aid workshops, referred to in Chapter XIII.

Long before the projected five year mental health program concluded in 2005, Rotary’s Centenary year, it had become obvious to all members of the board that the need was still urgent for mental health research and extension of public awareness. The work, to date, had been of considerable importance but the outcomes had uncovered even greater needs to be met. It was the unanimous opinion of the board members that the mental health program should continue; however, they decided to seek further information and advice. Accordingly a workshop was held in April 2004, attended by members of the board, the research committee, beyond blue and key figures in mental health – clinicians, researchers, carers and consumers.

Following the deliberations at the workshop, Chairman John Ranieri announced that mental health would remain the principal area of research, initially for a further three years. In the light of subsequent experience, of course, it continued beyond the suggested triennium and continues to this day; and there is every indication that it will continue indefinitely.
CHAPTER XI

Fellows, Scholars and their research projects

The practice of awarding fellowships and scholarships named in honour of patrons, benefactors or distinguished leaders is by no means unique, but the awards are no less valued because of the lack of originality. Australian Rotary Health has adopted this means of honouring the service of worthy members while providing research funding to outstanding candidates.

At the 16th Annual General Meeting, which was held in Canberra on November 19, 1998, Fred Hay, a former director, suggested the adoption of some enduring recognition of the founder of the Australian Rotary Health Research Fund, Ian Scott, in the form of a scholarship. No resolution was recorded, but it was remembered by those present that the proposal met with unanimous approval and was referred to the board for consideration.

At the conclusion of the meeting, Chairman Ted Atkinson called the board together for a short extraordinary meeting, at which it was resolved “...to establish ‘The Ian Scott Post-Doctoral Fellowship’ and allocate funds on an annual basis”. This was later amended to include post-graduate doctoral candidates; and subsequently it was changed again to “The Ian Scott PhD Scholarship”.

The fellowship would be tenable for one year initially, but with renewal, on application and subject to satisfactory progress, for a further two years. For the convenience of the scholar and for more efficient management, the scholarship would be administered by the university or other institution at which the research was to be carried out.

Because the decision had been made to adopt mental illness as the area of research for the next triennium – and beyond –
it was agreed that the first Ian Scott Fellow/ Scholar should be someone engaged in an important research project in this field.

Applications were invited and received from all states; and the research committee was faced with the unenviable task of short-listing three of the 15 candidates, most of whom were exceptionally well qualified and presented projects worthy of support. Then, to make their task even more difficult, the committee members were required to interview those three and recommend just one to the board.

The inaugural recipient of the Australian Rotary Health Research Fund’s Ian Scott Fellowship for research into mental health was Caroline De Paola who was undertaking research in Psychology for her Doctorate of Philosophy at the University of Melbourne. She was based at the Department of Clinical Psychology in the Austin and Repatriation Medical Centre under the supervision of Professor Jeannette Milgrom. Her research involved developing a screening tool that would accurately identify families at risk of parenting problems; and then, for the families so identified, to facilitate appropriate referrals so as to avoid what she described as the “negative outcomes” that can result from poor parenting.

By the time she had completed the first year of her research many families already had been assisted through Caroline’s research. Some 600 women had been screened and those found to be in need of assistance during this process were appropriately referred; so that the children of these families at risk were given a more positive opportunity to develop and thrive within their families.

Unhappily, for health reasons, Caroline de Paola was forced to defer completion of her research so that, though the first to receive an award, she was not the first to complete the program. It seemed, for some years, that she would have no alternative but to abandon her project, especially when marriage and family responsibilities were added to other considerations; however, encouraged by Professor Milgrom, she persevered
and, in September, 2010, the board was delighted to receive the welcome news that Caroline Murphy (nee de Paola), mother of three and now living in the USA, had been awarded the degree of PhD by Melbourne University.

**Williams Syndrome – too friendly to be safe**

The first Ian Scott Scholar to complete her research leading to the award of a PhD was Dr Melanie Porter. With a First Class Honours Degree and a Master’s Degree in neuropsychology from Macquarie University, she was a highly qualified candidate.

A native of Sydney, Melanie Porter attended Holy Spirit school at North Ryde and Monte St Angelo College. Her recreations were ballet dancing and painting and her principal sport was tennis. Her interest in psychology began at school when she was moved to wonder about the different responses of people to similar circumstances.

She went from school to Macquarie University where she graduated BPsych (Hons) and followed up with a Masters in Clinical Neuropsychology.

For her research as an Ian Scott PhD Scholar, Melanie Porter investigated Cognitive and socio-motion abilities in Williams Syndrome, autism, Asberger’s Syndrome and Down Syndrome. The main focus was Williams Syndrome (WS) – a genetic condition.

“Imagine thinking that everyone in the world is your friend,” said Dr Porter. “This is a common belief in Williams syndrome, a rare genetic disorder characterised by intellectual impairment, an over-social and extremely friendly personality and physical and psychological difficulties, including characteristic ‘elfin-like’ facial features, heart abnormalities, high levels of calcium during infancy and high levels of non-social anxiety.”

For 10 years Dr Porter had explored cognitive, social and psychological functions in a group of more than 90 people with WS. Rather than using the typical methodology, which focused
on group averages, she adopted a case study approach. She challenged the notion of a universal neuro-psychological profile associated with this syndrome and found evidence to suggest cognitive and clinical heterogeneity within the syndrome.

Following her findings, she and Dr May Tassabehji (Reader in Genetic Medicine at Manchester University, UK), also established genetic variability in this group of people. Moreover, there appeared to the researchers to be a relationship between genetic and neuro-psychological features of the disorder.

WS is associated with a deletion of tiny parts of an elastic material in the fibrous protein of a particular chromosome. The researchers were able to measure the variations in these deletions and compare them.

Dr Porter and Dr Tassabehji collected blood samples from the large group of individuals with WS and their parents. Immortalised cell lines were established and DNA was extracted. Genetic analysis was conducted to work out which genes were deleted. The information was then used to map the inheritance of parental alleles, and to determine the extent of the WS deletion in each participant.

Results suggested variability in the deletion size across individuals; much greater variability was found than reported previously.

Preliminary results showed a clear relationship between the size of a person's genetic deletion and their cognitive and psychological profile.

Dr Porter’s collaborator, Prof. Hammond (University College London) had also collected 3D face images to explore the distribution of abnormal facial characteristics in this WS cohort. There appeared to be heterogeneity in facial characteristics associated with WS, along with cognitive and genetic variability.

Brain imaging and a neurological examination were under way in 2010 to explore individual variability in brain structure.
and brain function, which could then be correlated with detailed neuropsychological and genetic abnormalities.

Dr Porter said that this research (still proceeding in 2011) would assist in our understanding of the role of genes within the Williams syndrome critical region and how these genes relate to brain and cognitive development.

The research highlighted the importance of multidisciplinary research and the benefit of adopting a case-study approach.

Dr Porter subsequently worked as a clinical neuropsychologist and researcher at the Children’s Hospital in Westmead, NSW, and also at the Macquarie Centre for Cognitive Science at Macquarie University.

Following her success as an Ian Scott Scholar Melanie Porter completed further research as the inaugural Australian Rotary Health Geoffrey Betts Post Doctoral Fellow.

Since the Ian Scott Fellowship was instituted, 29 outstanding young people have been selected to continue their research under this program, now known as the Ian Scott PhD Scholarships. In 2011, 12 Ian Scott Scholars were being supported.

**Post-Doctoral Fellowships**

The award of scholarships named in honour of persons whose service Australian Rotary Health chooses to recognise did not stop with the Ian Scott Scholarships. Encouraged by the success of this award, the board decided to establish further awards, named to honour the first three chairmen of Australian Rotary Health – Royce Abbey, Geoffrey Betts and Colin Dodds.

The Royce Abbey Post Doctoral Fellowship, was initially awarded in 2003 to Dr Maree Abbott of Macquarie University; and Royce Abbey made a special trip from Melbourne to make the formal presentation at a meeting of the Rotary Club of Sydney. Dr Abbott was awarded the three-year fellowship to continue her research into the effectiveness of mindfulness training in the treatment of generalised anxiety disorder.
This was followed by post doctoral fellowships named in honour of Geoffrey Betts (2005) and Colin Dodds (2006).

These fellowships are eagerly sought by researchers and it is no exaggeration to say that the selection of Fellows from the numerous candidates is an unenviable task for the research committee, such is the high quality of applicants and the unlimited variety of research projects proposed. By 2011 Australian Rotary Health had supported seven Post-Doctoral Fellows.

The emphasis on mental health did not signal the neglect of other fields of research and, throughout the years, after 2001, Australian Rotary Health continued to support research into numerous health and health-related areas. [See Appendix III]. Many Rotary clubs, however, while fully aware of the urgent need for mental health research and education, still wished to see more funding of research projects in which they had a particular interest.

Out of this desire by clubs and districts arose the Funding Partners program, in which a Rotary club or district and Australian Rotary Health share the cost of providing a research project or a PhD scholarship. Funding partners and the later Corporate Partner program, adopted in 2007, are discussed in Chapter XVI.

**Treatment of anxiety**

The first Royce Abbey Post Doctoral Fellow, as mentioned above, was Dr Maree Abbott, of Macquarie University.

Brisbane-born but raised in Campbelltown near Sydney, Maree Abbott’s interest in psychology began in school when she found herself the unintended confidante of fellow students with problems and realised that she was destined for one of the helping professions. She majored in Psychology and Modern History at the University of NSW, taking her PhD and adding a Master’s Degree in clinical psychology at Macquarie. Her interests, now somewhat circumscribed by the demands of a lively two-year-old son, include theatre and visual arts, and in
sculpture in which she finds an outlet for her creative abilities.

Her first association with Rotary was when she was selected for a Rotary Youth Leadership Award in her late teens and thoroughly enjoyed the RYLA experience.

Dr Abbott’s research project was Assessing the effectiveness of mindfulness training in the treatment of generalised anxiety disorder.

Some 400,000 adult Australians a year are affected by Generalised Anxiety Disorder (GAD), which is characterised by excessive and uncontrollable worry about a variety of life matters. These may include family, relationships, money, health, employment and even politics and world events. Sufferers frequently report associated symptoms, such as irritability, fatigue, muscle tension, sleep problems and poor concentration. Some also have social phobias.

“Previous research,” Dr Abbott said, “had shown that most sufferers do not seek help from mental health professionals; and those who do so often delay their first consultation for up to a decade after they first experience symptoms.

“This is particularly concerning, given that GAD has an early age of onset and a chronic course and is unlikely to remit without substantial treatment.”

Also GAD can be a financial burden on the sufferer or the taxpayer because of its high health care costs.

She explained that, unfortunately, there was strong evidence that the traditional treatments, at that time, were not especially effective. A leading researcher in the field had reported that, after 16 years of concerted effort, behavioural and cognitive therapy had failed to bring more than about half the clients back to within normal levels of anxiety. Moreover treatment outcomes had not improved by spending more time on individual treatment components. Therefore leading experts in the field had called for the development and evaluation of new approaches for helping people with anxiety disorder.

Dr Abbott’s research project aimed at improving treatment outcomes for sufferers.
People with GAD were recruited to the project and randomly assigned to one of three groups – cognitive behavioural therapy, mindfulness training or a waitlist control group. Participants were assessed with diagnostic interviews and self-report questionnaires of relevant symptoms at three time points – before treatment, after treatment/waitlist, and six months after treatment (for those in the two active treatments). All participants in the waitlist control group were treated at the end of the waiting period.

The research was conducted over three years at Macquarie University and achieved many important milestones.

Cognitive-behavioural treatment teaches people realistic thinking skills and how to challenge negative beliefs that help to maintain their worrying. They also learn to face situations that cause fear or worry in a gradual, step-by-step way.

The mindfulness program teaches clients attention training skills, so that they can bring their attention back to their present experience rather than always worrying about the possibility of some future calamity. Clients are introduced to a range of meditation exercises that help them practise awareness skills and refocus their attention back to their present experience.

In the research project both treatments were run by experienced clinical psychologists, conducted weekly over three months. The treatments did not involve medication. Over the three years 100 participants were recruited, making the treatment outcome trial one of the largest in the world for general anxiety disorder.

Treatment outcome was assessed across a range of variables including diagnostic severity, the proportion of participants in each condition who were diagnosis-free following treatment and scores on self-report symptoms measures.

As expected, the waitlist condition showed no change from pre to post treatment. The two active treatments showed comparable change with significant reductions in symptomatology from pre to post treatment. Significantly more
participants were shown to be diagnosis free following treatment relative to waitlist. However, an important difference between active treatments emerged: that is, a greater proportion of participants were found to be diagnosis free following mindfulness training compared to cognitive behavioural therapy. This pattern of data was also found for participants’ self-reported depression scores, with mindfulness training having a significantly greater effect on depression levels than cognitive behavioural therapy.

This research resulted in a number of highly significant implications in improving outcomes for sufferers and in providing enhanced treatment options for health professionals:-

Cognitive behavioural therapy and mindfulness training produced larger gains than currently available treatments and resulted in lower attrition rates.

Cognitive behavioural therapy and mindfulness training programs employed in the study showed mean diagnostic severity rates in the non-clinical range.

Mindfulness training was superior to cognitive behaviour therapy in producing greater diagnosis-free rates and lower depression scores.

These results provided a strong evidence base for mindfulness training in the treatment of GAD and supported its efficacy as a treatment that targets anxious symptomatology as well as having a significant effect on depression rates for people with GAD.

The project provided two validated and successful treatments for GAD for health professionals. Both resources are available as published manuals.

The results of the research were disseminated to other researchers and clinicians at national and international conferences, keynote addresses, clinically focussed seminars and workshops. Feedback was extremely positive.

The programs are now used at a number of specialist units for treating GAD including the Macquarie University Anxiety...
Research Unit, Sydney University Psychology Clinic and the Clinical Research Unit for Anxiety and Depression at St Vincent's Hospital, Sydney.

The results of this research were submitted to high quality peer review journals. The approaches and preliminary data were also published in a book chapter. In addition, a number of smaller projects were conducted (including student research) into the nature of GAD and these results were also published.

The reduction in both life interference for sufferers and health care costs for the community are direct results of these successful treatment interventions.

After this important contribution to the understanding of anxiety disorder and the effectiveness of treatments, Dr Maree Abbott continued her research at Macquarie, later moving to Sydney University as Senior Lecturer in the Department of Psychology, teaching and extending her research interests to include social phobias, perfectionism, procrastination and child anxiety disorders.

Social difficulties in children

As mentioned earlier, the first Geoffrey Betts Post Doctoral Fellow was Dr Melanie Porter, whose research project was The Assessment and Treatment of Social Difficulties in Children.

This research investigated normal social processing and social processing impairments.

Social processing deficits are common in both developmental disorders (such as autism or schizophrenia) and in acquired disorders (e.g. following traumatic brain injury or brain tumours). The aim of this project was to develop a model of social processing and to design and evaluate assessment tools and intervention programs relating to specific social processes outlined in the model.

The model, assessment tools and intervention programs were used to identify and treat social processing deficits in patients, from the Children’s Hospital at Westmead, who
displayed day-to-day deficits in specific social functions such as emotion recognition or social reasoning.

Individual patients were assessed on a range of social processing measures. If social processing impairments are identified, an individually-tailored treatment program was designed, implemented and evaluated.

Melanie Porter’s research continues and she has a most impressive list of published works.

*Toddlers without Tears*

The first Colin Dodds Post Doctoral Fellowship was awarded to Dr Jordana Bayer of the Murdoch Children’s Research Institute for a project in 2007-2010 and which, at the time this story was published (2011), was still ongoing and planned to continue until 2014.

Born in Adelaide in 1969, Jordana Bayer was educated at Unley High School, Adelaide University where she gained a BA (Hons) degree in Psychology; Flinders University, at which she took a Master’s degree in Clinical Psychology; and Melbourne University where she was awarded a PhD. Before moving to Melbourne she worked as a clinical psychologist at Flinders Medical Centre.

Always interested in human mental processes, she found the genesis of mental illnesses intriguing; and her curiosity was reinforced during her clinical and research work; hence her preoccupation with the behaviour patterns of very young children and the place of early intervention in the prevention of later mental illness.

Dr Bayer is not entirely immersed in her profession, however. She does find time for horse-riding and golf, loves great literature, enjoys theatre and is an habitué of art galleries.

The research project for which she was awarded the first Colin Dodds Post Doctoral Fellowship was titled A combination of universal and targeted, versus a targeted approach to prevention of early childhood mental health problems: a population-based cluster randomised trial.
Based on the known contributors to child behaviour problems, Dr Bayer with Dr Hiscock (a paediatrician) and the MCRI research team, in partnership with Victoria’s Parenting Research Centre and Maternal and Child Health nurses, developed a brief, two-session parenting program titled Toddlers Without Tears. This was intended to prevent child mental health problems by addressing the parenting styles known to contribute to the development of these problems, such as harsh discipline and inappropriate expectations of a child’s performance.

Dr Bayer said that it is now known that many adult mental health problems can be traced back to childhood. Children's mental health problems are primarily externalising and internalising problems. Externalising problems include aggression, oppositional defiance, and conduct disorder. Internalising problems include anxiety, social withdrawal and depression.

Externalising and internalising problems occur at clinically severe levels in one in seven (250,000) Australian children; and a quarter of children with problems experience both.

Persistence of such problems is associated with child social, emotional and educational costs. Short-term costs can include difficulties with peer interaction, learning, clinical treatment, and family stress. Long-term costs can include school dropout, substance-abuse, family violence, sick leave, unemployment, criminal justice services, and sometimes suicide.

Up to 50% of behaviour problems that arise in the pre-school period can persist through the primary school years; and then on into adolescence and adulthood. This makes pre-school behavioural problems the single strongest longitudinal predictor of later mental health problems.

Jordana Bayer with the research team devised a controlled trial to test the effectiveness of the program. Families were systematically recruited from low, middle and high socio-economic populations. All key participation rates were extremely high for a population intervention.
Analyses found that intervention parents of children aged two years were significantly less likely to report harsh discipline parenting (i.e., yelling, hitting) and unreasonable expectations of child development. Child behaviour scores, however, were similar in the two groups, suggesting that this intervention alone would not prevent externalising behaviour problems.

Internalising problems typically emerge later than externalising, so were not the focus of the original two-session program. The research team therefore developed and piloted a third group session to be delivered when children were two years old, focusing on reducing over-involved/protective parenting and thence internalising problems.

Pilot results were very positive, with parents reporting that strategies were useful for managing child anxiety and distress, encouraging ‘brave’ child behaviour, and managing anxious and depressive thinking in parents.

Dr Bayer, with the MCRI team, found that the key predictors of developing behavioural and emotional problems in the preschool years were harsh discipline and parent stress. They also discovered that a brief anticipatory guidance program, delivered in universal primary care, was not sufficient to prevent these problems developing.

This knowledge informed the new population trial for children’s mental health. In a controlled trial involving 1,500 families, they evaluated the effectiveness, costs and uptake of two approaches to the prevention of child mental health problems: a combined universal (Toddlers Without Tears) approach and a targeted (The Family Check-Up) prevention approach (developed in the USA by Professor Shaw), and (b) the targeted approach alone.

The Family Check-Up program targets families facing socio-economic stress, toddler behaviour problems and family risk (e.g. maternal depression, adolescent parent-hood).

The researchers hypothesised that each of the combined universal-targeted approach and the targeted-only approach would be more effective than current primary care services; also
that the uptake or population reach of the targeted prevention component for families, where the child is at risk of behavioural problems, would be greater under the combined universal-targeted approach than under the targeted only approach.

Dr Bayer declared that, at the public health level, any prevention approach needed to demonstrate sufficient risk reduction across the population to justify dissemination.

“This new population trial of early prevention can significantly advance the knowledge base for mental and public health disciplines,” she said.

“Determining the relative risk reductions against their costs for both the ‘combined’ and the ‘targeted only’ strategies can provide Australian policy makers with the information they need regarding dissemination at the population level.”

It is expected that this trial will contribute to child mental health by providing policy-makers with a replicable, feasible, cost-effective approach suitable for the Australian health care system.

Dr Bayer said that maternal and child health nurses are approaching parents to ascertain interest in participating in the new prevention trial.

“In 2011-12 maternal and child health nurses will receive training in and deliver the Toddlers Without Tears parenting program to parents. ‘Universal prevention’ nurses will receive training to deliver the Toddlers Without Tears parenting groups, using adult educational strategies including modelling, role-play, and feedback and facilitated by our training manual, parent video and handouts. ‘Universal prevention’ nurses will run parenting groups when children are aged 15, 18 and 24 months, using hand-outs, group discussion, role-play and video-vignettes. Group sessions will be co-facilitated by parenting experts to support nurses and maintain program fidelity,” she said.

“In 2012 psychologists will receive training in The Family Check-Up program. Families will be identified by their questionnaires as at risk if they display child or parent mental
health problems at the children’s age of two years.

“A trained psychologist can then visit each family to discuss the family’s strengths and risks and will then offer the parent further sessions to help with difficulties according to family need – parenting practices, parent depression, co-parenting, child care resources, housing, vocational training.”

Dr Bayer said that, in 2013-15, follow up evaluation questionnaires for the trial would be completed by parents. If the results of the trial demonstrate that one or both preventive approaches prevents mental health problems developing in Australian children at age three to five years, the research team can move towards making the program available for families across the State of Victoria.

This study was the first to quantify ongoing risks of mothers’ stress and parenting practices from infancy to preschool.

In 2008 the population level findings on the aetiology of early childhood mental health problems were published in the illustrious Journal of Child Psychology and Psychiatry and are helping develop family support programs to reduce behavioural and mental health problems in children. The findings attracted wide media attention.

“Effective and cost-efficient population approaches to preventing mental health problems early in childhood are urgently needed. These programs need to support parents in reducing personal stress as well as negative parenting practices,” said Dr Bayer.

The results from Dr Bayer’s research were published and also released to the media. Trial outcomes of the Toddlers Without Tears parenting program were published in the British Medical Journal and taken up nationally and internationally in print and electronic media.

Dr Bayer published more than a dozen articles on children’s mental health during her postdoctoral fellowship. She indicated that future publications for the current prevention trial were planned for 2013-14.
CHAPTER XII

Promotion – Safari – Bike Ride
peddlers, paddlers, adventurers and others

Promotion and fund raising remained, throughout the first decade of the 21st Century, major preoccupations of the board. Some of the early and continuing public relations and fund-raising activities, such as the very successful annual race day, are described in earlier chapters.

Australian Rotary Health, of course, continues to depend for the major part of its revenue upon the constant support of Rotary clubs and the goodwill of members; but the board recognised that it would be unfair and unwise to take this support for granted. Members were well aware, as Chairman John Ranieri reminded them in 2004, that they must demonstrate their own enthusiasm by regularly dreaming up original and imaginative fund-raising and public relations initiatives.

To show that their appreciation of support from Rotary clubs in remote locations was no less than from those in metropolitan and the larger regional centres, Chairman Denis Green and CEO Joy Gillett, in August, 2003, ventured into the Outback with a Rotary Down Under team in two Beechcraft Bonanza aeroplanes piloted by members of the International Flying Fellowship of Rotarians (IFFR), Alan Grady (a past governor of District 9690 and ARH Director) and Mike Scarce (past president of the Rotary Club of Camden, NSW.) They visited Rotary clubs in Bourke, Tennant Creek, Kununurra, Broome, Port Hedland, Karratha, Carnarvon, Geraldton, Kalgoorlie, Port Lincoln and Broken Hill. They were received with typical country warmth and assurances of continuing support. The IFFR subsequently donated $10,000 for health research.
In 2005, to remind Rotary clubs throughout the land of their opportunity to support health research and education and to encourage them to adopt that support as an annual commitment, the ARH Board presented a perpetual trophy to each Rotary district for presentation, by successive district governors, to a club in recognition of noteworthy initiatives or support.

Recognition of those who donated $5,000 and $10,000 as Companions and Gold Companions was enhanced in 2006 by embedding in the Gold Companion lapel badge an emerald for contributions of $20,000, a ruby for $50,000 and a diamond for $100,000.

The Rotary Health Safari

With the triple aim of promoting Australian Rotary Health, advancing public awareness of mental illness and encouraging individual and corporate generosity, the great Rotary Health Safari was launched on the day of Rotary’s centenary, 23 February, 2005, by the then Australian Minister for Health, Mr Tony Abbott.

The speeches were preceded by the spirited strains of toe-tapping syncopation from a jazz band that would have been a credit to musicians who might have accompanied Rotary’s birth in 1905; and a traditional smoking ceremony and “welcome to country” that surely would have been approved by the local elders thousands of years earlier, at which Tribal Elder “Uncle Max” Eulo of the Budgedi people officiated.

The launch was attended by Australian Rotary Health Chairman John Ranieri, Professor Ian Hickie from beyond-blue, Mr Ben Binns of Winnebago Industries and the initiator of the safari, Glen Walmsley.

Though officially launched, the safari would not begin its epic journey until 9 am on 1 July in the same year.

The novel enterprise began, according to Community Relations Manager and former ARH Chairman Ted Atkinson, when the board received a series of letters from a very
persistent Rotarian in Yackandanda, Vic, proposing a round-Australia caravan tour to promote Australian Rotary Health Research. Polite attempts to discourage the writer by implying that the proposal would be considered – later – were ineffectual.

“Finally,” Ted Atkinson said, “the board agreed to appoint two representatives to talk to him, expecting them to convince him that the scheme was impractical; and what happened? They came back convinced that it was a great idea!”

The Rotarian was Glen Walmsley, who had not only made the suggestion but also had compiled a list of firms from which caravans or motor homes might be acquired for such a project.

“Among these firms was Winnebago,” Ted Atkinson said. “Now it so happened that I had been at school with the founder of that firm, Bruce Binns, who was also a former member of the Rotary Club of Thornleigh.

“I rang him and discussed the idea of using a motor home to raise awareness of mental health and finally got around to the cost. I was pretty sure that it would be far beyond our reach but his answer floored me. ‘I’ll lend you one,’ he said. And then he offered to provide us with a top-of-the-range, fully-equipped motor home, custom-built to our specifications.”

The unit was to be supplied, free of charge, to ARH; and, at the end of the Safari, it would be returned to the company to be recycled as a standard motor home.

Needless to say, this remarkably generous offer was accepted with alacrity and the board wasted no time in appointing a committee with Dick White as chairman, to organise the safari.

However, as someone was heard to ask at the time, who knew anything about running a Safari? It was obvious that the professional services of an events manager were needed; not just any events manager but one experienced in the
mounting of major public happenings; but where was such a person to be found?

Again the Rotary network came to the rescue. John Flower, famous for organising the Sydney 2000 Olympics Torch Relay and annual Variety Club charity car rallies (the Bush Bash), was recommended. With some misgivings, Ted Atkinson approached him and, to everyone’s delight, he immediately accepted and quickly began the huge task of recruiting and training a team of volunteers, briefing media and building an operational unit.

Because of the earlier partnership with beyondblue in raising public awareness, its leaders were invited to join the Safari. With acceptance came a contribution of $30,000 and an offer from Jeff Kennett to be a speaker at selected locations during the tour.

The Winnebago was fully equipped with office furniture and computers, display materials and annexes. There was even a novel computer program that provided a self-diagnosis check on depressive symptoms. Generous sponsors provided funds or equipment.

Travelling 24,000 kilometres, the Safari visited 400 Rotary clubs. Committees had been appointed by district ARH chairmen to identify the host clubs, which contacted local councils, community organisations, health workers and anyone or any group associated with or involved in mental health. Local media were briefed in advance and interviews were arranged with press, radio and television stations; and literature was distributed at every point. Sometimes two or three clubs were visited on the same day.

“We never stopped” said Ted Atkinson. “The reception from Rotary clubs was fantastic. Some arranged dinners, some put on barbecues; everyone wanted to be involved.

“Some community forums were organised to coincide with the arrival of the safari in town; and ‘hits’ on the beyondblue website increased by 40 percent.”

When the Safari reached Canberra the travellers were able
to join some 300 Rotarians and guests at the 25th anniversary dinner of the Australian Rotary Health Fund.

Summarising the success of the Safari and thanking all those involved, 2005-2006 ARH Chairman Ian Oliver said that it had been designed to meet five major objectives: to celebrate the 25th anniversary of ARH; to promote community awareness of mental illness; to provide information to people needing help, to promote Australian Rotary Health to Rotarians and clubs across Australia and to meet budget estimates (cost neutral).

“We exceeded all expectations,” he said.

Many people around Australia still treasure very appealing little souvenirs of that Safari in the shape of cuddly brown bears named Safari Samantha and Safari Sam. These cute bears proved so popular that, in 2007, Australian Rotary Health introduced two equally cuddly little white successors: Healthy Harriet and Healthy Harry. ARH was prepared to part with them for a mere $10 each; but anyone who wanted to adopt their much larger versions (45 cm sitting) was expected to part with $60 each.

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Before stepping down in 2006, Chairman Ian Oliver had the satisfaction of reporting that the 25th anniversary year had been marked by record contributions from Rotary clubs of $1,764,701.55 and a series of highly successful achievements in mental health research. There were also notable advances in the funding partners and other programs; and there was strong evidence that the public awareness programs were being effective.

**Great Australian Bike Ride**

Inspired by the huge success of the Rotary Health Safari and encouraged by the number of clubs and individual Rotarians who had used the simple expedient of riding bicycles to raise funds – including those pioneering pedallers, for example, whose exploits are described in Chapter IV; and the
indomitable Sally Fletcher, whose annual round-Tasmania bike ride for research began in 2002; and the “Onya Bike” ride to Rotary conferences in Tasmania that pushed off in 2003; and the cycling masochists in other Rotary districts – the board accepted the suggestion that sponsorship be sought for a round-Australia bike ride.

From all available but not necessarily reliable evidence it appears that the proposal was advanced, separately and independently to different groups, by Director Ron Pickford and CEO Joy Gillett during the post-Safari celebration dinner, when everyone present was still mildly euphoric. It cannot be claimed that it was immediately taken up with enthusiasm or even with any particular display of confidence; in fact it was freely admitted by most members of the board that they were decidedly sceptical. However, accepting that more eccentric schemes had succeeded, they agreed to consider the suggestion; and, having considered it, they adopted it.

Again Dick White was appointed chairman of the committee and the professional services of Donnie Maclurcan and John Flower were secured as event managers; and Geoff Kennedy “volunteered” to be ride director.

To show her support for Australian Rotary Health, which had funded several research projects at the Murdoch Children’s Research Institute, Dame Elisabeth Murdoch endorsed the ride in radio and television community service announcements.

Rotary clubs on the route were given advance notice of the team’s arrival in their towns, local dignitaries, health workers and media were thoroughly briefed and, at each town, the riders received a warm and enthusiastic welcome. They talked about mental health, handed out literature, gave radio, television and newspaper interviews and enjoyed the experience. However, while the primary purpose of the Safari had been to raise public awareness of mental illness, with promotion and fund raising as fringe benefits, the principal objective of the bike ride was to raise funds.
The 140 intrepid cyclists who participated – some for one or more stages, some for up to seven weeks – were accompanied by three 12-seater mini-buses, the support crew and a somewhat smaller Winnebago than the huge mobile home used for the Safari. The oldest rider was Geoffrey Hawkins, aged 80, who rode a creditable 480 km in three days.

Chairman Dick White commended all the riders, especially the four brave souls who rode the whole course. All were aged over 58. They were Roberta Gordon and Tom Brown from Queensland, Gonny Rundell and John Farrugia from Victoria.

“They faced the 17,830 km distance with sweat, grit, determination and soul-searching,” he said.

What did the Great Australian Bike Ride achieve?

“It showcased the activities of mental illness and the need for continuing research,” said Dick White. “It also raised awareness of Rotary and its programs in Australia.

“Finally, it was a financial success that raised almost $250,000 for mental illness research.”

Notable participants included Professor Michael Sawyer, Professor Tony Jorm and Betty Kitchener, RI Director John Lawrence and Janet, and RI Director Elect Stuart Heal from New Zealand.

**On land, on water, through snow and ice…**

Support from cyclists was not confined to this multiple feat of endurance. Others chose to assist Australian Rotary Health by furiously or steadily pedalling their way to fund-raising success; some after and some before this gruelling feat of endurance.

Alex Harper, Dave Bull and Dave Moran, members of the popular and melodious vocal group The Australian Voices, sang and cycled their way through outback Queensland to raise funds and awareness of mental illness. These young men, on what they called their “Red Heart Ride”, were supported on
their 3,500 km journey by local health professionals and Rotary clubs, raising more than $18,000 for mental health research.

Not everyone pedalled; one, at least, paddled. For eight weeks Peter Robinson, Rotary Club of Tumut, NSW, paddled a canoe more than 2,300 kilometres down the Tumut, Murrumbidgee and Murray Rivers to Goolwa, SA, raising more than $3,000 for health research. He was greeted by Goolwa Rotarians, Alexandrina Mayor Kym McHugh and Cr Frank Tuckwell of the Inland Rivers Marathon Register, which records all significant Australian river journeys. Mr Tuckwell said that the last person to undertake the same journey was Jack Robson in 1936.

Some pushed wheelbarrows. Cairns resident Leanne Tanti’s happy experience as a Rotary Exchange student was the catalyst for her support of Australian Rotary Health. In 2009 she and her team, the Pretty Flamingos, entered Chillagoe’s Sixth Annual Great Wheelbarrow Race, from Mareeba to Chillagoe, which traces the steps of the pioneer miners who trekked to the goldfields, pushing all their worldly goods in wheelbarrows. One of 23 teams in the gruelling 149 km relay, the Pretty Flamingos raised $13,500 for Australian Rotary Health, winning the prize for the highest fundraiser and also the prize for the best costume.

Substituting motors for muscles, motorcyclists also contributed to the research funds. In 2003 74 riders and passengers from NSW, Victoria and South Australia, including members of the International Fellowship of Motorcycling Rotarians and members of the Grenfell, NSW, Ulysses Group, rode 266 kilometres in a day to raise funds for mental health research. And, in the same year, Des Watts of the Rotary Club of Berri, SA, and a member of the IFFMR rode a touring motorbike some 22,000 km, raising more than $10,000 for the same good cause.

Some played cricket. Thanks to the efforts of Australian members of the International Fellowship of Cricketing
Rotarians and the AMP Foundation, which donated $1 for every $2 raised by the cricketers, Australian Rotary Health scored $20,000 at the Bundaberg (Qld) Cricket Festival in 2008. Hosts of the week-long festival were members of the Rotary Club of Bundaberg Sunrise.

Some even struggled through snow and ice. Three intrepid souls, in April 2010, braved the perils of the Arctic to become the 18th, 19th and 20th Australians to visit the North Pole. In so doing they raised $105,000 for Australian Rotary Health to fund research into bipolar disorder.

They were experienced glaciologist Tim Medhurst, Jon McCarthy and Don Macdonald, who joined veteran polar trekker Eric Phillips of Icetrek on the gruelling five-day, 50 km trek across pack-ice from the little Norwegian town of Longyearbyen to the pole.

“Fifty kilometres doesn’t sound far,” said leader Tim Medhurst, “but when the ice is floating away from the pole at 14 km a day, we had to keep up a fair pace.”

With ice breaking up under their feet, in temperatures below minus 30 degrees C, it could be described as rather more hazardous than a stroll in the park.

The first research project to be funded as a result of this remarkable expedition was conducted by Dr Andrew Gibbons, a molecular scientist working at the Mental Health Institute of Victoria.

The Bipolar Expedition, a non-profit initiative to raise awareness and funds for research into bipolar disorder by making treks to both the North and South Poles, was established by Dr Tim Silk, a research fellow at the Murdoch Children’s Research Institute in Victoria and former Ian Scott Fellow.
The decision by the board of Australian Rotary Health, in the early years of the 21st Century, to continue its commitment to the extension of mental health research and the development of public awareness programs brought with it an equal responsibility to seek the advice, assistance and support of the most able practitioners in the field. This involved utilising the knowledge, experience and contacts of not only the members of the research committee but also the nationwide network of Rotarians engaged in the health professions.

Experience had taught the board that one very effective method of assembling those who are willing to share their expert knowledge and understanding for public benefit was to arrange symposia.

**The eighth Symposium**

Again convened by Professor Michael Sawyer, then vice chairman of the research committee, the eighth symposium was held over three days, 19-21 March, 2003, in Canberra, bringing together 50 clinicians, carers, consumers, scientists, funding bodies and Rotarians.

Objectives were (i) to identify approaches that ensure effective utilisation of funds employed to generate new knowledge relevant to the prevention and treatment of mental illness; (ii) to identify approaches that ensure the effective utilisation of research findings relevant to the prevention and treatment of mental illness; and (iii) to facilitate interaction and the exchange of ideas between clinicians, carers,
consumers, scientists and funding bodies concerned with mental illness.

Each group was given half a day to present its views about research into mental illness; and at the end of each day a workshop was held during which ideas were further discussed and refined. On the final day the participants developed and agreed to recommendations, to be submitted to the board, the aims of which were to enhance the effectiveness of funding for research into issues relevant to mental illness.

For the first time in Australia the major interest groups came together to identify approaches by which research could be used to better help people experiencing mental illness. Keynote speakers were some of the leading researchers and policy-makers in the area of mental health. Included were Professor Richard Smallwood, Commonwealth Chief Medical Officer; Professor Harvey Whiteford, Kratzmann Professor of Psychiatry, University of Queensland; and Mr Dermot Casey, Assistant Secretary of the Mental Health Branch, Commonwealth Department of Health and Aged Care.

Convener Michael Sawyer said that all participants found the symposium an exciting, enjoyable and interesting event.

“It was interesting to observe the way in which each stakeholder group drew attention to a different element of the research process,” he said.

“Researchers are particularly concerned to ensure that their work is of the highest quality; funders are concerned that there is appropriate accountability for funds provided to support research; clinicians want research conducted in areas likely to have practical outcomes of benefit to their patients; and consumers and carers want research that will result in early practical benefits for the largest number of people.”

Professor Sawyer said that the challenge was to blend these exciting ideas together to ensure the most effective use of funds to help prevent and treat mental illness.

That challenge was taken up, with a proper sense of their responsibilities, by the members of successive research
committees in the allocation of research funds. The projects chosen for support, as usual, covered a huge range of research areas within the broad compass of mental health; and, also as usual, they represented only a small proportion of the number deserving support. Three of them are described below. All are listed in Appendix III.

**Cool Kids - helping anxious adolescents**

Teenagers with problems are traditionally reluctant to seek help; and when these problems are emotionally-based they are even less inclined to submit themselves to the scrutiny of a psychologist or psychiatrist for fear of peer ridicule or even censure. The number of adolescents whose anxiety disorders were untreated until the symptoms had become acute and disabling moved Professor Ron Rapee to develop a self-help, multi-media program to relieve that anxiety.

Ron Rapee was born in Sydney, educated in a series of primary schools, Ku-Ring-Gai High School and the University of New South Wales where he graduated BSc, MSc and PhD. His first academic appointment was to the University of Queensland where his major area of study was anxiety in adults, particularly agoraphobia and panic attacks. Arising from exploration of these conditions, in discussions with colleagues and almost by accident, his interest in adolescent anxiety was awakened and his pursuit of understanding took a new direction.

As Professor of Psychology at Macquarie University, he became founding director of the Macquarie University Centre for Emotional Health and, in 2009, received the Distinguished Career Award by the Australian Association for Cognitive and Behaviour Therapy.

The purpose of the study supported by Australian Rotary Health from 2006 to 2008 was to evaluate the efficacy of this program, which was designed to reduce levels of anxiety in clinically anxious adolescents aged 14-18 years – Evaluation of a self-help multi-media computer program for adolescents
with anxiety disorders.

“The vast majority of studies regarding child anxiety stop at the age of 14,” said Professor Rapee; “and the few that do include young people up to the age of 17 have only tiny numbers at this upper age level and do not report separate results. Hence there was almost no knowledge of response to treatment in this crucial age group and certainly no information about minimal resource treatments.”

Professor Rapee explained that researchers around the world agree that this is an especially difficult age at which to provide help and to engage teenagers. Hence new and innovative management methods were considered to be important.

Early stages of the project involved developing a compact disc, conducting focus groups and feedback from adolescents regarding use of the CD. This feedback indicated several limitations and “bugs” that needed to be fixed and hence some minor modifications were made to the CD.

Following completion the research team conducted formal pilot work through the use of case studies. Five young people aged 15-16 with anxiety disorders were sent the CD and also had regular telephone contact with a therapist to monitor use and continue feedback. The adolescents used the CD program over a period of 12 weeks and were then retested.

“Overall results were promising,” Professor Rapee said. “The teenagers in general reported very positive engagement with the CD-Rom and reported positive evaluations of the program. Thus we decided to move on to our main evaluation, a randomised control trial comparing CD and waitlist.”

The initial plan had been to reduce therapist contact in this larger study to almost none. But pilot work suggested that brief contact with a therapist, simply to monitor progress and see if there were any difficulties, would be important. Therefore a trial was run, in which teenagers, aged 14-18, were randomly allocated to CD with weekly email contact with a therapist vs waitlist control group.
Due to the age of participants and to test a low-cost delivery, it was decided to run treatment with only the teenager and not to formally include their parents – although the teenagers were encouraged to talk to their parents about the program.

“Recruitment for the study was extremely difficult,” Professor Rapee said.

“We generated a large degree of interest in the program and our clinic ran ‘hot’ with calls. However, in contrast to our work with younger children or adults, this interest did not translate into participation. Ultimately we assessed 40 young people and enrolled 30 into the program.”

Preliminary examination indicated that the two groups showed little difference in outcome: 20% of treated teenagers were diagnosis-free at the end of treatment compared with 15% of waitlist. Discussion with therapists and examination of the data indicated that motivation and engagement of the young people was very difficult.

Therefore the researchers decided to conduct a third study, in which they increased the involvement of parents and changed the nature of the therapist contact (from email to telephone).

“Given that all of the therapy was being conducted at a distance,” said Professor Rapee, “we felt that having a person to help in the environment (a parent) might be useful, even for this older age group. Therefore study 3 included eight brief telephone sessions for each young person and three for one of their parents. Allocation was random to either treatment or waitlist.”

An additional 39 teenagers were chosen for this final study and randomly allocated. The research team found that personal reports from the teenagers and parents were very positive and that there had been strong comment about improvements and positive engagement. Analyses indicated generally positive results with teenagers in treatment showing significantly greater reductions on most measures than teenagers on the waiting list.
“Diagnosis-free rates among treated teenagers were back to the level demonstrated in our pilot work (42%). This is markedly more than waitlist, which in this last trial is 0% of this group,” said Professor Rapee.

“Therefore it appears that we have developed an efficacious treatment program for anxious teenagers at an age that is notoriously difficult to treat. More importantly, the treatment is ‘portable’ since it is all run through CD and telephone, making it amenable for helping people from rural and remote areas.”

Despite the large number of therapist sessions, the study showed that the overall program was still relatively inexpensive, since most telephone sessions lasted only around 15 minutes, making a total of less than three hours of therapist time per client.

Ron Rapee’s subsequent research into the effectiveness of a variety of treatments of anxiety in children and adolescents, some of which was also supported by Australian Rotary Health, has been widely acclaimed; and he is acknowledged as a world authority on anxiety disorders, prevention and early intervention. His findings have been published in numerous professional and scientific journals throughout the world.

**Body image and eating problems in women**

Many Australian women experience highly distressing body image and eating problems in their midlife. Despite the frequency with which these problems occur, too often with tragic consequences, little was known about variables associated with these attitudes and behaviours in midlife women. Few people, for example, realise that such problems can result in severe emotional distress, anxiety, depression and even suicide.

The most recent study by Professor Susan Paxton of La Trobe University was an evaluation of a valuable and far-reaching research program to study this phenomenon and develop appropriate treatment.
Born in Melbourne, Susan Paxton spent her childhood and early adult years in Hobart. She attended Fahan, a progressive private school for girls, and went on to take her BA (Hons) degree at the University of Tasmania, balancing her academic achievements with an enjoyment of sport – sailing, squash and exploring the bush.

Her interest in human behaviour was aroused during her student days, leading to the further degree of MPsych in clinical psychology and, later, a PhD for original research into sleep.

What she found particularly attractive about her chosen field of study was the help that could be given to individuals by the practical application of research findings.

In 1987, after working as a clinical psychologist in Hobart, Dr Paxton was appointed to the University of Melbourne’s Department of Psychiatry, lecturing to medical students. It was there that she became aware of the Eating Disorder Unit within the Royal Melbourne Hospital and its valuable work with patients suffering eating disorders. She saw the devastating effects of anorexia-nervosa, bulimia and other disabling conditions and wanted to know why they occurred and how the sufferers could be helped. So began her journey of discovery into these little-known and largely misunderstood but distressing conditions – a journey that made her an authority on all aspects of eating disorders.

Appointed Professor of Psychological Science at La Trobe University in 2002, she continued her valuable work, developing research and intervention programs that have alleviated the suffering of countless women.

Professor Paxton serves on several professional associations and on boards and advisory committees to Federal and State governments. To these commitments she added an equal commitment to marriage and family – a son, a daughter and a grandchild.

Professor Paxton and her colleague received their Australian Rotary Health grant in 2003. In this study they
examined the efficacy of a group therapy program delivered by internet, mainly for younger women with eating disorders.

Arising from public interest in this project, women in older age groups asked that their problems also be considered. Australian Rotary Health accepted the further project for funding in 2006. Its formal title was The development and evaluation of a group cognitive behavioural body image and eating behaviour intervention for women in midlife.

The first part of this two-part study attempted to fill some of the gaps in the literature, considering the possibility that the meaning and perception of the body might change with age.

The aims of the project were to learn more about body image and eating issues for women in midlife and to identify the factors that contribute to some women being more, or less, vulnerable to these problems. The study sought to explore factors related to body dissatisfaction and disordered eating. Participants were 294 women aged 18-84 from Victoria.

The importance of appearance and the importance of function to participants were assessed. Cognitive reappraisal – the degree to which participants changed their expectations of their body or accepted age-related changes to their appearance – was assessed with a perception scale developed for this research. Body-related self-care was assessed with a measure, also developed for this study.

Data from women aged 35 to 65, identified as the midlife component of the sample, were analysed. Previous literature suggested that the importance of appearance may diminish with age, but this study showed no relationship between age and the importance of appearance. Regardless of age, higher importance placed on appearance was related to higher levels of body dissatisfaction and disordered eating.

This was the first known study that directly linked body-related self-care attitudes and practices with body dissatisfaction and disordered eating. For this sample of midlife women, making time for themselves, taking care of
their own needs and not feeling guilty for doing so, were associated with lower levels of body image and eating concerns. An attitude conducive to caring for the body may be incompatible with body dissatisfaction. On the other hand, appropriate self-care implies acceptance of the body in its current state.

Professor Paxton said that it was important to consider the findings for self-care within the context of midlife.

“The challenges posed by this phase of life include increased demands and responsibilities, less discretionary time, and the expectation of our society that women look after the needs of others before attending to their own,” she said. “These factors can lead to guilt when a woman’s resources are spread thinly across various responsibilities.”

Professor Paxton and her team concluded that it was not surprising, given these constraints, that women’s self-care is likely to be adversely affected.

The first part of the study suggested that specific factors, such as self-care and eating environment, are related to body dissatisfaction and disordered eating in women in this age range. The findings indicated that addressing these factors could be included in an intervention devised for these women.

Although intervention programs for body dissatisfaction and disordered eating were available for young women, no intervention programs had been developed specifically to meet the needs of women aged 35-55 years.

Thus, the aim of the following study was to develop and evaluate a manualised group intervention for body dissatisfaction and disordered eating in women in midlife. The researchers hypothesised that women in the intervention group, relative to women in a wait-list control group, would show greater improvement from baseline to post-intervention on measures of body dissatisfaction, disordered eating, psychological wellbeing, and related risk factors.

Participants were women aged 30 to 60 years who self-referred for body image and eating concerns. Women included
in the study had elevated body image and or eating concerns, were not receiving treatment for such concerns, had a high body mass index* and did not have concurrent diagnoses of major depressive episodes or were at risk of suicide or severe self-harm.

The intervention program consisted of eight weekly group sessions, conducted by a trained group facilitator. Before the group sessions began, participants received a copy of the treatment manual, which provided psycho-educational material about risk factors for body image and eating problems, factors that maintain these problems, and behaviour change strategies. It also provided a week-by-week topic guide and out-of-session activities to be discussed at the group session.

The treatment manual was based on established risk factors for body dissatisfaction and disordered eating and was modified considerably to address the needs of women in midlife. In particular, additional components addressing the importance of appearance and of body function, self-care attitude and practices as well as regular eating were added to the intervention.

These components aimed to facilitate the reduction of body dissatisfaction and disordered eating by helping women to value their bodies and respond to their physical needs, including nutritional and self-care needs.

Results demonstrated that, following involvement in the Set Your Body Free program, participants were less dissatisfied with their body, appreciated their bodies more, regardless of their shape and weight, engaged in less unhealthy eating restriction practices, ate more regularly (indicating that fewer meals were skipped), reduced their eating in response to emotional and external (non-hunger) triggers, improved their self-esteem and alleviated feelings of depression.

In addition, risk factors for disordered eating and body concerns were modified to such an extent that participants were less frequently comparing their bodies with others,
became much less preoccupied with the “thin ideal”, engaged in fewer body-checking behaviours and reduced their avoidance of body-related activities.

Importantly, factors specifically related to midlife were improved after participation in the intervention. Body related self-care behaviours increased, eating environment became more regulated, and acceptance of ageing-related changes to appearance also improved.

It was concluded that this study provided very strong support for the effectiveness of the intervention program devised for it; and Professor Paxton and her team were confidently able to recommend that it be disseminated for delivery in community and clinical settings.

Arising from the project numerous papers and articles have been presented at international conferences and in publications and refereed journals.

One of the many strengths of this project is that it resulted in a manualised intervention program that can be readily made available to professionals working in the field for the benefit of women in midlife.

*Body Mass Index (BMI) is calculated by dividing weight (kgs) by height squared in metres. A healthy BMI is 19-25

**Triple P – an Australian Positive Parenting Program that won international acclaim**

Matthew Roy Sanders was born in Auckland, NZ, in 1953, attended Kelston Primary School, Avondale Intermediate High and completed his secondary education at Kelston Boys’ High School. Like most young New Zealanders he was devoted to sport – Rugby (of course), tennis, camping and adventuring. His fascination with adventure, exploring and travel have never left him and, in his mature years, he was to add the Antarctic to his list of exotic and challenging destinations.

As a student, his interest in behaviour and child
development was first awakened and has never diminished. Graduating BA, MA (Hons), DipEd(Psych) from the University of Auckland he was appointed a Junior Lecturer at the same University in 1977. In 1979 he was appointed Lecturer in Clinical Psychology at the University of Queensland. There he completed his PhD in 1981.

Matthew Sanders is now (2011) Professor of Clinical Psychology and Director of the Parenting and Family Support Centre (PFSC) at the University of Queensland.

First funded by Australian Rotary Health in 2005, the Teachers as Parents Project – examining the work-family interface, devised and supervised by Professor Sanders, was a randomised research project to determine the effects of a worksite parenting intervention on family and occupational functioning. ARH funding provided Workplace Triple P groups to interested teachers and supported the administration costs of the evaluation of the program as a part of the project.

In total 104 teachers participated in the research. Results indicated that teachers who completed the Workplace Triple P benefited in numerous ways both at home and at school whereas teachers who did not complete the intervention did not report any changes.

After completing the program teachers reported lower levels of work-to-family and family-to-work conflict, lower levels of occupational stress, higher parental and work-related efficacy and lower levels of child behaviour problems and lower use of dysfunctional parenting practices than those parents in the waitlist control condition. Overall the research indicated that Workplace Triple P is effective at reducing difficulties associated with balancing work and family responsibilities.

Analyses were re-run using stringent criteria, in which all participants who were assigned to the treatment condition were included in analyses irrespective of whether they attended a WPTP group. A similar pattern of results was
obtained, indicating the robustness of the program. Effect sizes were also very good.

These results were presented at the International Society for the Study of Behavioural Development conference in Melbourne and also at the Helping Families Change Conference in South Carolina (US), where the support of Australian Rotary Health was acknowledged. They were also presented at the World Congress of Cognitive Behavioural Therapy Conference in Spain.

Further research projects associated with the Workplace Triple P program were funded by Australian Rotary Health.

Professor Matthew Sanders has earned an enviable international reputation. A former Queenslander of the Year, he appears in a regular spot on a Queensland ABC radio program in which he discusses various parenting topics. These segments are also podcast and available online to parents around the world.

In the midst of a busy professional, cultural and sporting life he managed to find time to marry. He and his wife are proud parents of a son and daughter and have two grandchildren.

One of Matt Sanders’ key strategic priorities as Director of the PFSC is to strengthen evidence-based parenting programs for children with a disability. A key platform of his current work is to evaluate whether implementation of the model to epidemiologically-identified target groups will reduce the prevalence of serious mental health problems through parenting and family-based intervention.

The PFSC is an internationally-recognised centre of excellence for its research focusing on the development of population-based parenting interventions. The PFSC develops and rigorously tests the efficacy of innovative parenting and family interventions for vulnerable and high-risk groups. It trains clinical psychologists and clinical researchers in the theory and methods of behavioural family interventions.

It is known internationally for the quality of this research
work and, specifically, for its groundbreaking work in development of the Triple P-Positive Parenting Program. This evidence-based and population-based parenting intervention has been widely recognised and has been disseminated to 20 countries, in 18 languages, to over 56,000 practitioners, and reached over seven million families worldwide. It has been adopted as core policy by the State Governments of NSW, Queensland and Western Australia, which (in 2011) are in the process of rolling out the system and there are policy level commitments from each of the other states and territories to implement the system.

The Triple P system was selected as the evidence-based parenting program used by the ITV television network in Britain as the basis of two observational documentary series, Driving Mum and Dad Mad. The first series attracted a peak viewing audience of 5.9 million people, with a weekly average of 4.6 million viewers. A research study examining the effects of the program found that viewing parents who watched other parents participate in Triple P also improved their own parenting skills and reported fewer behaviour difficulties in their children.

Triple P is the only Australian intervention that has been shown to meet the evidential criteria set by the National Institute for Clinical Excellence and Social Care (NICE) in its evaluation of the treatment of conduct disorders in Britain; the UK’s National Academy for Parenting Practitioners (NAPP) guidance to local authorities and parenting commissioners and the United Nations report on family skills training and the prevention of drug abuse. It is also identified in government guidance in New Zealand by the Advisory Group on Conduct Problems which prepares best practice guidelines for government.

Regular Triple P training programs are arranged for organisations and individual practitioners.

**First Aid training in Mental Health**

First Aid for the sick and injured has been part of Australian
voluntary service and domestic obligation since early colonial times. When doctors, apothecaries and trained nurses were few and distances from hospitals and medical practices were usually considerable, it became a matter of necessity for everyone to accept the responsibility of giving succour to the sick and injured.

Every housewife had been taught by her mother the basic skills of home-nursing, from applying bread poultices, dressing lacerations and dispensing castor-oil, to delivering babies; every bushman knew how to bandage a wound, treat snakebite, “sweat-out” a fever and set a broken limb, using pieces of bark as splints. By the late 19th Century every child was being given instruction in first aid as part of the school curriculum and, in both world wars, young women with advanced training in first aid, provided by the St John Ambulance Brigade or Australian Red Cross Society, formed the nucleus of the ancillary nursing services in the armed forces, indispensable aides to the professionally-qualified nurses (Sisters) on active service.

It may seem surprising that, despite the unprecedented advances in psychological understanding and psychiatric treatment in the second half of the 20th Century and the development of specialist training for psychiatric nurses in the past 60 years, there had been no specific training in first aid for those stricken with a mental illness. On the other hand, given the general ignorance of mental illness and the stigma attached throughout human history to “insanity” or “lunacy” or “madness”, perhaps it is not so surprising after all.

Because of the prevalence of mental illness, it is almost inevitable that every member of our society has some association with at least one person suffering a mental disorder; but past surveys have found that most members of the public lack the knowledge or understanding which would help them to recognise the illness and enable them to offer assistance. The action – or lack of it – taken by members of the public to assist someone with a mental health problem is
very likely to determine whether or not that person will be given professional help in time to avert a crisis; possibly a tragedy.

Recognising these serious defects in our social awareness of a major health problem and our competence to offer appropriate assistance, Professor Anthony Jorm, Professorial Fellow at the University of Melbourne Youth Health Research Centre, in close collaboration with researcher/teacher/counsellor Betty Kitchener, to whom he happens to be married, decided to take some positive action.

No one could doubt his qualifications for this self-imposed task. Born on 25 January 1951 and educated at St Laurence’s College, Brisbane, Anthony Francis Jorm apparently took his school motto, Facere et Docere (to do and to teach), very seriously indeed. Gaining his BA degree with First Class Honours (and the University Medal) at the University of Queensland in 1973, he followed up with a MPsych (1975) and PhD (1977) from the University of NSW. For his research he was awarded a Doctorate of Science by the Australian National University in 1995 and, for good measure, he added a Graduate Diploma in Computing from Deakin University. He has been elected a Fellow of the Academy of Social Sciences and is a past president of the Australasian Society for Psychiatric Research. Author of a dozen books and more than 300 journal articles, he has also contributed 25 chapters to edited volumes. Merely to list his honours, awards, publications and honorary offices would occupy more pages than any chapter in this volume.

Both enthusiastic members of the Rotary Club of Carlton, Vic., Tony Jorm and Betty Kitchener are the parents of two adult children. Their principal recreations are reading great novels for entertainment and intellectual stimulation, and cycling for exercise and enjoyment; they have pedalled across much of Europe and Australia.

Tony Jorm said that Mental Health First Aid began on a dog walk when he and his wife talked about why conventional first
aid courses did not cover mental health problems.

“Because Betty had worked as a first aid instructor and had suffered some serious episodes of depression herself, she keenly felt the need to do something about this,” he said.

After they had discussed the subject from time to time in the course of the next few years Betty decided, in 2000, to take decisive action. Reducing her paid working hours, she devoted her time to the development of a Mental Health First Aid course. Within six months she had formulated a curriculum, run the first pilot course and received a small government grant to expand. Tony worked with Betty to carry out a rigorous evaluation which, when published, soon attracted international attention.

By 2004 the Scottish Government had adopted Mental Health First Aid as part of its suicide intervention strategy; and from there it spread rapidly to 13 other counties.

One of the difficulties that Betty and Tony had in devising a training course in Mental Health First Aid was that there were no guidelines specifying the subjects to be taught and the methods of instruction. What is the best way, for example, to help someone who is suicidal or having a panic attack? With conventional first aid, international guidelines show how to do CPR or provide first aid for snakebite; and all first aid courses base their teaching on these guidelines. It seemed obvious that similar inter-national guidelines were needed for Mental Health First Aid.

A grant from Australian Rotary Health was used to employ a young post-doctoral researcher, Claire Kelly, who was also a Mental Health First Aid instructor. Together, they established international panels of clinicians, consumers (people who had suffered mental illness) and carers (people who had cared for mentally ill family members). These expert panels reached consensus decisions about the specific actions members of the public should take to assist in a range of developing mental illnesses and mental health crisis situations.

Having developed the international guidelines, the next step
was to completely revise the Mental Health First Aid training course and manual. This involved not only re-writing all the materials, but also re-training over 800 instructors from across Australia and helping other countries to update their training courses.

By the end of 2010, all Mental Health First Aid courses in Australia were teaching the public how to assist people with mental illnesses using the principles established in the research.

Notwithstanding the popularity and acknowledged usefulness of the course, however, the need to undertake 12 hours of face-to-face training prevented many otherwise interested people from enrolling. For example, in the workplace it may not be possible to roster all employees off at the same time. There are also people living in remote areas or who have family responsibilities that make it difficult for them to attend.

To overcome this deficiency Professor Jorm and Betty Kitchener developed a new program to provide Mental Health First Aid training by the use of an e-learning Compact Disc.

A three-year evaluation study was carried out in which people were randomly assigned to do the e-learning course, study a printed manual or go on a waiting list for a course at a later time. The e-learning course was found to be very successful in improving knowledge, reducing the stigma associated with mental illnesses and increasing helping behaviour towards other people.

The findings were used to promote the e-learning CD and the manual online so that people could learn skills to provide help to those who might be developing a mental health problem. This could mean the difference between obtaining timely treatment or a further deterioration in the condition, possibly leading to a major and prolonged illness.

This was the first study in the world to consider the effectiveness of such a training program for members of the public in Mental Health First Aid.
The association of Australian Rotary Health with Mental Health First Aid originated with the provision of research grants to evaluate and improve the course. However, in 2010, a new phase began in the relationship with Rotarians themselves becoming the beneficiaries. The Australian Government provided funding to Australian Rotary Health to run courses in partnership with local Rotary clubs. This brought the benefits of the research full circle by giving Rotarians and their communities the improved training that resulted from the research they supported.

Those who complete the MHFA course will have learned how to approach the disturbed person, assess and assist in a crisis; how to listen non-judgmentally; how to give support and information; how to encourage the person to get appropriate professional help; and how to encourage other supports.

For her pioneering work in Mental Health First Aid, Betty Kitchener was awarded the Medal of the Order of Australia (OAM) in 2008.

Anthony Jorm’s association with Australian Rotary Health continued beyond his important research; he accepted membership and then chairmanship of the Research Committee, providing further opportunities to help and encourage other researchers.

Rotarians Tony Jorm and Betty Kitchener participated in the Great Australian Bike Ride for Australian Rotary Health.
Early in 2006, persuaded by the experience gained in the past six years that mental health services in Australia were woefully inadequate, the board announced that it proposed to introduce a new program designed to improve this unsatisfactory situation.

Following the well-established procedure, those charged with the responsibility of planning the program began with a symposium.

The ninth Symposium

Convened, once again, by Research Committee Chairman Michael Sawyer, the symposium was held at the Australian National University in Canberra from 22 to 24 March 2006. Its purpose was to formulate recommendations to the board on the evaluation of mental health services.

It was acknowledged that the research previously supported was aimed at gaining new knowledge of mental illness, with only limited funding given for research evaluating the effectiveness of services provided to help sufferers; therefore it was obvious that service-evaluation was important, because the practical application of the findings could potentially improve the quality of those services.

Participants included service providers, program evaluators, consumers, carers and representatives from industry. As was to be expected, the symposium included excellent presentations and lively, informed discussion.

Professor Harvey Whiteford outlined the recently-announced plans of the Council of Australian Governments (COAG). He said that COAG was developing a national mental health action
plan and proposed a significant injection of funds into the mental health system.

Mental Health Council of Australia CEO John Mendoza challenged Australian Rotary Health to provide national leadership in evaluating the effectiveness of new services as they are introduced; and also in assessing the effectiveness of new “research-based” treatments delivered in these services.

Despite the large variety of backgrounds of the participants, the symposium proved to be genuinely collaborative. With the help of the facilitator, Professor Glen Bowes, a set of recommendations was developed.

The conference endorsed the focus on service evaluation and recommended that funding be used to evaluate innovative, evidence-based “best practice” interventions in routine health services.

It also recommended that funding be considered for teams consisting of researchers, consumer/carers, service providers and/or clinicians to evaluate new treatment or prevention programs.

Following the symposium, the board allocated $500,000 per year for the next three years for grants in this area. The number of applications for evaluation grants for research into a vast range of health services fully justified the decision. Unfortunately, but as usual, only a limited number of projects could be funded under this heading. They are all listed in Appendix III. Two are described below.

**Drug and alcohol treatment**

A pilot study to examine the effectiveness of clinical case management for alcohol and drug clients was an evaluation project devised by a research team at the Turning Point Alcohol & Drug Centre in 2009. Team members were Ms Jacqui Cameron, Dr Madonna Devaney, Dr Nicole Lee and Ms Heidi Strickland. Though very much a team effort, initially led by Dr Lee, it was Jacqui Cameron who co-ordinated the project and prepared the report.
Founder of Australian Rotary Health

Ian Scott

Patrons of Australian Rotary Health

Glen Kinross AO, Sir Clem Renouf AM and Royce Abbey AO, DCM
The first three chairmen
Colin Dodds, Geoff Betts AM and Royce Abbey AO, DCM
Chairmen of the Board

PRIP Royce Abbey AO, DCM
(1982 - 87)

PDG Geoff Betts AM
(1988 - 90)

PDG Colin Dodds
(1991 - 93)

PDG Bruce Edwards AM
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Chairmen of the Board

PDG Bruce McKenzie OAM  
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PDG Ted Atkinson  
(1998 - 99)

PDG Terry Edwards AM  
(2000 - 2001)

PDG Denis Green  
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PDG John Ranieri
(2004 - 2005)

PDG Ian Oliver OAM
(2006 - 2007)

PDG Terry Lees
(2008 - 2009)

PDG Noel Trevaskis OAM
(2010 - 2011)
Chairmen of Research Committee

Professor Alan Williams (1986 - 1988)

Dr John Harley (1989 - 1992)

Dr Clarrie Gluskie (1993 - 1997)
Chairmen of Research Committee

Dr John Feros OAM

Professor Michael Sawyer OAM
(2004 - 2009)

Professor Anthony Jorm
(2010 - 2012)
CEO
PP Joy Gillett OAM

Honorary Treasurer
PDG Ron Beslich OAM

Honorary Solicitor
PP Loch Adams OAM
Ms Cameron is Melbourne born and educated, graduating from Monash University with a BA followed by a BSW. While working as a social worker in Glasgow she added a Master of Philosophy degree in Social Science. Back in Australia she became interested in research, finding rewards in the benefits to patients arising from the positive outcomes of useful projects. She was awarded the Frank Murphy Travelling Scholarship, was the inaugural Allens Arthur Robinson Research Fellow and an Honorary Fellow of the University of Melbourne Department of General Practice. Beyond her dedication to her vocation, her interests are in the arts generally with a preference for great literature.

Ms Cameron was pleased with the findings of the pilot study supported by Australian Rotary Health.

It is well known that alcohol and other drugs are exceptionally harmful to individuals and to the community at large. According to the research team, those who seek treatment for alcohol and other drug-related health problems are presenting with increasingly complex concerns, including mental illnesses such as anxiety, depression and psychosis; and physical ailments such as hepatitis C and liver problems. They also report social problems, particularly lack of suitable housing and unemployment. Obviously it is important that the means be devised to address the broader issues related to drug use and treatment.

How to keep people in treatment is also a dilemma facing practitioners in the drug and alcohol sector, especially when patients or clients have complex unmet needs requiring attention. Retention in treatment is known to be associated with better outcomes for clients. Methods to retain people in treatment are vitally important.

Case Management (CM) is an intervention designed to address clients’ needs with the objective of keeping them engaged in treatment. Effective drug treatment often depends upon the accessibility to the client of multiple care systems. Case Management can facilitate these linkages and is therefore
potentially a valuable adjunct to counselling in alcohol and other drug treatment settings.

The researchers were aware that a number of case management models had been articulated, but none had been tested in the alcohol and other drug setting. Two models identified as potentially suitable for use in alcohol and other drug services were examined: the brokerage model, already sometimes used in alcohol and other drug treatment; and an enhanced form known as clinical case management.

A great deal of research had been undertaken into the value of the different models of case management but most had been in the mental health rather than the alcohol and other drugs sector.

A review of the existing research showed that case management can effectively link people with treatment and community services. The results of the review suggested that it could be a useful tool for alcohol and drug clinicians. It could help to keep substance-users in treatment longer and assist clients in addressing those concerns often associated with harmful drug use, such as housing, employment, relationships, other health disorders and legal problems.

This was a small pilot study but the research team found that the results were encouraging.

Staff at two sites of a youth alcohol and other drug (AOD) treatment service participated in the project. One site continued with treatment as usual and the other was trained in clinical case management (CCM). The training was a joint effort between the sites and the researchers, which strengthened the uptake of staff at the sites.

The client group at the site with CCM was clinically more complex when they entered the service, but made substantial gains, greater than those for the other group overall, particularly in the area of mental health.

Results showed a number of positive outcomes for the pilot study, including the following:-

- Clinical CM is a model that can be adapted to AOD services (including youth services) effectively and not
just used in mental health settings.

- Working collaboratively helps with implementation and is effective in engaging partner agencies.
- Client outcomes show promising positive trends where clinical case management is implemented.
- Clinicians respond well to training and appreciate tools being developed in consultation with them; e.g. case note template.
- Staff responded very positively to the process and showed a high level of satisfaction with the training and collaboration between the services and contributed extensively to the research.
- The use of tools relevant to clinical CM and positive changes in recording clinical CM in files were shown to increase.

The study also produced the following key recommendation areas for the future:

- A larger study over a longer period of time is required to confirm these results.
- Ongoing staff training is necessary to train new staff and to encourage existing staff to continue to use CCM.
- Providing routine clinical supervision for all staff may help improve the results.
- Because most clients in the study said cannabis was their principal drug of concern, followed by alcohol and tobacco, the focus on future research with young people should be on alcohol, tobacco and cannabis use.

These results were widely disseminated to health professionals and agencies. The models tested were outlined in the Turning Point Clinical Treatment Guidelines on case management. Thus agencies could use these guidelines to implement similar initiatives in their own services. There were direct benefits to the services that participated.

The results of the study were promising and suggested significant potential for improving responses to drug and alcohol users who need treatment.
The pilot study was a systematic attempt to begin to examine case management in an Australian AOD setting. The research team pointed out that the results needed to be interpreted cautiously, given the small scale of the study, but were nonetheless promising and provided support for a larger scale study with a longer follow-up period.

The findings were presented and well received at the 2009 conference of the Australian Professional Society on Alcohol and other Drugs; they were also published in scientific journals and other publications read by health professionals.

**Improving health services in Far Western NSW**

Dr Hugh Burke, Public Health Physician at Maari Ma Health Aboriginal Corporation, married with three children, is devoted to both family and the indigenous communities he serves in remote areas.

Dr Burke graduated MBBS and BMed Sci from the University of Tasmania and MPH from Sydney. He is a Fellow of the Australasian College of Physicians and the Australasian Faculty of Public Health Medicine.

In 20 years of medical service – more than 10 dedicated to Aboriginal communities and their health – Dr Burke gained extensive understanding of indigenous health, enabling him to plan and deliver health services in remote and regional settings.

His rare combination of medical practice and public health experience, technical and strategic abilities, organisational leadership and commitment to clinical and population health quality, make him a most valuable asset to the communities in which he works.

In 2007-2009 Dr Burke conducted a research study to evaluate the delivery of health services in an effort to improve the offerings and highlight the need for specialist services in remote NSW.

Evaluation of the Audit and Best Practice for Chronic Diseases (ABCD) project examined the effects of improvements in the organisational systems on the quality of clinical care in the prevention and management of chronic disease in indigenous
About a third of Australia’s people live outside the capital cities but, because of inadequate funding, our health care system finds it increasingly difficult to attract the qualified practitioners needed to provide quality health services to a diverse and widely scattered population. This problem is exacerbated by a lack of the accurate and relevant service evaluations that are needed to attract the funds required for these desperately needed services.

Thus the well-known process, which Joseph Heller called “Catch 22”, was seen in classic operation. There was no money to attract specialist doctors and nurses and other health professionals to country practice because the need for their services in the country had not been established by proper evaluation – for which there was no money.

Maari Ma is a regional health service based in Broken Hill facing the challenges of delivering effective health care to the many remote communities in the huge area of far western NSW. It incorporates the Maari Ma Primary Health Care Service in Broken Hill and, under a unique agreement with the Greater Western Area Health Service, manages the other local health services in far western NSW. Maari Ma works in association with the Royal Flying Doctor Service, the Greater Western Area Health Service and the Sydney University Department of Rural Health.

In 2004 the Maari Ma Board endorsed the Far West Chronic Disease Strategy; a program that provided a framework for local services to work towards preventing, early detecting and then caring for people with chronic diseases. Funds were allocated to support this work, to encompass reporting, monitoring and evaluating; however, at that time a methodology had not been developed.

It was at about this time that the National Health and Medical Research Council granted the Menzies School of Health Research funds to extend its primary health care continuous quality improvement (CQI) work beyond the Top End of the Northern Territory.
“This work was ground-breaking,” Dr Burke said; “and Maari Ma quickly identified the synergies of its work and the missing pieces to its strategic direction.”

The evaluation study conducted by Dr Burke had three key aims: firstly to increase the capacity of far western NSW health services to incorporate continuous quality improvement activities into routine service; secondly to increase the delivery of evidence-based services; and thirdly to improve the service delivery by facilitating the development of more effective primary health care policy.

The study found that, by 2009, a well person received, on average 35% of scheduled services each year, including blood pressure check, urinalysis, weight measurements and other brief interventions. A person with diabetes received 65% of the best practice scheduled services, which included weight, body mass index, waist circumference, blood pressure, eye check, feet check, adult immunisation and brief interventions for smoking, alcohol, nutrition, physical activity, weight management and depression.

“By most standards,” said Dr Burke, “this is a fantastic result.”

Data from this research highlighted the need for better specialist services in remote areas.

“This gives Maari Ma Health the evidence to apply for funding to encourage specialists to visit remote communities more often,” Dr Buke said.

The study results have assisted in the establishment of a new national organisation that supports primary health care centres using CQI methods to improve the provision of high quality care to Aboriginal and Torres Strait Islands people.

This project was an extension and further development of the ABCD project that began in the Northern Territory in 2002; and it was the first progression into health services outside the Territory. It demonstrated that continuous quality improvement works because it emphasises raising the general level of care instead of focusing on pockets of poor practice; it emphasises the organisation of health care; and it provides an approach to understanding and revising processes based on data about the processes themselves.
CHAPTER XV

Funding Partners and research projects

While there is no doubt that the adoption of mental health research and education as its continuing major program enabled Australian Rotary Health to meet a vital need, it was also seen as a policy that denied Rotary clubs and districts the opportunity to contribute funds for what they saw as equally important projects. This discrepancy was met in the 2003-04 year by the introduction of a joint venture scheme known as Funding Partners.

Funding partners

Under the Funding Partners program, Australian Rotary Health agrees to enter into partnership with a Rotary club or district in funding a project or providing a scholarship of its choice; provided, of course, that the project meets the required criteria and is approved by the Research Committee.

Initiated in 2004, the program was embraced by Rotary clubs with enthusiasm and has resulted in grants to some 90 researchers.

From 2004 to 2010 Rotary clubs and districts, in partnership with Australian Rotary Health, supported research projects covering Alzheimer’s disease, autism, brain tumour, breast cancer, dengue fever, domestic violence, driving behaviour, Friedrich’s ataxia, heart disease, leukaemia, malaria, motor neurone disease, ovarian cancer, Parkinson’s disease, phenylketonuria, prostate cancer, quality of life for cancer patients, rheumatoid arthritis, spinal injury and youth suicide. The long-standing support for such Rotary initiatives as Bowelscan and Rotarians against Malaria (RAM) continued.

Some Rotary clubs entering into a funding partnership chose to name the scholarship in honour of one of their own
members.

The Rotary Club of Toowong, Qld., for example, honoured the memory of their late member, distinguished academic, scholar, teacher, author and historian, Dr Basil Shaw, who had served as district governor and had pioneered new district management structures. The Basil Shaw Fellowship was awarded to Dr Simon Apte whose PhD was conferred in 2008 for important research into the immune system. As a post-doctoral researcher, he subsequently studied the immune response to Malaria at the Queensland Institute of Medical Research.

In NSW, the Rotary Club of Blacktown City funded the Melvin Gray Arthritis Scholarship.

Mel Gray, himself an arthritis sufferer, not only proposed that the club offer a funding partner scholarship to study that painful and crippling disease but also set about raising the club’s contribution of $30,000 by riding a bicycle, notwithstanding the discomfort and pain of two artificial knees. He cycled first from Blacktown to Bourke, next from Broken Hill to Blacktown (the long way round, via Hay) and finally from Blacktown via Canberra to Bega and back to Bomaderry. To add to his heroism, he also participated in the Great Australian Bike Ride and cycled around his own Rotary district visiting every club on the way.

**Unlocking secrets of arthritis**

The Melvin Gray Arthritis Scholarship was awarded to Miriam Jackson of Sydney University, whose research project was The role of Activated Protein C in the activation of collagenolytic matrix metalloproteinases in normal and pathological cartilage turnover, which means, to us simple lay people, that she was trying to find out whether a certain protein observed in arthritic joints would make the condition better or worse.

Born and raised in Camden, NSW, Dr Jackson attended St Paul’s Catholic Primary school at Camden and John Therry...
High School, Campbelltown. An outdoors girl, she played netball, enjoyed athletics, was a member of the Australian Air League and played saxophone in the band of the Army Cadets.

She completed her Bachelor of Medical Science (Honours) degree at the University of Western Sydney and was appointed research assistant at Sydney University’s Kolling Institute at Royal North Shore Hospital.

There she became interested in arthritis. So absorbing did she find the study of this painful and disabling condition that she decided to make it her major area of research for her PhD thesis. She completed her study despite the demands of a lively three-year-old child.

The study funded by Australian Rotary Health looked at the mechanisms behind the actions of Activated Protein C (APC), a serine protease with anticoagulant and anti-inflammatory roles, and in particular the role of APC in the degradation of cartilage.

It was not clear whether the increase in Activated Protein C observed in arthritic joints was likely to be beneficial or detrimental to disease progression. Miriam Jackson considered it important to differentiate the potential effects of APC on joint inflammation, which may be beneficial, versus potential cartilage matrix degradation.

In osteoarthritis, she explained, cartilage degeneration is driven primarily by alterations in the metabolism of chondocytes (cells found in cartilage) and the synthesis and activation of degrading enzymes by the cells. The potential direct effects of APC on cartilage degradation in arthritic joints had not been previously investigated and could be important in the way osteoarthritis developed.

The overall objectives of this research were to determine the potential role of APC as a physiological activator of particular enzymes in cartilage and whether modulating APC activity impedes the progression of cartilage degeneration in arthritis.

The many unique findings of the research – more than a dozen, couched in scientific language of which most of us
remain ignorant – included evidence that, under certain circumstances, systemic administration of APC decreases cartilage degradation and subchondral bone thickening in osteoarthritis.

“Cartilage breakdown in osteoarthritis is a major cause of disability and health care expenditure in Australia and will have an ever-greater impact as our population ages,” Dr Jackson said.

“As part of the Federal Government’s national research priority, it is vitally important that we develop better approaches to the diagnosis and treatment of osteoarthritis. Such developments are only possible through advancing our knowledge of the mechanisms responsible for the deterioration of cartilage in this disease.”

Dr Jackson’s studies have defined novel regulatory processes in the onset and progression of cartilage breakdown.

Defining the molecules and pathways through which APC is able to activate particular enzymes involved in cartilage degeneration in osteoarthritis will provide the pharmaceutical industry with targets for the development of new drugs to halt this crippling disease process and to potentially augment cartilage repair.

This research project resulted in entirely new findings which had not been previously published anywhere in the world.

Dr Jackson’s intention, at the conclusion of the project, was to continue research at the Kolling Institute, in pursuit of more knowledge about arthritis so that more effective treatments might be found to relieve the intense pain inflicted by the disease on its many victims.

**Organ transplants**

A research project of vital importance, funded by the Rotary Club of Williamstown, Victoria, in partnership with Australian Rotary Health, deservedly attracted international attention and acclaim because of its potential to save many thousands of lives.

Alternative Sources of Organs for Transplant, was the title of an investigation into the feasibility of recovering organs from
persons after death whose hearts had actually stopped beating. This is in contrast to the longstanding, but actually rarer, standard situation of recovering organs only where the brain has died and the heart continues to beat, by natural or artificial means – so called “Donation-after-Brain-Death”. The technique, known as “Donation-after-Cardiac-Death” (DCD), had been used for the recovery of small numbers of kidneys, but Professor Gregory Snell and a research team at Alfred Hospital in Melbourne pioneered a way of recovering kidneys, lungs and livers in significant numbers.

Greg Snell was born in Melbourne on St Valentine’s Day, 1958. He attended Carey Grammar School, Kew, where his academic performance was, quite obviously, considerably better than average. His major school sport was swimming and his later outdoor interests were sailing and skiing. It was at school that he chose medicine as a vocation.

To summarise a brilliant career in a few words, Greg Snell graduated MBBS from Melbourne University, MD from Monash and was elected a Fellow of the Royal Australian College of Physicians. He was trained in Respiratory Medicine at the Repatriation Hospital and subsequently at the Alfred, undertaking further study in lung transplantation in Toronto Canada.

He is married and is the proud father of three children.

An exciting experience – one that was to determine the future direction of Professor Snell’s career – was his involvement in the first successful lung transplant at the Alfred Hospital in 1990. His greatest frustration, he said, was that Australia had the lowest rate of organ donation in the world and that, consequently, so many patients die while awaiting a transplant. It was his frustration at the long waiting list that motivated him to increase the supply of organs with a new technique for recovering organs from cardiac-dead donors.

The research, translating ultimately to human transplant success in 2006, involved using a heart-lung bypass machine circuit to assess the function of lungs, kidneys and livers
recovered up to hours after death. Indeed, the team showed it was safely and practically possible to recover lungs up to 60 minutes, and kidneys and livers up to 30 or more minutes after death.

The work was chosen from more than 1,000 submissions to be showcased at the International Society of Heart and Lung Transplantation in Chicago, Ill., USA, and was subsequently awarded as one of the most important contributions for the year.

Professor Snell said that the research team had initially hoped that the recovered organs would be “nearly as good” as those from brain-dead donors.

“In fact,” he said, “they appear to be better.”

In 2010 approximately 25% of organ donors in Australia are DCD donors.

“Most importantly,” he said, “there continues to be an exponential rise in the number of DCD donors as the Australian Government’s organ donation initiative has got behind DCD and made it one of the main platforms to increase organ transplant opportunities.”

Professor Snell paid a warm tribute to the members of the research team for their outstanding contribution to the work. He said that he was particularly grateful to Associate Professor Bronwyn Levvey for her meticulous attention to the smallest detail in the essential routine of investigation and publication of results.

“Her father and my father were both Rotarians, so we have a special affinity with those who supported our work,” he said.

Following the success of the research, Professor Snell collaborated with colleagues at St Vincent’s Hospital, Melbourne, to assess the possibility of using genetically-modified pig lungs for human transplants.

His hopes for the future: “… that the number of transplants can be increased; that the problem of chronic rejection can be solved and that transplanted organs will last ‘forever’. Hopefully we will have an unlimited supply of transplantable organs that
we can either grow from stem cells or use from animals”.

**Corporate Funding Partners**

The success of the Funding Partners program encouraged the board, in 2007, to invite Australian business houses to enter into partnership with Australian Rotary Health to fund research projects in which they have a special interest.

Hansen Yuncken Pty Limited entered into partnership with ARH to award the first Corporate Funding Partner PhD Scholarship to Ms Victoria Leitch of the Child Health Research Institute in South Australia. Her thesis was based on her research into craniosynostosis.

At the time this story was written, no research study funded under the Corporate Funding Partnership program had been completed.

**Research Companions**

The Research Companions program was instituted in 2008. It is a partnership enabling generous donors to choose a specific area of research and maintain personal involvement with the research being undertaken.

The three inaugural three-year, $100,000, Australian Rotary Health Research Companions for research into a named PhD scholarship were:

- The York Family Bequest for research into Motor Neuron Disease;
- The Whitcroft Family – Mental Health; and
- The Beslich Family – Children’s Mental Health.

Needless to say, the board was delighted to acknowledge the “outstanding philanthropy” of these donors.
CHAPTER XVI

Scholarships – Indigenous Rural and Nursing

The first recorded reference to any Rotary concern for the welfare of our aboriginal people appeared in the report of a district conference held in Perth in 1952 – when there were only seven Rotary districts covering all of Australia. Following a well received presentation on international service and world understanding by a former district governor and future vice president of Rotary International, Ollie Oberg of Sydney, Rotarian Dr H. Gordon Hislop, the R.I. President’s representative at the conference, challenged Rotarians to consider the plight of our own “detribalised” Australians: the urgent need for better understanding of their problems and the development of projects to alleviate their suffering.

In earlier years, of course, there had been considerable help extended to the disadvantaged of all races, including indigenous people, especially during the great depression of the 1930s, but there is no evidence of any recognition of their special needs as a people.

Gordon Hislop’s challenge was taken up and, since then, numerous welfare, educational and vocational programs have been developed by clubs, districts and the Australian Rotary Institute for the dispossessed original custodians of our land. Most proved to be successful; some were outstanding with far-reaching benefits. A few were doomed to failure from the outset because of a propensity on the part of middle-class Australians of European origin to impose their own values upon the victims of their benevolence.

Following the production of an audio-visual program by the Rotary Club of Lower Blue Mountains, NSW, designed to teach non-indigenous Australians about the rich culture of our
Aboriginal people, the Australian Rotary Institute, in 1974, appointed a committee, led by the late Professor Alex Mitchell of Sydney, to expand on this theme by providing helpful guidelines for Rotary clubs seeking to assist indigenous people in their self-development. The report and recommendations were made available to clubs in 1975.

Among the Australian Rotary Health funded research projects associated with indigenous people was a revealing study, with socially beneficial results, co-ordinated by Melinda Andrews, an Ian Scott PhD Scholar from Curtin University in Western Australia. The aim was to investigate mental health problems in remote indigenous communities in the West Kimberley region. The research team identified various risk factors, including isolation, lack of employment and stressful life events that generated chronic problems such as drug and alcohol abuse, suicide-ideation, fighting, boredom and grief. They also identified protective factors: community connectedness, cultural practices and school attendance; and were able to develop mental health promotion activities in conjunction with the community.

An outcome of this research was a community youth project called “Baawa Ingul Gooron” – “Kids Having Fun”, now managed by the community with ongoing Government funding. Resulting from this there was a marked reduction in crime and dangerous or risk-taking behaviour. There was also better community support for young people.

**Indigenous scholarships**

Australian Rotary Health, which was established for the benefit of all Australians, first introduced special programs for indigenous people in 2003 when the board awarded 25 scholarships Australia-wide. The object of the program was to provide scholarships so that students could undertake courses in a wide range of health-related professions.

It was based on a scholarship program instituted by the Rotary Club of Mitcham, SA, in 2000 under the enthusiastic
leadership of Geoff Bailey. With later extension, it operated as an independent State program, still directed by Geoff Bailey in South Australia but with Ted Anderson in NSW and Ken Peake in Victoria accepting responsibility for its development. The initiative was a response to the startling revelation that, of the 64,000 qualified medical practitioners in Australia, only 40 were of indigenous descent.

The indigenous scholarships program became a co-operative project of Rotary clubs, Australian Rotary Health, the Australian Government and the relevant government department in each State or Territory. It was hoped, initially, to support medical students so that more indigenous doctors would be available to work in their own communities; but the program was expanded to cover all health workers and was an immediate success. Within two years 50 scholarships had been awarded, 23 of them to medical students. Other scholars were enrolled in bio-medical engineering, health science, midwifery, nursing, physiotherapy, podiatry, psychology, and social work.

In 2010 there were 80 scholarships awarded to indigenous students working towards degrees at 24 universities in all of the above faculties plus applied science, behavioural science, biomedical science, dentistry, dietetics, environmental health, exercise science, indigenous community health, occupational therapy, oral health, pharmacy, radiography and remote health management.

Many of those awarded scholarships were mature-age students, some married with children – enrolled nurses or nursing aides, for example, who aspired to become registered nurses but who lacked the funds to take a degree. The scholarship provided a supplement to the Abstudy allowance so that the needs of the family could be met.

The scholarship was widely publicised within the Rotary family through clubs, the annual ARH Facts Booklets, and in *Rotary Down Under*.

The first graduate in medicine was Aleeta Dawes, who
began her studies at Flinders University under the Rotary club and State government program. After 11 years, interrupted by several breaks to meet family commitments, the mother of three graduated at the age of 42.

James Charles, who qualified as a podiatrist in 2005 at the age of 37, said that at the age of 14 he was illiterate. It was then that he decided to go back to school and matriculate. Having done so he began an arts degree but transferred to podiatry, becoming the first Aboriginal podiatrist in South Australia. At the age of 40 this father of five returned to University to complete his Master’s degree.

In 2006 Kara Blitz graduated in medicine at the University of Newcastle, went to Alice Springs for her year as a resident with the intention of returning to serve her own people as a doctor at Gove, NT.

Luita Casey successfully completed a double degree at Flinders in 2006. She graduated Bachelor of Nursing and Bachelor of Health Science.

Dr Clare Patterson, Indigenous Scholar sponsored by the Rotary Club of Sydney CBD, was only the second indigenous medical graduate to be accepted for specialist training in surgery. Clare is also a Rotarian.

Torres Strait Islander Ines Francia graduated in nursing at Flinders University in 2002 and began Pharmacy at Griffith University, Qld., in 2007. She planned to provide health care and health education for indigenous patients.

Fiona Rigney, in the final year of Arts/Social Work at The University of Melbourne, was named in the Dean’s List (2006) for her outstanding academic achievements.

Michael Debono graduated in nursing at the Institute of Koorie Education in Victoria in 2010, added a Graduate Diploma of Mental Health at Flinders University and enrolled in Medicine and Surgery at Monash University in 2011, planning to work as a general practitioner in remote settings among Aboriginal and Torres Strait Islander people.

As a young girl, growing up on Palm Island, Luarna Walsh
knew that she wanted to care for people. First she worked as a day care assistant, next with homeless youth and then in aged care in Townsville. While there she realised that she really wanted to devote her life to health care, which led her to begin training for a Bachelor of Nursing degree at the Batchelor Institute of Indigenous Tertiary Education in the Northern Territory in 2009. Awarded an Indigenous Scholarship, she gained two high distinctions in her first semester. Her plans were to complete her post-graduate work in Darwin and then return to serve her community on Palm Island.

Former policeman Sean White, originally from Walgett, NSW, but working in an outer metropolitan area, decided that he could serve his own people better as a doctor. Sponsored by the Rotary Club of Parkes, he enrolled in the University of Newcastle, graduating in 2010 and chose to do his internship at Orange. While at University he was elected Student Delegate to the Indigenous Doctors’ Association.

In 2004 Teresa Branson, sponsored by the Rotary Club of Hyde Park, SA, was named the South Australian Nursing Excellence Awards Indigenous Nurse of the Year while undertaking the graduate nurse program at the Port Augusta Hospital. On completion of her studies she went on to qualify in mental health nursing.

* In recognition of Geoff Bailey’s initiative in founding the Indigenous Scholarship Program with two students in 2000 and his continuing dedication to its development and eventual adoption by Australian Rotary Health, the board in 2007 established a scholarship to enable an ARH indigenous graduate to undertake post-graduate studies for the award of a PhD degree; the recipient to be known as the Geoff Bailey Fellow.

**Rural Health Scholarships**

Those Australians who live in the great cities and their sprawling suburbs are usually able to receive medical attention
at short notice and reasonably close to home. Not so those who live in the bush, where the nearest medical facility – hospital, clinic or medical practice – is often at some considerable distance and doctors are few.

The Rural Doctors Association pointed out that, far from showing any improvement, the situation had become worse. Half the maternity units in rural Australia had closed in the previous decade, forcing many pregnant women to travel hundreds of kilometres to give birth, so increasing the risks. Elderly doctors who retired were not being replaced. Per capita health spending was lower the further one lived from capital cities. At least 16,000 additional health professionals were urgently needed to provide even basic health care in the bush, including 1,000 doctors, 5,400 nurses, 600 midwives, 1,000 Aboriginal health workers, 1,700 dentists and 6,100 additional allied health professionals.

The Association declared that there was no nationally co-ordinated program to provide adequately trained rural medical, nursing and allied health professionals who, because of their remoteness, must be multi-skilled.

In 2007 Australian Rotary Health awarded 28 scholarships, valued at $5,000, to medical students attending 14 rural clinical schools in Australia. This was a pilot for three years, the aim of which was to encourage medical students to complete at least one year in a rural area in the hope that they might be influenced to consider entering medical practice in rural Australia.

The program proved to be highly successful. Many city-bred students had never experienced life in a rural town and were overwhelmed by the friendship and hospitality of country folk and the welcome they received from the local Rotarians. They also found that working one-to-one with general practitioners and visiting specialists, and the variety of medical conditions being encountered, rapidly expanded their knowledge and diagnostic skills.

Though introduced as a three-year program, it was
continued because of sponsorships by Rotary clubs and other benefactors.

Rural Nursing Scholarships

An anonymous donation in 2007 enabled Australian Rotary Health to offer scholarships to four nurses in NSW and Queensland who were willing to do their final placements in rural settings; and then to complete their post graduate year in rural hospitals.

Led by the Rotary Club of Carlingford in NSW, a succession of Rotary clubs added to the funds so that more student nurses could enjoy this experience and in the hope that, in time, the serious shortage of registered nurses in regional hospitals might be alleviated. When a Rotary club in a metropolitan area provides the sponsorship, a matching club in the rural area offers the student the usual friendship and support.

Student nurses were so happy with their placements and so lavish in their praise of the program that Australian Rotary Health had no hesitation in encouraging Rotary clubs throughout Australia to consider sponsoring young nurses.
CHAPTER XVII

Research Committees and Directors at work

An attempt has been made, in the foregoing chapters, to describe the work of Australian Rotary Health: the efforts of those people who have been responsible for implementing the program, establishing the total organisation, building the administration, planning the appeals and promotion, communicating with potential benefactors, dealing with government ministers and bureaucrats, receiving and investing funds, organising the symposia and seminars and forums, considering the applications, choosing the areas of research to be funded, allocating the grants – in other words, making it all happen.

Of course everyone who has served as a member of the board or the research committee, as a district chairman or regional co-ordinator or as a worker in a Rotary club, has contributed very significantly to the growth and development of what has become the largest non-government research-funding body in the country, recognised and highly respected by the medical profession and the scientific community.

Two complementary groups of people have made it possible for Australian Rotary Health to operate. Neither could have functioned effectively without the other and the organisation could not have functioned at all without both. They are the Board of Directors and the Research Committee.

The Research Committee

The contribution of the Research Committee cannot be overemphasised: the combination of expert knowledge and impartial scientific appraisal; the application of the intellect to the processes by which research proposals are considered, the
criteria applied and the final decisions reached.

From its earliest days, the steering committee recognised that it would be imperative to select a panel of leading specialists to advise on the most appropriate areas of research and on the allocation of research funds. It was clear that the people to be chosen for this task would be those best qualified; who would be not necessarily Rotarians.

Once again the extensive Rotary network was used to find the right people; and Rotarians in the appropriate disciplines were called upon to provide names. It probably is true to say that every major hospital, every medical research organisation or foundation and every university in Australia was combed for the most eminent specialists available. It speaks volumes for their vocational commitment that so many were willing to accept the invitation to serve as volunteers: to donate their time and their hard-earned knowledge, with no reward and not even the customary public acknowledgement of their service.

At the very first meeting of the steering committee, on 4 February 1981, the need to assemble a qualified “medical panel” was discussed; and this necessity was kept in mind during the work towards formal establishment of the health research fund. When, in 1985, the board was at last in a position to allocate its first research grants, there was already a list of prominent specialists who had been recommended by Rotarian medical practitioners from all States.

Because cot death was to be the first area of research, the board felt that it could not choose a better person to lead the first research committee than Alan Williams, who, it will be remembered, had so passionately presented the case for more research funding in a radio interview that he had inspired Ian Scott to take the action which resulted in the formation of the Australian Rotary Health Research Fund. Obviously he would have an intimate knowledge of those areas of research worth pursuing and the criteria to be applied. The board unanimously decided to invite him and was delighted that he accepted.

The first research committee had no guidelines, apart from
the very brief terms of reference given by the board. The new members were expected to devise an application form and guidelines for applicants and then to develop an effective method of choosing the successful applicants.

Dr Glen Buchanan, a specialist general practitioner, member of the Rotary Club of Stanthorpe, Queensland and a past governor of District 9630, who was a member of that committee, recalled that few, if any of the members were experienced in judging the potential value of other people’s research; so the first task was to devise a system of comparing the various proposals and deciding which were worthy of funding.

“It was very much a matter of flying by the seat of our pants,” he said of this difficult assignment. “At first glance the research proposals appeared to be all worthwhile and deserving of support; so we had to ask ourselves which, in view of the limited funds available, we should recommend. It so happened that the exciting proposal for a prospective study into the incidence of cot death, submitted by Professor Terry Dwyer, appeared to all of us to have an excellent chance of producing practical outcomes; so that disposed of our first problem; but we were still left with a large number of interesting proposals from which to choose just a few.

“One that stood out as positive and having immediate practical benefits was the study of an appropriate form of counselling proposed by Dr J.C. Vance of the University of Queensland. Until the cause or causes of cot-death could be identified, there would be still many bereaved families needing help.”

The committee at that time had to be conscious of the need to recommend grants that would help in the promotion of this new project. Apart from the various co-ordinating or advisory committees appointed by the Australian Rotary Institute at that time, such as International Projects Advisory Committee (IPAC), Australian Vocational Advisory Committee (AVAC), the Youth Exchange Program (YEP) and the Rotary Youth
Leadership Awards (RYLA), which were designed to exchange ideas and information to improve the efficacy of existing Rotary programs, there had never been a nation-wide, multi-district project to meet a great community need; and it was important that those “selling” the idea should be able to demonstrate some early successes; and also to show that there was a nation-wide representation of research being funded.

“While the scientific integrity and potential value of any proposed research project were still paramount,” Dr Buchanan said, “we did feel it important, for the future development of the Fund, to consider these other factors.”

One of his happy memories of that first committee, he said, was that he was what he described as the “token G.P.” and was professionally consulted by these eminent specialists about any ailments with which they might have been afflicted during their deliberations. Dr Buchanan also remembered that, when called upon to recommend the area of research to be funded after the first triennium, he assumed that, with a preponderance of paediatricians on the committee, the recommendation would be for further research into the illnesses of children, which was also the first preference of some board members; but, after considering the probable health concomitants of an ageing population, they were almost unanimously in favour of health problems of the aged.

“Perhaps it was because we were all getting older!” he suggested.

Thanks to growing experience and the contributions of many throughout the years, and particularly to innovations introduced by Professor Michael Sawyer of South Australia, more reliable measures were introduced to the consideration of grant applications and a more scientific approach to the selection of research areas, based on factual rather than anecdotal evidence, was possible.

A sophisticated mechanism was brought to the task of recommending grants for specific studies, in which each applicant is given scores for the scientific excellence of the
application, the “track record” of the applicants as researchers, the quality of the partnerships identified in the application and the relevance to community-based interventions. Each member of the committee individually considers each application and awards the appropriate low, moderate, high, very high or outstanding score in each of these categories. A “low” rating is given to an application which lacks sufficient merit to be funded; “moderate” means a sound application but not worthy of funding; “high” is awarded to a good application which is still not strongly competitive for funding; “very high” goes to an internationally-competitive application worthy of funding and “outstanding” is given to the application of exceptional quality, worthy of funding. Each member also has an opportunity to record any comments. Then, with the total scores before them, the committee members, in group discussion, consider each application before making a final recommendation to the board.

Each application includes a summary of the aims and objectives of the project; ethics approval from the applicant’s university or hospital; background and research plan, including estimated time required for completion; relevant publications in respected journals of related projects by other researchers; the applicant’s own publications over the past five years; and a detailed budget with justification for the expenditure of monies sought.

Chairman of the research committee from 1997 to 2003 was Dr John Feros, OAM, whose death in February 2011 was mourned by his colleagues. He had served R.I. as district governor, president’s personal representative, committee member and chairman, task force member and zone co-ordinator. A University of Queensland graduate, John Feros was a member and past president of the Rotary Club of Brisbane West, Qld., whose Rotary association began when, at the age of 18, as a Queen’s Scout and Baden Powell Awardee, he was chosen for a Rotary Youth Leadership Award.

He strongly supported the contention of the board of
directors that, no matter how large the corpus, it should never be “capped” with a final target, for there never can be enough funds available for research.

“In 1999, for example, if we had been able to fund the total amount sought (for 2000) for mental illness including the Ian Scott Fellowship, emergency care, Ross River virus and Rotary against Malaria, we would have needed $4.8 million,” he said. “We were able to make grants totalling $545,000 — about eleven percent.

“As with the work of The Rotary Foundation, ‘enough’ never will be ‘enough’,”

Explaining the procedure for awarding grants, Dr Feros said that applications were invited in mid-year and the research committee met to consider them in October; but a great deal of work was done before the announcement of successful applicants.

“For 2000 our new topic, Mental Illness, attracted several hundred enquiries,” he said, “but this, fortunately, translated into just 100 applications. I am very grateful to Professors Michael Sawyer, Alan Hayes and Philip Mitchell, who assisted in culling these down to 50 projects at a preliminary meeting in September 1999. Projects were ‘culled’ if the amount asked for far exceeded the limit specified, or if the topic was well ‘off theme’. Some pure science projects were also rejected; but we tended to be lenient and included some ‘doubtful’ projects.

“Surviving applications were then allocated to a ‘spokesperson’ member of the committee, according to the expertise or interest of the member, whose task would be to ‘present’ the project to the October meeting. The 50 projects were then posted to each committee member for individual ‘scoring’ [described above]. I don’t know about other members of the committee but each application would usually take me about 30 to 60 minutes to assess.

“When we arrived at the October meeting the 50 projects were presented by their spokespersons and discussed by the whole group. Each of us was then given the opportunity to re-
score each application after hearing the discussion. It is notable that several applications were significantly re-rated after the round-table discussion. On the following day we allocated the available funds, starting with the highest ranked application. We would ‘slash and burn’ budgets where indicated until the funds ran out.’’

In 2002 the research committee revised and modified the procedures, the application forms and the advertising to streamline the overall process. There was no suggestion, however, that the rigorous criteria for selection should be modified.

In 2003 John Feros resigned the chair in favour of Vice Chairman Michael Sawyer.

Born in England in 1948, Michael Sawyer migrated to Australia with his family when he was five years old. Educated in Melbourne, he completed his undergraduate medical education at Monash University and his postgraduate training in psychiatry at McMaster University and the University of Toronto in Canada.

Professor Sawyer’s research has focused on the quality of life of children with chronic illness and the epidemiology of child and adolescent mental disorders. He was the lead investigator in the Child and Adolescent Component of the National Survey of Mental Health and Well-Being in Australia and the beyondblue Schools Research Initiative.

Married with four children, his interests beyond family, profession and voluntary work, include reading, swimming, jogging and cycling.

Professor Michael Sawyer, OAM, MBBS, PhD, Dip Child Psych., FRANZCP, FRCPC is Professor of Child and Adolescent Psychiatry in the School of Paediatrics and Child Health at the University of Adelaide and Head of the Research and Evaluation Unit at the Women’s and Children’s Hospital in South Australia. He is currently a Director with Australian Rotary Health. Prior to this appointment he was Chairman of the Research Committee. He also has been Head of the
department of Paediatrics and Associate Dean (Research) in the Faculty of Health Sciences at the University of Adelaide. In 2008, he was awarded the Medal of the Order of Australia for services to child and adolescent mental health as a researcher and educator.

First introduced to Australian Rotary Health as a researcher, Michael Sawyer accepted an invitation to join the Research Committee in 1996-97, bringing his valuable experience as a psychiatrist, researcher and teacher and also making a most important contribution as convener of symposia. He served as chairman from 2003 to 2009, when he handed over to Professor Tony Jorm and was promptly recruited for further service as a member of the ARH Board of Directors.

It was largely due to his advocacy, as a member of the research committee, with the influential support of Professor Scott Henderson of Canberra, Professor Harvey Whiteford and Mr Dermot Casey of the Commonwealth Health Department, that the board adopted mental health as the principal area of research for the 2000-2003 triennium. And there can be little doubt that his endorsement, as chairman, resulted in those recommendations to the board that resulted in an extension of Australian Rotary Health interest beyond research into the areas of public awareness and education.

During Professor Sawyer’s chairmanship of the committee a revised review system was introduced, in the course of which a new element was included to ensure that grant applicants could demonstrate the relevance of their projects to the aims of Australian Rotary Health.

Professor Tony Jorm (who was introduced in Chapter XIII) took over the reins in 2009. The number of applications continued to rise at a much faster rate than the funds available for allocation; and for project grants, the committee was faced with a success rate of about 10%. This was a matter of considerable concern because the amount of work put into the applications by the other 90% was wasted effort, which was patently unfair to the applicants. The committee needed to
consider ways to restrict the number of applications so that a reasonable success rate could be attained. The board agreed to do this by placing the emphasis on the mental health of young Australians from 2011.

“I think this is a great solution because it allows Australian Rotary Health to focus its resources on that part of the lifespan where we have the greatest potential for lasting gains,” Professor Jorm said.

“We know that mental illnesses often start early in life and, if people are not properly supported and treated, this can have life-long implications.”

Though substantially unchanged since they were first developed, the committee’s protocols were reviewed and refined from time to time in the light of experience; but the workload remained undiminished. It was still necessary to strictly follow their own guidelines, assessing each of the hundreds of applications carefully and impartially; and awarding each research grant on its merits.

Clearly the process is exhaustive – and almost certainly exhausting. It is time-consuming and demands an exceptional level of concentration as well as an equally high level of specialised knowledge, experience and understanding. It is hardly surprising that those who devote so much time and cerebration to this vitally important task are regarded so highly. They merit the gratitude of all Rotarians as well as all recipients of research grants and all the unknown and unknowing beneficiaries of the new treatments resulting from research.

The Board of Directors

The work of the board is seen in the growth and development of Australian Rotary Health as a major research and public education unit, largely described in the foregoing chapters. While the great value of the work of all those who have served as members of the Australian Rotary Health Board of Directors is acknowledged, space limitations prohibit even the briefest of introductions here of any but those who have accepted the
burdens of leadership. A year-by-year list of all members of the board is given in Appendix I.

Albert Henry Royce Abbey, AO, DCM, (1983-1988) born in Melbourne in 1923, member of the Rotary Club of Essendon since 1954, is a past president of Rotary International (1988-89) and former chairman of The Rotary Foundation, a business, community and youth leader, philanthropist, former Victorian of the Year and Advance Australia Ambassador, wartime army officer decorated for gallantry, recipient of numerous Australian and foreign honours and awards. He is married to Jean and they are parents of three and grandparents of 10.

Chairman of the steering committee of what was to become the Australian Rotary Health Research Fund and, later, Australian Rotary Health, Royce Abbey was unanimously elected chairman of the first board of directors and remained in that office for the next five years; during which the promotion began, the sponsorship of symposia was firmly established, procedures were instituted for the appointment of research committee members and the first committee was appointed, the first research grants were awarded and the initial target of $2 million came within weeks of attainment.

His recollections of his years as the first chairman of the board were of sustained work inspired by a missionary zeal by everyone involved.

“They were all convinced that a vital community need had been identified and that they were privileged to have been chosen to ensure that it was met; and each one was determined to meet it. I was honoured to be a part of it,” he said.

Geoffrey James Betts, AM, MBE, (1988-1991) was born in Sydney in 1920. After service in World War II as an army officer he embarked on a successful retail career. Making his home in Geelong, he served his community in youth work, advanced education, health and veterans’ welfare. He joined the Rotary Club of Geelong in 1963 and served Rotary International as
district governor, committee member and chairman.

Geoff Betts was a member of the steering committee in 1981, and became a foundation member of the board, serving for ten years including five years as vice chairman and three years as chairman – before fixed terms of office were introduced.

“I have happy memories of all my Rotary activities,” he said, “but none gave me more pleasure than my involvement with Australian Rotary Health. The concept followed Clem Renouf’s 3H initiative which harnessed the strength of Rotary into one major project. It allowed Australian Rotarians to join in a grand endeavour; and their continued support proved that its time had come.”

He also looked with some satisfaction on the sound administrative and financial policies established in the earliest days, leading to an efficient national office and exemplary financial history.

Geoff and his wife, Betty, are the parents of three sons who have given them ten grandchildren

Colin Spencer Dodds (1991-1993), born in Sydney 1926, was an industrial chemist and later motel owner. A charter member of the Rotary Club of Concord, N.S.W. (1956) he served Rotary International as committee member and chairman and International Rear Commodore of the International Yachting Fellowship of Rotarians. In 1986 he was elected to the Australian Rotary Health board of directors, was chairman in 1991-1993, retiring from the board in 1994.

It was said, after his retirement from the board, that Colin Dodds made an art form of marketing Australian Rotary Health. No one disagreed with this assessment. One personal contribution which gave him considerable satisfaction was the introduction into the annual program of the influential Rotary Institute of an Australian Rotary Health segment and inclusion of ARH in the briefing sessions for incoming district governors, whose co-operation and support is vital to its future success.

Colin and Athalie Dodds had three children and eight
grandchildren. He died in 2004.

**Bruce H Edwards**, AM, FCA, (1993-1995) was born in Melbourne in 1933. An accountant, he gave distinguished service to his vocation and community; and in the Rotary Clubs of Edwardstown (1973), Blackwood and as charter president of Flagstaff Hill (1978). He served Rotary International as district governor, committee member and chairman.

Elected to the board in 1990, he followed Colin Dodds as chairman in 1993.

Reflecting on his term as chairman, Bruce Edwards said that the greatest achievement of the board at that time was to maintain and build on the foundations so carefully established by his predecessors.

“I remember taking office and being extremely aware of the great efforts of Royce Abbey, Geoff Betts and Colin Dodds. Record year had followed record year … thankfully we were able to maintain the momentum through the efforts of a strong team of committed Rotarians.”

Bruce Edwards was able to announce that the corpus had reached $6 million during his term and he was proud that Australian Rotary Health was able to celebrate its first decade of funding vitally important health research.

He and his wife, Audrey, are the proud parents of three and the grandparents of eight.

**Stanley Bruce McKenzie**, OAM, (1995-1997) born in Melbourne in 1932, joined a family retail business, becoming managing director in 1955. He also completed 12 years of CMF service with the rank of captain.

Bruce and his late wife, Lorraine, had three children who produced seven grandchildren, his greatest comfort, since her tragic loss in 1984.

Charter member of the Rotary Club of Box Hill in 1957, he served Rotary International as district governor, committee member and chairman; and his community in the areas of
health care and the welfare of the disabled.

Bruce McKenzie’s early interest in Australian Rotary Health led to his election as alternate director in 1990 and subsequently as a director and chairman. He counted it a great privilege to have been actively involved.

“As chairman I was fortunate to have the support of a great board and enthusiastic chairmen in every district. Setting a target of a million dollars seemed ambitious but it was achieved because of their work and our unique communications network.

“I think the regular consultations with Federal, State and Territory Ministers for Health was also a positive and very valuable step forward,” he said.

Edward J (Ted) Atkinson (1997-1999) was born in Sydney in 1938 and educated at Eastwood Primary School and Trinity Grammar. His vocational involvements ranged from electrical contracting through manufacturing and irrigation, to software and fund-raising consultancy.

A member of the Rotary Club of Dural from 1969, he led a Group Study Team, was a member of the first Australian Rotary Delegation to China, was District 9680 Governor in 1991-92, and was given several important R.I. and Institute appointments.

Ted Atkinson was elected to the board in 1993 and served as chairman in 1997-99. He counted himself privileged to be chairman when the board adopted mental illness and the community awareness program and to have played a part in gaining the support of the Federal Government.

“They were exciting years,” he said. “Of all the wonderful opportunities I have been given to serve in Rotary, I consider it the greatest privilege to have been a board member and chairman.”

The board recognised Ted Atkinson’s service by conferring Life Membership; and promptly recruited him to the staff to co-ordinate fund-raising programs, at which he was
remarkably successful.

Terry J. Edwards, AM, JP. (1999-2001) was born in Marion, SA, in 1942 and was educated at Sturt and Brighton Primary Schools, Brighton High School. Graduating dux of his technical college, he established his own hairdressing business at the age of 22 and remained in the same calling.

With community service activities in civic, sporting, youth work, health and education fields too numerous to mention, he was elected to membership of the Rotary Club of Glenelg in 1967, served as district governor in 1987-88 and thereafter held several important Institute, Rotary International and Rotary Foundation appointments; in all of which he was supported by his wife, Chris, an equal partner in all his service activities with the full approval of their two daughters.

Elected to the board of Australian Rotary Health in 1994, he served, by special resolution, two years longer than the usual term. He was chairman in 1999-2001, facing, with enormous enthusiasm and dedication, the demands on time, talents and energy arising from the mental health initiatives and actively promoting the public awareness campaign to which he was passionately committed. His service was recognised with the conferring of Life Membership.

Denis Green (2001-2003), born in Rabaul in 1935, was evacuated to Australia in 1941. His father was captured and lost when the Japanese prisoner ship Montevideo Maru was sunk.

With his mother and brother, Denis lived in Blaxland, NSW, attending Penrith High School and graduating in Pharmacy from Sydney University in 1955. He remained in the same vocation until his retirement.

Denis was a Queen’s Scout and later Scoutmaster. He began National Service 1953, remaining in the CMF until 1958, when he married Stephanie. They have three children and nine grand children.

Denis was a charter member of Rotary Club of South Penrith
in 1977, was District 9690 Governor in 1992/93 and subsequently accepted several Institute and Rotary International assignments.

Always interested in the work of Australian Rotary Health because it was meeting a desperate need, he was elected to the board in 1997, becoming involved in the Safari and the Bike Ride.

He considered the major achievements during his chairmanship were acceptance of Bowelscan as an ARH, activity, adoption of the Indigenous Scholarship program and the new business plan. His service was recognised with the award of Life Membership. Denis continues to serve as a Rotary ambassador and district chairman.

John Ranieri (2003-2005), who described himself as a project manager and part-time cattle farmer, was already involved in community service when he joined the Rotary club of Kalamunda, Qld, 1982. After the usual apprenticeship in club and district, he served as District Governor 1997/98. This was followed by a series of Institute and Rotary International responsibilities which he discharged with skill, enthusiasm and the support of his wife, Carol, with whom he shares the joys of parenthood and grandparenthood.

One of those recruited because he was critical of some aspects of ARH management, he was elected to the board in 2000, serving as chairman in 2003-2005. It can be justly claimed that he advanced many innovative ideas, some of which were adopted and proved highly successful. He listed among several highlights of his term the Around Australia Safari, the funding of KidsMatter and the Rural Mental Health services evaluation research program and considered himself privileged to have served as chairman of a great national project which, he said, had created the most positive publicity for Rotary with its mental health initiative.

Ian R. Oliver, OAM, (2005-2007), was born in Maitland, SA.
He graduated with Honours from Roseworthy Agricultural College in 1957. He married Lyn in 1958 and they have two daughters and five granddaughters.

First engaged in irrigation design he finally settled on fruit and wine-grape growing, serving his vocation with distinction in many high offices. He also did civic duty as a councillor and mayor.

Joining the Rotary Club of Waikerie in 1978, he served as district governor in 1999-2000; after which he was in demand for numerous Institute and Rotary International assignments.

Elected to the Australian Rotary Health Board in 2001, he served as chairman for 2006 and 2007. He said he was privileged to be one part of a group of people dedicated to the success of ARH.

“\nThe success of our programs was enhanced by developing relationships with governments, universities, research institutions and corporate entities,” he said; adding that he was particularly pleased that they were able to expand scholarships in many health-related areas; also that the board decided to move one meeting each year to cities other than Sydney, so providing many opportunities to display ARH programs to a wider audience.

**Terry Lees** (2007-2009), a resident of Mount Isa for 32 years is married to Pattie and they have two daughters, two sons and 10 grandchildren. His major sporting interest is long-distance canoeing, for which he holds several records.

With a long history of community involvement, Terry Lees has been a Rotarian since 1988, as a member of the Rotary Club of Mount Isa South West, in which he was instrumental in having the famous Mount Isa Rodeo given world-event listing. He was District 9550 Governor 2001-2002 and accepted many subsequent Rotary appointments. He also served his State as Director of the Centre for Rural and Remote Mental Health and as Director of Reconciliation.

Elected to the ARH Board in 2004 he was chairman in 2007-
2009, bringing his own unique experience in mental health and indigenous welfare to the task, presiding during the major constitutional changes and change of name, enjoying the success of the Great Australian Bike Ride and taking some pride in the number of research grants and scholarships awarded during his term.

**Noel Trevaskis, OAM, (2009-2011)** born in 1948, spent his youth in the Riverina. He is vocationally involved in agriculture marketing. He and wife Sue are the proud parents of five and grandparents of 10. Beyond family, Rotary and business, his interests include Rugby and gardening.

Elected to membership of the Rotary Club of Goulburn-Argyle in 1996, he held numerous district appointments and was District 9710 Governor in 2005-2006, after which he served in wider fields of Rotary, receiving several rare awards. He is now a member of the Rotary Club of Merimbula.

An adviser to the Australian Mental Health Foundation at the Australian National University, he came to the board of Australian Rotary Health in 2006 after an apprenticeship as a district chairman and regional co-ordinator.

His firm belief is that, for its future strength and influence, Australian Rotary Health must forge stronger links with corporate Australia. As one who suffered the miseries of deep depression, he admitted to being most proud of its work to destigmatise mental illness; and the ongoing focus on the mental health of youth through research, awareness and education.

*It will be observed that the chairmen, no less than the members of the boards over which they preside, are people of vastly different background; of vastly different kinds of formal education, of different vocations, with different skills, different talents and probably holding different religious beliefs and political convictions. In this they reflect the total membership of Rotary throughout the world: business and professional*
people of different nations, different races, different religions and different vocations, united in the ideal of service. Because of these differences they have been able to contribute their different specialised knowledge, their different talents, their different skills, their different ideas arising from their different experiences, to the formation, the growth, the development and the effectiveness of Australian Rotary Health.

As the French might say, in an admittedly different context, *Vive la différence.*
Inevitably, in a work of this kind, in which an attempt is made to weave so many disparate strands into some semblance of a cohesive pattern, there are those that deserve to be included – indeed that must be included – but do not fit easily into any element of the general design. In any of the foregoing chapters, they would have appeared out of place; so they have been bundled together here in a miscellany of important occurrences, facts, decisions and other aspects of our history not included in the preceding chapters.

Patrons

In 1999 the board decided that a patron of the Australian Rotary Health Research Fund should be elected; and the question of choosing a distinguished person for this office soon resolved itself in a unanimous decision to invite the three Rotarians who had served as presidents of Rotary International – Sir Clem Renouf, Kt.B, AM (1978-79), Royce Abbey, AO, DCM (1988-89) and Glen Kinross, AO (1997-98) to be joint patrons.

Two of these, Royce Abbey and Sir Clem Renouf, had served as members of the ARH board – Royce Abbey as the first chairman – and Glen Kinross had been the board member of Rotary International when able representation was urgently needed to gain authority for a multi-district project. All three had given unstinting support to Australian Rotary Health, using their considerable influence when it was most needed in clubs and districts.

Needless to say, the board members were delighted to receive their acceptance of this office. Their election was announced at the Annual General Meeting held in Perth in November, 1999.
**Ian Scott Memorial**

Sadly, Ian Scott died in 2001 at the age of 68. He lived to see his dream of a Rotary-sponsored research fund realised but it is doubtful that even he would have visualised the extent of its influence and its contribution to health research and community awareness. His enduring living memorial, of course, is Australian Rotary Health itself, serving the nation; and his name is perpetuated in the Ian Scott PhD Scholarships.

However, to ensure that he is remembered in his local community, the Rotary Club of Mornington, in November 2007, dedicated an attractive gazebo in the Mornington Memorial Park to the memory of Ian Scott.

**Talking to the media**

Beginning in 2004, the Australasian Society for Psychiatric Research (ASPR) joined Australian Rotary Health to conduct media and presentation workshops for post-graduate students and new researchers. The aim was to teach the use of the media and the presentation of research projects to funding bodies, community groups and scientific audiences. The focus was on how to give good, short presentations.

Students learned how to analyse media articles and news reports; how to select the appropriate “angle” for a science story and understand the different requirements of electronic and print media; how to plan, write and effectively post their own media releases; and how to select the key points in giving short, clear presentations.

The workshops, which were highly successful and appreciated by the participants, were held at the ASPR annual conference. They were conducted by Professor Rob Morrison (Media) and Professor Michael Sawyer (Presentations). They were still being conducted in 2010 and it was intended that they should continue.

Michael Sawyer’s valued contribution to Australian Rotary Health as a former chairman of the Research committee and board member is mentioned elsewhere. Professor Rob
Morrison, OAM, is a distinguished scientist, popular writer and broadcaster, well known to television audiences. Author of 30 books on natural history, he was recipient of the Australian Museum’s Eureka Award for 2007 and was Senior Australian of the Year in 2008.

**Knowledge Dissemination Award**

Beginning in 2008, an annual research prize has been presented to a researcher at the annual conference of the Australasian Society for Psychiatric Research. The award is for a project that can be shown to have resulted in the dissemination of knowledge gained in the research to clinicians, carers and consumers and its implementation into policy and practice.

The recipient of the award is presented with a plaque and is invited to give a presentation to the conference.

The first award went to Professor Helene Christensen and Dr Kathy Griffiths at the Centre for Mental Health Research at the Australian National University for the development of a program known as MoodGYM.

In 2009 the award was presented to Professor Perminder Sachnev for his book The Yipping Tiger and other tales from the pneumopsychiatric clinic, intended to promote understanding of mental disorders and to engender compassion.

The 2010 award was received by Professor Tony Jorm and his wife, Betty Kitchener, for developing and publicly disseminating Mental Health First Aid.

**KidsMatter**

Australian Rotary Health, entered into partnership in 2007 with the Australian Government Department of Health and Ageing, *beyondblue – the national depression initiative*, the Australian Psychological Society and the Australian Primary Schools Principals’ Association Professional Development Council to launch the Australian Primary Schools Mental
Health Initiative, known as Kids Matter.

The aims were to improve the mental health and well-being of primary school children; reduce mental health problems, such as anxiety, depression and behaviour problems; and increase support and help for children at risk of or actually experiencing mental health problems.

Throughout Australia 101 primary schools participated in the two-year pilot program; and each school was visited by its local Rotary club and representatives of Australian Rotary Health, who presented plaques recognising the school's commitment to the improvement of mental health and wellbeing in young Australians. Schools from all States and Territories were included; from metropolitan, regional and remote communities and from government, independent and religious systemic schools. Each school received funding, between $4,000 and $11,000, based on the number of students enrolled.

Schools used the funds to achieve the specific goals that they identified in relation to the four KidsMatter components: positive school community; social and emotional learning; parenting support and education; and early intervention for students experiencing mental health problems.

Don’t keep it under your Hat

In 2010 the board announced the proclamation of Hat Day for Mental Health Research – a new mental health research fundraising and awareness day to be marked, initially, on 20 May, 2011 and thereafter annually and thereafter annually in May.

Rotary clubs were asked to promote the importance of mental health research and to mark the special occasion by organising a special event – and, of course, by wearing a hat.

Ambassadors

Rotary Ambassadors, usually but not exclusively former members of the board, are appointed to promote Australian
Rotary Health and to encourage continued support for its work in their own Rotary districts and in any other sphere, such as vocational, recreational or cultural organisations, in which they might have influence.

To bring the Australian Rotary Health message to a wider and younger audience, the board decided, in 2008, to invite a prominent young Australian to become Australian Rotary Health Ambassador.

After considering a long list of nominations for this appointment, the unanimous choice of the board was former Olympic and Australian swimming champion Michael Klim, who had been named Australian Swimming Rookie of the Year in 1995 and World Swimmer of the Year in 1997. One of the stars of the Sydney Olympics in 2000 with two gold and two silver medals, he also set an excellent example of good sportsmanship. Michael gladly accepted the challenge of emphasising the importance of mental health and wellbeing to his fellow Australians and lost no opportunity of so doing.

**Disaster response**

In February, 2009, the State of Victoria was devastated by an inferno of unprecedented ferocity. It malevolently obliterated 173 lives, orphaned 16 children and left many more injured; it incinerated more than 350,000 buildings – barns, sheds, shops, schools, halls, factories, offices and 2,059 homes in 40 townships; it burnt out 450,000 hectares of bushland, forests, orchards, pasture and crops; and it left a trail of shattered lives, distraught families and fragmented communities. Its lasting psychological and emotional effects on men, women and children could not be assessed with any degree of accuracy, but it was known that the suffering would be prolonged and intense.

Australian Rotary Health, early in 2010, announced that it had joined forces with the Jack Brockhoff Child Health and Wellbeing Program, the McCaughey Centre, the University of
Melbourne and other community partners in a five year research program to investigate community health and wellbeing in the context of bushfires.

The research was expected to provide new insights into the interaction between individuals and communities and their influence on recovery from natural disasters. The hope was that it would provide a model for future partnerships to maximise preparedness, resilience and recovery from natural disasters.

**Distinguished guest speakers**

At some Australian Rotary Health events guest speakers are invited to share their thoughts, ideas, knowledge and opinions. At Christmas dinners, particularly, it has become traditional to invite special guests to inform, enlighten and entertain members; and international authorities on mental health have been asked to address other special gatherings.

Speakers have included Mr Jeff Kennett, former Victorian Premier, founder and Chairman of beyondblue; Professor Annette La Greca, internationally-recognised expert in helping children to cope with disasters and terrorism; bipolar disorder victim Fay Jackson, an advocate for understanding of mental illness who has addressed hundreds of forums, Rotary meetings, conferences and institutes in her campaign; former NSW Opposition Leader John Brogden, a sufferer from depression and tireless voluntary worker for the destigmatising of mental illness; Baroness Susan Greenfield, Professor of Synaptic Pharmacology at Oxford University and Patron of the Alzheimers Research Trust; Professor Fiona Stanley, Australian of the Year 2003; actor-singer Peter Cousens, who prescribed the arts for self-awareness and connecting with others; and Australian of the Year (2010) and internationally known psychiatrist and outspoken mental health advocate Professor Pat McGorry (to whom Australian Rotary Health is grateful for writing the Foreword to this book). Master of Ceremonies at several dinners was television personality and ARH supporter Mike Bailey.
Awards

Australian Rotary Health recognises the services of its members and supporters with a number of awards but was on the receiving end in 2006 when Rotary International President Carl-Wilhelm Stenhammar announced that the Rotary Public Image Award for that year would be presented to Australian Rotary Health.

In 2010 the Australasian Society for Psychiatric Research chose Australian Rotary Health as the recipient of a special award in recognition of its contribution to Mental Health research; and, also in 2010, for the Great Australian Bike Ride, ARH received the Fundraising Institute of Australia award for the best special event in NSW.

The highest award conferred by Australian Rotary Health is Life Membership. Only persons whose services to the organisation and whose advancement of its aims have been outstanding and sustained over many years are elected to Life Membership. They were:-

- Royce Abbey 1989, Ian Scott 1989,
- Les Whitcroft 1990, Geoff Stevens 1990,
- Geoff Betts 1991,
- Colin Dodds 1994, Fred Hay 1994,
- John Harley 1995, Bruce Edwards 1995,
- Clarrie Gluskie 1997, Bruce McKenzie 1997,
- Ted Atkinson 1999,
- Clair Rogers 2000, Don Keighran 2000,
- John Feros 2003, Denis Green 2003,
- Ron Beslich 2004,
- John Ranieri 2005, Don Gordon 2005,
- Dick White 2006,
- Ian Oliver 2007,
- Alan Grady 2008,
The second highest award is the Australian Rotary Health Medal, bestowed for meritorious service. Instituted in 2003, it was awarded to four luminaries: Fay Jackson, Loch Adams, Fred Hay and Michael Sawyer, all of whose contributions are referred to earlier in this story. In subsequent years the Medal has been awarded to only one person each year. The recipients were Noel Trevaskis (2004), Phil Francis (2005), Paul Henningham (2006), Tony Jorm (2007) Dick White (2008), Geoff Kennedy (2009) and Ron Beslich (2010).

What’s in a name

The name of Rotary’s own Australian health research and education institution had been seen as something of a stumbling block from the beginning. It was not an acronym that could be easily remembered. It did not explain what the Australian Rotary Health Research Fund was and what it did in a single word – or even in three words. Rotarian advertising gurus, public relations practitioners, marketing experts had all advised that the name was too long, too clumsy, too difficult to remember; and, since public awareness and the awarding of educational scholarships had been adopted as objectives, it was no longer even fully descriptive of its functions.

A possible change of name had been considered, canvassed, discussed, debated and thought about since 2001 but no acceptable alternative had been proposed.

When it became desirable, in 2008, to change the constitution for legal protection and taxation advantages, an opportunity was offered to change the name; and, as no better suggestion had been offered, the newly-formed non-profit company and registered charity was named Australian Rotary Health.

To accompany the new structure, status and name, a new slogan was adopted: Supporting healthier minds, bodies and communities through research, awareness and education.

Announcing the decision of the members at the 2008 Annual General Meeting to adopt the new constitutional documents and the new name, Chairman Terry Lees was able to claim, with
some satisfaction and considerable justification, that “Australian Rotary Health has come a long way since 1981 and is now widely respected in health circles and recognised as the largest non-government, independent funder of mental health research in Australia.”

…and in conclusion

In this story we have looked back over 30 years of achievement for Australian Rotary Health, tracing its conception in the mind of one compassionate man, its birth when Rotarians adopted a proposal judged impossible to implement; its incredible growth and development through the nurturing efforts and ingenuity of dedicated leaders and loyal supporters too ignorant or too stubborn to realise that it could not survive; the fulfilment of its primary purpose, leading to the identification of even greater needs than at first envisaged; and acceptance, by successive boards of directors, of the responsibility of meeting those needs.

What of the future?

It seems certain that the health research and education grants supported by Australian Rotary Health will remain, for the foreseeable future, in the vast area of mental illness; for all the valuable work so far done, all the new knowledge gained from each research project, all the improvements and modifications in treatments arising from that knowledge, have merely revealed more to be investigated, more uncharted territory to be explored. It seems equally certain that the emphasis in the immediate future will be on the mental health of youth.

One might wish that, with an adequate allocation of public funds for medical research and education, Australian Rotary Health could be quietly disbanded and the multiple talents of its army of willing voluntary workers directed to solving other social problems and meeting other desperate human needs; but, alas, there is no likelihood of such a happy eventuality.

The future of Australian Rotary Health, therefore, is secure

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and will most assuredly remain so for as long as it is needed and so long as Rotarians and other benevolent citizens are willing to support it – for the benefit of our nation and with health in mind.
APPENDIX I

AUSTRALIAN ROTARY HEALTH (and Australian Rotary Health Research Fund) STEERING COMMITTEE and BOARDS OF DIRECTORS

STEERING COMMITTEE

4 FEBRUARY, 1982 TO FEBRUARY 7, 1983.
Royce Abbey (Chairman), Geoff Betts, Les Whitcroft, Harry Oakes, Don Gordon and Ian Scott

INAUGURAL BOARD - TO 4 FEBRUARY 1983
Royce Abbey - Chairman
Don Gordon - resigned March 1983
Geoff Betts
Ian Scott
Les Whitcroft
Harry Oakes - resigned March 1983

3 MAY 1983
Royce Abbey - Chairman
Geoff Betts - Vice Chairman
Ian Scott
Les Whitcroft
Clem Renouf
Ron Sloan
Michael Zantiotis
Jack Olsson
Frank McDonald
Geoff Stevens
JANUARY 1984 - JANUARY 1985
Royce Abbey - Chairman
Geoff Betts - Vice Chairman
Les Whitcroft
Ian Scott
Ron Sloan
Geoff Stevens
Frank McDonald
Clair Rogers
Jack Olsson
Clem Renouf

JANUARY 1985 - JANUARY 1986
Royce Abbey - Chairman
Geoff Betts - Vice Chairman
Les Whitcroft
Ian Scott
Ron Sloan
Geoff Stevens
Frank McDonald
Clair Rogers
Jack Olsson
Clem Renouf

JANUARY 1986 - JANUARY 1987
Royce Abbey - Chairman
Geoff Betts - Vice Chairman
Les Whitcroft - resigned April 1986 – replaced by Colin Dodds
Ian Scott
Ron Sloan
Geoff Stevens
Frank McDonald
Clair Rogers
Jack Olsson
Clem Renouf
JANUARY 1987 - JANUARY 1988
Royce Abbey - Chairman
Geoff Betts - Vice Chairman
Colin Dodds
Ian Scott
Ron Sloan
Geoff Stevens
Frank McDonald
Brian Knowles (appointed February 1987 to replace Clem Renouf who retired January 1987)
Jack Olsson

JANUARY 1988 - JANUARY 1989
Geoff Betts - Chairman
Colin Dodds - Vice Chairman
Ian Scott
Ron Sloan
Geoff Stevens
Frank McDonald
Clair Rogers
Jack Olsson
Brian Knowles
Fred Hay (appointed January 1988 to replace Royce Abbey who retired January 1988)

JANUARY 1989 - JANUARY 1990
Geoff Betts - Chairman
Colin Dodds - Vice Chairman
Frank McDonald
Clair Rogers
Jack Olsson
Brian Knowles
Fred Hay
Ian Knight (appointed January 1989 to replace Geoff Stevens who retired January 1989)
Ken Collins (appointed January 1989 to replace Ron Sloan who retired January 1989)
Don Keighran (appointed January 1989 to replace Ian Scott who retired January 1989)
JANUARY 1990 - JANUARY 1991
Geoff Betts - Chairman
Colin Dodds - Vice chairman
Brian Knowles
Fred Hay
Ian Knight
Ken Collins
Don Keighran
Fred Edwards (appointed January 1990 to replace Jack Olsson who retired January 1990)
Bruce Edwards (appointed January 1990 to replace Clair Rogers who retired January 1990)
John Carrick (appointed January 1990 to replace Frank McDonald who retired January 1990)

JANUARY 1991 - JANUARY 1992
Colin Dodds - Chairman
Bruce Edwards - Vice Chairman
Brian Knowles
Fred Hay
Ian Knight
Ken Collins
Don Keighran
Fred Edwards
Bruce McKenzie (appointed January 1991 to replace Geoff Betts who retired January 1991)
John Carrick

JANUARY 1992 - JANUARY 1993
Colin Dodds - Chairman
Bruce Edwards - Vice Chairman
Brian Knowles - resigned April 1992, replaced by Ray Sadler April 1992
Fred Hay
Ian Knight
Ken Collins
Don Keighran
Fred Edwards
Bruce McKenzie
John Carrick - resigned December 1992 and replaced by Leon Becker December 1992
JANUARY 1993 - JANUARY 1994
Colin Dodds - Chairman
Bruce Edwards - Vice chairman
Fred Hay
Ian Knight
Ken Collins
Don Keighran
Fred Edwards
Bruce McKenzie
Ray Sadler - resigned August 1993, replaced by John Feros August 1993
Leon Becker

JANUARY 1994 - NOVEMBER 1994
Bruce Edwards - Chairman
Bruce McKenzie - Vice Chairman
Ian Knight
Ken Collins
Don Keighran
Fred Edwards
Leon Becker
John Feros
Terry Edwards (appointed January 1994 to replace Fred Hay who retired January 1994)
Ted Atkinson (appointed January 1994 to replace Colin Dodds who retired January 1994)

NOVEMBER 1994 - NOVEMBER 1995
Bruce Edwards - Chairman
Bruce McKenzie - Vice Chairman
Don Keighran
Fred Edwards
Leon Becker
John Feros
Terry Edwards
Ted Atkinson
Fred Marsh (appointed November 1994 to replace Ken Collins who retired November 1994)
Lawrence Atley (appointed November 1994 to replace Ian Knight who retired November 1994)
Rob Dunn (appointed July 1995 to replace Lawrence Atley who resigned July 1995).
NOVEMBER 1995 - NOVEMBER 1996
Bruce McKenzie - Chairman
Ted Atkinson - Vice Chairman
Don Keighran
Leon Becker
John Feros
Terry Edwards
Fred Marsh
Rob Dunn
Jeff Binder (appointed November 1995 to replace Bruce Edwards who retired November 1995)
Geoff McLennan (appointed November 1995 to replace Fred Edwards who retired November 1995)

NOVEMBER 1996 - NOVEMBER 1997
Bruce McKenzie - Chairman
Ted Atkinson - Vice Chairman
Leon Becker
John Feros
Terry Edwards
Fred Marsh
Rob Dunn
Jeff Binder
Geoff McLennan
Basil Shaw (appointed November 1996 to replace Don Keighran who retired November 1996)

NOVEMBER 1997 - NOVEMBER 1998
Ted Atkinson - Chairman
Terry Edwards - Vice chairman
Tony Williams
Fred Marsh
Rob Dunn
Leon Becker
Jeff Binder
Geoff McLennan
Neil Jackson (appointed November 1997 AGM) (Don Keighran retired November 1997 AGM)
Denis Green (appointed November 1997 AGM) (Bruce McKenzie retired November 1997 AGM)
NOVEMBER 1998 - NOVEMBER 1999
Ted Atkinson - Chairman
Terry Edwards - Vice Chairman
Tony Williams
Fred Marsh
Rob Dunn
Ron Beslich (appointed November 1998 AGM) (Leon Becker retired November 1998 AGM)
Jeff Binder
Geoff McLennan
Neil Jackson
Denis Green

NOVEMBER 1999 - NOVEMBER 2000
Terry Edwards - Chairman
Denis Green - Vice Chairman
Graeme Woolacott (appointed November 1999 AGM) (Ted Atkinson retired November 1999 AGM)
Tony Williams
Fred Marsh
Robert Dunn
Ron Beslich
Jeff Binder
Geoff McLennan

NOVEMBER 2000 - NOVEMBER 2001
Terry Edwards - Chairman
Denis Green - Vice Chairman
Graeme Woolacott
Tony Williams
John Ranieri (appointed at November 2000 AGM) (Fred Marsh retired at November 2000 AGM)
Robert Dunn
Ron Beslich
Jeff Binder
Geoff McLennan
Dick White

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NOVEMBER 2001 – NOVEMBER 2002
Denis Green – Chairman
John Ranieri – Vice Chairman
Graeme Woolacott
Tony Williams
Ron Beslich
John Gough (appointed at November 2001 AGM) (Geoff Binder retired at November 2001 AGM)
Tony Hennessy (appointed at November 2001 AGM) (Geoff McLennan retired at Nov 2001 AGM)
Nevin Hughes (appointed at November 2001 AGM) (Rob Dunn retired at November 2001 AGM)
Ian Oliver (appointed at November 2001 AGM) (Terry Edwards retired at November 2001 AGM)
Dick White

NOVEMBER 2002 - NOVEMBER 2003
Denis Green – Chairman
John Ranieri – Vice Chairman
Ron Beslich
John Gough
Tony Hennessy
Nevin Hughes
Ian Oliver
Dick White
Tony Williams
Graeme Woolacott
NOVEMBER 2003 - NOVEMBER 2004
John Ranieri – Chairman
Ian Oliver- Vice Chairman
Ron Beslich
John Gough
Tony Hennessy
Nevin Hughes
Des Jones (appointed November 2003 AGM) (Denis Green retired at November 2003 AGM)
Mel Langley (appointed November 2003 AGM) (Tony Williams retired at November 2003 AGM)
Dick White
Graeme Woolacott

NOVEMBER 2004 - NOVEMBER 2005
John Ranieri – Chairman
Ian Oliver – Vice Chairman
Alan Grady (appointed November 2004 AGM) (Ron Beslich retired at November 2004 AGM)
Tony Hennessy
Nevin Hughes
Des Jones
Mel Langley
Terry Lees (appointed November 2004 AGM) (John Gough retired at November 2004 AGM)
Dick White
Graeme Woolacott
NOVEMBER 2005 - NOVEMBER 2006
Ian Oliver – Chairman
Terry Lees – Vice Chairman
Alan Grady
Tony Hennessy
Nevin Hughes
John Iriks (appointed November 2005 AGM) (John Ranieri retired at November 2005 AGM)
Des Jones
Mel Langley
Ron Pickford (appointed November 2005 AGM) (Graham Woolacott retired at November 2005 AGM)
Dick White

NOVEMBER 2006 - NOVEMBER 2007
Ian Oliver – Chairman
Terry Lees – Vice Chairman
Graham Brown (appointed July 2007) (John Iriks resigned June 2007)
Alan Grady
Tony Hennessy
John Iriks (resigned June 2007)
Des Jones
Phil Lacey (appointed November 2006 AGM) (Richard White retired at November 2006 AGM)
Mel Langley
Ron Pickford
Noel Trevaskis (appointed November 2006 AGM) (Nevin Hughes retired at November 2006 AGM)
NOVEMBER 2007 - NOVEMBER 2008
Terry Lees – Chairman
Alan Grady – Vice Chairman
Graham Brown (re-appointed November 2007 AGM)
Terry Grant (appointed November 2007 AGM) (Tony Hennessy retired at November 2007 AGM)
Phil Lacey
Judy Nettleton (appointed November 2007 AGM) (Des Jones retired at November 2007 AGM)
Ron Pickford
Noel Trevaskis
Allan Wilson (appointed November 2007 AGM) (Ian Oliver retired at November 2007 AGM)
Rob Wylie (appointed November 2007 AGM) (Mel Langley retired at November 2007 AGM)

NOVEMBER 2008 - NOVEMBER 2009
Terry Lees – Chairman
Noel Trevaskis – Vice Chairman
Graham Brown
Terry Grant
Phil Lacey
Judy Nettleton
Ron Pickford
Don Whatham (appointed October 2008 AGM) (Alan Grady retired at October 2008 AGM)
Allan Wilson
Rob Wylie
NOVEMBER 2009 - NOVEMBER 2010
Noel Trevaskis – Chairman
Phil Lacey – Vice Chairman
Graham Brown
Terry Grant
Peter Kaye (appointed November 2009 AGM) (Terry Lees retired at November 2009 AGM)
Judy Nettleton
Michael Sawyer (appointed November 2009 AGM) (Ron Pickford retired at November 2009 AGM)
Don Whatham
Allan Wilson
Rob Wylie

NOVEMBER 2010 - NOVEMBER 2011
Noel Trevaskis – Chairman
Terry Grant – Vice Chairman
Graham Brown
Patrick Hartley (appointed December 2010 AGM) (Judy Nettleton retired at December 2010 AGM)
Peter Kaye
Barney Koo (appointed December 2010 AGM) (Phil Lacey retired at December 2010 AGM)
Russ O’Malley (appointed December 2010 AGM) (Rob Wylie retired at December 2010 AGM)
Michael Sawyer (resigned March 2011 to take up appointment of Medical Advisor to Board)
Harold Sharp (appointed March 2011) (Michael Sawyer resigned March 2011)
Don Whatham
Allan Wilson
APPENDIX II

AUSTRALIAN ROTARY HEALTH RESEARCH COMMITTEES

JULY 1985 – DECEMBER 1987
Dr Alan Williams, (Chairman), Dr Glen Buchanan, Dr John Harley, Dr Cliff Hosking, Professor Byron Kakulas, Dr Earl Owen

DECEMBER 1987 – OCTOBER 1988
Dr Alan Williams (Chairman), Professor Byron Kakulas, Dr Earl Owen, Dr John Harley, Dr Rod Carter, Dr Cliff Hosking, Dr Glen Buchanan

OCTOBER 1988 – DECEMBER 1989
Dr Alan Williams (Chairman), Dr Robert Vandongen, Dr Rod Carter, Dr John Harley, Dr Earl Owen, Dr Glen Buchanan, Dr Judith Lumley

DECEMBER 1989 – November 1990
Dr John Harley (Chairman), Dr Rod Carter, Dr Judith Lumley, Dr Earl Owen, Prof Geoff Ryan, Professor Robert Vandongen, Professor Ross Webster

NOVEMBER 1990 – NOVEMBER 1991
Dr John Harley, (Chairman), Dr Rod Carter, Prof Geoff Ryan, Professor Robert Vandongen, Assoc Professor Edmond Chiu, Professor Ross Webster, Dr Judith Lumley

NOVEMBER 1991- OCTOBER 1992
Dr J Harley (Chairman), Dr Rod Carter, Professor Geoff Ryan, Professor Ross Webster, Dr Judith Lumley, Professor Robert Vandongen, Assoc Professor Edmond Chiu, Dr David Bennett

Hereafter the listings are annually.

1992 - 1993
Dr John Harley (Chairman), Dr David Bennett, Assoc Professor Edmond Chiu, Dr Clarrie Gluskie, Dr Judith Lumley, Professor Geoff Ryan, Ms Helen Tolstoshev, Professor Robert Vandongen, Dr John McNamara
1993 - 1994
Dr Clarrie Gluskie (Chairman), Dr David Bennett, Assoc Professor Edmond Chiu, Dr Judith Lumley, Dr John McNamara, Professor John Pearn, Ms Helen Tolstoshev, Dr Steven Zubrick

1994 - 1995
Dr C Gluskie (Chairman), Cl Assoc Professor David Bennett, Assoc Professor Edmond Chiu, Dr John McNamara, Professor John Pearn, Ms Helen Tolstoshev, Dr Steven Zubrick, Professor Alex Thomson

1995 - 1996
Dr Clarrie Gluskie (Chairman), Cl Assoc Professor David Bennett, Assoc Professor Edmond Chiu, Dr John McNamara, Ms Helen Tolstoshev, Dr Steven Zubrick, Professor John Pearn, Professor Alex Thomson

1996 - 1997
Dr Clarrie Gluskie (Chairman), Dr John Feros - Vice Chairman, Cl Assoc Professor David Bennett, Professor Edmond Chiu, Professor Alan Hayes, Professor Harry McGurk, Dr John McNamara, Professor John Pearn, Assoc Professor Michael Sawyer, Professor Alex Thomson, Ms Helen Tolstoshev

1997 - 1998
Dr Clarrie Gluskie (Chairman), Dr John Feros (Vice Chairman), Professor Alan Hayes, Professor Harry McGurk, Dr John McNamara, Professor John Pearn, Assoc Professor Michael Sawyer, Ms Helen Tolstoshev

1998 - 1999
Dr John Feros (Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Ken Kirkby, Assoc Professor Philip Mitchell, Professor John Pearn, Assoc Professor Michael Sawyer, Professor Alan Hayes, Professor Helen Herrman

1999 - 2000
Dr John Feros (Chairman), Assoc Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Alan Hayes, Professor Helen Herrman, Professor Ken Kirkby, Assoc
Professor John McGrath, Professor Philip Mitchell

2000 - 2001
Dr John Feros (Chairman), Assoc Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Alan Hayes, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Professor Philip Mitchell

2001 - 2002
Dr John Feros (Chairman), Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Professor Philip Mitchell

2002 – 2003
Dr John Feros (Chairman), Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Professor Philip Mitchell, Professor Ron Rapee

2003-2004
Dr John Feros (Chairman), Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Professor Ron Rapee, Assoc Professor Meg Smith

2004- 2005
Professor Michael Sawyer (Chairman), Professor Vaughan Carr, Professor Phillip Darbyshire, Dr Davina French, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Dr David Pierce, Professor Ron Rapee, Assoc Professor Meg Smith

2005 – 2006
Professor Michael Sawyer (Chairman), Professor Vaughan Carr, Professor Phillip Darbyshire, Dr Davina French, Professor Tony Jorm, Professor Fiona Judd, Professor Ken Kirkby, Professor John McGrath, Dr David Pierce, Professor Ron Rapee, Assoc Professor Meg Smith
2006 – 2007
Professor Michael Sawyer (Chairman), Professor Vaughan Carr, Professor Stan Catts, Professor Phillip Darbyshire, Dr Davina French, Professor Tony Jorm, Professor Fiona Judd, Dr David Pierce, Professor Jane Pirkis, Professor Ron Rapee, Assoc Professor Meg Smith, Dr Helen Stain

2007 – 2008
Professor Michael Sawyer (Chairman), Professor Vaughan Carr, Professor Stan Catts, Professor Phillip Darbyshire, Professor Tony Jorm, Dr David Pierce, Professor Ron Rapee, Professor Clare Roberts, Assoc Professor Meg Smith, Dr Helen Stain

2008 – 2009
Professor Michael Sawyer (Chairman), Dr Peter Butterworth, Professor Vaughan Carr, Professor Stan Catts, Professor Phillip Darbyshire, Professor Henry Jackson, Professor Tony Jorm, Dr David Pierce, Professor Ron Rapee, Professor Clare Roberts, Assoc Professor Meg Smith, Dr Helen Stain

2009 – 2010
Professor Tony Jorm (Chairman), Professor Henry Jackson (Vice Chairman), Dr Peter Butterworth, Professor Vaughan Carr, Professor Stan Catts, Professor Phillip Darbyshire, Dr David Pierce, Professor Ron Rapee, Professor Clare Roberts, Assoc Professor Meg Smith, Dr Helen Stain

2010-2011
Professor Tony Jorm (Chairman), Professor Henry Jackson (Vice Chairman), Dr Peter Butterworth, Professor Vaughan Carr, Professor Stan Catts, Dr David Pierce, Professor Jane Pirkis, Professor Ron Rapee, Professor Clare Roberts, Assoc Professor Meg Smith, Dr Helen Stain

RESEARCH EVALUATION COMMITTEE
2006-2010
Professor Michael Sawyer (Chairman), Dr John Brayley, Professor Philip Burgess, Dr Michael Hilton, Professor Brian Kelly, Dr Chris McAuliffe, Professor Jane Pirkis, Professor Sven Silburn
APPENDIX III
Research grants funded by the Australian Rotary Health Research Fund and Australian Rotary Health 1986-2011

COT DEATH (SIDS) RESEARCH 1986-1994 $538,552

Investigation of lung abnormalities $18,314 - 1986
Dr Chin Moi Chow
Cumberland College of Health Sciences, NSW

Prospective study using computer data into higher incidence of Cot Death in Tasmania $11,637 - 1986
$67,000 - 1987
$75,000 - 1988
Professor T Dwyer $80,000 - 1989
University of Tasmania, Tas $30,000 - 1990
$25,000 - 1991
$10,000 - 1992
$25,000 - 1993
$10,000 - 1994
$333,637

Investigation into causes & effects of nasal obstructions $17,471 - 1986
Dr R Harding $22,000 - 1987
Monash University, Vic $10,000 - 1988
$49,471

Maturation of the brain & the development of respiratory control $15,170 - 1986
Dr David Henderson-Smart $14,000 - 1987
King George V Hospital, NSW $10,000 - 1988
$39,170

Studies on possible role of microbiology in Cot Death $17,960 - 1986
Dr S Tzipori
Royal Children's Hospital, Vic
Research into need for an appropriate form of counselling in Cot Death situations
Dr JC Vance
University of Queensland, Qld


Environmental determinants of outcome of depression in old age
Dr D Ames & A/Professor E Chiu
University of Melbourne, Vic

A memory therapy program for elderly living in the community
Mr D Andrews
University of Melbourne, Vic

Social & physical environmental hazards of ageing Australian Longitudinal Study of Ageing
Professor GR Andrews
Centre for Ageing Studies, SA

Lifestyle factors influencing blood pressure in elderly Australians
Professor L J Beilin & Dr K Jamrozik
University of WA

Prospective controlled study of health related behaviour in recently widowed elderly men
Dr GJA Byrne & Professor B Raphael
University of Queensland, Qld
Comparison of environmental hazards facing elderly living at home versus in a retirement village
Dr JC Carson
Monash University, Vic

Discharge planning, health status outcomes of elderly disabled people & the impact of community resource allocation
Mrs M Davey
Curtin University, WA

Health services study evaluation. Stress and Strain in elderly co-resident carers of dementia & stroke sufferers
Dr B Draper, Dr A Cole & Dr C Poulos
St George Hospital, NSW

Data collection of living problems of the aged
Dr Patricia Duncan
Hunter Institute of Higher Education, NSW

Factors affecting re-admission of the elderly into the health care system
Dr G Fitzgerald & Dr G Calabrese
Ipswich Hospital, Qld

Assessment of driver competence in Alzheimers Disease and Parkinson’s Disease
Ms G Fox & Dr G Bashford
Royal Rehabilitation Centre, Ryde, NSW
<table>
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<th>Project Description</th>
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<td>Non-invasive measurement of brain function, during short-term memory, in early Alzheimers Disease</td>
<td>$60,064 - 1990, $30,000 - 1991, $90,064</td>
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<td>Dr E Gordon &amp; Professor R Meares</td>
<td>Westmead Hospital, NSW</td>
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<td>Development of Education &amp; Exercise Program for enhanced lifestyle during retirement</td>
<td>$30,000 - 1991</td>
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<td>Dr J Grove &amp; Mr N Randall</td>
<td>University of Western Australia, WA</td>
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<td>Professor RD Helme</td>
<td>National Research Institute, Vic</td>
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<td>Genetic Factors in cognitive decline in later life</td>
<td>$75,060 - 1990, $22,100 - 1994, $97,160</td>
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<td>Dr AS Henderson</td>
<td>Australian National University, ACT</td>
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<td>Improved allocation of home care services</td>
<td>$35,000 - 1992</td>
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<td>A/Professor MST Hobbs</td>
<td>University of Western Australia, WA</td>
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<td>Reducing passive smoking exposure among the aged</td>
<td>$16,500 - 1991</td>
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<td>Dr K Jamrozik &amp; Ms N Walker</td>
<td>University of Western Australia, WA</td>
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<tr>
<td>A longitudinal study of outcomes for older people receiving intensive community services</td>
<td>$35,000 - 1992</td>
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<td>Dr H Kendig &amp; Mr H Swerissen</td>
<td>La Trobe University, Vic</td>
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Measurement of skin cancer $9,000 - 1989
in people over 40 years
A Kricker MPH, DR English &
Dr P I Heenan
University of Western Australia, WA

The Human Ageing Process $93,859 - 1992
A newly recognised cause of
progressive energy loss
Professor AW Linnane, P Nagley
& Dr J Mackay,
Monash University, Vic

Falls in elderly women: $30,000 - 1991
An ecological approach
Mr S Lord & Dr J Ward
University of New South Wales

Prevalence & prevention of $30,000 - 1991
musculoskeletal disorders &
$28,000 - 1992
disability in the elderly living $58,000
independently
Dr L March & Professor P Brooks
Royal North Shore Hospital, NSW

Elderly people: Their need for & $20,000 - 1991
participation in social interactions $22,000 - 1992
Mr S Mott & Ms A Riggs $42,000
Deakin University, Vic

Investigation, control & prevention $11,500 - 1990
of parasitic disease in aboriginal
communities
Dr B Pearson
Menzies School of Health Research, NT

Diet & exercise. $30,000 - 1991
Osteoporosis prevention $33,000 - 1992
Dr R Prince
University of Western Australia, WA
Living conditions & psychosocial health of the older poor in the Hunter
Dr S Redman & Ms F Lowe
University of Newcastle, NSW

Investigation of feasibility & merit of systematic consultative process in design of hostel accommodation
Dr C Russell & Dr V Sauran
Cumberland College of Health Sciences, NSW

Preventing accidents in the aged: The relative effectiveness of two strategies in improving home safety & reducing medication use
Professor R Sanson-Fisher & Professor W Gillespie
University of Newcastle, NSW

Identifying effective community education processes with the elderly
Ms D Setterlund, Ms J Wilson & Dr M Shapiro
University of Queensland, Qld

Reduction of medication use in the elderly
A/Professor G Shenfield & Dr T Finnegan
Royal North Shore Hospital, NSW

Prevention of falls among elderly. Safety for the Elderly in Public Places. Groups to Promote Safer Cities: A demonstration project
Dr RL Somers
SA Health Commission, SA

$63,000
$25,000 - 1992
$13,640 - 1990
$10,165 - 1991
$23,805
$38,000 - 1991
$27,000 - 1992
$65,000
$21,970 - 1990
$20,000 - 1991
$19,000 - 1992
$39,000
$26,000 - 1989
$25,730 - 1990
$19,181 - 1991
$70,911
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<td>Fibroblast growth factor in the healing of mixed venous &amp; arterial leg ulcers</td>
<td>$30,000</td>
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<td>Mr MC Stacey</td>
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<td>Fremantle Hospital, WA</td>
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<td>Promotion of independence in the elderly</td>
<td>$29,270</td>
<td>1990</td>
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<td>Ms J Strong &amp; Mr M Groves</td>
<td>$30,000</td>
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<td>University of Queensland, Qld</td>
<td>$59,270</td>
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<td>Quality of life of aged Aborigines &amp; Torres Strait Islanders in Queensland</td>
<td>$19,700</td>
<td>1992</td>
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<td>Dr M Zlobicki &amp; A/Professor G Embelton</td>
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<tr>
<td>Queensland University of Technology, Qld</td>
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<td>ADOLESCENT HEALTH 1993-1996</td>
<td>$1,528,598</td>
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<td>A population-based cohort study of Adolescent healthy lifestyles &amp; behaviours</td>
<td>$18,000</td>
<td>1993</td>
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<td>A/Professor Adrian Bauman, Professor D Nutbeam &amp; Dr Michael Booth</td>
<td>$19,000</td>
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<td>University of New South Wales</td>
<td>$19,500</td>
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<td>$18,000</td>
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<td>$74,500</td>
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<td>The effectiveness of a computer game for sex &amp; drug education in adolescents</td>
<td>$20,000</td>
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<td>Dr P Beckinsale, Dr D Jolly &amp; Mr R Volkmer</td>
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<td>Magarey Institute, SA</td>
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<td>Promoting healthy high schools</td>
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<tr>
<td>Dr ML Booth, Professor D Nutbeam &amp; Dr L Rowling</td>
<td>$9,953</td>
<td>1995</td>
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<tr>
<td>University of Sydney, NSW</td>
<td>$29,953</td>
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</table>
Longitudinal studies of Cardiovascular risk factors among children & adolescents in the Busselton population Dr Valerie Burke & Professor J L Beilin University of Western Australia, WA

Investigation of Adolescent & young adult injury on Australian farms & development of a pilot injury control program Dr LJ Clarke Moree Plains Health Service, NSW

The Development & Evaluation of Treatment for 9 to 14 year olds with Stutter Dr AR Craig University of Technology, NSW

Educating Medical Students about Adolescent Behaviour A/Professor C Denholm & Mr S Wilkinson University of Tasmania, Tas

Body marking practices in Adolescents A/Professor K Durkin & Dr S Houghton University of Western Australia, WA

A Descriptive Study of the Transition to Injecting Drug Use among adolescents Mr RL Dwyer & Dr I Van Beek Sydney Hospital, NSW
The influence of lifestyle on bone strength of young adult women $18,500 - 1993
Ms NK Henserson & Dr RI Price $22,000 - 1994
Sir Charles Gardner Hospital, WA $26,000 - 1995
$66,500

Peer Support Groups in chronically ill adolescents $20,000 - 1994
Dr M Hibbert & Professor G Bowes Royal Childrens Hospital, Vic

Body fat, body image, anthropometric status & weight-control practices of adolescents $30,000 - 1993
Dr AP Hills Queensland University of Technology, Qld

Evaluation of current health warnings & contents of labelling on Tobacco Products $9,000 - 1995
Dr R Ho University of Central Queensland, Qld

Health & well-being of Aboriginal adolescents $20,000 - 1994
A/Professor WA Holland,
Ms AJ Fry & Ms CG Reid
University of Western Sydney, NSW

A Coping Skills Training Intervention for Adolescents $35,000 - 1993
$30,000 - 1994
Dr CC Madden & Professor JE James $30,000 - 1995
La Trobe University, Vic $95,000

International comparison of the prevalence & severity of asthma, rhinitis & eczema in teenage children $20,000 - 1993
Mr AJ Martin & Dr JD Kennedy Adelaide Children's Hospital, SA
A study of muscle & bone function in athletic adolescents $25,000 - 1994
Professor JM McMeeken & Ms E Tully
University of Melbourne, Vic

A follow-up study on the impact of Low Birthweight on subsequent Growth, School Achievement & Behaviour $10,000 - 1995
A/Professor H Mohay
Queensland University of Technology, Qld.

Rethinking adolescent risk taking $15,000 - 1994
Dr S Moore & Ms E Gullone $10,000 - 1995
Monash University, Vic $25,000

Risk taking in out-of-school adolescents $35,000 - 1994
Professor D Nutbeam & Dr D Bennett
University of Sydney, NSW

Containing Reckless Behaviour in at-risk young people $24,872 - 1995
Professor D Nutbeam
University of Sydney, NSW

An investigation to measure & monitor outcomes in a group of young adults with traumatic injury $24,000 - 1993
Dr John H Oliver & Dr Jennie L Ponsford
Bethesda Hospital, Vic

Antecedents of Adolescent Depression $34,000 - 1993
Dr George C Patton & $35,000 - 1994
Dr Marienne Hibbert $38,000 - 1995
University of Melbourne, Vic $107,000
The Relationship between weight loss behaviours & body image concerns & Social Networks in Adolescent Girls
Dr SJ Paxton & Dr EH Wertheim
University of Melbourne, Vic

A history of Youth Health in Australia with a view to informing policy development
Ms JL Peppard & Dr Neville Hicks
University of Adelaide, SA

TGF-Alpha in the Pathogenesis of Inflammatory Bowel Disease
Dr LC Read & Dr DJ Moore
Child Health Research Institute, SA

The contribution of Family Relationships to Healthy Adolescent Development & Functioning
Dr M Reed, CL A/Professor D Bennett
Royal Alexandra Hospital for Children, NSW

Health implications of peer victimisation at school among adolescents
A/Professor K Rigby & Dr P Slee
University of South Australia, SA

Effects of Peer Relations & Parenting on Adolescent Wellbeing, Depression & Suicidal Tendencies
Dr K Rigby, Dr P Slee & Dr G Martin
University of South Australia, SA

$24,000 - 1995
$35,000 - 1993
$20,000 - 1994
$55,000
$20,000 - 1995
$25,000 - 1995
$31,000 - 1996
$56,000
$15,000 - 1993
$20,000 - 1994
$35,000
$15,000 - 1995
A comparison of safe sex practices in city & rural young women $6,000 - 1994
Professor D Rosenthal &
Professor G Bowes
La Trobe University, Vic

Adolescents' understanding of sexually transmitted diseases $18,000 - 1993
Professor D Rosenthal &
Dr S Moore
La Trobe University, Vic

Smoking among unemployed school leavers $25,000 - 1994
$27,000 - 1995
Dr W R Stanton &
A/Professor JB Lowe
University of Queensland, Qld

The Biochemical Epidemiology of Obesity: A Family Cohort Study $22,000 - 1995
$24,000 - 1996
Dr KS Steinbeck & Dr LA Baur
$25,000 - 1997
Royal Prince Alfred Hospital, NSW $71,000

Youth Suicide in Victoria $30,000 - 1993
$20,000 - 1994
A/Professor John Tiller &
Professor Graham Burrows
$497 - 1997
University of Melbourne, Vic $50,497

Finding & studying the gene that causes sudden heart attacks in adolescents $34,000 - 1994
$35,000 - 1995
$69,000
Professor R J A Trent &
Dr D R Richmond
Royal Prince Alfred Hospital, NSW
Evaluation of an intervention program to reduce future heart disease 'risk' in 10-11 year old children
Professor R Vandongen,
Ms C Thompson, Mr R Milligan &
Dr A Taggart
University of Western Australia, WA

Assessment of transitional care in the young person with Diabetes
Dr Garry L Warne
Royal Children's Hospital, Melbourne, Vic

Chronic Fatigue Syndrome in adolescents
Dr JB Ziegler & Dr F Levy
Prince of Wales Children’s Hospital, NSW

Child and adolescent mental health: Priority targets for health promotion
Dr Stephen Zubrick &
Mr Sven Silburn
TVW Telethon Institute for
Child Health Research, WA

FAMILY HEALTH 1996-1999 Total $1,423,500

Families living with Depression
Professor Henry Brodaty & Dr C Peisah
University of New South Wales, NSW

The development & evaluation of a consumer — centred recruitment strategy for colorectal cancer screening for first-degree relatives
Dr Julie E Byles & Dr Jill Cockburn
University of Newcastle, NSW
Family functioning & Menopausal Health
Dr Marie Louise Caltabiano & Dr Nerina Jane Caltabiano
James Cook University, Qld
$12,000 - 1996

Acute Rheumatic Fever in Aboriginal Families
Dr Jonathan R Carapetis & A/Professor Bart J Currie
Menzies School of Health Research, NT
$40,000 - 1996

$30,000 - 1997

Coping with crisis: How Australian families search for & select an aged care facility for a family member upon discharge from an acute care setting
A/Professor J Cheek & Ms A Balantyne
University of South Australia, SA
$22,500 - 1998

Family Well Being & Genetic Testing in Huntington's Disease
A/Professor Edmond Chiu
University of Melbourne, Vic
$35,000 - 1996

The experiences of survivors of Myocardial Infarction (MI) & their spouses in the first three weeks following discharge in South Western Sydney
Professor John Daly & Professor Elizabeth Cameron-Traub
University of Western Sydney, NSW
$9,000 - 1997
A study of the familial & other support networks of incarcerated mothers: Strengthening support & reducing risk for children & families of inmate women
Ms M Ann Farrell
Queensland University of Technology, Qld

Family Health & Wellbeing
Professor A Hayes & Ms J Bowes
Macquarie University, NSW

How do families perceive their health needs & status & make decisions about their health behaviour with respect to health care & the use of health related services? This study will provide interventions & the provision of appropriate health information for families living in rural locations
Professor J Humphreys & Ms Helen Keleher
La Trobe University, Vic

Children of Mothers with severe Mental Illness
Professor Assen V Jablensky,
A/Professor Patricia T Michie &
Dr Jane M Fitch
University of Western Australia, WA

Family Therapy with Families of Patients with Cancer
Dr David W Kissane &
A/Professor Sidney Bloch
Monash University, Vic
The development & evaluation of a method Speech of decreasing depression & social isolation in language-impaired stroke survivors & their families
Dr E Lalor, Ms S Alexander & Dr G Hankey
Royal Perth Hospital, WA

Prevention of Behaviour Disorder in Young Children: An intervention study
Professor Ken Linfoot, Dr Jennifer Stephenson & Mr Andrew Martin
University of Western Sydney, NSW

Adolescents' Perception of Family Functioning
A/Professor Ernest D L Luk & Dr Petra Staiger
University of Melbourne, Vic

Caring for someone with terminal cancer: The impact of a hospice home care program
Health & community services information for people living with terminal cancer
Professor Ian Maddocks, Dr Carol Grbich & Professor Tina Koch
University of Adelaide Flinders University, SA

Family functioning & serious mental illness
Dr J McGrath, Ms J Hearle & Dr J Barkla
University of Queensland, Qld
The health & wellbeing of children in the public care $35,000 - 1997
Dr H McGurk & Ms Sarah Wise $70,000
Australian Institute for Family Studies, Vic

Factors Affecting Parents adjusting to the Demands of a new baby $39,000 - 1996
Professor Carol A Morse & $77,000
Dr Anne Buist
Royal Melbourne Institute of Technology, Vic

Promoting Healthy Families through Schools $24,000 - 1996
Ms Jan M Nicholson, Professor Brian F Oldenburg, Dr Michael P Dunne & Ms Margaret L McFarland Queensland University of Technology, Qld

What Happens to Sexually Abused Children in Early Adult Life $40,000 - 1996
Professor R Kim Oates
University of Sydney, NSW

The evaluation of a structured parent education & support program delivered by community nurses in the first 2 years of life $36,000 - 1997
Professor Frank Oberklaid & Dr Melissa Wake Royal Children’s Hospital, Vic

Improving family-elder communication — the Ageing & Sensory Loss $25,000 - 1998
Mr R R Osborn & A/Professor N P Erber La Trobe University, Vic
Development of a treatment program for children with anxiety disorders in rural areas
A/Professor Ronald M Rapee, Dr Nick M Kowalenko & Ms Anne Wignall
Macquarie University, NSW

Social Support & Loneliness in Primary School Children
Dr Clare Roberts
Curtin University of Technology, WA

The influence of family factors on the quality of life of children with asthma
Dr MG Sawyer, Dr J Martin, Dr D Kennedy & Dr NJ Spurrier
Women & Children's Hospital, SA

Development of an evaluation tool to assess the resettlement of refugee families in cultural transition
Professor Derrick Silove & Mr Mariano Coello
University of NSW

Managing Stress in Australian Families
Dr Philip T Slee, Dr Rosalind Murray-Harvey & Ms Dianne Lawson
Flinders University, SA

Depression after Childbirth
Ms Rhonda E Small & Dr Judith M Lumley
La Trobe University, Vic
<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Year</th>
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<tr>
<td>Support needs of rural families of oncology palliative care patients</td>
<td>$36,000</td>
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<td>Evaluation of an after hour telephone support service for families</td>
<td>$20,000</td>
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<td>Evaluation of an after hour telephone support service for families</td>
<td>$56,000</td>
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<td>Understanding the play behaviour &amp; play development of Pre-school children who have experienced long-term familial abuse and neglect: Implications for assessment &amp; treatment</td>
<td>$10,000</td>
<td>1997</td>
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<td>Understanding the play behaviour &amp; play development of Pre-school children who have experienced long-term familial abuse and neglect: Implications for assessment &amp; treatment</td>
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<tr>
<td>Understanding the play behaviour &amp; play development of Pre-school children who have experienced long-term familial abuse and neglect: Implications for assessment &amp; treatment</td>
<td>$20,500</td>
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<td>Explaining the links between abuse &amp; neglect in childhood &amp; psychological &amp; social well-being in adulthood</td>
<td>$33,000</td>
<td>1999</td>
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<td>Explaining the links between abuse &amp; neglect in childhood &amp; psychological &amp; social well-being in adulthood</td>
<td>$33,000</td>
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<td>Program to increase community knowledge of hereditary iron overload disease &amp; a comparison of the cost-effectiveness of two tests to detect the condition</td>
<td>$20,000</td>
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<td>Program to increase community knowledge of hereditary iron overload disease &amp; a comparison of the cost-effectiveness of two tests to detect the condition</td>
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<td>The ARHRF Twin Talk Programme</td>
<td>$28,000</td>
<td>1999</td>
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Preventing family-based child abuse through schools $29,000 - 1999
Dr Jan Nicholson, Ms Sarah Dwyer & Professor Brian Oldenburg
Queensland University of Technology, Qld

A home based intervention program for vulnerable families with newborns — outcomes at three years $28,000 - 1999
Dr Kenneth L Armstrong & Professor Barry Nurcombe
University of Queensland, Qld

Environmental factors & Multiple Sclerosis in Tasmania $20,000 - 1999
Professor T Dwyer, Dr AL Ponsonby, Dr R Simmons & I Van der Mei
University of Tasmania, Tas

Mental health of children of parents who are registered with an Area Mental Health Service $25,000 -1999
A/Professor Ernest Luk
Monash University, Vic

The infant's behaviour as a predictor of family difficulties $17,000 -1999
A/Professor Bryanne Barnett & Mr S Matthew
Paediatric Mental Health Service, NSW

Ignorance is not Bliss — Promoting Family Health Literacy $24,000 -1999
Professor Don Nutbeam
University of Sydney, NSW
Needs assessment of families when an adult cancer patient travels away for radiation treatment
Dr Alexandra Clavarino, A/Professor John B Lowe & Dr Kevin P Balanda
University of Queensland, Qld

$18,000 - 1999

Health-promoting families for preventing dieting disorders among adolescent females
Dr Gail F Huon
University of NSW

$20,000 - 1999

Increasing breastfeeding rates: savings to the health system
Dr JF Thompson, Professor DA Ellwood & Ms Julie Smith
The Canberra Hospital, ACT

$10,000 - 1999

Helping families to live with stroke
Dr M Clark, Ms S Rubenach & Dr A Winsor
Flinders University, SA

$17,000 - 1999

ROSS RIVER VIRUS 1998-2000 - $210,000

Development of environmentally friendly pesticides for the control of Ross River mosquitoes
Dr Micheal D Brown, A/Professor Brian H Kay & Professor Jack G Greenwood
Queensland Institute of Medical Research, Qld

$15,000 - 1998
Identification of epitope-based vaccine candidates for Ross River Virus
Dr J M Davies,
Monash University, Vic

The mechanisms of Ross River Virus induced arthritis
Professor Justin T La Brooy & Dr Peter Keary
University of Queensland,
Townsville General Hospital, Qld

The treatment & differential diagnosis of epidemic polyarthritis
(Improving treatment & diagnosis for Ross River Virus)
Dr Andreas Suhrbier, Dr B McGrath,
Dr P C Vecchio & Dr F J DeLooze
Queensland Institute of Medical Research, Qld

Which Western Australian mosquitoes are important for transmission of different strains of Ross River virus
Dr Michael Lindsay
University of Western Australia, WA

Immunological & psychological determinants of protracted recovery after Ross River Virus infection
Professor Andrew Lloyd & Professor Ian Hickie
University of New South Wales, NSW
FIRST AID, PRE-HOSPITAL TREATMENT,
EMERGENCY CARE – 1999-2001 $292,488

First aid & pre-hospital assessment & treatment of $9,300 - 1999
Irukandji (jellyfish) envenomation $6,690 - 2000
Dr Peter J Fenner, Russell Hore $22,680
& Max Bernstein

Surf Life Saving Queensland, Qld Analysis of the outcomes of $18,500 - 1999
(a) first aid given to members of the public by qualified first aiders,
and (b) training in CPR
Mr Peter Bowler & Professor V R Marshall
St John Ambulance Australia, NSW

What predicts outcome of carbon monoxide poisoning from the Emergency Department assessment? $6,500 - 1999
$4,000 - 2000
Dr P J Hay & Ms L A Denson
University of Adelaide, SA

Ambulance 12-lead ECG recording — improving the resuscitation of heart attack victims $5,000 - 1999
Grant in aid
Dr Simon Brown, Mr D Galloway
& A/Professor A Bell
Tasmanian Ambulance Service, Tas

Community training, attitudes & competence in first aid $9,832 - 1999
Professor GA Jelinek, Dr A Celenza $21,500 - 2000
& Dr D O’Brien $5,050 - 2001
& $36,382
University of WA
Factors contributing to people presenting for first aid service at large public events
Dr P Arbon & Dr FHG Bridgewater
University of SA

Pre-hospital use of activated charcoal
Gabrielle M Cooper
A/Professor David Le Couteur
The Canberra Hospital, ACT

Retrieval Medicine Incident Monitoring Study
Dr A Flabouris & Dr S Winter
NRMA Care Flight, Westmead Hospital, NSW

Studies on immune responses to spider venoms
Dr Anna Young
University of Melbourne, Vic

A portable intensive-care capsule for transporting critically ill new born babies from their birthplace to hospital in a road ambulance or aircraft
Professor John Grant-Thompson
University of Southern Queensland, Qld

The pre-hospital use of a test kit to identify patients suffering from acute cardiac injury
Mr Bill Lord & Dr Lexin Wang
Charles Sturt University, NSW

CPR training in families of chest pain patients
Dr Kevin Chu & Dr Christopher May
University of Queensland, Qld
**Prehospital care of Asthma 1990-1999**  
$18,000 - 2001  
Dr A Celenza & Dr IG Jacobs  
University of WA

**Bicycles, injury & risk-taking in adolescence**  
$18,000 - 2001  
Dr CHC Action, A/Professor J W Nixon,  
A/Professor R McClure & Professor J Batch  
University of Queensland

**Bringing quicker thrombolysis to victims of heart attack**  
$15,000 - 2001  
Professor AM Kelly  
Western Hospital, Vic

**Characterisation of spider nerve toxins & the production & testing of specific neutralising antivenoms**  
$26,800 - 2001  
Dr G Nicholson, Dr A Graudins &  
A/Professor K Broady  
University of Technology Sydney, NSW

**BOWEL SCAN - 1998**  
$49,500

**Investigation and reduction of bowel cancer deaths by Rotary BowelScan projects**  
$49,500 - 1998  
Dr DJ Frommer and Professor J Kaldor  
St Vincent's Hospital, NSW
MALARIA - 2000 $30,090

**Improved malaria vaccine candidate** $19,990 - 2000
Dr Laura B Martin &
Professor Allan Saul
Queensland Institute of
Medical Research, Qld

**How does malaria cause illness?** $10,100 - 2000
Dr Ian A Clark
The Australian National University, ACT

MENTAL ILLNESS 2000-2011

**Factors influencing the early onset** $40,000 - 2000
& stability of childhood externalisation
behaviour problems
Dr Peter Baghurst,
A/Professor Michael Sawyer &
Professor Margot Prior
Women's & Children's Hospital, SA

**Implementation of child mental** $20,000 - 2000
health promotion in schools
Dr Jan Nicholson &
Professor Brian Oldenburg
Queensland University of Technology

**Evaluation of the effectiveness of** $24,000 - 2000
Cognitive behavioural treatment for
childhood anxiety disorders in a
Mental Health Service
Professor Margot Prior &
Ms Julie Barrington
Royal Children's Hospital, Vic
Helping depressed mothers & their infants (the H.U.G.S. program) $35,000 - 2000
Professor Jeannette Milgrom
Austin Hospital
Medical Research Foundation, Vic

Mental Health Literacy project $20,000 - 2000
Ms Barbara Hocking &
A/Professor Jeremy Anderson
SANE Australia &
Monash University, Vic

A Web-based treatment for panic disorder $10,000 - 2000
Professor Jeffrey Richards &
Ms Leann Brown
University of Ballarat, Vic

Training general practitioner in the recognition & management of patients with depression $35,000 - 2000
A/Professor David Clarke,
Professor Leon Piterman, Dr Grant Blashki & Professor Graeme Smith
Monash University, Vic

Cognitive behaviour therapy for adolescents with first onset depression $25,990 - 2000
Dr Nicholas Allen &
A/Professor Henry Jackson
University of Melbourne, Vic

Prevention of psychosis: Long-term follow up $11,500 - 2000
Professor Patrick McGorry &
Ms Lisa Phillips
University of Melbourne, Vic
Effects of Oestrogen on well-being, mood & cognition of women aged 70 or over  
A/Professor Osvaldo Almeida, Professor Leon Flicker, Dr Samuel Vasikaran & Dr Peter Leedman  
University of WA  

$19,999 - 2000  
Grant in Aid  

A program to prevent unhealthy weight loss behaviours in early adolescent girls  
Dr Eleanor Wertheim & Dr Susan Paxton  
La Trobe University, Vic  

$25,000 - 2000  
$28,000 - 2001  
$31,174 - 2002  
$84,174  

Clonidine plus psycho stimulants for ADHD & behaviour problems  
Professor Philip Hazell & Dr John Stuart  
University of Newcastle, NSW  

$30,000 - 2000  
$31,800 - 2001  
$61,800  

Smoking cessation program for people with a mental illness  
Dr Amanda Baker & A/Professor Robyn Richmond  
University of Newcastle, NSW  

$25,000 - 2000  

Improving medication management for older mentally ill Aboriginal Australians  
Dr Charlotte de Crespigny, Ms Anita De Bellis, Mr Warren Parfoot & Ms Zell Dodd  
Flinders University, SA  

$25,000 - 2000
Cross agency approach to reducing Childhood conduct disorder $20,000 - 2001
Mrs B Skesteris, Mr C Sexton-Finke, Mrs K Huggett & Mrs A Leishman
Kelmscott Child & Adolescent Mental Health Service, WA

Benefits of improving depressed people’s knowledge about depression $40,950 - 2001
Professor A F Jorm, Dr H Christensen, Dr K Griffiths, Mrs A E Korten,
Miss J Medway & Dr B Rodgers
Australian National University, ACT

$34,100 - 2003
$66,718
Professor Kenneth Kirkby & Dr R Menzies,
University of Tasmania
2003 grant sponsored by the Rotary Club of Central Launceston, Tas

Social rituals & mental health $20,000 - 2001
Grant in aid
A/Professor A Janca & A/Professor V Burbank
$41,200 - 2002
$43,000 – 2003
$104,200
University of WA

The effectiveness of a cognitive-behaviour therapy in the treatment of adolescent compulsive disorder $40,775 - 2001
Dr R G Menzies, Dr M Jones,
Dr J Brennan, Ms D Einstein & Miss A Krockmalik
University of Sydney, NSW
Parent-delivered treatment for anxious children
$20,000 - 2001
Professor R M Rapee
Macquarie University, NSW

A study into psychological treatments aimed toward preventing teenage depression from recurring
$20,000 - 2001
Professor B Tonge & A/Professor N King
Monash University, Vic

Preventing psychiatric disorders after trauma
$39,837 - 2001
A/Professor RA Bryant,
University of NSW

Preventing post-natal depression by means of psychological treatment in pregnancy
$15,000 - 2001
Dr M Austin & Professor J Lumley
University of NSW

Early intervention for bipolar disorder
$36,225 - 2001
Dr J Ball & Professor P Mitchell
University of NSW

Prevention of depression in adolescents
$15,000 - 2001
A/Professor A Ralph & Professor L Flicker
James Cook University, Qld

Psychological adjustment after heart attack: Can we decrease mental illness?
$4,785 - 2001
Dr Tracey Wade
Flinders University, SA
Evaluation of the effectiveness of group-based interpersonal psychotherapy with depressed adolescents
Dr Susan Spence
University of Queensland

A randomised, placebo-controlled clinical trial to prevent depression amongst stroke patients
A/Professor Osvaldo Almeida & Graeme Hankey
University of WA

Family-based Mental Health Promotion for Young Adolescents
Dr C Roberts, A/Professor Donna Cross & Mr Jon Gibson
Curtin University of Technology, WA

Neuroimaging of Bipolar Disorder
Dr Gin Malhi, Professor Perminder Sachdev, Professor Philip Mitchell & Ms Yvette Cotton
University of NSW

Brain monoaminergic function & Heart disease in depressive illness
Dr Gavin Lambert, Professor Murray Esler, A/Professor David Kaye & Dr David Barton
Baker Medical Research Institute, Vic

Family intervention for memory disorders in Alzheimer’s dementia
A/Professor G Kinsella, Professor E. Storey & Dr Ben Ong
La Trobe University, Vic
Rotary Club of Bentleigh Moorabbin Central, Vic.
– Sponsored Grant

**Being young, homeless & having mental health problems: Helping young people ‘tell it like it is’**
Professor Philip Darbyshire, Dr Jon Jureidini, Dr Eimar Muir-Cochran & Ms Cathy Vockins
Women’s & Children’s Hospital, SA

**Cognitive & motor function in early-onset Schizophrenia**
A/Professor Paul Maruff, Dr Alasdair Vance, Professor John Bradshaw & Mr Mark Bellgrove
La Trobe University, Vic

**The prevalence & constellation of psychiatric disorder amongst deaf children**
Professor Joe Rey & Andrew Cornes
University of Sydney, NSW

**An examination of the efficacy of an internet delivered group therapy program for body image & eating problems: A randomised controlled trial**
A/Professor Susan Paxton & A/Professor Eleanor Wertheim
La Trobe University, Vic

**Is there a “safe” level of alcohol consumption for people with mental health problems**
A/Professor Gary Hulse & Robert Tait
University of Western Australia, WA

**The impact of media reporting of suicide on actual suicidal behaviour**
Dr Jane Pirkis, Professor Warwick Blood & A/Professor Philip Burgess
University of Melbourne, Vic

The evaluation of an early intervention & prevention program for children & families at-risk of conduct problems $32,000 - 2003 $32,000 - 2004 $5,000 - 2005 Professor Mark Dadds, Dr Ian Schochet & Stephen Larmar University of New South Wales, NSW

The use of memories from the past to calm distressed nursing home residents with dementia $50,294 - 2003 Professor Daniel O'Connor & Ms Edwina Beer Monash University, Vic

A randomised controlled trial of self-administered Danger Ideation Reduction Therapy for OCD washing $43,335 - 2003 A/Professor RG Menzies, Dr L Harris, Dr MK Jones, Professor Ken Kirkby & Ms T McColl University of Sydney, NSW

A randomised controlled trial of correspondence-based management of Depression or Dysthymia & Alcohol misuse within a primary care setting $54,490 - 2003 $54,000 - 2004 $53,560 - 2005 $162,050 A/Professor David J Kavanagh, Professor John Saunders, Professor Ross Young & Dr Amanda Baker University of Queensland, Qld

Screening and treatment of depression in the labourforce: Australian component of a multi-national study $25,000 - 2003 Grant-in-aid Professor Harvey Whiteford, Sue Caleo & Siobhan Coulter Queensland Centre for Schizophrenia Research, Qld
Pathways to care for depression in rural & Metropolitan South Australia $20,000 - 2004
Dr Jeff Fuller
University of Adelaide, SA

Comparing the costs & effects of school-based & parent-run help for anxious children $54,500 - 2004
$55,500 - 2005
$110,000
Professor Ronald Rapee
Macquarie University, NSW

Physical activity: improving mental health outcomes for Alzheimer’s Disease $60,000 - 2004
Dr Nicola Lautenschlager
University of WA

Reducing the individual & social burden of mental health problems in working adults $55,650 - 2004
$58,813 - 2005
$114,463
Dr Kristy Sanderson, Professor Brian Oldenburg,
Dr Jan Nicholson & Dr Nicholas Graves
Queensland University of Technology, Qld

Can providing information about ‘treatments that work’ close the gap for people with un-met need for treatment of an eating disorder? $36,000 - 2004
$22,000 - 2005
$58,000
An intervention study
Dr Phillipa Hay, Professor Susan Paxton & Jonathan Mond
James Cook University, Qld

Counselling to reduce anxiety & depressive symptoms in women with a new diagnosis of gynaecological cancer $57,596 - 2004
$57,330 - 2005
$49,555 - 2006
$164,481
Dr Rodney W Petersen,
Professor Julie Quinlivan, Dr Robert Rome
& Dr Cynthia Holland
University of Melbourne, Vic

**Depression in patients with traumatic brain injury**
A/Professor Sergio Starkstein
University of WA

Promoting regular physical activity to help adults with psychological distress
Professor Adrian Bauman
University of NSW

The mental health & well-being of children & adolescents in home-based care
Professor Michael Sawyer
University of Adelaide, SA

Correlating Cognitive & Genetic variability in Williams Syndrome
Melanie Porter & Professor Max Colthart
Macquarie University, NSW

Development of Mental Health First Aid Standards — Hugh Lydiard Fellowship
Professor Anthony Jorm,
Dr Betty Kitchener & Kathleen Griffiths
University of Melbourne, Vic

A pilot randomised treatment trial for Anorexia Nervosa: utilisation of therapeutic writing in Outpatient therapy versus treatment as usual
A/Professor Tracey Wade, Dr Peter Gilchrist, Dr Ulrike Schmidt, Dr Janet Treasure & Dr Jacqueline Bergin
Flinders University, SA
Randomised controlled trial of the Treatment of Post Traumatic Stress Disorder (PTSD) for Community Mental Health Services (CMHS) Clients with a co-existing Psychiatric Diagnosis A/Professor Cathy Owen, Dr Irene Howgeto, Dr Kim Mueser & C Torres Australian National University, ACT

Mental Health Literacy & Barriers to Utilisation of Mental Health Services among Chinese Australians Professor Maurice Eisenbruch, Dr Ilse Blignault & Vince Ponzio University of NSW

Every Family Project: A population health approach to reducing emotional & behavioural problems in young children & their families Professor Matthew Sanders, Dr Sarah Dwyer & Ms Kerry Bidwell University of Queensland

Teachers as Parents Project. Examining the work-family interface: The impact of a worksite parenting intervention on family & occupational functioning Professor Matthew Sanders & Ms Divna Haslam University of Queensland

Late-onset bipolar disorder: Investigating causes, clinical characteristics & treatments Dr Chanaka Wijeratne, Professor Philip Mitchell, Dr Gin Malhi & Ms Amanda Olley University of NSW
Detection of relapse risk & improvement of health risk behaviours in people with depression: Randomised controlled trial of correspondence-based assistance to general practitioners
Professor David Kavanagh, Dr Robert King, Dr Jason Connor & Professor Frank Deane
University of Queensland

Job quality & the mental health of working parents & their children
Dr Lyndall Strazdins, Dr Jan Nicholson, Dr Bryan Rodgers, A/Professor Michael Bittman & Professor Michael Sawyer
Australian National University, ACT

Schizophrenia DNA Bank
Professor Vaughan Carr, Professor Rodney Scott, Dr Paul Tooney & Dr Carmel Loughland
NISAD, NSW/University of Newcastle, NSW

Pilot home visiting early intervention for postnatal depression
Dr Nick Kowalenko, Dr Catherine Fowler, Dr Cathy McMahon & Dr Andrew Baillie
Royal North Shore Hospital/University of Sydney, NSW

How to best identify & treat children at risk for developing post-traumatic stress disorder
Dr Reg Nixon
Flinders University, SA
Building resiliency & emotional competency in Preschoolers:  
A pilot study of prevention of anxiety & depression  
Paula Barrett  
Griffith University, Qld

Building mental health awareness & service networks in rural Australian communities — a service delivery evaluation  
Professor Brian Kelly, Professor Lyn Fragar, A/Professor Jeffrey Fuller & Mr Trevor Hazell  
Bloomfield Hospital/University of Newcastle, NSW

A randomised trial of a Family Intervention program for Young People with Suicidal Behaviour  
Profesor Mark Dadds & Ms Jane Pineda  
University of NSW

Mediating factors & effects of health literacy in course & outcome of common eating disorders:  
A longitudinal study  
Professor Phillipa Hay, Dr Jonathan Mond, Professor Susan Paxton, Dr Frances Gordon & Dr Bryan Rodgers  
James Cook University, Qld

Health & wellbeing of partners of victims of trauma: A vulnerable group in the community  
Dr Brian O’Toole, Dr Sue Outram & Professor Stanley Catts  
ANZAC Research Institute/University of Sydney, NSW
Evaluation of a self-help multimedia computer program for adolescents with anxiety disorders
Professor Ronald Rapee & Mr Michael Cunningham
Macquarie University, NSW

Professor George Patton & Dr Craig Olsson
University of Melbourne, Vic

Trauma Assist Online: Development & evaluation of an internet based intervention for the treatment of acute PTSD & the treatment & prevention of Chronic PTSD
Dr Britt Klein, Mr David Austin, Dr Litza Koropoulos & Ms Gwenda Cannard
Monash University, Vic

Suicide prevention amongst help-seeking adolescents: An intervention study
A/Professor Alison Yung, Ms Jo Robinson & Professor Patrick McGorry
ORYGEN Research Centre/ University of Melbourne, Vic

An evaluation of the Stepping Stones Triple P Parenting Program with parents of a child Diagnosed with Autism Spectrum Disorder
Professor Matthew Sanders, Dr Kate Sofronoff & Dr Jeanie Sheffield
University of Queensland

**BraveHeart: A psychological treatment**
- For depression in people with cardiac Disease $85,045
  - 2006
  - 2007
  Dr Amanda Baker, Mr John Hambridge, A/Professor Jenny Bowman & Mrs Frances Kay-Lambkin
  University of Newcastle, NSW

**Promoting adult resilience in the workplace: Synthesizing mental health promotion & work-life balance approaches**
- $37,630 - 2006
  A/Professor Ian Shochet, Dr Maria Donald, Dr Herbert Biggs & Dr Poppy Liossis
  Queensland University of Technology

**Best practice in the management of Psychosis in Pregnancy**
- $33,500 - 2006
  Professor Jayashri Kulkarni, Ms Kay McCauley, Professor John McGrath, A/Professor Glenice Ives, Mr Stephen Elsom, Dr Paul Fitzgerald & Mr Anthony de Castella
  Alfred Hospital/Monash University, Vic

**Prevention & management of depression in patients after an acute cardiac event: Randomised controlled trial of a cognitive-behavioural intervention**
- $59,911 - 2006
  - $28,950 - 2007
  - $49,900 - 2008
  - $138,761
  Dr Marian Worcester, Dr Barbara Murphy, Professor Erika Froelicher & Dr Alan Goble
  Heart Research Centre, Vic

**Development & evaluation of a group cognitive behavioural body image & eating behaviour intervention for women in midlife**
- $31,738 - 2006
  - $49,120 - 2007
  - $50,422 - 2008
  - $131,280
  Professor Susan Paxton & A/Professor Eleanor Wertheim
La Trobe University, Vic

**Functional MRI investigation of the neural processes underlying Mild Cognitive Impairment**

Ms Nicole Kochan, Dr Michael Breakspear & Dr Melissa Slavin  
University of NSW  
$53,800 - 2006$  
$54,697 - 2007$  
$27,530 - 2008$  
$136,027$

**Building pre-schooler’s emotional evaluating an early intervention for children with behaviour problems**

Dr Sophie Havighurst,  
Professor Margot Prior, A/Professor Ann Sanson & Dr Daryl Efron  
University of Melbourne, Vic  
$55,347 - 2006$  
$56,591 - 2007$  
$58,644 - 2008$  
$170,582$

**Men, Hearts & Minds: Exploring the links between psychosocial stress, depression & heart disease among Aboriginal men in Central Australia**

Dr Alex Brown  
Menzies School of Health Research, NT  
$59,590 - 2007$

**Detection of relapse risk & improvement of health risk behaviours in people with depression: Randomised controlled trial of correspondence-based intervention**

Professor David Kavanagh  
University of Queensland  
$59,966 - 2007$  
$58,766 - 2008$  
$118,732$

**Building resiliency & emotional competency in preschoolers from economically disadvantaged backgrounds: A pilot study of the FUN FRIENDS Program**

Dr Paula Barrett  
University of Queensland  
$59,290 - 2007$
Transcranial magnetic stimulation: A new treatment for depressed adolescents
Dr Colleen Loo
University of NSW

Dietary factors & trajectories of mental health from infancy to adolescence
Dr Wendy Oddy
Curtin University of Technology, WA

Using the web to improve knowledge & self-management of bipolar disorder: A randomised controlled trial
Dr Judith Proudfoot
University of NSW

A randomised controlled trial of mindfulness-based cognitive therapy versus treatment as usual for bipolar disorder & comorbid anxiety
Dr Jillian Ball
University of NSW

Casual pathways to eating disorders: A prospective analysis using data from the WA Pregnancy cohort (Raine) study
Dr Susan Byrne
University of WA

Parent-Child connection: A trial of an early intervention to increase caregiver sensitivity & improve caregiver-child attachment
A/Professor Melanie Zimmer-Gembeck
Griffith University, Qld
Service collaboration model for the mental health & wellbeing of NSW farming communities $108,816
Professor Brian Kelly
University of Newcastle, NSW

An evaluation of the new Medicare Benefits schedule psychologist item numbers: Impacts for psychologists & their patients $130,313
A/Professor Jane Pirkis
University of Melbourne, Vic

Psychiatric disorders in adults born With very low birth weight $41,134 - 2008
Dr Peter Anderson
Murdoch Children’s Research Institute, Vic

A randomised controlled trial of mindfulness based cognitive therapy versus treatment as usual for bipolar disorder and comorbid anxiety $60,000 - 2008
A/Professor Vijaya Manicavasagar
University of New South Wales, NSW

Integrated smoking care linking mental health inpatients to community services: A randomised controlled trial $164,414
A/Professor Jenny Bowman
University of Newcastle, NSW

Family Connections: A randomised controlled trial of correspondence-based support for families of individuals recently diagnosed with psychosis $189,796
Professor Frank Deane
University of Wollongong, NSW
Mental Health first aid training by e-learning: A randomised controlled trial $60,000 - 2008
Professor Anthony Jorm & $120,000
Betty Kitchener
University of Melbourne, Vic

Vocational Recovery in Young People with first episode psychosis: A randomised controlled intervention trial examining vocational, health, economic and social outcomes $187,402
Dr Eóin Killackey
ORYGEN Research Institute, Vic

A double-blind, randomised, placebo-controlled study of adjunctive ketamine as a neuroprotective agent in ETC (electroconvulsive therapy) $137,825
Dr Colleen Loo
University of New South Wales, NSW

Bibliotherapy for primary caregiver of family members with first-episode psychosis: A randomised controlled trial $115,591
Professor Terence McCann
Victoria University, Vic

Treatment of acute stress disorder secondary to sexual assault: Effectiveness of therapy in a community mental health setting $111,522
Dr Reg Nixon
Flinders University, SA
The mental health and wellbeing of young people in remand: Is the prevalence of mental health problems changing?
Professor Michael Sawyer
University of Adelaide, SA

Mental Health outcomes of infants enrolled in a randomised controlled sleep intervention trial
Dr. Nicola Spurrier
Flinders University, SA

The Efficacy of N-acetylcysteine as an adjunctive treatment in Unipolar Depression
Professor Michael Berk
Mental Health Research Institute, Vic

Mental illness & interpersonal violence: evidence from a population based study
Dr Lynne Meuleners
Curtin University of Technology, WA

Internet based education for Generalised Anxiety Disorder
Dr Nickolai Titov
University of New South Wales, NSW

Uptake & impact of new Medicare Benefits Schedule items
Professor Julie Byles
University of Newcastle, NSW

A novel approach to treatment resistant childhood Obsessive-Compulsive Disorder
Dr Lara Farrell
Griffith University, Qld
Remediation of mental health $51,269 - 2009
reasoning & emotion recognition in schizophrenia $43,617 - 2010
Dr Pamela Marsh $138,503
Macquarie University, NSW
Prenatal androgen exposure & its influence on mental health in children/adolescents $56,608 - 2009
$46,571 - 2010
$39,702 - 2011
Dr Eugen Mattes $142,881
University of Western Australia, WA
An early intervention for mental health problem amongst children: Comparisons, Oppenness, Peers & Esteem (COPE) $63,780 - 2009
$58,260 - 2010
$122,040
A/Professor Lina Ricciardelli
Deakin University, Vic
Does cognitive remediation improve employment prospects for people with a mental illness returning to work? $64,629 - 2011
A/Professor Anthony Harris
University of Sydney, NSW
Improving co-morbidity treatment within residential substance abuse: A randomised trial of a computer-based depression and substance abuse intervention $52,029 - 2011
Dr Peter Kelly
University of Wollongong, NSW
Multi-site randomised controlled trial of group schema therapy for Borderline personality disorder $60,430 - 2011
Dr Christopher William Lee
Identifying targets and timing for early intervention: A NSW population record-linkage study to detect childhood indicators of risk for mental illness
Dr Elizabeth Maloney
University of New South Wales, NSW

Young people, drinking, and the parental supply of alcohol: A longitudinal cohort study
Professor Richard Mattick
National Drug & Alcohol Research Centre/University of New South Wales

Help-seeking for postnatal depression as a major public health problem: A Cluster Randomised Controlled Trial of Motivational Interviewing
Professor Jeannette Milgrom
Austin Health, Vic

Preventing anxiety & depression across childhood
Professor Ronald Rapee
Macquarie University, NSW

Guidelines for tertiary education institutions on how to support Students with mental health problems
Dr Nicola Reavley
ORYGEN Youth Health Research Centre, Vic

Improving social engagement of rural ‘at risk’ youth: A randomised effectiveness trial of a telephone delivered Cognitive and Dialectical Behaviour Therapy intervention
Dr Helen Stain
University of Newcastle, NSW

**A Randomised Trial of a Low Intensity Intervention Model within a University Health Service to improve the Mental Health of Students**

Dr Helen Stallman
University of Queensland, Qld

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**SPECIAL PROJECTS**

- **Waist disposal project**
  - A/Professor Samar Auon
  - Curtin University, WA
  - $40,000 - 2007

- **Bushfires, Social Connectedness & Mental Health**
  - Dr Dean Lusher
  - University of Melbourne, Vic.
  - $40,000 - 2011

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**IAN SCOTT FELLOW (Mental Illness) 2000-2011**

- **Screening of high risk families with infants**
  - Caroline De Paola BA, M. Ed. Psych.
  - University of Melbourne, Vic
  - $31,500 - 2000
  - $26,000 - 2001
  - $26,000 - 2002
  - $83,500

- **Mental health promotion for a community based program for the prevention of mental health problems in Aboriginal young people**
  - Melinda Andrews
  - Curtin University, WA
  - $26,000 - 2002
  - $26,000 - 2003
  - $26,000 - 2004
  - $78,000

- **Brain mechanisms of attention problems in people with schizophrenia & bipolar disorder**
  - Nathan Clunas
  - Liverpool Hospital, NSW
  - $26,000 - 2002
  - $26,000 - 2003
  - $26,000 - 2004
  - $13,000 - 2005
  - $91,000

- **Effects of Estrogen on Cognitive Function**
  - $26,000 - 2003
  - $26,000 - 2004
Cali Bartholomeusz $52,000
Swinburne University of Technology, Vic
Williams Syndrome, Autism, $26,000 - 2003
Asperger’s Syndrome & Down Syndrome: Are there Genes for Social & Emotional Functioning?
Melanie Porter $52,000
Macquarie University, NSW

Identifying the toxic principle in Alzheimer’s Disease $26,000 - 2004
Christine Mavros $26,000 - 2005
University of Melbourne, Vic $19,500 - 2006
97,500

Using genetics to increase smoking cessation $26,000 - 2004
Katherine Morley $26,000 - 2005
University of Queensland $13,000 - 2006
$91,000

The relationship between mood & anxiety disorders & nutrition $26,000 - 2005
Felice Jacka $26,000 - 2006
University of Melbourne, Vic $20,500 - 2007

School Interaction Study: Bullying in High Schools $8,000 - 2005
Kirstin Barchia $8,000 - 2006
Macquarie University, NSW $26,000 - 2007
$42,000

Nicotinic Neuroreceptor imaging with PET in normal Ageing & Alzheimer’s Disease $26,000 - 2005
Julia Ellis $26,000 - 2006
Swinburne Institute of Technology, Vic $26,000 - 2007
$78,000

The neural basis of emotion processing deficits in conduct disorder $26,000 - 2005
Donna Palmer $26,000 - 2006

273
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<th>University of Sydney, NSW</th>
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<td>An investigation of an developmental</td>
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<td>animal model of schizophrenia</td>
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<td>combined with postnatal &amp; adolescent stress:</td>
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<td>A pharmacological &amp; behavioural study</td>
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<td>Timothy Silk</td>
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<td>Consumer priorities for depression &amp; bipolar disorder</td>
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<td>The role of Muscarinic receptors in</td>
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<td>Improving the management of acute agitation in the Emergency Department: A multicentre randomised controlled trial</td>
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Monash University, Vic

**Does early developmental disruption make the brain more vulnerable to the effects of cannabis?**

Amy Dawson
University of Wollongong, NSW

**The importance of insight into negative mood, stressful experiences & coping strategies in the prevention & early intervention of adolescent mood disorders**

Sylvia Kauer
Murdoch Children’s Research Institute, Vic

**Suicide in Countries of the Western Pacific Region: The impact of Globalisation on Trends of Fatal Suicidal Behaviour**

Allison Milner
Griffith University, Qld

**Shared decision making for young people with depressive disorders: Development & feasibility testing of a decision aid**

Magenta Simmons
University of Melbourne, Vic

**Mental Health First Aid for Eating Disorders: Development of first aid guidelines & an Intervention for the public**

Laura Hart
University of Melbourne, Vic
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<td>Attention &amp; Mental Health outcomes in extremely low birth weight/ very premature infants: An fMRI study of adolescents</td>
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<td>Karissa Searle</td>
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<td>Gamma frequency oscillations and the NMDA receptor hypofunction hypothesis of schizophrenia: Exploring functional disconnections in psychosis</td>
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<td>The role of the metabotropic glutamate 5 &amp; adenosine 2A receptors in methamphetamine addiction</td>
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<td>Environmental &amp; Biological factors influencing everyday social intervention impairments in young children with autism &amp; children with traumatic developmental experiences</td>
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<td>A randomised controlled trial of transcranial Direct Current Stimulation to reduce adutory hallucinations and enhance cognitive function in schizophrenia</td>
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<td>Understanding the psychosocial Sequelae of surviving testicular cancer</td>
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University of Sydney, NSW

**Redox Biology and Autism**  
Kristi-Ann Villagonzalo  
University of Melbourne, Vic  
2011  
$6,140

**ROYCE ABBEY POSTDOCTORAL FELLOWS**

- **Assessing the effectiveness of mindfulness training in the treatment of Generalised Anxiety**  
  Dr Maree Abbott  
  Macquarie University, NSW

  - $60,000 - 2003
  - $60,000 - 2004
  - $60,000 - 2005
  - $180,000

- **The role of family & child processes in the treatment of conduct problems in children with callous-unemotional traits**  
  Dr David Hawes  
  University of NSW

  - $65,000 - 2006

- **Biochemical basis of cognitive deficits in Schizophrenia**  
  Dr Elizabeth Scarr  
  Mental Health Research Institute, Vic.

  - $75,000 - 2008
  - $75,000 - 2009
  - $75,000 - 2010
  - $225,000

**GEOFFREY BETTS POSTDOCTORAL FELLOWS**

- **A cognitive neuropsychological model of social processing: Identification & treatment of social processing deficits**  
  Dr Melanie Porter  
  Macquarie University, NSW

  - $65,000 - 2006
  - $75,000 - 2007
  - $140,000

- **Determinants of poor psychological outcomes of fetal anti-epileptic drug exposure**  
  Dr Amanda Gabrielle Wood

  - $75,000 - 2009
  - $75,000 - 2010
  - $150,000
COlIN DODDS POSTDOCTORAL FELLOWS

A combination of universal & targeted, $75,000 - 2007
versus a targeted approach to $75,000 - 2008
prevention of early childhood mental $75,000 - 2009
health problems: a population-based cluster randomized trial $225,000
Dr Jordana Bayer
Royal Children’s Hospital, Melbourne, Vic

Early life influences of child & $75,000 - 2011
adolescent mental health problems:
A life-course approach to prevention and intervention
Dr Monique Robinson
Telethon Institute for Child Health Research/
University of Western Australia, WA

EVALUATION OF MENTAL HEALTH SERVICE PROVISION

The West Morton Integrated $60,000 - 2007
Employment Project: Enhancing $60,000 - 2008
mental health services by integrating $120,000
evidence-based employment services
Dr Geoffrey Waghorn
The West Morton Health Services District
of Queensland Health, Qld

Consumers as Collaborative $31,431 - 2007
Researchers: A model training program
Professor Anita Bundy
University of Sydney, NSW

Evaluation of strategies to promote $59,950 - 2007
the dissemination of programs for $29,975 - 2008
people with serious mental disorders $29,975 - 2009
& comorbid substance use disorders $119,900
Professor David Kavanagh
University of Queensland
Primary care mental health consultation-liaison between GP & psychiatrist: Consumer & carer evaluation
Dr Anne Sved Williams
University of Adelaide, SA

A cognitive behavioural intervention program for offenders with a psychiatric disability in a community mental health service
A/Professor John Gleeson
University of Melbourne, Vic

Evaluating an antenatal depression
Treatment model as a public health Priority
Professor Jeanette Milgrom
University of Melbourne, Vic

Evaluation of the integrated homeless mental health service response: How effective are improved linkages between community support & psychiatric services at addressing needs of people who are homeless?
Anthony de Castella
The Alfred Hospital, Bayside Health, Vic

‘Endeavour House’: Evaluation of a residential program for people with psychiatric & substance use disorders
Professor Frank Deane
University of Wollongong, NSW

Motivating young people towards success: Evaluation of motivational interviewing-integrated treatment program for clients in a residential therapeutic community
Dr Frances O’Callaghan
Griffith University, Qld
Evaluation of a recovery-based self-help program for people with long-term mental illness $42,800 - 2007
$38,982 - 2008
$81,782
Dr Lindsay Oades
University of Wollongong, NSW

A layered ten-year audit of clients presenting to a community-based service for young people at increased risk for psychosis $50,800 - 2008
Professor Vaughan Carr
University of Newcastle, NSW

The incidence of suicidal behaviours in indigenous communities in Queensland - evaluation & development of baseline data $59,950 - 2008
$59,950 - 2009
$55,450 - 2010
$175,350
Professor Diego De Leo
Griffith University, Qld

Examination of the effectiveness of clinical case management for alcohol & drug clients $55,000 - 2008
Dr Nicole Lee
Turning Point Alcohol & Drug Centre, Vic

Evaluation of a South Australian Family Home visiting program $51,657 - 2008
$20,228 - 2009
Professor Michael Sawyer $52,020 - 2010
University of Adelaide, SA $123,905

$45,000 - 2009
$95,998
Professor Kay Wilhelm
University of New South Wales, NSW
A ten-year evaluation of community treatment orders on mental health & forensic outcomes
Professor Steve Kisely
University of Queensland, Qld

Preventing conduct disorders: The Austin CASEA evaluation of an early intervention service for children with behaviour problems
Dr Sophie Havighurst
University of Melbourne, Vic

The threshold test for involuntary mental health treatment — reducing practitioner variation in invoking orders & implementing the least restrictive option
John Brayley
Office of the Public Advocate, SA

Evaluation of health promotion & preventative life style intervention program for young patients receiving anti-schizotonic medication: Impact on weight gain & quality of life
Professor Valsamma Eapen
Liverpool Hospital, NSW

Juvenile bipolar disorder. Evaluation of symptom profiles, treatment outcomes & predictors of treatment effectiveness for clients from a community mental health clinic
Professor Philip Hazell
Thomas Walker Hospital, NSW
Meaningful participation as a means of promoting the mental health & wellbeing of young Australians: An evaluation of Inspire’s youth participation program
Phillipa Collin
Inspire Foundation, NSW

EVALUATION OF RURAL HEALTH SERVICE PROVISION

ABCD in a remote NSW context $40,000 - 2007
Dr Hugh Burke $40,000 - 2008
Maari Ma Health Aboriginal Corporation, NSW $120,000

Evaluation of two strategies undertaken by Queensland Emergency Medical System Co-ordination Centre (QCC) in Townsville to improve the outcomes for rural patients following traumatic injury
Professor Craig Veitch
James Cook University, Qld

Healthy Hearts – Beyond City Limits $39,925 - 2007
Professor Simon Stewart $39,925 - 2008
Baker Heart Research Institute, Vic $79,850

Making a difference - The impact of an innovative primary health service on a rural community $39,707 - 2008
$32,771 - 2009
$38,502 - 2010
Professor John Humphreys $110,980
Monash University, Vic

Evaluation of a training protocol for non-clinical staff in General Practice - Priortisation of patients: A guide to urgency for non-clinical staff (POPGUNS) $40,000 - 2008
Dr Christine Phillips  
Australian National University, ACT  
MENTAL HEALTH OF YOUNG AUSTRALIANS (BIRTH TO 17 YEARS) PILOT STUDY — 2010 ONLY

A Group-based Cognitive-Behavioural $34,600 - 2010 intervention to treat sleep disorders that negatively impact mood, daily functioning & Externalizing behaviour in adolescents  
Professor Ron Grunstein, Dr Amanda Gamble & Dr Delwyn Bartlett  
Woolcock Institute of Medical Research/University of Sydney, NSW

Development of materials for a $34,895 - 2010 web-based intervention targeting adolescent alcohol use  
Dr Robert Tait, Professor Helen Christensen  
Australian National University, ACT

Efficacy of N-acetylcysteine in Autism: $35,000 - 2010 A double-blind, placebo-controlled randomised trial  
Professor Michael Berk, Dr Seetal Dodd, Professor Bruce Tonge, Dr Kylie M Gray & Dr Avril V Brereton  
University of Melbourne, Vic

Preventing Adolescent Cannabis Use $18,000 - 2010 Through Web-Based Graphic Warning Images  
Professor Jan Copeland, A/Professor Don Hine & Dr Sally Rooke  
National Cannabis Prevention & Information Centre/University of New South Wales, NSW

A pilot investigation of an online, parent-only CBT intervention for preschool children with anxiety $34,847 - 2010
Dr Caroline Donovan, Dr Sonja March
Griffith University, Qld.
Training benign interpretations in $33,125 - 2010
anxious children and adolescents
Professor Ron Rapee, Dr Viviana Wuthrichl,
Dr Heidi J Lyneham & Dr Maria Kangas
Macquarie University, NSW

Longitudinal Child Health Study: $16,500 - 2010
Pilot Study
Professor Vaughan Carr,
Professor Patricia Michie &
Professor Rhoshel Lenroot
University of New South Wales, NSW

The development of body image, $33,825 - 2010
internalisation of societal body ideals
& dieting awareness in 3-5 year old
girls & boys: The foundation for a longitudinal study
Professor Susan Paxton, Dr Zali Yager
La Trobe University, Vic

Genetic variation of pro-inflammatory markers & their association with depression in adolescence $35,000 - 2010
Dr Naomi Wray, Dr Grant W Montgomery,
Professor Bernhard Baune & Dr Margaret Wright
Queensland Institute of Medical Research, Qld.
(Funds contributed by Flight Lieutenant Aaron Doherty — bike ride)

Sleep, puberty and depression $16,500 - 2010
Professor Philip Hazell, Karen Paxton,
Dr Chin Moi Chow,
Professor Katharine Steinbeck & Dr Catherine Hawke
Thomas Walker Hospital/University of Sydney, NSW
Rotary District 9650 Youth Depression Grant
### FUNDING PARTNER PhD SCHOLARSHIPS

**Neurological & Auto immune Disorders**

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<tr>
<th>Scholarship</th>
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<td>Anna King</td>
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<td>Jennica Winhammar</td>
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Auto-immune Disease
Basil Shaw Scholarship $10,000 - 2005
Rotary Club of Toowong, Qld $10,000 - 2006
Simon Apte $5,000 - 2007
Queensland Institute of Medical Research, Qld $25,000

Arthritis
Melvin Gray Arthritis Scholarship $18,750 - 2007
Rotary Club of Blacktown, NSW $25,000 - 2008
Miriam Jackson $25,000 - 2009
Royal North Shore Hospital, NSW $6,250 - 2010
$75,000

Kidney Disease
The Rodney Tilden, Ted Atkinson & Bob McCullum Kidney Disease $25,000 - 2009
Research Scholarship $25,000 - 2010
Rotary Clubs of Kellyville, Dural, Kurrajong & Gladesville, NSW $75,000
Owen Tang
Royal North Shore Hospital, NSW

Neuro Degenerative Disease
The Hooton Family, NSW $25,000 - 2009
Judith Allen-Graham $25,000 - 2010
Alfred Hospital/Monash University, Vic $12,500 - 2011
$62,500

Multiple Sclerosis
District 9800 MS Awareness $25,000 - 2004
Committee $25,000 - 2005
Vilija Jokubaitis $25,000 - 2006
University of Melbourne, Vic $12,500 - 2008
$76,250

The Fenwick Scholarship $4,573 - 2009
Rotary Club of Whyalla, SA $4,573 - 2010
Jo Anne Schinke Stratton $4,573 - 2011
Howard Florey Institute, Vic $13,719
**Rotary Club of Pakenham, Vic** $5,384 - 2006
Laura-Jane Oluich $5,384 - 2007
University of Melbourne, Vic $5,384 - 2008
$2,692 - 2009
$18,844

**Diabetes**
**Diane Erskine Rotary District 9680 Scholarship** $18,750 - 2009
Steven Gao $25,000
University of New South Wales, NSW

**Diane Erskine Rotary District 9680 Scholarship** $29,000 - 2011
Shin Yi (Taria) Ng
University of Sydney, NSW

**Epilepsy**
**Rotary Club of Koo Wee Rup/ Lang Lang, Qld Scholarship** $29,000 - 2011
Melissa Benson
University of Queensland, Qld

**Parkinson’s Disease**
**Rotary Club of Parkes & Burwood, NSW Scholarship** $25,000 - 2010
Shoshanah Longmuir $50,000
Howard Florey Institute, Vic
**Rotary Club of Parkes, NSW** $25,000 - 2011
James Macquarie Shine
University of Sydney, NSW

**Cancer**

**Bowel Cancer**
**Districts 9640 & 9650 Bowelscan** $25,000 - 2004
Dr Francis Lam $25,000 - 2005
University of Sydney, NSW $25,000 - 2006
Districts 9640 & 9650 Bowelscan $75,000
Deepa Chauhan $25,000 - 2004
University of Sydney, NSW $25,000 - 2005
$25,000 - 2006
$12,500 - 2007
$87,500

District 9780 Bowelscan $18,750 - 2005
Lisa Chan $25,000 - 2006
University of Sydney, NSW $2,666 - 2007
$46,416

District 9650 Bowelscan $25,000 - 2006
Jaclyn Huimin $25,000 - 2007
University of Melbourne, Vic. $25,000 - 2008
$12,500 - 2009
$87,500

District 9650 Bowelscan $12,500 - 2008
Ryan James Courtney $25,000 - 2009
University of Newcastle, NSW $25,000 - 2010
$25,000 - 2011
$87,500

District 9650 Bowelscan $18,750 - 2008
Linh Nguyen $25,000 - 2009
Austin Health, Vic. $25,000 - 2010
$18,750 - 2011
$87,500

District 9650 Bowelscan $12,500 - 2008
Matthew Thompson $25,000 - 2009
Monash University, Vic. $25,000 - 2010
$25,000 - 2011
$87,500

Districts 9640 & 9650 Bowelscan $4,573 - 2009
Shu Wen Wen $4,573 - 2010
University of Melbourne, Vic. $4,573 - 2011
$13,719
District 9780 Bowelscan $25,000 - 2008
Timothy Smith $25,000 - 2009
Howard Florey Institute, Vic. $25,000 - 2010
$75,000

District 9640 & 9650 Bowelscan $4,573 - 2009
Shir Lin Koh $4,573 - 2010
University of Melbourne, Vic. $4,573 - 2011
$13,719

District 9650 Bowelscan $25,000 - 2011
Amy Louise Martin
Hunter Medical Research Institute, NSW

District 9640 Bowelscan $2,140 - 2011
Phuoc Thien Huynh
University of Sydney, NSW

Prostate Cancer
District 9650 $25,000 - 2005
Ian Kwan $25,000 - 2006
University of Wollongong, NSW $25,000 - 2007
$12,500 - 2008
$87,500

District 9650 $25,000 - 2006
Nick Hardcastle $25,000 - 2007
University of Wollongong, NSW $25,000 - 2008
$12,500 - 2009
$75,000

Rotary Clubs of Pennant Hills, Winston Hills & Dural, NSW $25,000 - 2007
Brian Tse $25,000 - 2008
University of New South Wales, NSW $62,500

Mark Gibbens/Rotary Club of Parramatta City, NSW $25,000 - 2010
$25,000 - 2011
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<td>Kevin Jia-Jin Loo</td>
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**Ovarian Cancer**

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**Breast Cancer**

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**Gastro Intestinal Cancer**

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**The Cancer Genome**

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**Melanoma**

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Matt Carlino  
University of Sydney, NSW  
The Role of Metals for the Treatment of Cancer  
Rotary Club of Liverpool West, NSW  $29,000 - 2011  
Rayan Saleh Moussa  
University of Sydney, NSW

Children’s health

Childhood bullying  $18,750 - 2007  
Rotary Clubs of Hamilton, Brisbane  $25,000 - 2008  
Highrise & Stones Corner, Qld  $25,000 - 2009  
Erin Wolfe  $18,750 - 2010  
University of Queensland, Qld  $87,500

Childhood Leukaemia  
Rotary Club of Dural & District 9680  $25,000 - 2007  
Ahmad Ali Aloqaily  $25,000 - 2008  
University of Technology, Sydney, NSW  $12,500 - 2010  
$87,500

Preterm Infant Nutrition  $12,500 - 2006  
Rotary Club of Thornlie, WA  $25,000 - 2007  
Gemma McLeod  $25,000 - 2008  
University of Western Australia, WA  $25,000 - 2009  
$87,500

Youth Suicide  
Nathan’s Bequest Scholarship  $18,750 - 2008  
Rotary Club of Sydney CBD, NSW  $18,750 - 2009  
Kristine Northey  $6,250 - 2010  
Curtin University of Technology, WA  $43,750

Rotary Club of Parramatta City, NSW  $25,000 - 2010  
Tonelle Handley  $25,000 - 2011  
University of Newcastle, NSW  $50,000
Improving the wellbeing of Children $18,750 - 2007
Hansen Yuncken Pty Ltd — Corporate $25,000 - 2008
Victoria Leitch $25,000 - 2009
Child Health Research Institute, SA $18,750 - 2010
$87,500

Phenylketonuria (PKU) $29,000 - 2011
Rotary Club of Pennant Hills, NSW
Naz Al Hafid
Children’s Hospital at Westmead, NSW

Childhood Cancer $6,250 - 2010
Rotary Club of Adelaide, SA $25,000 - 2011
Le Myo Thwe $31,250
Children’s Hospital at Westmead, NSW

Mental health

Rotary Club of Adelaide, SA $6,250 - 2006
Amelia Searle $25,000 - 2007
University of Adelaide, SA $25,000 - 2008
$25,000 - 2009
$6,250 - 2010
$87,500

Rotary Club of Holdfast Bay, SA $25,000 - 2008
Marijeta Kurtin $12,500 - 2009
University of Adelaide, SA $37,500

Rotary Club of Crows Nest, NSW $29,000 - 2010
Daniel Quintana $29,000 - 2011
University of Sydney, NSW $58,000

Suicide in Men
David Henning Memorial Scholarship $25,000 - 2008
Rotary Club of Parramatta City, NSW $25,000 - 2009
Luke Balcombe $25,000 - 2010
Griffith University, Qld
$12,500 - 2011
$87,500

Dementia
$25,000 - 2007

Bartolina Peluso Scholarship
$25,000 - 2008

Rotary Club of Strathmore, Vic
$25,000 - 2009

India Bohanna
$12,500 - 2010

Howard Florey Institute, Vic
$87,500

Bartolina Peluso Scholarship
$21,750 - 2010

Rotary Club of Strathmore, Vic
$29,000 - 2011

Anna Devlin
$50,750

Deakin University, Vic

The Ron Nichol Scholarship
$25,000 - 2010

Rotary Club of Glenhaven, NSW
$25,000 - 2011

Marshall Axel Dalton
$50,000

Neuroscience Research Australia, NSW

Alzheimer’s Disease
$12,500 - 2009

Chris & Gerry Ellis
$25,000 - 2010

Rotary Club of Samford Valley, Qld
$25,000 - 2011

Crystal Higgs
$62,500

University of Queensland, Qld

Depression
$29,000 - 2011

Rotary Club of Parkes, NSW D
Shantel Leigh Duffy
University of Sydney, NSW

Malaria

District 9650
$25,000 - 2006

Leia Hee
$25,000 - 2007

University of Sydney, NSW
$12,500 - 2008
$62,500

Heart Disease
$25,000 - 2011

Rotary Club of Parramatta City, NSW
$25,000 - 2011

Rhian Shephard
$25,000 - 2011

Centenary Institute, NSW
$75,000
Spinal Injury
Rotary Club of Parkes, NSW $12,500 - 2010
Dianah Rodrigues $25,000 - 2011
University of Sydney, NSW $37,500

Rotary Club of Parkes, NSW $6,250 - 2010
Charles Lo $25,000 - 2011
University of Sydney, NSW $31,250

Research Companions

Neurological & Auto-immune $29,000 - 2011 Disorders
Neville & Jeanne York PhD Scholarship
Stephanie Shepheard
Flinders University, SA

Mental Health
Whitcroft Family PhD Scholarship $18,750 - 2009
Jessica Swain $12,500 - 2010
University of Newcastle, NSW $31,250

Whitcroft Family PhD Scholarship $6,140 - 2011
Monika Wadolowski
National Drug & Alcohol Research Centre/
UNSW, NSW

Children’s Mental Health
Terry Beslich PhD Scholarship $29,000 - 2010
Beslich Family $14,500 - 2011
Kelly Baird $43,500
Macquarie University, NSW

FUNDING PARTNER PROJECT GRANTS

Spinal Cord Repair
Rotary Club of Melville WA, D 9460 $54,000 - 2004
Dr Giles Plant
University of WA
Methods of Preserving Organs for Organ Donation $54,000 - 2004
Rotary Club of Williamstown, Vic $54,000 - 2005
A/Professor Gregory Snell $54,000 - 2006
Monash University, Vic $162,000

Parkinson’s Disease $49,500 - 2005
Rotary Club of Liverpool West, NSW $49,500 - 2006
Dr Jasmine Henderson $50,089 - 2007
University of Sydney, NSW $149,089

Childhood Leukemia District 9680 Clubs $28,512 - 2005
Dr Dan Catchpoole
Children’s Hospital, Westmead, NSW

Motor Neurone Disease —
PP Jim Gordon Research Project $27,000 - 2005
Rotary Club of Carlingford, NSW
Dr Roger Pamphlett
University of Sydney, NSW

Motor Neurone Disease
Rotary Club of Caringbah, NSW $27,000 - 2005
Professor Garth Nicholson
ANZAC Research Institute, NSW

Psychological Effect of Cancer
Rotary Club of Adelaide, SA $26,994 - 2005
Dr Jane Blake-Mortimer
University of Adelaide, SA

Youth Suicide (Sally Fletcher: Ride for Life) $27,000 - 2005
Rotary Club of South Launceston, Tas $54,000 - 2007
Professor Ken Kirkby $50,000 - 2008
University of Tasmania $131,000
Rheumatoid Arthritis $25,000 - 2005
Greater Ipswich Clubs, Qld $25,000 - 2006
Professor Ranjeny Thomas $25,000 - 2007
University of Queensland $75,000

Breast Cancer
District 9680 Clubs $45,000 - 2006
Professor Des Richardson
University of Sydney, NSW $25,000

Ovarian Cancer $27,000 - 2006
Rotary Clubs of Melbourne & $27,000 - 2007
Williamstown, Vic $27,000 - 2008
A/Professor Gregory Rice $81,000
Gynacological Cancer Research Centre, Vic

Cardiac Disease/Death $54,000 - 2006
Rotary Club of Williamstown, Vic $54,000 - 2007
Dr Andrew Davis $54,000 - 2008
Royal Children’s Hospital, Vic $162,000

Youth Suicide $33,300 - 2006
Rotary Club of Camberwell, Vic $33,300 - 2007
Alison Yung $27,000 - 2008
ORYGEN Research Centre, Vic $93,600

Malaria Vaccine
Rotary Club of Hamiton, Qld $27,000 - 2006
Professor Michael Good $27,000 - 2007
Queensland Institute of Medical Research $27,000 - 2008
Research $81,000

Motor Neurone
Nancy Parfitt Research Grant $27,000 - 2007
D 9650
Dr BryceVissell
Garvan Institute of Medical Research, NSW
Alzheimer’s Disease
Patricia Hooton Family Grant $27,000 - 2007
Rotary Club of Crows Nest, NSW
Dr John Kwok
Prince of Wales Medical Research Institute, NSW

Brian Tumour
Rotary Riverside Clubs/Gladesville, NSW $27,000 - 2007
Professor Des Richardson
University of Sydney, NSW

Domestic Violence
Rotary Club of Brighton, Vic $41,445 - 2007
Professor Thea Brown
Monash University, Vic $13,815 - 2008 $55,260

Prostate Cancer
Rotary Club of Liverpool West, NSW $54,000 - 2007
Professor Des Richardson
University of Sydney, NSW $54,000 - 2009 $162,000

Domestic Violence
Rotary Clubs of Dural, Wahroonga, West Pennant Hills, NSW $17,700 - 2008
Dr Andrew Campbell
University of Sydney, NSW $5,900 - 2009 $23,600

Motor Neurone Disease
The Stephen Buckley MND Research Grant $30,375 - 2008 $10,125 - 2009
District 9650 $40,500
Dr Ian Blair
Prince of Wales Medical Research Institute, NSW
Motor Neurone Disease
The Mary Jane Douglas MND $30,262 - 2008
Research Grant $10,125 - 2009
District 9650 $40,387
A/Professor Matthew Kiernan
Prince of Wales Medical Research Institute, NSW

Leukaemia $40,110 - 2008
The Friends R4 Research Grant $53,480 - 2009
Rotary Club of Williamstown, Vic $53,480 - 2010
Dr Ricky Johnstone $13,370 - 2011
Peter MacCallum Cancer Centre, Vic $160,440

Breast Cancer $45,000 - 2009
Rotary Club of Wetherill Park, NSW
Dr Patric Jansson
University of Sydney, NSW

Autism $8,921 - 2009
Rotary Club of Dapto, NSW
Dr Michael Sorich $26,763 - 2010
University of South Australia, SA $35,684

Leukaemia $60,000 - 2009
Rotary Clubs of Glen Eira/Chadstone
East Malvern & Frankston Sunrise, Vic $60,000 - 2010
Professor Miles Prince $60,000 - 2011
Peter MacCallum Cancer Centre, Vic $180,000

Friedrichs Ataxia $45,000 - 2009
Rotary Club of Brighton North, Vic
Dr Marguerite Evans-Galea $60,000 - 2010
Murdoch Children’s Research Institute, Vic $6,000 - 2011
Quality of Life for people with Cancer $111,000
Barbara Moore Research Grant $27,000 - 2009
Rotary Club of St Ives, NSW $36,000 - 2010
Dr Belinda Barton  
$9,000 - 2011  
Children’s Hospital, Westmead, NSW  
$72,000  

**Driving behaviour**  
Rotary Club of Claremont, Tas  
$22,500 - 2010  
Dr Raimondo Bruno  
$7,500 - 2011  
University of Tasmania, Tas  
$30,000  

**SPECIAL GRANTS**

**Bipolar Disorder**  
**Bi-Polar Expedition**  
$50,140 – 2010  
Dr Andrew Gibbons  
Mental Health Research Institute, Vic  

**Bipolar Disorder**  
**Bi-Polar Expedition**  
$49,974 - 2011  
Professor Susan Rossell  
Swinburne University, Vic
SOURCES

ARH Facts Booklets
ARH Newsletters
Booklets, brochures, leaflets, video tapes and other promotional material issued by Australian Rotary Health.
Interviews with researchers, staff, committee members, volunteers, supporters et al.
Material provided by Chief Executive Officer and members of staff, members and past members of the Steering Committee, Board of Directors and the Research Committee.
Material provided by researchers in writing.
Proceedings of ARH and ARHF Conferences and Symposia.
Reports of research projects in ARH files.
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