The close of 2018 has been an opportunity to reflect on our last three-year reporting period, a period of great change in the funding environment and structure of Monash Rural Health (MRH). Within this uncertain environment, our researchers have been productive, with the last three years producing 287 publications (including 193 works in peer reviewed journals), through over 50 research projects, all advancing the rural health evidence base and rural health research agenda.

Many new projects were awarded, with some notable work including our increased research in the areas of palliative care training needs and a focus upon cancer care, including the cancer and care experience of Victorian Aboriginal and Torres Strait Islander people. Perhaps one of the higher profile new projects was our collaboration with the Burnet Institute that seeks to understand the methamphetamine epidemic and its implication for service provision and harm reduction. This 5-year study, funded by the National Health and Medical Research Council, is the first and largest Australian study investigating behaviours of methamphetamine users in rural and metropolitan Victoria. Another project that developed considerably throughout the year leveraged our expertise in the area of workforce tracking (e.g. Monash Rural Medical Workforce Tracking Study) to establish a tracking system for nursing and allied health graduates. The resultant Nursing and Allied Health Graduate Outcomes Tracking (NAHGOT) study is rurally focused and compatible with other national data collection programs, and importantly, meets a key MRH funding parameter.

These however are just a few examples of the length and breadth of research in the MRH as illustrated in this Research Highlight. This document illustrates the large range of new and ongoing research in the School. Congratulations to all MRH researchers for your hard work during 2018 and also in years previous.

In October 2018, staff across the School assembled to develop a new strategic plan for building our research in coming years. This will come into operation in the first half of 2019, and will be implemented as we go forward. A detailed framework will focus upon the core MRH research development areas (i) defining our research focus; (ii) valuing and investing in our people; (iii) strengthening our collaborations and developing our partnerships; and (iv) diversifying and building our funding sources. Stemming from this overarching document will be clear actions that will be taken to implement the plan.

In parallel with the strategic plan and also commencing in 2019, is the newly arranged MRH Office of Research. The team includes Dr Claire Nightingale (Research Development), Lisa Lavey (Research Administration Manager), Marilyn Harkness (Graduate Research Administration and Research Support), and myself (Director of Research). Contact details are shown on this page. The focus of the team is to help the School develop our research agenda and move it to the next step. Please contact us for support, and happy researching in 2019.

Professor Darryl Maybery
Director of Research, Monash Rural Health

Further information:
darryl.maybery@monash.edu
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Dr Eli Ristevski, in collaboration with the Dietetic, Oncology and Health Promotion units at West Gippsland Healthcare Group, and Gippsland Primary Health Network, have recently completed a project to establish a community integrated nutritional and exercise program for cancer survivors in the West Gippsland region. Funded by the Department of Health and Human Services Victorian Cancer Survivorship Program Grants Scheme, this program provides individualised nutrition guidance, health coaching and exercise advice to maintain a healthy weight, and make sustainable lifestyle changes to reduce the onset of chronic diseases.

The project was a finalist in the 2018 Gippsland Primary Health Awards Innovation category and received an Honourable Mention. The team is still collecting data to establish the long-term impact of the program on cancer survivorship outcomes.

Further information: eli.ristevski@monash.edu

Adapting the Patient Experiences of Cancer Care Survey for Aboriginal and Torres Strait Islander people in Victoria

Understanding the patient experience of cancer treatment and care is essential to understanding how to improve health care services and systems, and in ensuring optimal care pathways are accessible to all patients. Dr Eli Ristevski and Dr Claire Nightingale will adapt the existing Victorian Patient Experiences of Care Survey to provide a culturally safe survey to document the cancer care experiences of Aboriginal and Torres Strait Islander people diagnosed with cancer in Victoria. Funded by the Victorian Department of Health and Human Services, Cancer Strategy and Development, the project is undertaking statewide consultation with Aboriginal and Torres Strait Islander people diagnosed with cancer and their families, elders, Aboriginal hospital liaison officers, Aboriginal health workers in hospital, and community-based health services to validate the survey. The final report, summary of findings, and finalised tool for stakeholders and participants will be completed by 31 May 2019.

Further information: eli.ristevski@monash.edu or claire.nightingale@monash.edu

Gippsland Survivorship Program: Improving care coordination, service delivery and health outcomes for people with cancer and carers

Dr Eli Ristevski and Dr Matthew McGrail, in collaboration with the Latrobe Regional Hospital (LRH), Gippsland Regional Integrated Cancer Services, Gippsland Primary Health Network (GPHN), Bairnsdale Regional Health Service (BRHS) and Gippsland Southern Health Service (GSHS), were awarded funding to establish a cancer survivorship shared care program in the Gippsland region. Funded by the Victorian Department of Health and Human Services Victorian Cancer Survivorship Program Grants Scheme: Phase II, the program has established a nurse-led cancer survivorship clinic at LRH and BRHS, and a telehealth clinic to reach patients at GSHS. A Health Pathway has been created with the GPHN to support General Practitioners with shared care.

The team has also undertaken yarning circles to explore the cancer treatment experience of Aboriginal and Torres Strait Islander people. Facilitated by the renowned Kutcha Edwards, people spoke about the important role of family, community, and elders in their cancer journey, and the need to promote cancer screening and access to health services in a culturally safe manner.

Eli has been invited to publish these findings in a special series on Indigenous Population in the Journal of Global Oncology. The findings of the yarning circles are being used to develop a cultural coaching and reciprocal mentoring resource for oncology health professionals and hospital liaison officers in the Gippsland region. The project is funded until October 2019.

Further information: eli.ristevski@monash.edu

Palliative care in rural and regional settings

Dr Eli Ristevski and Dr Hanan Khalil, in collaboration with the Gippsland Region Palliative Care Consortium, and McCulloch House Supportive and Palliative Care Unit, are investigating Anticipatory Medication (AM) prescribing in community palliative care. The team’s publication in the Journal of Palliative Medicine which surveyed nurses in regional community palliative care and district nursing found nurses did not have specific guidance regarding the use of AM for their patients, and General Practitioners (GPs) were not willing to prescribe AMs on some occasions due to the fear of drug misuse and/or abuse.

A follow-up study is examining the prevalence of prescription of AM through primary care services, prevalence, and incidence of after-hours visits to GPs, hospital admissions, and emergency department visits for palliative care patients. As Victoria prepares for the introduction of the Voluntary Assisted Dying (VAD) legislation in June 2019, the team is also surveying regional GPs to explore attitudes and perspectives towards VAD. Evidence suggests that GPs support VAD in principle, but they are not always willing to provide VAD directly.

Finally, the team is developing a professional development framework and skills matrix to identify gaps and opportunities for the professional development of palliative care and district nurses. The project, funded by the West Gippsland Healthcare Group, will be completed in April 2019. The skills matrix will be an evidence-based tool for workforce planning in palliative care which provides regional direction for coordinated development of relevant and required educational opportunities for staff.

Further information:
eli.ristevski@monash.edu or hanan.khalil@monash.edu
Quality rural health care and health systems cont.

Advance care plans across the health system in rural Victoria

Advance care planning (ACP) enhances the quality of end-of-life care. However, in rural Victoria the uptake of ACPs is low and the communication of Advance Care Plans between primary care services and regional hospitals is unknown. This results in unnecessary, expensive and often distressing hospitalisations, and consumers and their families have little choice and control over medical treatment and end-of-life decisions.

Funded by Better Care Victoria, Dr Bernadette Ward, Pam Harvey and Dr Dennis O’Connor, have partnered with Bendigo Health, Murray Primary Health Network, and general practices to explore how to identify and address the barriers and enablers to the uptake and communication of ACPs across the health system for consumers aged 75 years and over.

The research has been very productive whilst enabling our Honours students to experience some of the intricacies of the Australian health care system. The final report and subsequent publications will be available in 2019.

Further information: bernadette.ward@monash.edu

Assessing access to services in rural areas

Dr Bernadette Ward has collaborated with internationally renowned primary health care researchers, Dr Grant Russell and Dr Riki Lane from the Monash University School of Primary & Allied Health Care, to examine how contextual factors influence health service access arrangements across Australian models of primary health care. Funded by the Murray Primary Health Network, this work has been used to develop a deeper understanding of access arrangements in primary health care for consumers who use methamphetamine.

This unique study combines data from the longitudinal study of methamphetamine users, and ambulance data from the Department of Health and Human Services. The research team are currently analysing the qualitative data in this study, which will add depth to the findings.

See recent publication: ‘Context matters for primary health care access: a multi-method comparative study of contextual influences on health service access arrangements across models of primary health care’

Further information: bernadette.ward@monash.edu

Profile of transcultural patients in a Gippsland Child and Adolescent Mental Health Service

While the mental health impact of trans-generational trauma in the Aboriginal population is well known, difficulties faced by non-Aboriginal children of transcultural heritage is less clear. These children are being raised in a completely different social and cultural milieu when compared to their parents and grandparents. This is largely due to dramatic changes in migration patterns in the last few decades. Dr Soumya Basu and Dr Anton Isaacs describe the cultural profile of transcultural patients presenting to a Child and Adolescent Mental Health Service in regional Victoria and identify the most common disorders and psychosocial stressors they presented with.

This study provides a snapshot of challenges faced by children from different cultural backgrounds while adjusting in a rural area in Australia. A broad-based formulation and cultural awareness by clinicians can enable a better understanding of the complexities, guide management plans and inform public health policies for primary prevention and early intervention.

A research paper is currently undergoing peer-review for publication.

Further information: anton.isaacs@monash.edu

Women’s experiences of cancer-related cognitive impairment

Gaby Bolton, a recent Monash Rural Health 3B medical student, and Dr Anton Isaacs undertook a study to research women’s experiences of cancer-related cognitive impairment, its impact on daily life, and care following breast cancer treatment.

Through the assistance of Breast Cancer Network Australia, they conducted interviews with 50 women from around Australia to explore the phenomenon in detail. They found that several women who were undergoing treatment for breast cancer, experienced cancer-related cognitive impairment (CRCI) commonly known as ‘Chemobrain’ or ‘Chemofog’. However, many oncologists and other cancer clinicians are unaware of the high prevalence and severity of these symptoms, and few qualitative studies on the topic provide a comprehensive description of this phenomenon.

The study provided a detailed description of women’s experiences of CRCI, its impact on daily life, and care received for CRCI following treatment for breast cancer in Australia. Experiences of CRCI included difficulty in remembering things and recalling previously known tasks, inability to stay focussed on a task, and other symptoms. Participants described both good care received, as well as the clinical team’s lack of understanding of CRCI. The researchers concluded that CRCI in women treated for breast cancer affects memory and attention, and has a significant impact on women’s lives.

Care provided for CRCI is inadequate in Australia. The economic and psychosocial impacts on women’s daily lives, coupled with increasing rates of survivorship, highlight the need for more resources to be allocated for the management of these symptoms.

This study provided Gaby the opportunity to do some qualitative research training.

See recent publication: ‘Women's experiences of cancer-related cognitive impairment, its impact on daily life and care received for it following treatment of breast cancer’
https://doi.org/10.1093/13548506.2018.150022

Further information: anton.isaacs@monash.edu
Telkaya Project – very brief advice for better health

A collaboration between Latrobe Community Health Service (LCHS), Gippsland Lakes Community Health Service, MRH, and Ramahyuck was awarded an Enhancing Country Health Outcomes grant of $125,200 by the Foundation for Rural and Regional Renewal. The project will focus on co-designing educational materials with primary care practitioners and clients, including an online resource to support strengthened opportunistic delivery of better health choices at the participating health services.

Lead researcher, Karen Missen, is a Resident Researcher at LCHS, and is funded by MRH to build research capacity at LCHS. MRH researchers, Dr Susan Waller and Dr Alison Beauchamp, collaborated on the application.


Further information contact: susan.waller@monash.edu

Family focused mental health care

MRH researchers have collaborated with practitioners to gain a deeper understanding of family-focused mental health care and to subsequently develop a model of care.

See recent publications:


‘Developing a model of family focused practice with consumers, families, practitioners and managers: a community based participatory research approach’ https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-2844-0

In 2019, the researchers plan to build on this work and how this approach may be used to support consumers who use methamphetamine.

Further information: bernadette.ward@monash.edu

Sustainable rural health workforce development

Monash Rural Medical Workforce Tracking Study

Data are being collected about the trajectory of all Monash medical students (commencing since 2004) covering three areas: 1. Characteristics at program entry; 2. Program exposures; and 3. Graduate outcomes. Data linkages to key datasets including the Australian Health Practitioner Regulation Agency (AHPRA), Medical Schools Outcomes Database (MSOD) and the Federation of Rural Australian Medical Education (FRAME) have been enabled. A core research program has delivered key outcomes, in high quality, international peer-reviewed empirical publications.

See recent publications:


• Duration and setting of rural immersion during the medical degree relates to rural work outcomes https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.13578

• Rural training pathways: the return rate of doctors to work in the same region as their basic medical training https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5198494/

• ‘The Australian Rural Clinical School (RCS) program supports rural medical workforce: evidence from a cross-sectional study of 12 RCSs’ https://www.rrh.org.au/journal/early_abstract/4071

Further information: belinda.osullivan@monash.edu

Nursing and Allied Health Graduate Outcomes (NAHGOT) Study

A team of 16 researchers from MRH and the University of Newcastle Department of Rural Health are collaborating on this longitudinal study. The collaboration builds on the Nursing and Allied Health workforce research expertise within both universities.

The study aims to better understand why nursing, midwifery, and allied health graduates choose to work in metropolitan or rural/regional/remote settings by exploring factors that influence their decisions about where they work, including: rural background; clinical placement locations while at university; and intentions to practice in metropolitan or settings as a student. The study will link data that is routinely collected by both universities about students enrolled in nursing and allied health pre-registration courses to data collected via online surveys of first and final year students, and from graduates of these courses. It will also link to data collected by AHPRA.

Subsequent to piloting the online surveys during 2017, 2018 achievements include: surveying first and final year students for the first time, surveying 2017 graduates who consented to participating in the study, linking these data to routinely collected student data, and piloting linking these data to AHPRA data. Analysis of these baseline data commenced in late 2018. The team has also submitted a manuscript of the study protocol for review.

Please see our website: www.monash.edu/medicine/srh/research/projects/nahgot

Further information: alison.beauchamp@monash.edu
Sustainable rural health workforce development cont.

**GP-SRM: General Practice Supervisor Relationship Measure for Registrars and for Supervisors**

A/Prof Rebecca Kippen is the Lead Researcher on two projects funded by Education Research Grants from The Royal Australian College of General Practitioners, in collaboration with co-investigators from Monash University, General Practice Supervisors Australia, General Practice Training Tasmania and GPEX.

These two projects ‘Adapting and validating a tool to measure the supervision relationship of GP supervisors’ and ‘Measuring the educational alliance with supervisors from the registrar perspective’ concluded in 2018. Investigators on the projects adapted and validated two survey instruments to measure the GP supervisory relationship from the supervisor perspective (GP-SRMS), and from the registrar perspective (GP-SRMR). Both instruments are now available and in widespread use, and research papers from the project are under review. See instruments on Figshare:

Supervisor version: [https://figshare.com/s/802f520657e618345a](https://figshare.com/s/802f520657e618345a)
Registrar version: [https://figshare.com/s/8e0c3df52d19a10039f](https://figshare.com/s/8e0c3df52d19a10039f)

Further information: rebecca.kippen@monash.edu

**Supervision of high-risk early consultations in GP training**

This project, funded by an Education Research Grant from The Royal Australian College of General Practitioners is a partnership between A/Prof Rebecca Kippen and Dr Gerard Ingham and Dr Duncan Howard (Murray City Country Coast GP Training). This research explores how patient safety can be ensured during early GP registrar placements.

The project aims to develop a feasible and acceptable approach to the supervision of high-risk clinical situations in early GP training. More specifically, the researchers seek to develop an approach that can be implemented because 1) the high-risk situations are described so they can be contemporaneously identified by the registrar and, 2) the supervision methods proposed to manage patient safety in high-risk situations are consistent with evidence, and are acceptable to registrar and supervisor. The project commenced in mid-2018 and will conclude in late 2019.

Further information: rebecca.kippen@monash.edu

**Demonstrating a new approach to planning rural medical training distribution around population need in North West Queensland**

Dr Matthew McGrail, Dr Deborah Russell, Dr Belinda O’Sullivan and A/Prof David Campbell, in collaboration with Generalist Medical Training, James Cook University were awarded an Education Research Grant funded by the Australian College of Rural and Remote Medicine over 2017/2018.

This research describes a planning approach to address the distribution of general practice training posts across a dispersed geographic catchment. The researchers led the assessment of the location of general practice registrars and their supervisors in a large catchment of rural and remote North West Queensland (across 11 sub-regions), using standardised workforce supply, rurality and other location indicators. Results showed three sub-regions with ‘below expected’ registrars, though regional-level distribution was generally positive against most indicators. Town-level results provided more specificity in assessing distribution. Individual town-level data enabled training providers to discuss the nuance of where and why more registrars or supervisors may be needed within sub-regions. The approach described enables distributed workforce planning applicable in a range of contexts. Both regional and town-level assessment by the researchers enabled increased sensitivity for registrar and supervisor distribution planning, supporting useful discussions about the potential causes and solutions.

This study translated findings into the development of promotional material targeting newly identified underserved areas and a more prioritised approach to registrar recruitment and placements. Beyond this study, GP registrar placements can be prioritised in targeted towns to increase training posts and access to medical services where most needed.

Further information: matthew.mcgrail@monash.edu or belinda.osullivan@monash.edu

**Medicine in Australia; Balancing Employment and Life (MABEL)**

The Medicine in Australia; Balancing Employment and Life (MABEL) Project is currently conducting its 11th annual survey of doctors across Australia. Each year MABEL collects responses from around 10,000 doctors, most of whom are repeat participants in this longitudinal panel cohort study. Dr Matthew McGrail, supported by Dr Belinda O’Sullivan and Dr Deborah Russell, continues to lead one of MABEL’s key research themes – Rural workforce supply and distribution. MABEL’s ongoing funding remains uncertain, but its 2018 survey has been largely supported by the Commonwealth Department of Health, with many smaller contributions from other stakeholders. The 2018 survey will collect, for the first time the following key evidence for the rural workforce:

- Data on rural training exposure during both medical school and pre-fellowship (and its association with workforce distribution)
- Expanded data on GPs having and utilising extended skills, especially in smaller rural areas
- Data on video-consultation uptake and frequency of both GPs and other specialties

Key research papers either completed or in-progress in 2018 include:

- Do rural incentives payments affect entries and exits of general practitioners?
- Satisfaction of junior medical officers in rural Australia
- Factors related to rural GPs supervising GP registrars in Australia
- Informing rural medical workforce policy and planning for self-sufficiency
- Rural physicians (FRACP): Characteristics of the work and professional satisfaction
- Importance of research opportunities for junior doctors training rurally

MABEL continues to produce leading national empirical evidence on policy design for improved rural workforce supply and distribution.

Further information: belinda.osullivan@monash.edu
Sustainable rural health workforce development  cont.

The impact and cost of short-term staffing in remote communities – is ‘FIFO’ the cure or the curse?

This project, funded by an Australian Research Council Discovery Project, examined the cost and impact of increased reliance on a short-term workforce in Northern Territory Government (NTG) run primary care clinics. Chief Investigators include Prof John Wakeman, Emeritus Prof John Humphreys, Prof Lisa Bourke, A/Prof Terry Dunbar, Prof Tim Carey, Prof David Lyle, Prof Mike Jones, A/Prof Steve Guthridge & Dr Yuejen Zhao. Dr Deborah Russell was a Research Fellow on the project. Key findings include:

- An extraordinarily high turnover rate of resident health staff in remote NTG clinics. i.e. remote nurse mean turnover is 148% per annum.
- Aboriginal Health Practitioner (AHP) turnover is lower, at about half the rate of nurses.
- Over the past decade, there has been an increasing reliance on agency-employed and short-term staff. Currently 42% of remote nurses are employed on casual or agency contracts.
- There has been a significant increase of funding of remote area staff over the past decade, but initial increases in nurses and AHPs have decayed over time. Ancillary, non-clinical staff numbers have increased and been maintained.
- There is a high cost associated with short-term staff and staff turnover. Higher numbers of agency staff and high staff turnover are also associated with significantly decreased cost-effectiveness. If the current turnover rate were reduced to 40% per annum, this would result in savings in primary care to NTG of $21million per annum.
- Continuity of care and patient and staff satisfaction are all adversely affected by such instability.
- Strategies to stabilise the remote primary care workforce need to consider flexible retention packages; strategies to employ more Aboriginal clinical and non-clinical staff; and developing training pathways for health professionals from selection of local applicants into training, through to post-graduate training support and employment, analogous to integrated rural medical training pathways.

The project, funded by an Education Research Grant from the Royal Australian College of General Practitioners and General Practice Supervisors Australia on a project to provide the first systematic evidence about the characteristics, barriers and enablers of GPs participating in supervision, and to identify modifiable factors for increasing training capacity.

Dr Belinda O’Sullivan, Dr Deborah Russell, Dr Matthew McGrail and Dr Danielle Couch collaborated with General Practice Training Tasmania and General Practice Supervisors Australia on a project to provide the first systematic evidence about the characteristics, barriers and enablers of GPs participating in supervision, and to identify modifiable factors for increasing training capacity. The project included a range of disciplines and all aspects of environmental scanning, selecting, training and supporting rural workforce to build capacity. Belinda worked closely with a global Steering Committee to inform the Checklist using a scoping review, policy analysis, and multiple stages of global consultation.

The Checklist is a milestone achievement for the WHO, and its implementation will ensue in 2019.

Further information: john.humphreys@monash.edu or deborah.russell@monash.edu

A Checklist guides the implementation of rural pathways to train and support rural health workers

Dr Belinda O’Sullivan, Research Assistant Amie Bingham, and members of the World Organization of Family Doctors (WONCA) Working Party on Rural Practice, led by A/Prof Bruce Chater and Prof John Wynn-Jones, were awarded a World Health Organisation (WHO) consultancy to develop a Checklist to support the implementation of training pathways for rural health workers in low and middle income countries. The project includes a range of disciplines and all aspects of environmental scanning, selecting, training and supporting rural workforce to build capacity. Belinda worked closely with a global Steering Committee to inform the Checklist using a scoping review, policy analysis, and multiple stages of global consultation.

The Checklist is a milestone achievement for the WHO, and its implementation will ensue in 2019.

Further information: belinda.osullivan@monash.edu

Supervising GP Registrars – who does and doesn’t participate and why?

Dr Belinda O’Sullivan, Dr Deborah Russell, Dr Matthew McGrail and Dr Danielle Couch collaborated with General Practice Training Tasmania and General Practice Supervisors Australia on a project to provide the first systematic evidence about the characteristics, barriers and enablers of GPs participating in supervision, and to identify modifiable factors for increasing training capacity.

The project, funded by an Education Research Grant from The Royal Australian College of General Practitioners, described the personal and practice characteristics of GPs participating in registrar supervision according to their geographic location of work, using national-level quantitative data. The project systematically identified GPs with a high versus low propensity for supervision. Qualitative interviews were undertaken with GPs who were supervising or not, and working in Tasmanian Districts of Workforce Shortage. Barriers and enablers that underpin supervision participation decisions were explored.

Dr Belinda O’Sullivan presented ‘Achieving distributed training by understanding rural GP supervisors and their work context’ at the GPTEC Conference in Adelaide and at GP18 Conference on the Gold Coast.

Further information: belinda.osullivan@monash.edu
### Research Projects

#### Population health

**VMAX: Understanding methamphetamine use in Victoria**

Funded by the National Health and Medical Research Council, this 5-year longitudinal study is the first and largest study investigating behaviours of methamphetamine users in rural and metropolitan Victoria and has a focus on patterns of methamphetamine use, service use, criminal justice interactions, and risk behaviours. Dr Bernadette Ward and Dr Keith Sutton, in collaboration with researchers from the Burnet Institute, have been recruiting participants in Bendigo, Shepparton, Gippsland and Melbourne using a combination of respondent driven sampling, and advertising. Consenting participants undergo an interview every six months, and the study has ethics approval to link Medicare and pharmacy records to participants in 2020. Baseline recruitment has been completed across all sites, resulting in over 700 participants, representing the largest community based cohort of methamphetamine smokers. Follow-up visits and data analysis are underway. The research team anticipate they will have some outcomes ready for publication in 2019, with their initial focus areas being the prevalence of drug driving, accessing services, the experience of parenting as a methamphetamine user, and the mental health of methamphetamine users. As the study progresses, the research team will explore the longer term outcomes of this population, rates of spontaneous cessation, accessibility of services, changes in risk behaviours, and changes in the market characteristics of methamphetamine.

Further information: bernadette.ward@monash.edu or keith.sutton@monash.edu

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**Prevalence of drug driving by methamphetamine users in Victoria**

A serious road safety risk is posed by driving under the influence of illicit drugs, however little is known about the prevalence, patterns or people likely to engage in this behaviour. We examined these factors in a cohort of people who use methamphetamine across metropolitan and rural Victoria, using baseline data from the VMAX study. This study is the first to look at drug driving outside metropolitan locations, and provides excellent baseline data to act as a comparison as the study progresses. It also provides, for the first time, ideas about where interventions could be targeted.

Further information: claire.nightingale@monash.edu

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**Alcohol in our community: Role of local government and schools**

MRH researchers have partnered with researchers in Australia and the UK to explore consumer awareness of alcohol as a risk factor for cancer. In both studies, the majority of participants were unaware of the link between alcohol and cancer. This has highlighted the need for both targeted and whole of population approaches in cancer prevention social marketing campaigns.

See recent publication: ‘Awareness of alcohol as a risk factor for cancer is associated with public support for alcohol policies’ https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6245-4

MRH researchers have supported the evaluation of a local government initiative to reduce alcohol-related harm. Internationally, the function of local governments is very broad; particularly in rural areas where they are often called upon to collaborate widely and respond to community demands on topical issues. This is particularly challenging in the Australian context where local governments have a relatively minor role in liquor licensing. In this study, one particular intervention, a public shelter and mobile van were set up to influence perceptions of safety and a reduction in alcohol-related harm in a regional city in Australia. Researchers found that although the shelter and van were frequently used, there was no significant association with a reduction in the proportion of alcohol-related hospital emergency department presentations or police incident reports.

See recent publication: Evaluation of a local government “shelter and van” intervention to improve safety and reduce alcohol-related harm https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6245-4

Further information: bernadette.ward@monash.edu

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**Lower income levels in Australia strongly associated with elevated psychological distress: Implications for healthcare and other policy areas**

Australia is a high-income country with increasing income inequality. It is unclear whether Australia’s well-developed mental healthcare system is making a difference to population mental health. Evidence generally suggests that in high-income countries, income inequalities increase mental disorders among the poor. Monash researchers, Dr Joanne Enticott, Prof Graham Meadows, Prof Brett Inder, and Dr Anton Isaacs (MRH), examined psychological distress rates, a marker of mental ill-health, as varying by income among Australians living within and outside of capital cities.

The research concluded that altering the strong association of lower income levels in Australia with elevated psychological distress would require a multi-dimensional social policy and healthcare approach. To assess the effectiveness of adopted strategies, population level indicators needed to be developed with regular data collection.

See recent publication: ‘Lower income levels in Australia are strongly associated with elevated psychological distress: Implications for healthcare and other policy areas’

Further information: anton.isaacs@monash.edu
Hazelwood Health Study

The fire in the Morwell open cut brown coal mine adjacent to the Hazelwood Power Station blanketed the town of Morwell and the surrounding area in smoke and ash for six weeks in February and March 2014.

The smoke event was recognised as one of the most significant air quality incidents in Victoria’s history. It caused considerable community concern within Morwell and the broader community. In response to these concerns, and following extensive community consultation, the Victorian Department of Health and Human Services funded the Hazelwood Health Study (HHS) to examine the impacts of the mine fire. The HHS involves multiple research streams targeting different health outcomes and different vulnerable groups.

The HHS is led by Prof Michael Abramson (Monash University School of Public Health and Preventive Medicine) and Prof Judi Walker, with collaborators from the Menzies Institute, Federation University, the University of Adelaide and CSIRO. In 2018, the HHS released the following nine reports:

- Latrobe Early Life Follow-up (ELF) Cohort Study Volume 1;
- Use of health services and medications;
- Interviews with Morwell residents about their experiences of the Hazelwood coal mine fire;
- Impacts of the Hazelwood mine fire on students and staff from a specialist school which relocated during the smoke event;
- Children’s perspectives on the impact of the Hazelwood mine fire and subsequent smoke event;
- Indicators of lung and blood vessel function three years after the fire;
- Adult psychological outcomes following the Hazelwood mine fire: A mixed methods study;
- Ambulance attendances during the Hazelwood mine fire; and
- Birth outcomes using anonymous Victorian Perinatal Data Collection Records.

All findings to date can be found at: [http://hazelwoodhealthstudy.org.au/study-findings/fact-sheets-and-summaries/](http://hazelwoodhealthstudy.org.au/study-findings/fact-sheets-and-summaries/)

**Summer research students help Latrobe Health Assembly**

Three Monash University students received summer scholarships to spend six weeks during their summer break to build community understanding of health issues in the Latrobe Valley. The students helped conduct interviews with school children for the HHS to provide the newly formed Latrobe Health Assembly with information about specific health issues in the Valley.


Further information: judi.walker@monash.edu or matthew.carroll@monash.edu

How to raise the village to raise the child

Dr Melinda Goodyear, in collaboration with a local and international team of multidisciplinary researchers from Murdoch Children’s Research Institute, European Centre for Social Welfare Policy and Research (Austria), London School of Economics, The Aga Khan University (Pakistan), The Norwegian Institute of Public Health, and the Phillips-University Marburg (Germany), have been awarded three million euros over four years to conduct research which aims to support sensitive identification and enhance child-focused (in)-formal support for children when their parents have a mental illness in a model region in Tyrol, Austria.

Funded by the Open Innovation in Science Centre, Ludwig Boltzmann Gesellschaft and the Department of Psychiatry, Medical University of Innsbruck, the research team are using Open Innovation in Science (OIS) techniques to co-develop, implement, and evaluate two practice approaches with the aim of improving outcomes for children with a parent with a mental illness in a rural region of Austria. This project is one of the first, worldwide, to apply OIS approaches to a social science project in order to make meaningful changes to the lives of people affected by mental illness.

So far, the research team have conducted several evidence reviews and scoped the local service context, and are now in the co-development phase where they are working with local stakeholders and leaders of local service providers to design the new practice approaches.

Their first publication, the project protocol, will be published in *Frontiers in Psychiatry* in 2019.

Further information: melinda.goodyear@monash.edu
Developing an Australian-first recovery model for parents in Victorian mental health & family services

Prof Darryl Maybery and Dr Melinda Goodyear partnered with researchers from the Monash Krongold Centre, Northern Area Mental Health Services, Family Life Shine, Parenting Research Centre, The Bouverie Centre, Eastern Health, University of Melbourne, Deakin University, Beyond Blue, Neami, and SANE Australia, to undertake research to develop an Australian-first recovery model for parents with mental health problems, which will improve the long-term recovery of people with mental illness by addressing their parenting role as a core part of their treatment. Along with empowering parents, the project, funded by the Victorian Department of Health Mental Illness Research Fund (MIRF), delivered substantial wellbeing and mental illness prevention benefits to families, and particularly children.

The first two phases of the project were focused on adapting the Finnish version of the Let’s Talk About Children (for parents with mental health problems) intervention, manual and support materials, and training master trainers, practitioners and managers across twelve services. Focus interviews and groups with practitioners and managers highlighted critical systems change areas that promoted a successful implementation of the intervention into settings. The researchers then implemented a large randomised controlled trial with consenting parents. Changes in pre, post and follow-up measures identified important changes as a result of the Let’s Talk with parents, reporting significantly less parenting stress, more parenting satisfaction and improved perceived therapeutic alliance between a parent and their practitioner.

This led to 23 recommendations to the Victorian Department of Health regarding parents recovering from mental health problems in health services including implementation, training and support, sustaining Let’s Talk in practice and monitoring and evaluation. This highly successful project has led to six publications, with another four either in development or submitted to journals for peer review.

Further information: darryl.maybery@monash.edu

Attitudes to sex-selection technology in Australia: a ten year update

A follow-up study to the Australian Research Council project ‘Do Australian parents want both a son and a daughter?’ funded in the early 2000s, is a collaboration between A/Prof Rebecca Kippen, A/Prof Edith Gray and A/Prof Ann Evans (ANU). As part of the original project, the researchers added questions to the 2007 Australian Survey of Social Attitudes, on attitudes to sex-selection technology, and analysed the results. In this follow-up study, they added the same questions to the 2016/17 Australian Survey of Social Attitudes, and analysed the results of both surveys. They found that most Australians support sex selection through IVF for medical reasons, but that three-quarters of Australians are opposed to legalising sex selection through IVF for any reason, or for family balancing for a second or third child. Disapproval of sex-selection technology has strengthened over the past decade. If legislation is to be guided by community attitudes, then the prohibition against sex selection for non-medical purposes, through assisted reproductive technology, should be maintained.


Further information: rebecca.kippen@monash.edu

Capital offending: income, work and crime in Australia’s convict era

The Australian convict system has been likened to a gaol without walls because of the manner in which it used paperwork, as opposed to architecture, to regulate the lives of its charges. Following the cessation of transportation this bureaucratic apparatus of state regulation was dismantled. While much of the original paperwork has survived (and this is particularly so in the case of Tasmania) key record series have become separated. The two largest collections of Tasmanian convict records are those held by the Tasmanian Archives and Heritage Office and the State Library of New South Wales. This project, funded by the Australian Research Council from 2014-2019, is using digital technologies to reintegrate these two UNESCO Memory of the World listed series in order to create a virtual reconstruction of the original gaol without walls. It will use automated record linkage algorithms developed in the course of previous work to link multiple entries pertaining to the same individual scattered through many series. The project will use the results of this work to populate a state-of-the-art archival search engine which will guide end-users through the lives of 73,000 convicts transported to Tasmania. This will provide the descendants of transported convicts, family historians and other academic and non-academic users with a simple means of locating the exact place on the digital page for every record pertaining to a particular individual. It will be a Bertillion cabinet for the modern age.


Diggers to Veterans: risk, resilience & recovery in the First Australian Imperial Force

What really happened to the Diggers after the First World War? In this centenary of the conclusion of the ‘war to end all wars’, we still don’t know. We don’t know how long they lived nor how they compared in health and family formation to civilians. Did some recover from trauma and exposures over time? Did the Repatriation Scheme and medical care make a difference? What social and biological characteristics may have affected risk, resilience and recovery? And what can we learn about the lifelong sequelae of war exposures and trauma to assist in the recovery of today’s servicemen? Funded by the Australian Research Council, 2015-2019, this study is the world’s first cradle-to-grave medico-demographic study of survivors of military service in World War I, drawing on Australia’s unique archive of service and veteran medical records.

Further information: rebecca.kippen@monash.edu
Research Capacity Building

Partnership with Mallee District Aboriginal Service

MRH and the Mallee District Aboriginal Service (MDAS) have developed a research partnership which primarily focusses on building the internal research capacity within MDAS to be able to respond to community research priorities. The partnership was launched in March 2018 and kicked off with a wonderful keynote address from A/Prof Jacqueline Boyle from Monash Partners, followed by a research prioritisation exercise with the staff at MDAS. Our MDAS counterpart, Sam Brennan, has been working with Dr Elica Ristevski and Dr Claire Nightingale on adapting a patient experience of cancer care survey, which has given Sam the opportunity to develop her qualitative data collection skills.

While the primary aim of the partnership is around research capacity building for MDAS, Claire often reflects on the learning opportunity that she has been given, and is appreciative of the generosity with which people at MDAS have shared stories and knowledge to facilitate the growth of this partnership.

Further information contact: claire.nightingale@monash.edu

Remembrance

VALE Adele Callaghan

It is with great sadness we advise the rural health community of the death of Adele Callaghan, after a long illness. Adele was a gifted educator and innovator who was a key contributor to the development of the Clinical Skills and Simulation Centre at MRH in Bendigo from 2011, and who was a driving force behind the creation of dedicated clinical skills educator roles for undergraduate medical education. She was a passionate supporter and mentor of our medical students of all levels, and consistently encouraged them to achieve more than they thought they could.

She helped ingrain a culture of clinical skills development which remains core to the teaching programs in Bendigo, and by extension through the whole school.

Adele was also undertaking her PhD on “The factors that influence junior doctors’ capacity to recognise, respond and manage the deteriorating patient in an acute regional hospital ward”. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed skills and competency guidelines for all clinicians to recognise and respond to deterioration prior to the arrival of expert help, to ensure all private and public hospitals provide safe health care. The guidelines are very broad and do not specify the differences between disciplines, scope of practice and level of experience. The literature identifies that the ability of junior doctors (interns) to recognise, respond and manage deteriorating patients is suboptimal, and that junior doctors lack confidence in this context. An intern is the most junior member of the medical team but is the most accessible, and frequently the first doctor to review a potentially deteriorating patient. Recognition and response skills are important for interns to possess in order to prevent further deterioration, which can lead to disability, cardiac arrest or death. There is a lack of evidenced-based literature which describes the skills required for interns in this context. Adele’s supervisors are currently planning how they can continue this research in Adele’s honour to explore and develop skills to inform graduate medical curriculum and health policy.

MRH offers its heartfelt condolences to Colin, Eamon and their extended family. We have been so fortunate to have shared in the whirlwind of enthusiasm that Adele brought every day, and we are all greatly saddened by her passing.

VALE Anske Robinson

Anske Robinson died peacefully on 18 August 2018. She was a lateral and inspirational thinker who had a great capacity to open her mind and that of others to different ways of viewing the world. She displayed courage and authenticity in her interactions with others and demonstrated an exceptionally high level of integrity. Most notable was Anske’s exceptional supervision skills of her students and mentoring of others.

She worked for Monash University from 1998 in a variety of roles. Her PhD looked at the roles of complementary medicines in a rural setting. Based at Moe, Anske was a lecturer and later an adjunct senior lecturer at MRH. Her interests were health care behaviours, complementary medicines, care giving for older adults, healthy ageing, interprofessional collaborative practice and Indigenous health issues.

Anske was a passionate ally and courageous supporter of her students’ research passions. Her supervision was gentle but academically demanding; she exacted a high standard of integrity and authenticity from her students in order to produce high quality research outcomes. With one student, she travelled overseas to gain a better understanding of the context of their PhD.

Anske is survived by her two daughters, their partners and five grandchildren. Anske Robinson will be remembered by her colleagues as an educator and researcher who was ethical, generous, kind and genuine. Her students and those she mentored will remember her as exceptional, courageous, passionate, generous and fiercely protective of them.
Research Student Activities

Postgraduate research

2018 was an eventful, and mostly positive, year for the MRH Graduate Research students. Three new students began their PhD studies - Tim Campbell, Rachael Dooley and Likke Putri - while two students crossed the finish line - Rouve Jan Forbes and Fiona McCook.

The graduate research program as a whole underwent substantial changes, with the addition of a formal six-month milestone review, and upgrades to the range of Doctoral Program offerings, including expansion of the on-line courses and sessions offered outside the Clayton campus.

The MRH has named Dr Claire Nightingale as the 2019 Graduate Research Coordinator, and she has already begun to have a positive impact on the program. On a personal note, it has been an absolute pleasure and a terrific learning experience serving as the MRH Graduate Research Coordinator, and I wish all of the students and supervisors a productive, healthy, and successful 2019. Congratulations on all of your accomplishments and hard work.

Warm regards, David Reser, 2018 Graduate Research Coordinator.

The following SRH Graduate Research students are at varying stages of completion of their PhD studies:

- **Rebecca Allchin**
  - What is important for sustainability of Let's Talk about Children in Adult Mental Health Services
  - Supervised by: Dr Melinda Goodyear, Dr Brendan O’Hanlon, and Dr Bente Weirnand

- **Tim Campbell**
  - How CAMHS/CYMHS can best respond when both parent and child have a mental illness

- **Kylie Cocking**
  - Who’s watching the kids?’ Making young people explicit in integrated system approaches to family and domestic violence

- **Rachael Dooley**
  - Exploring family violence prevention in rural communities

- **Rouve Jan Forbes**
  - Stories from the ashes: Exploring young rural adults’ psychosocial recovery beyond the 2009 Gippsland bushfires

- **Simon Jones**
  - The spiritual path: The benefit of spirituality in nature for mental health, wellbeing and recovery

- **Fiona McCook**
  - Flexible and responsive: The clinical educator in a regional healthcare environment

- **Elizabeth Meggetto**
  - Improving organisational health literacy in rural health services

- **Jonine Naughton**
  - Choice and Partnership Approach (CAPA): Are CYMHS services improved with this model of practice?

- **Michael Naughton**
  - The bidirectional impact linking a parent(s) and young person when both struggle with mental health illness

- **Likke Putri**
  - Understanding the dynamics of the health labor market in Indonesia

- **Heather Shepherd**
  - Innovation in community care: An untapped resource?

**Student profile - Rebecca Allchin:** *Sustainability and Let's Talk*

Supervised by: Dr Melinda Goodyear, Dr Brendan O’Hanlon, and Dr Bente Weirnand

This PhD project follows up the eight adult mental health services (AMHS) involved in the Victorian Department of Health funded Victorian Mental Illness Research Fund (MIRF) project “Developing an Australian-first recovery model for parents in Victorian mental health and family services”, a randomised control trial (RCT) on the adaption of the Let’s Talk intervention.

The project aims to better understand key elements for sustainability of Let’s Talk in AMHS to inform service and workforce development to achieve better outcomes for families where a parent has a mental illness.

Using a participatory approach, this study employs mixed methods in a multiphase design:

- Phase 1 explored implementation components that were used in the services during the RCT of Let’s Talk.
- Phase 2 documented what practice and organisational capacity had been sustained.
- Phase 3 will explore how that sustained practice and capacity has come about in a case study of one service.
- Phase 4 is a co-development workshop with FaPMI Coordinators (Families where a Parent has a Mental Illness) to develop key content areas for an implementation guide for AMHS, based on the evidence gathered across Phase 1-3.

In 2018, practitioner use of Let’s Talk and organisational capacity to support Let’s Talk was audited highlighting continued use in four of eight participating AMHS, and a match between organisations with higher capacity to support practitioners continued use. Becca Allchin visited the work of Let’s Talk in Finland where it has been in place for 17 years, and presented her preliminary results in a forum on implementation.

The study has worked closely with the FaPMI coordinators across Victoria and built capacity in regards to implementation and sustainability.

Further information: rebecca.allchin@monash.edu
In 2018, MRH had the pleasure of hosting three BMedSci(Hons) students who undertook research projects supervised by local clinicians and MRH researchers in Bendigo. Zakary Doherty, Laura Panozzo, and Dayle Howlett were active members of the research team and made the most of every opportunity provided to them and all graduated with First Class Honours. Congratulations Zak, Laura and Dayle!

**Student projects and reflections**

**Zakary Doherty: Short- and long-term outcomes following in-hospital cardiac arrest**

*Supervised by: A/Prof Rebecca Kippen, Dr Belinda O’Sullivan, Dr Jason Fletcher, Ms Kim Fuzzard, and Dr Cameron Knott*

This project was conducted as part of my BMedSci(Hons) year in Bendigo. Worldwide, and in Australia, much is known about short-term survival following an in-hospital cardiac arrest. However, there is little data about the survival of these patients beyond hospital discharge. Using an existing cardiac arrest registry managed by the Intensive Care Unit at Bendigo Hospital, 682 patients who suffered a cardiac arrest throughout an 18 year period were identified. Short-term survival data (survival of the event and to hospital discharge) was known, however to measure survival beyond discharge the cohort was linked to the Victorian Death Registry. Overall 54% of patients survived the event and 32% survived to discharge. At 1-year post arrest 26% were alive. It was identified that when compared to a matched cohort the cardiac arrest cohort had an increased annual risk of death for only the first three years. Overall multiple factors about the patient and the arrest were identified to influence survival and now they can be targeted in an attempt to further increase survival. Our next steps are to publish this work and then investigate the patient outcomes further.

This project introduced me to research. Initially this year I was very unsure with what exactly to do to answer my research questions. However, with the support of my supervisors I’ve ended the year keen to take on more work and start a career in research.

**Laura Panozzo: Communication and implementation of advance care planning in regional Victoria**

*Supervised by: Dr Bernadette Ward, Ms Pam Harvey, Dr Dennis O’Connor, and Dr Jason Fletcher*

Advance care planning (ACP) documents can contain an expression of medical preferences that health professionals should respect when an individual cannot communicate these decisions for themselves. The study included three retrospective medical record audits of hospital and general practice records for those who died in the study hospital 2016-2017.

For hospital records, it was found that the prevalence of ACP documents available in-hospital during end-of-life care is low and is not always consistent with the alerts created within in-hospital reporting systems. The advance care plans found on hospital records were divided in their preference for or against specific treatments (e.g. Cardiopulmonary resuscitation, surgery). There were a number of individual cases where the treatment given did not match the explicit preferences outlined in one of these documents.

For general practice records, the study has shown that some ACP documents are created in general practice, but are never shared with a hospital and therefore never used to guide end-of-life care.

These findings highlight the need to:

- improve the accuracy of ACP alerts for hospital records
- educate staff to efficiently implement Plans and alleviate legislative risk under the Medical Treatment Planning and Decisions Act 2016 (Vic)
- support consistent communication of ACP documents from general practice.

By refining medical record systems and proposing methods of consistent communication, existing ACP documents can be more readily identified and referenced during end-of-life care.

Although I am a regional student by origin, my medical studies led me to be placed in Melbourne for my first year of clinical placement. Looking for a bit of a change, I decided to embark on a research year with Monash Rural Health, Bendigo. Alongside Zak Doherty and Dayle Howlett, the three of us formed the rural cohort in Bachelor of Medical Science (Honours) for 2018. It was particularly special that Zak and I were the first students to conduct an Honours project with Bendigo Health, whilst Dayle continued the long-standing tradition of students completing projects with the Bendigo Eye Clinic.

My Honours year was an overwhelmingly positive experience. It was a year of many academic and personal firsts: literature review, thesis, and presentations. There were times where I was extended well beyond my comfort zone, however, I was always incredibly well supported by my supervisors. The research expertise of Dr Bernadette Ward and (almost Dr) Pam Harvey was complemented with the medical experience of Dr Dennis O’Connor and ICU Director, Dr Jason Fletcher. I am incredibly proud of the interesting and topical research we conducted. The year made me appreciate the time, effort and enthusiasm required to produce high-quality research. I am fortunate to have been surrounded by people who have helped me foster a strong research foundation of my own. I would like to thank all staff from Monash Rural Health who were so welcoming, friendly and helpful throughout the year.
Research Student Activities

BMedSci(Hons) students cont.

Dayle Howlett: Comparison of the novel Z-Field test with the Humphrey Analyser for visual field testing
Supervised by: Dr Claire Nightingale, and Dr Michael Jamieson (Bendigo Eye Clinic)

As part of my BMedSci(Hons) year, I conducted a project comparing the novel Z-Field automated perimeter (Z-Field) with the current gold standard for visual field testing, the Humphrey Field Analyser (HFA). Visual field testing is a common investigation in numerous fields of medicine. It assesses the sensitivity of light perception across various locations of the retina. The accessibility of the HFA device is limited by physical and economic factors, resulting in decreased availability of investigation and monitoring for many rural, low income and disabled patients. The environments in which testing can currently take place is also limited to locations where light levels can be adequately controlled. The Z-Field, currently being developed, utilises the relatively new technology of virtual reality headsets to address the limitations of current perimeters. This study is the first evaluation of the performance of this novel perimeter. It was hypothesised that the results given by each device would be in agreement. Significant differences were found between the devices, and therefore the Z-Field is not currently comparable to the HFA. However, knowledge about the size, location and possible causes of differences has already contributed to targeted edits of the Z-Field software. Validation will be required for the performance of the reprogrammed software, with corrections made for identified limitations of this study. Future research would also include testing other patient groups with ophthalmic or neurological pathology, patient acceptability testing, clinician agreement testing, home monitoring, clinic flow testing and cost-effectiveness.

Through the completion of this study and writing of my BMedSci literature review and thesis, I was able to develop skills to critically appraise scientific papers, which will help me in the future to become a better clinician, and practice evidence-based medicine. I also improved my ability to communicate effectively and synthesise my own findings into various media forms, including written pieces, speeches, poster presentations, and graphic representations of data.

I enjoyed completing the year in Bendigo at the Bendigo Eye Clinic and MRH as these settings allowed me to appreciate the application of research findings in a clinical setting and the importance of improving the accessibility of healthcare in rural locations. The staff at both organisations were incredibly supportive, reducing the stress of what can be a very demanding year! Thank you to my supervisors, Dr Claire Nightingale and Dr Michael Jamieson, and to the many many others who encouraged and taught me during the year.

Publications

Book Chapter


Journal articles


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