

Fw: Hauora Taiwhenua Newsletter September 2024

From: Mary Morrissey | PMAANZ Chair chair@pmaanzt.org.nz
To: Carole Unkovich | PMAANZ Admin admin@pmaanzt.org.nz
Date: Thu, 3 Oct 2024, 2:27 PM

For our website please

Ngā mihi / Kind regards

He tauākī whakamaunga atu = "A declaration to climb that mountain"

Mary Morrissey

✉ chair@pmaanzt.org.nz

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From: Hauora Taiwhenua Rural Health Network <communications@htrhn.org.nz>
Sent: Monday, 30 September 2024 4:32 pm
To: Mary Morrissey | PMAANZ Chair <chair@pmaanzt.org.nz>
Subject: Hauora Taiwhenua Newsletter September 2024



Hauora Taiwhenua Newsletter September 2024

Welcome from Dr Jeremy Webber, Clinical Director

Kia ora tātou

Apparently, it's appropriately Kiwi to start a conversation about the weather, so the snow dump last week when spring was turning the tree buds on seems symbolic of the state of health currently - gradual settling into progress forward, then another hurdle, change or derailment. However, what continues unchecked is the professional satisfaction of patient interactions and the little bit of good that each of us continues to do each day towards healthier rural communities.

Hauora Taiwhenua continues to advocate, educate and agitate across the rural sector. Our Chair has recently returned from an opportunity to raise the profile of Aotearoa's rural health communities on an international stage, our Chief Executive is currently doing the same in Western Australia and some of our NZLocums team are taking recruiting advantage of the political turmoil in North America to entice more rural doctors abroad.

Last week we hosted a conversation on Physicians Associates (PA) in Aotearoa. Over 70 people from across the rural sector were interested and engaged in a dialogue to help demystify the role, the title, the place, if any, of this internationally trained cohort. Certainly, some participants had clear preconceptions around the role, some challenged if there was a place and some openly felt threatened by this populated concept of noctors. However, what was very clear was an eagerness for information with patient care and healthy rural communities at the forefront. We look with caution at our UK colleagues this week voting to oppose the role of PAs in General Practice. Similarly in Australia, there currently is a dialogue of concern around the regulation of this workforce. The implication of this is not lost on our own practice and workforce strategy, but we see transparency and learning as integral to the role of the Rural Health Network.

Planning is well underway for the 2025 National Rural Health Conference and we welcome thoughts and contributions on how we can continue to improve the experience for all. Please reach out to your Chapters or the HT team. Similarly, the Rural Health Research and Education Chapter

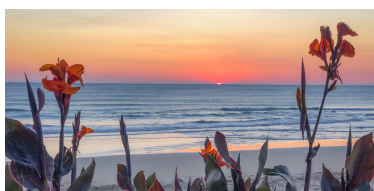


**Dr Jeremy
Webber**
Hauora
Taiwhenua
Clinical Director

are looking to expand the opportunities around rural research. If you've been sitting on that 'if only we had more research on this' topic, please contact Jane and Jessie to share your ideas and allow them to give it the legs to really have an impact.

Finally, see the links on the website to great initiatives such as the Rural Health Research scholarship and links to Nurse Practitioner training as well as recordings of recent webinars and current advocacy updates.

Ngā mihi nui



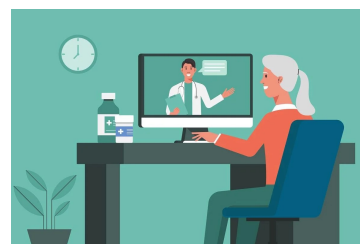
New Life / New Adventure

[Current Vacancies](#)



CME Returns to Cook Islands

[Read More](#)



Field Insights

"A tool not a panacea: telehealth is overhyped as a solution to New Zealand's rural health-care crisis"

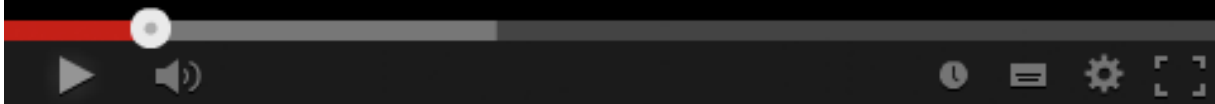
[Read Article Here](#)

IN CASE YOU MISSED IT!

The Potential Role of Physician Associates in Rural Webinar

Looking forward: NZPAS' goals for the future

- ▶ Continue to recruit & retain PAs with prior ED/generalist experiences in rural, remote & other isolated settings
- ▶ Promote the PA role throughout NZ as a strategy for increasing health care access, retaining doctors, increasing efficiency and sustainability.
- ▶ Regulation under the Health Practitioners Competence Assurance Act 2003 and prescribing authority so PAs may practice at their full scope
- ▶ Create a PA Training Program - Kiwis from rural areas could be recruited and trained to become PAs with the expectation that they return home to practice





CALL FOR NOMINATIONS: JOIN HAUORA TAIWHENUA RURAL HEALTH NETWORK'S BOARD AND MAKE A DIFFERENCE IN RURAL HEALTH

**ARE YOU PASSIONATE
ABOUT ADVOCATING
FOR RURAL HEALTH
AND MAKING A REAL
IMPACT IN OUR
COMMUNITY?**

**WE'RE EXCITED TO
ANNOUNCE THAT
NOMINATIONS ARE
NOW OPEN FOR THE
BOARD OF HTRHN.**

AVAILABLE POSITIONS:

- Chair: One Position (Remuneration: \$52,000 per annum)
- Board Members: Four Positions (Remuneration: \$12,000 per annum each)

The term of office for both Chair and Board members is two years. Board members are eligible to be reappointed for consecutive terms up to a maximum of three terms.

WHY JOIN OUR BOARD?

As a Board member, you'll play a vital role in shaping the future of rural health. You'll have the opportunity to:

- Advocate for rural health needs to government and stakeholders.
- Collaborate with a passionate team to influence policy and drive change.
- Use your skills and experience to support better health outcomes for rural communities.
- Drive membership and membership satisfaction.

KEY DATES:

- **Nominations Close:** Thursday 31 October 2024 at 4.00pm
- **Webinar:** On Wednesday 6 November at 7.00pm there will be an opportunity for candidates to present at a webinar, where they can address members on how they will contribute to the strategic direction of HTRHN.

WHO SHOULD APPLY?

We're looking for committed and motivated individuals who have:

- A strong interest in rural health and community advocacy.
- Experience in governance, leadership, or the health sector (preferred but not required).
- A desire to contribute to meaningful change and make a difference.

TO APPLY:

Click the link here to download an Election Nomination Form and HTRHN's Board Skills Matrix.

Please complete and send these, along with a covering letter and your CV, to Robyn Fell, Operations Manager – robyn.fell@htrhn.org.nz

Rural Health Research and Education Chapter

The Rural Health Research and Education Day was an opportunity to bring together like-minded individuals with a shared passion for advancing rural health and education in Aotearoa New Zealand. The day followed the overarching theme of 'Building Capacity Through Research and Education: A Rural Focus,' in which participants engaged in a day filled with insightful discussions, collaborative workshops, and inspiring presentations.

The first part of the day was a research workshop that delved into the power of rural research, emphasising its ability to shape rural communities, healthcare systems, and broader social determinants of health. Attendees had the opportunity to hear a panel featuring Jean Ross, Lynne Clay, Garry Nixon and Fiona Doolan-Noble, who spoke about their thoughts on the role of research in achieving positive change for rural communities. With a keen eye on the future, discussions centred on staying informed and prepared for potential changes, such as climate shifts and shifts in governmental policies, all while keeping the unique challenges and opportunities of rural life at the forefront.

An education workshop followed, where participants explored the dynamic landscape of rural education in Aotearoa, examining the intersections of politics, environment, and pedagogy. An education panel featuring Roger Strasser, Greville Wood, and Sue Adams looked at how future-focused education is facilitated given the number of continuums at play, with the three sharing their experiences and insights.

Overall, the day served as a catalyst for change. Through fostering connections, sharing knowledge, and embracing a future-focused mindset, attendees were empowered to actively contribute to a brighter future for rural communities through research and education.

A workshop approach was the focus of the day in which the organisers modelled the ease of research, gathering data from the audience, analysing it throughout the day and presenting this information as a poster, at the completion, all in the name of research, education and presentation is easier than you think especially when we collaborate. Our Research and Education Chapter are currently in the process of organising the Research and Education Day for 2025, so stay tuned for more details!

If you wish to get involved with the Chapter, feel free to come along to the Research and Education Chapter AGM on the 16th of October, at 1pm.

To receive the link, please email **Ashley** at ashley.darbyshire@htrhn.org.nz

Chapter Spotlight

Deborah Rhodes has had a diverse and remarkable career that has taken her from urban Europe to the farmlands of New Zealand, and now she plays a pivotal role in Hauora Taiwhenua's Rural Research and Education Chapter. Deborah's professional journey began with a comprehensive nursing diploma from Nelson Polytechnic in 1989, followed by completing the first-ever Bachelor of Nursing degree from Victoria University in 1991.



Her thirst for adventure and professional growth led her to Europe, where she spent 14 years working in various industries. From managing international pharmaceuticals to pioneering the first cosmetic dental clinic in Selfridges, London, and development of an executive health screening program in the city, Deborah's experience was as varied as it was impressive.

Life took a new direction when Deborah, returned to New Zealand and later, with her kiwi husband and three young children, embraced rural living. They became dairy farm assistants in rural areas, where they faced unique challenges, including long distances to healthcare, frequently changing GPs due to their moving locations, and difficulties accessing gluten-free products for their coeliac children. For Deborah and her husband, a successful self-employed arborist, found the lack of attention to work relationships and the risks to employee safety—particularly during the demanding calving season—were starkly apparent. These challenges ignited Deborah's passion for rural health and propelled her back into academia. Her interest in the impact of work relationships on those in the dairy industry became the focus of her research. She found that many young workers had little access to

professional mediation and counselling, even when facing personal relationship challenges in a dangerous industry. With the support of her husband, Deborah dedicated herself to researching how these issues could be addressed, aiming to bring about meaningful change in the industry.

One of the most rewarding aspects of working in a rural setting, Deborah notes, is the unique relationships formed within these tight-knit communities. In rural areas, people often face shared challenges, such as the effects of climate change, fluctuating international commodity prices, and political changes that impact local schools and healthcare. These common experiences foster a spirit of cooperation, tolerance, and mutual support, making rural life both challenging and deeply fulfilling.

Deborah's career has been marked by significant milestones, and challenges such as the pressures of being asked to resign, receiving a 30-day trial notice, and the uncertainties of being out of work and self-employed. These experiences, she says, are like forks in the road—there is never a stop sign, only pauses to check the compass and examine the map. For Deborah, the compass represents direction, and the map is the plan to get there. Overcoming these career hurdles required grit, honesty, and an unwavering belief that everyone has something valuable to offer and deserves to be supported.

For Deborah, nothing has challenged her as much as her current pursuit of a PhD. She recalls the pride and confidence she felt when she landed her first professional job in the UK, which set the stage for all her subsequent achievements. However, undertaking a PhD is an entirely new challenge, requiring Deborah to pose new research questions, explore the work of others, and venture into uncharted academic territory.

Deborah's involvement with Hauora Taiwhenua has profoundly impacted her professional life. "Hauora Taiwhenua has been like a cloak of huruhuru (feathers), symbolizing for me power, wisdom, trust, strength and freedom. I know that rural health will mean health for all, as the connectedness to papatuanuku is panoptic" says Deborah. One of her proudest moments with Hauora Taiwhenua was attending the Fieldays in 2024, where she felt welcomed by the team and reconnected with her clinical roots. Deborah also took great pride in receiving the Inaugural Emerging Rural Researcher Award, which recognized her commitment to researching vulnerable rural workforces in the dairy industry. This PhD project is no small feat, as it tackles the powerful industrial model of the dairy industry and the global expectations of production and productivity.

Living and working in a rural community offers freedoms that Deborah deeply appreciates — “there are freedoms that just become expected. No traffic lights, road cones are a topic of interest in what project is about to happen, obvious smells are only natural ones and teaching your children how to drive happens sooner than you might consider in the city” Deborah explains. Her typical day is a blend of academia, farm work, and family life. Rising at 5:30 am, she starts her day with coffee made from beans she roasts herself and spends a couple of hours studying for her PhD before helping on the farm. A few household chores, and then back to a day of study, ending often with evening meetings or farm business discussions with Tim. Deborah’s journey is not just a testament to her resilience and dedication, but also a beacon for others navigating their careers in rural health. She encourages people to start their careers with a belief in the equality of needs, without being swayed by status divisions. She emphasizes the importance of recognizing and addressing risks in the workplace and having the confidence to expect safety justice.

Deborah Rhodes is a vital force in advancing rural health through her work with Hauora Taiwhenua, her academic pursuits, and her deep commitment to her community. Her journey continues to inspire and pave the way for a healthier, more connected rural New Zealand.

If you would like to know more, or join the research, read [here](#).



Rural Hospitals Chapter Hui
Whatu Ora
Rachel Pearce
Te Whatu Ora's Co-Director Rural Health
5th September 2024



Health NZ Rural Hospitals Sustainability Project

Rachel Pearce recently joined the Rural Hospitals Chapter to provide an update on the ongoing efforts of the rural desk at Health New Zealand (HNZ). The Rural Hospitals Sustainability project, led by Sean Clink, has achieved a significant milestone with a confirmed 5% uplift for non-trust owned hospitals.

Dr. Rosalie Evans has also joined the project to offer her clinical expertise, further strengthening the initiative. In addition to these developments, Rachel Pearce has been meeting weekly with Minister Reti and Minister Doocey to keep them informed and acknowledge their support.

Rachel has been actively engaging with hospitals to gather feedback, ensuring that the project aligns with the needs and concerns of rural healthcare providers. The Rural Hospitals Chapter will reconvene online with Rachel on the 17th of October for further updates and to continue the conversation.

To view the presentation, click the video above:



HTRHN RURAL HEALTH RESEARCH SCHOLARSHIP

Are you a student in a health discipline?

Apply now for the \$5,000 Rural Health Research Scholarship to support a 12-week elective or research placement in a rural community of your choice.

- Open to any health discipline student
- Scholarship covers living expenses and provides spending money
- 'Research supervision to be provided by the tertiary institute (or equivalent) in which you are based, at no additional expense to HTRHN'
- 'Present your findings to Hauora Taiwhenua, including publishing if possible, and/or presenting at a rural health conference or equivalent'

Take the opportunity to contribute to rural health while advancing your studies!

To apply, please send your CV along with a covering letter to Robyn Fell, HTRHN Operations Manager – robyn.fell@htrhn.org.nz

Your letter should include the following:

- Current status as a health student – institute and year;
- Intended use of the HTRHN Rural Research Scholarship, including research question(s);
- Any other supporting information you wish to add; and
- Your proposed supervisor

Applications close on **Friday 18 October 2024.**

Term and Conditions

The successful recipient must be open to be interviewed by HTRHN who may develop a unique story/media release/case study to promote the Scholarship and the connection between the student and Hauora Taiwhenua.

Note: In signing this application, you agree to allow HTRHN to contact you for an interview to promote the scholarship and you as the Scholarship Benefactor if successful.

HTRHN has the right to use social media and internal platforms to promote HTRHN'S involvement in the Scholarship and the successful recipient.



Rural Communities - From the Field

Being Prepared for Adverse Weather Events in Rural Communities

An adverse weather event (AWE) refers to a significant negative impact on the environment caused by a natural disaster. This could include droughts, storms (such as flooding, cyclones, and snowstorms), earthquakes, volcanic eruptions, and biosecurity incursions. These events can severely affect safety, property, health, and overall well-being.

Disruptions to infrastructure systems, such as road closures and the destruction of homes and buildings, are common during AWEs. Rural residents may find it challenging to access their properties, which could compromise their physical well-being. It is essential to be prepared with medications and plans for power-dependent medical equipment. Additionally, restricted access can impact animal welfare if farmers are unable to transport livestock, leading to financial consequences.

AWEs can have significant health effects on rural communities, including mental health issues such as anxiety, burnout, sleep disruption, depression, climate fatigue, and reduced nutritional intake. Access to health services, already limited during normal times, becomes even more challenging during an AWE.

How to Prepare for an AWE

As an individual:

1. **Stay Up to Date:** Ensure all vaccinations are current.
2. **Emergency Contacts:** Keep a checklist of health professionals (e.g., midwives, lactation consultants, GPs) who can provide virtual consultations if needed.
3. **Telehealth Access:** Familiarize yourself with Telehealth services like Ka Ora or other professional telehealth platforms. Advocate for telehealth services if they are not available at your local health hub.
4. **Emergency Phone Numbers:** Maintain a list of critical contacts, including Rural Support Trust, Civil Defence, Fire and Emergency Services, local food banks, and your District Council.
5. **Neighbour Contacts:** Record phone numbers of neighbours who can assist in emergencies or check on you. In stressful situations, phone numbers can be easily forgotten.
6. **Alternative Communication:** Have a plan for communication in case of power outages. Ensure you have a generator or other backup power source.

7. **Utility Contacts:** Keep your electricity provider's contact number and your customer number handy.
8. **Medication:** If you require ongoing medication, coordinate with your local pharmacist to store extra supplies.
9. **Emergency Supplies:** Store at least three days' worth of food and water to ensure nutritious meals, as the duration of the event is unpredictable.

For Communities:

Establishing a local community hub can greatly enhance preparedness and support.

Components of a Local Community Hub:

1. **Telehealth Site:** Designate a space, such as a corner in a local school, marae, or community hall, for telehealth services.
2. **Telephone Tree:** Implement a telephone tree to reach out to neighbours if communication channels are available.
3. **Emergency Supplies:** Store essential items like BBQs, gas bottles, water, torches, and other cooking facilities.
4. **Defibrillator Access:** Note the location of any community defibrillators and the contact information of trained users.
5. **Role Assignments:** Create a list of roles and responsibilities so everyone knows their duties during an emergency.
6. **First Responder:** Train at least one community member in first aid and defibrillator use to manage minor injuries and provide guidance.

Planning for adverse weather events is crucial. By preparing individually and collectively, communities can enhance their safety and improve health and well-being outcomes in the face of extreme weather conditions.



Expressions of Interest for NPTP 2025 are now open.

We do not yet have visibility of the funding allocation for NPTP 2025.

Please follow the below link to the NPTP 2025 EOI page, where further instruction is provided. This EOI process closes on 5pm Monday 7 October.

[Learn more here:](#)

Distributed Training and Rural Health Professions Education

Dr Roger Strasser has shared an invitation for manuscript submissions for the Frontiers in Medicine special issue on Distributed Training and Rural Health Professions Education.

The initial deadline for Summary Submissions is October 31.

If you have any questions, comments, or concerns, please contact Roger via email: roger.strasser@waikato.ac.nz

University of Otago - Champion of Rural Health

The University of Otago has today launched a new video highlighting its rural medical education initiatives:





UNIVERSITY OF
AUCKLAND
Waipapa Taumata Rau
NEW ZEALAND

EDUCATION AND
SOCIAL WORK

DOCTORAL SCHOLARSHIP OPPORTUNITY

Rural Education

A one-time doctoral scholarship is available for an outstanding full-time applicant.

The successful applicant will undertake a PhD thesis with one or more of the following members of the supervision team: Drs Jennifer Tatebe, Tania Cliffe-Tautari, Lisa Darragh, Camilla Highfield, Associate Professor Helen Dixon and Professor Missy Morton.

ABOUT THE SCHOLARSHIP

- Scholarship valued at \$33,000 p.a. plus compulsory fees for up to 36 months full-time study
- Available to full-time domestic students and domestic fee-paying international students
- Paid work may not exceed 750 hours per 12-month period of scholarship tenure
- Applicants who already have a doctorate or are already enrolled are not eligible for consideration

DUE DATES

- Expressions of interest due 1 October 2024
- Application for doctoral programme due 1 November 2024
- Enrolment in doctoral programme required by 1 March or 1 June 2025 (or 1 September for international candidates)

This rural education scholarship supports critical engagement with the unique yet diverse complexities of rurality and education. Proposed studies may be conducted in any global context with those set in Aotearoa New Zealand and the Asia Pacific region particularly welcome. Specific areas of interest include:

Rural schools and communities

- Indigenous, Māori and Pacific contexts
- School-community partnerships
- Rural identity and capitals

Teaching and learning

- Equity focused teacher education and educational leadership
- Access to educational learning opportunities and student achievement
- Curriculum studies (i.e. maths)
- Diverse knowledges

Advancing justice and knowledge in rural education

- Place-based and culturally relevant pedagogies
- Spatial justice
- Diversity and inclusion



CONTACT

Dr Jennifer Tatebe

j.tatebe@auckland.ac.nz

FOR MORE DETAILS: auckland.ac.nz/doctoral-applications and
auckland.ac.nz/en/education/study-with-us/scholarships-and-awards/doctoral-scholarships

Important new requirements for management and reporting of invasive group A streptococcal infections from 1 October 2024

Kia ora koutou,

As previously signalled, invasive group A streptococcal infection (iGAS) is being added to Aotearoa New Zealand's schedule of notifiable diseases from 1 October 2024, placing new legal requirements on health services and laboratories.

While the impact of this change on primary care and community health providers is expected to be limited, this email includes **further information** about how these new requirements will impact kaimahi working within these services.

More detailed information is attached to this email for sharing with your kaimahi. The [Communicable Disease Manual](#) has also been updated to include a new chapter on iGAS which will be available from 1 October.

Communication has been prepared and distributed to Hospital Specialist Services, Primary Care Providers, Public Health Services, diagnostic laboratories and ESR.

Ngā mihi,

Becky Jenkins

Director - Protection

National Public Health Service

becky.jenkins@tewhatauora.govt.nz

Dr Sharon Sime (she/her)

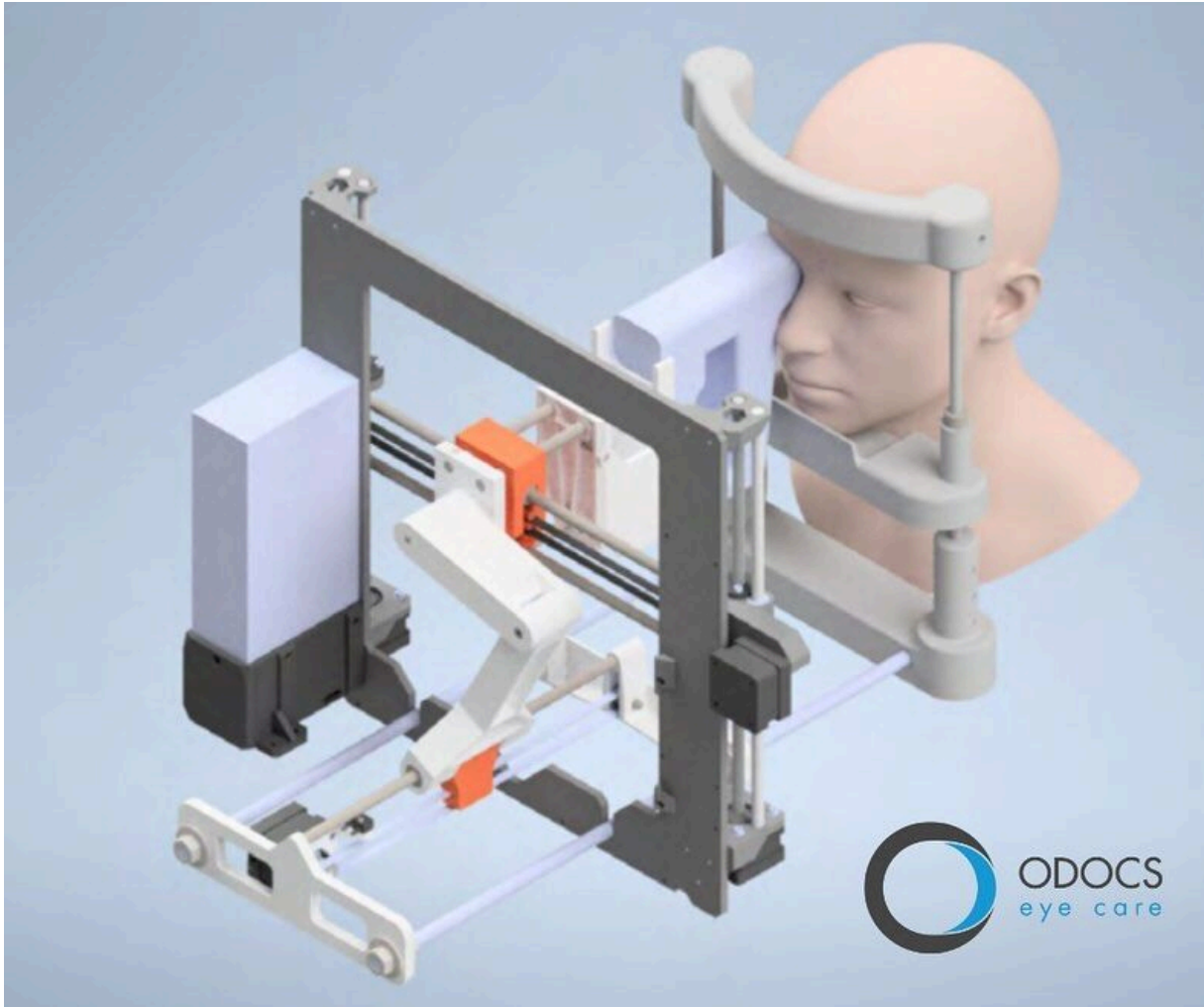
Acting National Clinical Director Protection | Medical Officer of

Health | Public Health Physician

National Public Health Service

sharon.sime@tewhatauora.govt.nz

Teleophthalmology in New Zealand



*The **New Zealand Association of Optometrists** recommends regular eye examinations every two years to detect sight-threatening conditions early. However, many rural and underserved communities, particularly **Māori and elderly populations**, struggle to access timely eye care, leaving approximately **700,000 New Zealanders** at risk of untreated eye conditions.*

*To address this, the **oDocs Eye Care** research project in collaboration with the **Mechatronics Engineering Department of the University of Auckland** aims to implement an **innovative teleophthalmology system** that allows real-time remote eye examinations. In rural clinics, patients will have their fundus (the back of the eye/posterior segment) and front of the eye (anterior segment) imaged by a portable robotic system, which live-streams the images over the internet to an ophthalmologist. The specialist can then consult and diagnose eye conditions without the need for patients to travel long distances.*

How We Will Conduct the Study:

*The research focuses on developing a **real-time robotic***

teleophthalmology system that improves upon the current "Store-and-Forward" method, which often delays diagnosis and treatment. In this study, we will:

1. **Imaging and Consultation:** Patients in rural clinics will have their fundus imaged using a robotic system that maneuvers a portable **oDocs nun IR camera**. The images will be live-streamed to an ophthalmologist (one of the oDocs Eye Care specialists/ participating ophthalmologists) for an immediate consultation.
2. **Safety and Technology:** The robotic system is equipped with advanced safety features, including an emergency stop button to prevent harm to the patient during imaging. The technology ensures high-quality imaging and adherence to the expected standards of care.
3. **Patient Experience Survey:** After their 20-minute consultation, patients will complete a brief survey to share their experiences interacting with the robotic system and receiving remote eye care. Their feedback will be anonymous and invaluable in evaluating the effectiveness of the system.


The goal is to assess both the **operational experience of eye care specialists** and the **patients' interactions** with the system. By comparing this real-time teleophthalmology method to the existing "Store-and-Forward" approach, we aim to demonstrate that real-time diagnosis leads to faster and more effective care, preventing potential vision loss.

Why It Matters:

This project has the potential to transform how eye care is delivered in **rural New Zealand**, where specialist access is limited. By using teleophthalmology, patients will receive quality care without the need for travel, making eye care more accessible and affordable. Early screening and timely treatment could prevent blindness, improve overall public health outcomes, and create a more **equitable healthcare system**.

This study is supported by the Health Research Council of New Zealand and further details of the research can be found on our [WEBSITE](#). Please contact Dr Renoh Chalakkal (renohcj@odocs-tech.com) if you are interested in being one of the trial locations for this study.





Māori Health Review is a regular update that features the latest research in the Māori Health area.

Associate Professor Matire Harwood explains why it is so important for the Māori Health community and Māori population in New Zealand.

It costs nothing to subscribe to Māori Health Review. It is available for health professionals and anyone with an interest in Māori Health.

Subscribe online and receive your copy to your email

Learn more here:

WHO Survey on Child and Adolescent Mental Health Services

Collaboration is underway with the World Health Organisation (WHO) on a project focused on developing a practical guide and training materials to enhance evidence-based programming for mental health prevention and support services in schools.

As part of this initiative, WHO and UNICEF have created a survey to gather insights from frontline workers (direct service providers) globally. The goal is to inform the creation of new training resources for child and adolescent mental health care.

The survey is available here: [Informing the new training resources for child and adolescent mental health.](#)

We are reaching out to explore whether this link could be shared within relevant networks, particularly those connected to frontline workers who may be willing to participate.

Target Audience:

This survey contains two sets of questions depending on whether respondents work in:

- 1. Schools*
- 2. Primary health care settings*

For school-based workers:

The focus is on school nurses, psychologists, occupational therapists,

social workers, counsellors, or other community or youth workers responsible for providing mental health prevention and/or care to students. Teachers are not included unless they have a specific role or responsibility for mental health care in their school.

For primary health care workers:

This group includes doctors, nurses, psychologists, social workers, occupational therapists, counsellors, community health workers, or lay counsellors. Respondents should be involved in providing primary health preventive and/or care services to children and adolescents, though they do not need to be currently delivering mental health services.

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