



## WITNESS STATEMENT OF DR NICK KOWALENKO

I, Dr Nick Kowalenko, MB, BS, FRANZCP, Emerging Minds, 107 Sir Donald Bradman Drive · Hilton, SA 5033 · Australia, say as follows:

### Background

- 1 I am currently the Founding Deputy Chair of Emerging Minds and Senior Clinical Advisor, Chair of the Tresillian Family Centres Council, and Medical Director of Hall Unit, Psychological Medicine, Children's Hospital Westmead.
- 2 I am making this statement in my role as Senior Clinical Advisor at Emerging Minds.
- 3 I am the immediate past Chair, Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists. I am currently Vice President of International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), and serve as Oceania Regional Coordinator.
- 4 I currently provide clinical advice to Emerging Minds' National Workforce Centre for Children's Mental Health, predominantly working on General Practitioner projects, co-leading and developing projects and advising on national workforce strategies. At Tresillian Services, I chair the board of the organisation.
- 5 I was Head of the Faculty of Perinatal & Infant Mental Health, NSW Institute of Psychiatry (2011 – 2016).
- 6 I am qualified in medicine and in the speciality of psychiatry, with an additional sub-speciality qualification in child and adolescent psychiatry.
- 7 Attached to this statement and marked 'NK-1' is a copy of my current curriculum vitae.

### ***Emerging Minds***

- 8 Emerging Minds is a non-government organisation that has a national role. Its directors represent the States and Territories in Australia. Emerging Minds is the trading name of the registered company, the Australian Infant Child Adolescent and Family Mental Health Association, established 20 years ago. It aims to promote mental health in children, infants, adolescents and families with young people (aged under 25 years of age.) It occupies a unique place nationally and attracts a range of funded projects from a range of governments.
- 9 Emerging Minds advises on, and contributes to, mental health policy development, services, frameworks, workforce development, tailored digital training, programs, and resources in response to the needs of professionals, children, families and communities. It partners with young people, family members and national and international organisations and experts to promote evidence-based practice in Australia.
- 10 Emerging Minds also leads the National Workforce Centre for Child Mental Health (NWCCMH), delivered in partnership with the Australian Institute of Family Studies (AIFS), the Australian National University (ANU), the Parenting Research Centre (PRC) and the Royal Australian College of General Practitioners (RACGP).

### ***The National Workforce Centre for Child Mental Health***

- 11 The NWCCMH is a nationally funded project (2017-21) that develops online digital workforce, education and training. It has a suite of resources that support implementation into routine practice of mental health skills for the primary health care workforce and social services for children aged 0-12 years. It focuses on training the workforce to identify, assess, and support children who are at risk of, or have, mental health problems.
- 12 NWCCMH incorporates three key components:
  - (a) an online workforce gateway where professionals and families can access free training, practice guides, webinars, tools, information and news;

- (b) a national network of regionally based Child Mental Health Workforce Consultants to support workforce development, systems change, information exchange and collaboration; and
  - (c) a communication and knowledge strategy to support the diffusion of evidence into practice.
- 13 The focus of NWCCMH is workforce development. The NWCCMH has a wide range of advisory and consultation groups that link with a wide range of professional organisations, that represent health and social services workforces addressing the needs in primary health care throughout Australia. NWCCMH works with professional organisations to identify, assess and support children at risk of mental illness by directing and coordinating the activities of its national partners, and digital development organisations.

## **OPPORTUNITIES FOR EARLY INTERVENTION**

### ***Prevalence of mental health issues and mental illness for infants and children***

- 14 It is important to note the difference between 'infants' and 'children'. In Australian data on prevalence (such as national surveys of mental health and wellbeing in children, including the Young Minds Matter, Mental Health of Australian Children and Adolescents Survey in 2015 (**YMMMHS**)), the age range is 0-4 years of age for infants and 4 to 11 years of age for children. Adolescents are aged 12-18 years. The RCMHS has identified key age groups as 0-6, 6-12, 12-25 (or 12-18).
- 15 Mental health issues are poorly recognised in children under twelve, and particularly in children under five. The issues that contribute to mental health and wellbeing in infants and children are described in various reports in Australia such as the Australian Infant, Child, Adolescent and Family Mental Health Association (**AICAFMHA**)'s position paper '*Improving the Mental Health of Infants, Children and Adolescents in Australia*' (2011)<sup>1</sup>,

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<sup>1</sup> [AICAFMHA Position Paper](#) *Improving the Mental Health of Infants, Children and Adolescents in Australia*, 2011

and the *'Report on the National Review of Mental Health Programmes and Services'*<sup>2</sup> (National Mental Health Commission, 2014). The reports establish the inadequate organisation of mental health services, access, and organisation in this age group and an underdeveloped workforce.

16 Other issues include:

- (a) Family violence and its impact on children, from primary school aged children to the 0-12 year age group, where trauma is often very poorly recognised and generally unseen;
- (b) Other forms of abuse, such as those that have arisen at the Royal Commission into Institutional Responses to Child Sexual Abuse;
- (c) Parental mental illness and/or alcohol and drug issues and their impact in the community, particularly in child protection systems. This is an expanding area of concern and a long-term issue for almost every State and Territory, and also Federally; and
- (d) Intergenerational transmission of mental health problems and other adversities such as homelessness, poverty, absence of parents due to hospital admissions for treatment or incarceration, children's disabilities, parental separation, and the impact of other co-morbid conditions such as addiction.

17 While the above have not specifically changed the prevalence of mental illness in infants and young children, they have changed awareness throughout the community, in organisations and in government about mental health issues.

18 Regarding mental illness, there are two major national surveys addressing mental illness and its prevalence in children over the last 20 years in Australia that are comparable. These surveys are the YMMMHS<sup>3</sup>, and the *Mental Health of Young People in Australia*

<sup>2</sup> [National Mental Health Commission Report](#) *'Contributing Lives, Thriving Communities – Report of the National Review of Mental Health Programmes and Services'*, 2014

<sup>3</sup> [Young Minds Matter Survey](#) *'The Mental Health of Children and Adolescents'* (2015)



survey (Sawyer et al) from the Mental Health Special Programs Branch, Commonwealth Department of Health and Aged Care (2000).<sup>4</sup>

- 19 The prevalence of mental illness or mental disorder has remained largely constant over the last 15 years in children and infants. However, what has changed for children over the age of 12 is their access to public information and online resources. Not all online resources are reliable about mental health, but we know many children are turning to them as a first line resource, as indeed are their parents. Common sources of information are Emerging Minds, Raising Children Network, and Beyond Blue.
- 20 International studies in the USA and Scandinavia<sup>5</sup> suggest prevalence of mental health disorders in the 0-4 years age group is 10-15%, approximately comparable to the prevalence of mental health disorders in Australian 5-11 year olds. The Australian Early Development Index also identifies problems of an emotional and wellbeing nature in 12-16% of Australians prior to the age of 5. A key issue is that Australia does not have a national baseline survey for mental health problems in the 0-4 age group. This remains an outstanding issue that needs to be addressed as it would enable assessment of changes in community mental health that are emerging or have emerged, and monitor them. Victoria could lead the way in commissioning such a survey to better plan and deliver mental health and related services for this age group, as care needs appear significant, but access to intervention early in life is unrealised and a missed opportunity in health care for the most vulnerable in our community
- 21 Another issue with determining prevalence arises due to the discrepancy between what you would find in a random community doorknock and what is identified in a treatment or clinical setting. Often, the proportion of children accessing treatment (treated prevalence) is much less than the prevalence in the community. The best data we have about

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<sup>4</sup> Sawyer, M., Arney, F., Baghurst, P., Clark, J., Graetz, B., Kosky, R., Nurcombe, B., Paton, G., Prior, M., Raphael, B., Rey, J., Whaites, L. and Zubrick, S., 2000. Department Of Health | Mental Health Of Young People In Australia. [online] Www1.health.gov.au. Available at: <<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-young-toc>> [Accessed 25 August 2020].

<sup>5</sup> Kowalenko, N. M. (2012). The three year old social and emotional well-being check is good news. Australian & New Zealand Journal of Psychiatry, 46(10), 928–931. <https://doi.org/10.1177/0004867412461534>

community prevalence from the Australian surveys is that, at the very best, half of the children that have mental disorders or reach criteria for mental illness access any form of contact with any health practitioner, and the adequacy of treatment is surprisingly low, with only one third of treatment provided reaching a standard that is minimally adequate.<sup>6</sup> When children receive treatment in hospitals, emergency departments, with paediatricians, or General Practitioners (**GPs**) for common conditions such as anxiety and depression, the quality of care they access is generally quite poor.<sup>7</sup> Poor quality care compounds needs, which remain insufficiently met, or not met at all.

- 22 In relation to access to mental health services, there is an underrepresentation of this younger age group (0-12 years) when compared to youth (children aged 12-18 years) that are accessing psychological services in the primary health care system or in other parts of the health system. The implication is that most disorders continue without treatment or get some intervention in other sectors (education, social services, justice, welfare). For example, they may not get mental health treatment, but they may receive an intervention or remediation to address their other needs that do not specifically address mental health needs, for example in the school education or early childhood education sectors, where managing poor academic performance or behaviour may be the sole target of intervention.
- 23 Another emerging issue from the national data is that even if a child is able to access treatment in primary care (GP, psychologist, nurses), or specialist services, it is likely to be minimally adequate and not of the quality that meets the criteria in guidelines for adequate treatment consistent with the evidence base.
- 24 Therefore, we know that less than half of infants and children that require mental health treatment are accessing appropriate treatment, and of those who access treatment, a very low percentage – 50% at best – are receiving adequate treatment. That is very poor

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<sup>6</sup> Sawyer MG, Reece CE and Sawyer ACP (2018) 'Adequacy of treatment of child and adolescent mental disorders in Australia: A national study', Australia and New Zealand Journal of Psychiatry, S3:4, pp. 326-335

<sup>7</sup> Ellis LA, Wiles LK, et. al (2019) *Assessing the quality of care for paediatric depression and Anxiety in Australia* Australia and New Zealand Journal of Psychiatry, 53:10

performance, and means that many children and families continue to suffer unnecessarily.

- 25 The YMMMHS survey found that approximately 14% of Australian children between the age of 4 and 11 are experiencing mental disorders at severity that is mild, moderate or severe. In those children, the more severe group has higher rates of access to treatment than the others. However, it is the quality of the treatment that they are accessing that is poor. Treatments often do not provide sustained interventions or sufficient monitoring of the progress of difficulties over time. This includes comprehensive approaches to those living with mental disorders, to adequate family support, adequate educational support, and other supports (e.g. social) that ensure the best possible outcomes. Even the children that do access treatment are likely to receive an inadequate quality of care, so they remain a group at serious risk of persisting difficulties.
- 26 This suggests that a significant proportion of the children who are experiencing or dealing with mental health disorders are not receiving mental health care that best supports their recovery. There are very significant opportunities for early intervention.
- 27 Over the 15 years since the original epidemiological survey of child and adolescent mental disorders, there has been little change in the prevalence or incidence of disorders, and one would predict the impact of COVID-19 over the next several years may include a significant worsening of children's mental health.

***The presentation of mental health issues or vulnerabilities in infants and children***

- 28 Mental health issues and vulnerabilities present differently at different age groups. With infants, it is often disturbed patterns of sleeping or feeding. This is sometimes referred to as 'settling difficulties.'
- 29 In early childhood (before primary school ages) it becomes more specific. It includes sleep, but also attention and behavioural challenges. In early childhood, youngsters can sometimes be withdrawn, hyper vigilant and clingy, so they don't participate as actively

in their usual activities. They can also be excessively shy in social interactions. Developmental delays become more evident.

- 30 Also, more subtle issues regarding social interaction, group interaction, compliance with group rules, performance in the pre-school environment and difficulties with learning and language development emerge.
- 31 With early adolescents (13 to 14 year olds), I led a research study to conduct school-based intervention for adolescents surveyed for symptoms of depression.<sup>8</sup> By surveying staff and their knowledge of students, about half of the students were identified as being at risk of having a psychological or mental health problem. However, another half of the kids we identified on screening were never identified within the school setting or at home. We found that there was a vast over-representation of children with depressive symptoms who had other difficulties identified in the school sector, such as difficulties learning. These children were identified as children with high needs, but the mental health aspects of their high needs were not routinely identified. This impacted on their recovery, with persistence of difficulties more likely, and recovery prolonged.
- 32 Service providers that have the most contact with children are the ones most likely to identify difficulties and vulnerabilities. For example, behavioural difficulties may often manifest in the school setting, but may not access clinical care. For infants, it is usually early childhood health nurses (in Victoria) where feeding or sleeping difficulties are identified. For pre-schoolers, it is the early childhood education and care services and GPs, as they are often a key source of advice. In the school sector, you have significant input from welfare teachers and school counsellors. By adolescence, the most common service provider where children will have first contact when they have mental health difficulties will be within the school setting.
- 33 Of course the key group likely to identify their mental health problems are parents.

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<sup>8</sup> Kowalenko, N., Rapee, R. M et al. (2005). *Short-term Effectiveness of a School-based Early Intervention Program for Adolescent Depression*, Clinical Child Psychology and Psychiatry, 10(4), 493–507.



***Best practice approaches to identifying infants and children living with, or at risk of developing, mental illness***

- 34 Identification can occur in a number of ways. In terms of a best practice approach, there are both systematic approaches to this question and more clinically based service provider routine identification in healthcare, early care and education services, disability, and welfare services. They all depend on the comprehensiveness of identification or assessment. In the Fifth National Mental Health Plan, the identification and assessment of children at risk of mental illness needs a different level of identification at each of these steps in the stepped care model. In health care, this usually involves identification in primary care and assessment at the next level in a stepped care approach, such as that promoted in the Fifth National Mental Health Plan.
- 35 In the secondary and tertiary care levels (specialist care), children who have difficulties of any nature such as common chronic health problems, learning difficulties, children in the National Disability Insurance Scheme or in welfare systems are more likely to have co-morbid mental health disorders. So, in addition to the health or other vulnerabilities in their lives, they might also be experiencing additional mental health problems. Therefore, systems of identification for children that are already in systems of care are going to yield a higher rate of identification than they are for the general population. Consideration could be given to ensuring routine mental health identification and response in these at-risk groups to ensure comprehensive care.
- 36 In the wider community, there are systematic approaches. This is mainly occurring in the research field that identifies vulnerabilities through longitudinal studies of Australian children (mainly descriptive), such as 'Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)<sup>9</sup>', and also data integration studies. One approach being implemented is to examine the frequency of key adverse childhood experiences (ACEs), such as child abuse, parental illness or addiction, incarceration, child's medical illness etc. If we examine the frequency of co-occurring adverse childhood events, such children

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<sup>9</sup> Australian Government Department of Social Services, Australian Institute of Family Studies, Australian Bureau of Statistics [Growing Up in Australia: The Longitudinal Study of Australian Children](#) (Release 7, 2020)

who are experiencing more than four, are at a much higher risk of experiencing mental health disorders and chronic illness over the course of their childhood, throughout their adolescence, and in their adulthood. Additionally, they are also at a higher risk of developing chronic medical illnesses, such as diabetes, asthma or cardiovascular disease in childhood and/or adulthood. To put it simply – there are very serious implications for long term health trajectories right across health, including mental health. This is a major public health concern, which is evident in the research, but yet to be implemented in the world of routine practice.

- 37 The Australian National University (**ANU**), as part of its work with Emerging Minds, has developed an ACEs Toolkit, which include evidence-based information, advice and practical tools for individuals and professionals who work with, or care for, children who have had ACEs. ANU research found that in addition to developmental delays, lower educational attainment and social and emotional maladjustment, exposure to ACEs resulted in increased risky behaviours, higher rates of incarceration, and higher suicide rates. ANU research found that GPs are well-placed to work with families where a child has been exposed to ACEs.<sup>10</sup>
- 38 To better follow the trajectory between the experience of adverse experiences by children and the onset of mental disorders early in life, an adequate epidemiological survey for children aged four and under would greatly assist understanding the development and prevalence of disorders in this young age group, where adverse childhood events are often evident and consequences for mental health and wellbeing are emerging.
- 39 When you consider the whole host of childhood risk factors, the most frequent include issues such as experience of abuse, parental drug and alcohol use, parental mental illness, parental incarceration and poverty. Psychosocial risk factors are prominent in population studies, as are genetic and health status factors.
- 40 The other way to identify consistently is at a population level, such as school entry, or at birth, or in early childhood. The vast majority of children enrol in and attend school in

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<sup>10</sup> Emerging Minds [Adverse Childhood Experiences Toolkit](#) (2020)

Australia. Various small projects – such as the Australian Capital Territory’s Kindergarten Health Check – have looked at systematically identifying children at school entry who are most at risk and then identify pathways to support their wellbeing, promote their health and prevent mental illness throughout the course of their school career and link that to support from other sectors as required, which might include the mental health sector if likely mental disorders are identified. Therefore, there are different options of how it can be done, such as a stepped approach to early intervention, prevention or mental health promotion. It could be enabled by better interaction between schools and the community, or parents and community resources to consider systematic approaches of ameliorating risk through identification and tailored early interventions. This is not widespread in Victoria or Australia but there is some experience with Early Childhood Nurses in Victoria which could inform such an approach given their experiences with the Ages and Stages Questionnaire.

- 41 However, at the clinical level there are emerging steps, such as the practices that survey likely adverse experiences antenatally and postnatally for mothers and their infants through routinely assessing parental stressors, such as perinatal anxiety, depression, or other risks that also impact on infants. These can be implemented systematically. With a number of colleagues, I co-led work with Beyondblue - the National Action Plan for Antenatal and Postnatal Depression in 2006-07. It was subsequently implemented nationally. We found that this was best practice - implementing a routine assessment of mental health problems at the time of antenatal assessment by midwives to facilitate holistic comprehensive identification, supplemented by using an adjunctive screening tool for mental health disorders. We found this was acceptable to users and staff, and was feasible in practice pathways to care to address the difficulties identified and they could then be discussed with patients screened, and an appropriate course of action established collaboratively. Appropriate investment was required, and this is now a routine procedure in Australia. A key learning from the implementation of this initiative was the critical importance of establishing pathways to care collaboratively to facilitate routine practice changes.

- 42 As an example, children with current physical illnesses or neurodevelopmental problems have much higher rates of co-occurring mental disorders. This is a clear 'at risk' group in which mental disorders could be more readily identified with routine screening.
- 43 Therefore, there can be a flux throughout childhood and adolescence, where there is the potential for the intergenerational emergence of mental health problems to manifest, in terms of poor educational outcomes, but also sometimes the first onset of mental health problems or mental illness, such as depression and anxiety might be present in families.
- 44 In the context of parents' postnatal depression, infants can suffer various adverse outcomes such as language difficulties, and emotional and behavioural problems. However, this is not invariable, particularly if parents are able to access appropriate supports at home and in the community, and good treatment when required, and effective preventive programs so that potential risks can be ameliorated, or their infants may be protected from these risks by protective factors in the family, and other strengths.
- 45 Emerging Minds has strongly supported enhancing child-centred family-focused approaches including family-inclusive practice, the fundamental role of primary care in identifying and managing mental health disorders, and greatly enhancing children's' mental health workforce capacity across the health, educational, social, and drug and alcohol sectors, particularly for 0-12 year olds. Addressing stigma is critical for this age group, as in increasing community awareness and mental health literacy.

## ***TREATMENT AND SUPPORT***

### ***Best practice approaches to supporting children experiencing or living with mental illness***

- 46 A major task in terms of the community and the professions and service providers is increasing mental health literacy - literacy about mental disorders and their experience, not only in the health system, but also in the education system and the early childhood education and care sector, and in social services. It is well understood that those services



poorly understand child mental health needs and how to respond to them, let alone how to identify them reliably and provide support.

- 47 Therefore, expanding mental health literacy in the workforce to be child centred and family focused is fundamental. The other issue is how we most ably support parents who are the linchpin in sustaining and maintaining quality care for their children, in a non-stigmatising range of settings. That is one of the other key barriers to best practice and a systemic problem. Linking child mental health care to primary health care and delivery, and bringing access to mental health care expertise into primary care settings, could assist this. This is best addressed in establishing a 'medical home' for care that brings the mental health care components into less stigmatising settings in primary care, especially to address the needs of the missing middle, as identified as a key gap by the RCMHS. This has major implications for increasing workforce capacity. Integration will require a greatly expanded workforce.
- 48 In addition, an initiative to consider is whether or not mental health care could be feasibly provided in Victorian schools, where more actively engaging students and parents could be considered. Online interventions that address the needs of children and parents can also potentially assist the 0-12 year age group, but require evaluation. Expanding online stigma-reduction, health literacy, and treatment options should be further developed, evaluated, integrated and disseminated.

***Community-based mental health services for infants, children and their families and carers***

- 49 The Primary Health Network (**PHN**) system is the system that is now most responsible for primary mental health care in Australia. It is a developing system of regionally based health and related services. Children's mental health workforce capacity is poorly developed.
- 50 In terms of best practice, a principle is that service delivery should be community based. Access to appropriate mental health services is a significant problem in the primary health care sector for this age group. These services need to be readily accessible to the children most at risk. Financial factors and poverty play a role: the costs of access to at

risk groups is a particular issue and should be addressed. There have been some partial steps to address this, but it is a barrier to best practice for the provision of community-based services. Community-based services need to work in a supportive way that is accessible, not just in their clinics and offices, but also in schools and the early childhood education and care sector, and in the welfare and social services sector – this is where many parents first raise issues about concerns about their children. This would assist parents to obtain the information they need to help them make informed decisions about the next steps in responding to the child's needs.

- 51 The Raising Children website helps inform parents and increases their awareness. While the information in those websites can be incredibly helpful in some respects, it has not necessarily changed the outcome of children that have mental health problems or vulnerabilities. There is not evidence yet available that access to the range of online services in Australia has had any impact on the prevalence of mental health problems in Australian children.
- 52 A stepped care model makes sense. In primary care, you need identification support and parental resources - people in their local communities who understand the links and support that might be available. There is a role for consumer-led organisations here because they tend to be more welcoming, accessible and less formal – they help people get to the front door and through it. This is important as a soft entry point is needed to allow people to make choices about the treatment or interventions they might choose to access. They may have other roles that require further exploration and development.
- 53 In a stepped care model, mild to moderate difficulties might adequately be addressed in the primary mental health care sector. That is a step up from broad primary care. It is not uncommon, for example, that children are recommended by their education provider to discuss a mental health challenge with a GP. As a result, that becomes the first step that places that family at the front door of a service with the choice to go through it or not. These kind of pathways in local communities should be built around what is practical and feasible in each community.

- 54 This local community-based approach is critical and involves regional planning. Depending on the local community, there is a risk with referrals, such as psychology or an NGO, that the group will have a role in discussing, often with a GP, options for further referral to a more specialised secondary level specialist service or a specialist service such as a paediatrician or psychiatrist that might be prevented if access to specialist advice is available to GPs<sup>11</sup>, or if collaborative educational approaches are developed such as those piloted in Victoria<sup>12</sup>, or models of care with GPs and child mental health nurses, such as in the UK, including child psychiatrists, child psychologists or other allied health professionals, and research demonstrating effective outcomes.<sup>13</sup>
- 55 The key issue is integration and coordination. The steps have to be linked in a way that makes sense in a local community. It also needs to remain linked so, for example, once someone has progressed to the secondary or tertiary sector because they require intensive input, that person can only progress to the secondary (specialist) care level if there is community integration that assists and supports ongoing recovery.
- 56 People who escalate up the scale of intensity of need will often come down as well. They need to remain linked throughout that entire process, with primary care and all the other allied health supports, education and other services.
- 57 There has been partial and inadequate development of school-based mental health service delivery. While there is an emerging emphasis around prevention and mental health promotion, there is not much that specifically addresses the ongoing needs of children who have mental disorders and their experience in schools, in a way that encourages children to receive treatment in school. The interaction between clinical services and other service providers, such as educational, welfare, and social services, requires integration. The Victorian Department of Education and Training has clearly

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<sup>11</sup> Seierstad, Tori & Brekke, Mette & Toftemo, Ingun & Haavet, Ole. (2017). GPS' and child and adolescent psychiatry specialists' experiences of joint consultations in the GP's office: A qualitative study. BMC Research Notes. 10. 10.1186/s13104-017-2766-7.

<sup>12</sup> Luk ESL, Brann P, Sutherland S, Mildred H, Birlleson P. Training General Practitioners in the Assessment of Childhood Mental Health Problems. Clinical Child Psychology and Psychiatry. 2002;7(4):571-579. doi:10.1177/1359104502007004009

<sup>13</sup> Espinet SD, Gotovac S, Knight S, et al. Primary Care Practitioner Training in Child and Adolescent Psychiatry (PTCAP): A Cluster-Randomized Trial. The Canadian Journal of Psychiatry. 2020;65(5):319-329. doi:10.1177/0706743719890161

noted escalating need for mental health intervention given the increasing rate of identification of emotional and behavioural difficulties at school entry (see interim report of the RCVMHs November 2019).

- 58 In the British system, for example, services are better supported systematically through specialist childhood mental health nursing workforce that is better engaged in general practice liaison and support. Whereas, in the American system, service delivery is better supported in schools. It is important that all the elements - from identifying risk through to dealing with mental health issues and recovery in children who have chronic difficulties - are linked with facilitated platforms across access, support and recovery in education, clinical service delivery and primary care. The recently published draft Productivity Commission report into mental health recommended significant further development of the mental health nursing workforce and, if progressed, this might provide an opportunity for such a key development.

***Improving integration of mental health and other social services***

- 59 There are three main arrangements that could be put in place to better integrate or coordinate mental health and other social services (including parental and child health services, other health services, child protection services and schools), particularly in primary care settings, to ensure better overall health outcomes:
- (a) Firstly, a common database that is shared across the sector: continuity of data and information collection should extend across the primary health care sector. This would prevent people from having to repeat their story to different services and also address issues in the poor quality of data information and recording across various tiers of the mental health system. This would significantly improve the quality of the support, coordination and integration of services.
  - (b) Secondly, sharing skills across the health and social services. Currently, GPs have some access to case conferencing. However, mechanisms to support integrated and coordinated care still remains insufficient. We need to look at the issues of integration as a core principle. This involves identifying the drivers



across private funding, public funding, NGO funding can actually support integration and coordination. In some systems (for example in the UK), child and adolescent mental health nurses have been the workforce targeted to best liaise and support such integration, and this could be considered in Victoria.

- (c) Thirdly, capacity building across the sector: that is, the whole workforce should be involved in child centred, family-focused and child-sensitive practices in adult service provision. There should be some diminution of the boundaries between adult service providers, child service providers, and a better integrated mental health care system. This is important because the notion that patients are parents, and have key roles as parents, is one that is not consistently addressed in the healthcare sector generally, but particularly poorly developed in the mental health system.

60 Paragraphs 52-58 detail what best integrates and coordinates everything from police, welfare, legal services, right through to health care, mental health care and social support. How all these services are engaged in the family violence sector is a good example of how you might integrate and make available specialist mental health expertise and skills to advise other service providers, such as those working with infants, children or their families who have experienced trauma. However, an issue with the way family violence services operate in some state jurisdictions is that they involve children's welfare, police and other services, but often exclude child mental health services in practice, although Victoria has made steps to rectify this with specific child mental health targeted investment for 0-12 year old age group. However, traumatic experiences in 0-4 year olds remains unseen and largely invisible despite evidence-based approaches for effective intervention.

61 Similarly, South Australians conducted a series of child-focussed innovations in relation to forming multi-disciplinary hubs in the 0-8 years age group. It found that services that

bring together health, education, welfare and others, often systematically exclude child mental health services, but they are an essential<sup>14</sup>.

***Family and carer engagement in the delivery of services***

- 62 Without family engagement, services to infants and children can't be delivered. This is a fundamental requirement given the dependence on adults that infants and children have, which is often accentuated if mental disorders are evident. Those in 'loco parentis' can be equally effective.
- 63 A family-focused approach is required, along with child-centred strategies. The voice and perspectives of children and their parents must be incorporated into service delivery design, intervention approaches, and workforce training. Emerging Minds has developed significant expertise in this through a variety of innovative initiatives.

***Best practice in the provision of infant and child mental health services***

- 64 In 2019, Victoria's Auditor-General's Office published its report on the effectiveness of child and youth mental health Services in Victoria<sup>15</sup>, examining state-based funding of these services. Its findings are disturbing, and include findings that services don't meet demand, are not co-ordinated, there's marked variability and inequity in care received, workforce challenges are not considered, and quality of care isn't routinely monitored. Recommendations arising have been made after consideration by the Department of Health and Human Services. The Royal Commission might like to clarify the implementation of these recommendations and their progress, with particular reference to the 0-12 age group. The report is largely blind to the mental health needs of 0-4 year olds, but recognises the needs of parents of this age group without acknowledging any specific 0-4 mental health needs.

<sup>14</sup> [SA Families review of Women's and Children's Hospital's Infant Therapeutic Reunification Service](#) 2016

<sup>15</sup> Audit.vic.gov.au. 2019. Child And Youth Mental Health Services Report. [online] Available at: <[https://www.audit.vic.gov.au/sites/default/files/2019-06/050619-Youth-Mental-Health\\_0.pdf](https://www.audit.vic.gov.au/sites/default/files/2019-06/050619-Youth-Mental-Health_0.pdf)> [Accessed 25 August 2020].

- 65 In Victoria, health planning has identified the importance of developmentally-appropriate service delivery.<sup>16</sup>

***Streaming of services for children, adolescents and youth***

- 66 Streaming occurs, and is the mainstay of specialist services – that is streaming by severity of need, or need for specialist services. Age streaming helps consolidate specialist skills and expertise and tends to lead to better outcomes. In Australia, access isn't equitable across the age groups, with research by Segal et al showing disproportionate expenditure on older age groups (school aged) compared to younger ones (0-4 years) by extraordinary margins.<sup>17</sup> This is further accentuated for youth access.
- 67 The aims of age-based streaming could be met through alternative means, for example, functionally-based screening is a potential screening approach that could include mild, moderate and severe difficulties. However, this would require a greater intensity of resource commitment. Education-centred formal wraparound services in support of school-aged students with complex needs as described in the report of the same name (UNSW 2019)<sup>18</sup> could also achieve this and could be adapted for those aged under 5 years old. The disparities in access depending on age streaming were marked by Guy et al in 2016.<sup>19</sup>
- 68 Functional based streaming, should also be considered based on severity (across age ranges 0-18 or 0-25), which could better prioritise severity based on the following categories and correlating examples:

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<sup>16</sup> Newman, Louise and Peter Birlleson. "Mental health planning for children and youth: is it developmentally appropriate?" *Australasian Psychiatry* 20 (2012): 91 - 97.

<sup>17</sup> Segal, L., Guy, S., & Furber, G. (2018). What is the current level of mental health service delivery and expenditure on infants, children, adolescents, and young people in Australia? *Australian & New Zealand Journal of Psychiatry*, 52(2), 163–172. <https://doi.org/10.1177/0004867417717796>

<sup>18</sup> [Education-Centred Formal Wraparound Services in Support of School-Aged Students with Complex Needs](#), UNSW 2019

<sup>19</sup> Australia and New Zealand Journal of Psychiatry, 'How many children in Australia are at risk of adult mental illness?' Guy S, Furber G, Leach M, Segal L, Vol 50 (12), 1146-1160, 2016

- (a) **Mental Health Promotion:** a child who is generally coping well, with sound wellbeing and mental health (Emerging Minds estimates this to be 44% of the population);
- (b) **Prevention:** a child who is generally coping well with mental health, but they have some difficulties that might increase risk for mental health disorder, but consequences of this aren't impacting on their overall functioning or mental health (Emerging Minds estimates this to be 38% of the population);
- (c) **Early Intervention:** a child who can manage their mental health, but is struggling in their education or in their functioning; and may have mental health symptoms (Emerging Minds estimates this to be 13% of the population);
- (d) **Coordinated, complex treatment which would better focus service integration:** a child who is not adequately managing their mental health challenges, and their overall functioning at school or at home is clearly adversely impacted (Emerging Minds estimates this to be 5% of the population.)

69 The other way of designing a model could be to identify children and families who have had access to specialists and service delivery but whose outcomes have not much improved. That would be a specific way of tailoring services that consider more intensive needs or more comprehensive ways to address service delivery.

70 We have mental health services outcomes in Australian mental health services and in children's mental health services as part of the National Minimum Data Set in mental health. This has not been developed for children under four and is a gap in our system. This is currently being developed, but awaits implementation.<sup>20</sup>

71 Another issue is that while we have a national mental health system, we have not had the capacity to adequately analyse, utilise or learn from our national outcomes system, particularly at the local or regional service level. Therefore, although the system is in place, we are not using it to its maximum capacity. This creates interesting opportunities for how we target these issues of streaming. For example, adequate analysis of outcomes

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<sup>20</sup> Australian Mental Health Outcomes and Classification Network Newsletter, 1 September 2020



could inform and measure the benefit or otherwise in existing service delivery of age-streaming, and provide some information about whether or not streaming enhances mental health outcomes and under what circumstances.

- 72 Age-based streaming must also have provision for family-based and family-focussed approaches where parenting interventions might well be applied across age ranges (e.g. with children of parents with a mental illness). Families such as this often have children of many ages so a family-focussed orientation demands crossing some streams. A number of neurodevelopmental disorders, and behavioural ones, can extend throughout the life course, so require continuity of care. Transition between age streams requires careful planning and coordination.

## **WORKFORCE**

### ***Professional mindsets, capabilities and skills for working with infants, children and their families and carers***

- 73 In the health and social services, mindsets are characterised by stigma and lack of skills and capabilities in children's mental health. This is widespread professionally, and in welfare and social services, and also the voluntary sector. Emerging Minds has a key communications function to better communicate with the workforce. Emerging Minds has commissioned The Frameworks Institute (USA based) to advise about communication strategies for the workforce given the stigma about children's mental health.
- 74 There are particular professional mindsets, capabilities and skills that are needed for working specifically with infants, children and their families and carers in mental health. Across siloed professional worlds, there must be common language and common understandings. This hinges on core foundations of helping professionals with child-centred family-focused care, and the significance of developmental considerations.
- 75 We have systems that examine parents and parenting. We have systems that engage children or infants. However, our linkage between the two systems is not sufficiently

developed. This needs to be a core foundational understanding. We must have a core knowledge base that can be shared across the professions, that can highlight child-centred practice that is family-focused.

- 76 We also need a common mindset around multigenerational risks to mental illness, prevention, and early intervention. The intergenerational impact on children of parents who have chronic illness, addiction or mental illness - this is missing in conceptualisation in most considerations of professional mindsets and their routine practice.
- 77 Another issue is that we have a specialist service delivery approach – an extremely reactive model to mental illness, not a proactive model. This requires a serious mindset change, towards mental health promotion, mental illness prevention, and early intervention with the appropriate development of children's mental health skills in general practice and throughout primary care, in school settings and in early childhood services. Implementing evidence-based practice is also lacking in this field in routine practice and requires sustained leadership, promotion and professional development for implementation.
- 78 We also need to meaningfully integrate strengths in families and communities - to build on them in order to ameliorate adverse ongoing impacts of mental illness. There is scope for family-led interventions and their evaluation to facilitate assess, engagement and efficacy.

***The implications of the required professional mindsets, capabilities and skills for workforces***

- 79 In working with GPs, their feedback has been that they had not received training in children's mental health throughout their medical or professional training. This feedback is commonly provided from many of those workforces working with parents, and many working with children. Most training seems to occur in workplaces, and is limited. This leads to very limited skills in practice, diminished confidence by practitioners, and dissatisfaction by parents.

- 80 These mindsets, capabilities and skills have implications for clinical workforces. They have a critical role to play in the soft entry point to services. They also have a strong role to play in peer workforces when working with children who have mental illness and advocate between these children and the professionals who can often be experienced as stigmatising, formal and as authority figures. Implications of this is that our primary healthcare workforce, and other workforces, should be supporting child mental health problems and be enabled to offer preventative and early intervention strategies, as parents and children will best be supported by services close to their home and within their usual systems of care. This may require significant mindset changes in the workforce to address stigma about children's mental health, and to provide additional training. Within children's mental health services in Victoria, the Victorian Auditor-General also found that workforce challenges weren't considered. Implications for workforce planning, workforce development and sustaining the workforce are considerable.
- 79 I work closely with maternal and child health staff in Tresillian settings which provide an early parenting service offering families guidance and predominantly nursing assistance in the early years of their child's life. They are a service stream that I have engaged with for a long time because they assist mothers and fathers who experience mental health problems. With infants, they provide family-focused services. Their approach is effective for mental health because they can provide non-stigmatising identification of mental health problems in a constructive parent and infant family-focussed way in the context of primary care. This is often referred to as offering a soft entry point to mental health advice, information, support and early intervention. The integration of allied health, paediatric, and specialised psychiatry services in the primary care setting also enhances their acceptability, access and reach.
- 81 Emerging Minds has developed a framework for developing a family focused mental health assessment and intervention plan outline. This framework was included in the Emerging Minds submission to the RCMHS.<sup>21</sup>

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<sup>21</sup> Submission number SUB1000.0001.0831, pp. 15-16

## **The parent and child health sector**

- 80 The sector should be called the parent and child health sector, not the maternal and child health sector. This is a misnomer by the professional workforce and organisations. It is about fundamental knowledge systems, such as understanding the difference between maternal and parental health. Infants and children are almost equally impacted whether it is their mother or father with mental or chronic health challenges, yet all our services talk about maternal health problems. It is a systematic lockout and the reason why fathers do not feel comfortable seeking care. Therefore, the language that we use becomes a workforce issue. Of course the knowledge base is one issue. There is also what is acceptable to the community and the existing workforce, and parents themselves, but the evidence supports the need for a clear focus on parent's mental health problems – both mothers' and fathers'.
- 81 Within the consultations undertaken by Emerging Minds, GP participants and those of other disciplines often comment on their lack of training in child mental health, and their consequent lack of confidence. This impacts adversely on quality of care provided. Most workforces are willing to address child mental health needs if adequately trained, supported, and have available to them consultative advice, training, implementation support, and on the job training and supervision. These features should be implemented and monitored to overcome workforce barriers to delivering optimal care and support.

## **RESEARCH**

### ***Priorities for research to support infants, children and young people***

- 82 International studies, such as those in the US<sup>22</sup> and Scandinavia<sup>23</sup>, note 10-15% of children under five have mental disorders. There is also a growing understanding,

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<sup>22</sup> Egger, H.L. and Angold, A. (2006), Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47: 313-337. doi:10.1111/j.1469-7610.2006.01618.x

<sup>23</sup> Wichstrøm L, Berg-Nielsen TS, Angold A, Egger HL, Solheim E, Sveen TH. Prevalence of psychiatric disorders in preschoolers. *J Child Psychol Psychiatry*. 2012;53(6):695-705. doi:10.1111/j.1469-7610.2011.02514.x

particularly around identified risk factors, that targeted prevention can limit onset of child mental disorders. This should be one of the major priorities for mental health research to support infants, children and young people, based on a national epidemiological survey of mental disorders in the under 4-year olds.

- 83 With effectiveness research, we look at how our understandings translate into routine practice and are implemented broadly, and assess beneficial outcomes demonstrated in research translate into practice. This can include evaluating the impact of improving on outcomes for non-clinical, clinical, professional, non-professional, and health, education, peer, welfare and justice interventions informed by the existing evidence base. This can be reshaped by how you design and integrate service delivery, and where service delivery occurs, particularly in primary care. For example, there are some state American systems, that have strong mental health service delivery systems that are school based. We need to ask whether schools are more effective in service delivery - do they make treatment more accessible or is it more stigmatising for school students? For infants and children, but particularly for the under four years of age group, we could consider the early childhood education and care sector or include a focus on parent support. In fact, research into parent-led support services is also lacking and this could enhance parent support.
- 84 Developing and commissioning a primary health care mental health service model that specifically addresses the mental health early intervention needs of infants and children aged 12 and under should be evaluated. Also, identifying those with significant ACEs and with implementation of strategies to address them for prevention with adequate follow-up could be commissioned and developed. This should actively include the infant and pre-school age group.
- 85 For youth and children, considering developmental changes in research about design of service delivery in order to best respond to dependence on parents and families is a priority issue.

- 86 This highlights that the core aspect in service delivery, which is shaping service delivery to developmental needs, is missing. The reason why we have streaming in ages is because it covertly addresses this issue of the dependence that children have on their parents, and can contribute to addressing their individual development and the impact of neurodevelopment in functioning, symptom expression, and appropriate intervention and treatment.
- 87 Another issue is the impact on siblings and extended family of someone who has mental health challenges in a family. Research on family sensitive practices are in their infancy. There is potentially a great deal of strategic research required in this area to address medium to long-term outcomes, to further demonstrate the emerging and promising evidence for the reduction of intergenerational transmission of mental illness.
- 88 In relation to family violence, there is some good work emerging around practice in mental health services, but research is practically non-existent around effectiveness and whole system responses. As a result, we have ideas, such as concepts of trauma informed care, but little idea about how to implement it in a way that significantly improves access to and quality of care. We have little understanding about what the effective components are or models of trauma informed care for those aged 0-4 years and 4-12 years, despite an evidence base for effectively treating PTSD in children as young as 3-6 years old.<sup>24</sup>

***Embedding continuous learning and improvement in professional practice***

- 89 The foundation stones for continuous learning and improvement in professional practice have to be epidemiology, asking what the prevalence is of disorders in our community and age groups, what access there is to treatment and if the treatment has quality. These are foundation stones for adequate planning for the workforce and the skills it requires.
- 90 It also supports identifying needs for workforce learning and professional practice support so professionals can respond to the needs of their local communities. The conditions for

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<sup>24</sup> Scheeringa MS, Weems CF, Cohen JA, Amaya-Jackson L, Guthrie D. Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three-through six year-old children: a randomized clinical trial. *J Child Psychol Psychiatry*. 2011;52(8):853-860. doi:10.1111/j.1469-7610.2010.02354.x

planning and service design are foundations that enable professionals to set priorities for professional updates. We need to coordinate the surveillance of needs and bring them into routine practice to examine how we are performing for kids that access mental health care or health care, monitor child outcomes, and routinely monitor child and parent satisfaction with the care received.

- 91 When you speak to professionals and ask what they most want, they seek access to supervision, a structured approach, readily available resources to support practice and skills training. For example, GPs will look for websites with pathways to care to assist with a task, access to experts who could guide them step by step through the problem they have encountered in their practice, on-site training, and programs for skills development.
- 92 However, in order to enable implementation of training, it needs to be followed up with sustained individualised support and supervision to bridge knowledge into practice. And finally, you need all the systems to embed that practice. Therefore, all the drivers for everything from your job description, your service standards, your KPIs and through to your professional organisation must drive and sustain professional learning.
- 93 The 2019 Victorian Auditor-General's Office report 'Access to Mental Health Services' reviewed childhood mental health services design, delivery and performance in Victoria, and found a failure to develop planning targets, KPIs and to monitor performance of the system. As a fundamental platform, if there is an absence of leadership at that level, that lack of leadership will cascade through the system, with poor professional practice as an outcome unless the professions are carefully maintaining professional skills and they tend to do so within their silos under such conditions. This report also noted the shortfall in child and adolescent psychiatrists and recommended increasing the workforce to assist in providing clinical leadership and specialist functioning in the state.
- 94 Accountability is missing throughout our system. Australia does not have prominent national leadership in this area, particularly for children under 12, despite some emerging features thereof. We do not have a child-centred, child sensitive, child aware and family

focused children's mental health system that's accessible to the Australian or Victorian communities.

- 95 The mental health system can usually promulgate a person-centred model of care. However, there are inadequate conceptual frameworks around understanding development and dependence of children under 12 and the implications for family focused practice through the entire mental health system. That cascades from the very top of the system down to every level with implications of that for the large number of parents with chronic health or mental health problems,

## **PREVENTION**

### ***Evidence that demonstrates that mental illness can be prevented and to what extent***

- 96 In children and adolescents there is great scope for prevention, and evidence is outlined in the Commonwealth's work led by Beverley Raphael for the Department of Health and Aged Care in the National Action Plan for Promotion, Prevention and Early Intervention (2000), and its background papers. The Royal Australian and New Zealand College of Psychiatrists also has a position statement on child mental health prevention, promotion and early intervention highlighting the efficacy of preventative interventions for conduct problems in young children, anxiety and depression, and to prevent mental health problems in children of parents with a mental illness.<sup>25</sup> Emerging Minds has established and developed workforce training and parent, child and workforce resources for effective preventative interventions for children of parents with a mental illness, bringing effective preventative intervention programmes from the USA and Scandinavia adapted to the Australian setting. They are beginning to be implemented in Australia and Victoria, but there's much greater scope for the implementation of preventative interventions based on the 2011 position paper on early intervention for children's mental health, developed under the auspices of AICAFMHA (as referred to in paragraph 15 above). Pre-school preventative interventions for anxiety disorders have demonstrated efficacy but not

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<sup>25</sup> The Royal Australian and New Zealand College of Psychiatrists, 'The prevention and early intervention of mental illness in infants, children and adolescents', Position Paper 63, October 2010



effectiveness yet. Evidence is strongest for preventing conduct disorders and this is a field requiring further policy development and funding to implement broadly in Victoria.

***The most effective approaches in preventing mental illness or its reoccurrence***

- 97 Recently, Melbourne University's Dr Anthony Jorm highlighted that given the prevalence of mental disorders is not decreasing in Australia and even after greatly increased investment in youth, that implementation and investing in preventive interventions may be a much more effective strategy to improve population mental health, and decrease prevalence of mental illness and its impact.<sup>26</sup>
- 98 For the 0-12 age group, the most effective prevention strategies closely involve parents or those in 'loco parentis' and include enhancing parenting skills and providing support. Parents often highlight the importance of reliable, accessible, and timely advice, support, and practical intervention strategies.
- 99 In 2012, Emerging Minds coordinated publishing a supplement with the publishers of the Medical Journal of Australia, co-edited by myself and Victorians Prof Andrea Reupert and Prof Darryl Mayberry, on the evidence base for prevention of mental illness, focusing on children of parents with a mental illness.<sup>27</sup>
- 100 Certainly, for onset of disorders, such as alcohol abuse, delaying first use of the drug delays onset and severity of the trajectory of problematic use and alcohol abuse. Peer group engagement, social and educational participation have a role in enhancing recovery and possibly reducing relapses, and employment particularly reduces relapse in youth. Coordinated comprehensive care reduces relapse in established disorders. Early treatment, early in the course of mental disorders (where severity is mild) and early in life (age), reduces severity of illness significantly. Professor George Patton's

<sup>26</sup> Jorm, A. F. (2014). Why hasn't the mental health of Australians improved? The need for a national prevention strategy. Australian & New Zealand Journal of Psychiatry, 48(9), 795–801. <https://doi.org/10.1177/0004867414546387>

<sup>27</sup> Reupert, A.E., J Mayberry, D. and Kowalenko, N.M. (2013), Children whose parents have a mental illness: prevalence, need and treatment. Medical Journal of Australia, 199: S7-S9. doi:10.5694/mja11.11200

(Melbourne University) research has established that for Victorian young people who abuse drugs and alcohol their onset of drug and alcohol abuse is preceded several months earlier by the onset of depression and/or anxiety.<sup>28</sup> Potentially early intervention for their mental health problems at the stage, could prevent alcohol abuse. This is an example of treatment for established disorders (anxiety and depression) which may prevent the onset of subsequent disorders, such as alcohol abuse.

***Delay of the onset or reduction of the severity of mental illness through preventive approaches and how they can inform a population-level approach to preventing mental illness***

- 101 Universal population-level approaches have been of significant interest, but little high-grade evidence has emerged of their effectiveness in preventing onset of mental health disorders in children and adolescents. Much more evidence is available to recommend population-level approaches for 'at risk' groups (such as children with parents with a mental illness, children with a disability, children with chronic illness, children exposed to abuse and violence, etc).
- 102 Another approach to population-level approaches, and one which Emerging Minds seeks to promote, is to identify populations at risk by identifying communities and individuals where there is high exposure to multiple ACEs. Childhood populations exposed to four or more adverse events are at much more risk of developing mental disorders and chronic health problems throughout their development. In 0-4 year olds, about 15% of children are exposed to ACEs, and in 4-11 year olds, it is 20-30%. By targeting and engaging the families of these children, significant population-level improvements in preventing mental disorders may occur.

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<sup>28</sup> McKenzie, M., Jorm, A., Romaniuk, H., Olsson, C., & Patton, G. (2011). Association of adolescent symptoms of depression and anxiety with alcohol use disorders in young adulthood: findings from the Victorian Adolescent Health Cohort Study. *Medical Journal Of Australia*, 195(S3), 527-530. doi: 10.5694/j.1326-5377.2011.tb03262.x

*sign here* ►



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*print name* Dr Nick Kowalenko

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*date* 9 September 2020

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**Royal Commission into  
Victoria's Mental Health System**

## **ATTACHMENT NK-1**

This is the attachment marked 'NK-1' referred to in the witness statement of Dr Nick Kowalenko dated 9 September 2020.

## **CURRICULUM VITAE**

**DR NICHOLAS MARK KOWALENKO  
BM BS. FRANZCP, MAICD**

**2020**

## 1. QUALIFICATIONS

Bachelor Medicine and Bachelor Surgery (BM, BS) Flinders University South Australia, 1981

Fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP), 1990

Certificate of Accredited Training in Child and Adolescent Psychiatry (FRANZCP), 1991

Member, Australian Institute of Company Directors (MAICD), 2017

## 2. PRESENT POSITIONS

### **3.1 Clinical Academic**

- Clinical Senior Lecturer, University of Sydney, Discipline of Psychiatry, Sydney Medical School (2006-2019)

### **3.2 Other**

- Senior Visiting Medical Officer, Sydney Children's Hospital, Network (2018-2020)
- Senior Visiting Medical Officer, Hunter New England LHD: John Hunter Hospital (2013-2016), Newcastle, Armidale, Tamworth & Awabakal CAMHS (2007-2020)
- Senior Clinical Advisor, Emerging Minds, Adelaide (2018-2020)
- Senior Consultant, Tresillian Family Care Centres (1991-2019)
- Member, NSW Medical Council Review Panel (2018-2020)

## 3. BOARD DIRECTOR APPOINTMENTS

Vice President, International Child and Adolescent Psychiatrists and Allied Professionals (2018-22)

Chair, Tresillian Family Care Centres Board (2013-2020)

Deputy Chair, Emerging Minds (2018-2020)

Director, (General Councillor) RANZCP (2011-2013)

Director, Mental Health Council of Australia (2001-2003)

Director, Centre of Perinatal Excellence (2014-2018)

#### 4. KEY LEADERSHIP POSITIONS

##### **5.1 International Roles**

**Vice President and Oceania Coordinator** International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP), 2018-2022

**Faculty member**, Zero to Three International Faculty Member for DC: 0-5 Training (Australia, China, Hong Kong), 2016-2020.

**Official Delegate** NSW-Guangdong Joint Economic Meeting, Health and Medical Delegation, Dec 4-6, 2017, China.

**Executive Member**, Prato International Research Collaboration Steering Group, 2015-2019.

**Founding Member**, COPMI International, 2016-2018.

**Co- Chair**, Pasifica Study Group (PSG) “Pasifika leadership and training forum for Child and Adolescent Mental Health (CAMH)”, Port Vila, Vanuatu October 12-14, 2015.

**Co-Convener** (with Dr. Phyllis Chan) Hong Kong Pre-Congress Satellite meeting in Child & Adolescent Psychiatry with FCAP and HK College of Psychiatrists, 2016

**Member**, Royal Australian College of Surgeons (RACS) Global Health Committee (Psychiatry Specialty Coordinator), 2018-2020.

**Deputy Chair**, RANZCP Pacific Steering Group, 2019-2020

**Member**, Creating Futures 2015 and 2017 Leadership in Mental Health in the Pacific Islands Organizing Committee. Cairns, Australia & Suva, Fiji

**Chair**, RANZCP Child and Adolescent Psychiatry International Relations Subcommittee, 2017-2020.

**Member**, Organising Committee, FCAP 2015 Conference “Culture, Community and Health” With the Pacific Medical Association & Vanuatu Medical and Dental Association, Port Vila, Vanuatu.

**Co-Chair**, Pasifica Study Group. Kowalenko, N., Robertson, P., Bush, A., “Pacific Leadership Forum for Child & Adolescent Mental Health in Western Pacific” October 7-8, 2013 Melbourne, VIC Australia.

**Guest Lecturer**, Fiji National University Suva March, 2017.

**Guest Lecturer**, University of PNG, Port Moresby, October, 2016.

**Guest Lecturer**, Shanghai Jiao Tong University School of Medicine, Shanghai, June 2016.

## **5.2 Australian National Roles**

**Member**, Expert Working Group National Childrens Mental Health and Wellbeing Strategy, Australian Govt National Mental Health Commission, 2019-2020.

**Chair, Faculty** of Child & Adolescent Psychiatry, RANZCP, 2011-2017.

**Deputy Chair** Australian Infant, Child, Adolescent & Family Mental Health Association. Board. Emerging Minds, 2009-2020.

**Founding Member** RANZCP Foundation, 2019-2021.

**Consultant to Australian Human Rights Commission “Forgotten Children”**, 2013-2014.

**Member**, Commonwealth Child & Adolescent Mental Health Information Development Expert Advisory Panel (DHAC), 2010 – 2020.

**Member**, RANZCP Asylum Seeker and Refugee Mental Health Working Group, 2017-2019.

**Member**, RANZCP Consumer Consultative Committee, 2017-2020.

**Board Member**, Centre of Perinatal Excellence (COPE), 2014-2018.

**Member**, Independent Health Pricing Authority (IHPA), Australian Government, Mental Health Advisory Committee, 2014—2018.

**Member**, Early Childhood Education & Care (ECEC) Curriculum Advisory Group, 2013 – 2015.

**Co-Chair**, Kids Life Centres Consortium with Prof L. Littlefield, (APS), 2011-2013.

**Member**, Australian Psychological Society Children's Mental Health Services ATAPS Education Expert Working Group, 2011 – 2013.

**Member Ministerial Round Table:** Introduction of “The 3 Year old Healthy Kids Check” – Social and Emotional Well-being component, October, 2012

**Consortium Member**, National Action Plan for the BeyondBlue Antenatal and Postnatal Depression Program (commissioned by Beyondblue), 2006 – 2007.

**Member**, Beyondblue National Perinatal Depression Program Advisory Group, 2001-2005.

**Member**, Beyondblue National School-Based Initiative Advisory Group, 2001-2002.

**Chair**, The Pathways to Care Working Party, National Perinatal Mental Health Action Plan, 2006-2007.

**Member**, National Youth Suicide Prevention Strategy Evaluation Working Group, DHAC (NSW Health Representative), 1996 – 2000.

### **5.3 State Roles**

**Chair**, Perinatal & Infant Mental Health Advisory Committee, NSW Institute of Psychiatry, 2011- 2015.

**Member**, Focus on New Fathers Advisory Committee, NSW Ministry of Health & University of Newcastle Family Action Centre Advisory Group, 2020-2022.



**Member**, Supporting Families Early Research to Practice Clinical Reference Group, NSW Ministry of Health, 2014-2018.

**Member**, Sustaining NSW Families Program Advisory Group, NSW Ministry of Health, 2015-2016.

**Member**, NSW Perinatal and Infant Mental Health Sub Committee, Mental Health Program Council, NSW Mental Health Drug and Alcohol Office (MHDAO), 2006- 2008.

**Member**, NSW Families First Evaluation Working Group, NSW Government Cabinet Office, 2002 – 2006.

**Member**, Families First NSW State-wide IPC Training Project Steering Committee, NSW Health, 2004 – 2006.

**Chair**, Promoting Perinatal Resilience & Mental Health (PPRAMH) Program for GP's, NSW Health, 2001.

**Convener**, "The Growing Edge" Pre-Schoolers Mental Health Conference. NSW Institute of Psychiatry, October 15, 2013.

**Member**, NSW CAMH Policy Working Party, Centre for Mental Health, NSW Health, 1996 – 1997.

#### **5.4 Roles**

**Chair**, Safe Start Implementation Committee, Northern Sydney Central Coast Area Health Service (NSCCAHS), 2007 – 2010.

**Co-Chair**, Antenatal Psychosocial Assessment Working Party, Northern Sydney Area Health Service (NSAHS), 2003 – 2007.

**Founding Chair**, Adolescents Coping with Emotions (ACE) Research & Development Executive, 1996 – 2003.

**Member**, Working Party on the Promotion of Mental and Emotional Health of Children and Young People in NSAHS, 1996-1999.

**Member**, Mental Health Steering Committee, NSAHS, 1994-1997.

**Member**, Paediatric Services Planning Working Party, RNSH, 1994-1995.

**Member**, NSAHS Area Maternity Reference Group, 2000-2002.

**Member**, Quality Assurance (QARNS) Department of Psychiatry, RNSH, 1993-2008.

## **5. AWARDS**

ANZ Gold Achievement Award for eHealth in Mental Health Services Conference Inc: Robinson, P., Fudge, E., Kowalenko, N., et al. 2012.

ANZ Silver Achievement Award for medical Illness Prevention Programs by Mental Health Services Conference Inc: Robinson, P., Fudge, E., Kowalenko, N., et al. 2010.

Baxter Better Health Good Health Care Award for Innovation and Excellence (NSW Health)  
Fowler, C Rossiter, C. Kowalenko, N "Understanding Motherhood and Mothering from Inside", 2005.

Baxter Better Health Good Health Care Award for Excellence (NSW Health);  
Kowalenko, N., Wignall, A., Rapee, R et al "Adolescents Coping with Emotions Program", 2000.

ANZ Gold Achievement Award for Mental Illness Prevention Programs, by Mental Health Services Conference Inc.; Kowalenko, N., Wignall, A., Rapee, R et al "Adolescents Coping with Emotions Program." 2000.

Special Evaluation Award by the Mental Health Services Conference Inc; Kowalenko, N., Wignall, A., Rapee, R et al "Adolescents Coping with Emotions Program." 2000.

## **6. PROFESSIONAL AFFILIATIONS**

Member of Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Faculty of Child and Adolescent Psychiatry (RANZCP)

Australian Association Infant Mental Health (AAIMH)

World Association of Infant Mental Health (WAIMH)

Neuro Developmental and Behavioural Paediatrics Society of Australia (NBPSA)

International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

## **TRANSLATIONAL PSYCHIATRY: NATIONAL MENTAL HEALTH PRACTICE REFORM INITIATIVES**

<b>Mental Health and Practice Reform Grants</b>	<b>Amount</b>	<b>Year</b>
National Workforce Centre for Children's Mental Health Robinson, P., <b>Kowalenko, N.</b> and Morgan, B.	<b>\$36m</b>	<b>2017-2021</b>
National Mental Health Reform Incentive Funding: Children of Parents with a Mental Illness National Initiative Robinson, P., <b>Kowalenko, N.</b> , Fudge, E.	<b>\$7m</b>	<b>2007-2017</b>
<b>TOTAL</b>	<b>\$43m</b>	

## 8. RESEARCH GRANTS

<b>Research Grants</b>	<b>Year</b>
Australian Mental Health Outcomes and Classification Network Brann, P., Culjak, G., <b>Kowalenko, N.</b> , Hoehn, E., Sved-Williams, A., Dickson, R.	2015-2018
Australian Mental Health Outcomes and Classification Network <b>Kowalenko, N.</b> and Culjak, G.	2013-2014
South East Asia Centre Collaborative Grant, University of Sydney: Family-focused Practice in Australia and Thailand Foster, K. and <b>Kowalenko, N.</b>	2013-2014
Beyondblue: Tertiary Self-Help Follow-Up Study for Depression and Related Disorders <b>Kowalenko, N.</b> , Culjak, G.	2007-2008
Beyondblue: National Action Plan for the beyondblue Antenatal and Postnatal Depression Program Austin, M.P., Barnett, B., <b>Kowalenko, N.</b> , Wellseley, B., and del Carmen, R.	2006-2007
Australian Rotary Health Research Fund: Community based sustained home visiting for postnatal depression: a controlled study. <b>Kowalenko, N.</b> , Fowler, C., McMahon, C.	2005-2007
National community crime prevention program, Attorney-Generals' Department, Australian Government: Mothering at a Distance Fowler, C., McInnes, B., Downes, L., and <b>Kowalenko, N.</b>	2005-2008
Early Intervention Parenting Grant, Commonwealth Department of Family and Community Services: Pilot Home Visiting Intervention Programme Fowler, C., McMahon, C and <b>Kowalenko, N.</b>	2001-2008
Beyondblue: Beyondblue National Postnatal Depression Program <b>Kowalenko, N.</b> , McCann, Y. and Chamberlain, M.	2002-2005
NHMRC: increasing resilience and reducing risk for depression in adolescence: universal controlled trial. Sheffield, J., Rapee, R., <b>Kowalenko, N.</b> , Wignall, A. and Spence, S.	2000-2003
National School drug education strategy innovation and good practice school research project (DETYA): School Based Prevention of Drug and Alcohol Problems <b>Kowalenko, N.</b> , Whitefield, K.	2000-2001
AusEinet Project: Development of Clinical Practice Parameters for Early Intervention in the Perinatal Period <b>Kowalenko, N.</b> and Barnett, B.	1999-2000
<b>TOTAL</b>	

## 9. PREVIOUS CLINICAL APPOINTMENTS

### Health Service Appointments as Senior Staff Specialist

- Senior Staff Specialist, Child & Adolescent Psychiatry, Royal North Shore Hospital & Lower North Shore / Ryde., 1996-2018.
- Senior Visiting Medical Officer, Children & Adolescent Mental Health Services North Coast LHD at Port Macquarie Base Hospital., 2006-2018.
- Head, Perinatal and Infant Studies, NSW Institute of Psychiatry, 2011-2016.
- Visiting Medical Officer, Children & Young People's Mental Health, Central Coast AHS, 2001 -2006.
- Clinical Director, Child & Adolescent Psychiatry, Royal North Shore Hospital & Lower North Shore, 1997-2002.
- Clinical Policy Advisor, Centre for Mental Health (CMH), NSW Health, 1996-1997.
- Department Head, Child & Adolescent Psychiatry, RNSH, 1996-2001.
- Clinical Director, Arndell Child & Adolescent Statewide Unit, NSW, 1992-1996.
- Staff Specialist, Arndell Child and Adolescent Statewide Unit, NSW, 1990-1992. (A conjoint NSW statewide health and education facility for 0 - 17 years old).

## 10. TEACHING EXPERIENCE

### International

- Zero to three international Faculty Member, Washington DC, USA, 2016-2020.
- Guest Lecturer, Fiji National University, Suva, Fiji, 2017.
- Guest Lecturer, University of Papua New Guinea, Port Moresby, Papua New Guinea, 2016
- Guest Lecturer, Shanghai Jiao Tong University School of Medicine, Shanghai, China, June 2016.

### Child and Adolescent Psychiatry

- Member, HETI-RANZCP Working Group for Redesign of NSW Child and Adolescent Psychiatry Advanced Training program, 2018-2019.
- Lecturer, Advanced Trainees in Child and Adolescent Psychiatry, NSW Institute of Psychiatry (NSWIOP) and HETI, 2006-18.
- Member, State Subspecialty Advanced Training Sub-Committee (SSATSC), 2010-2019.
- Perinatal & Infant Psychiatry Placement Coordinator, Tresillian, 2018.



### Postgraduate

- General Practitioner Childrens Mental Health on-line educational resource development initiative (Emerging Minds) with one day Co-design workshop, July 31, 2019.
- Masters of Psychiatry/Neurosciences, BMRI, University of Sydney, 2017-2018
- Psychiatric Registrars' supervision in Child Psychiatry, 2006-2018.
- Psychiatry Grand Rounds Presenter, RNSH, University of Sydney
- Lecturer, Psychiatric Registrar Training, Institute of Psychiatry, 1991 to 2016

### Multidisciplinary

- Head, Perinatal and Infant Faculty, NSWIOP, 2011-2016.
- Director, Promoting Perinatal Resilience and Mental Health (PPRAMH) training, 2000-2003.

### Undergraduate

- Lecturer "Prevention and Early Intervention in Psychiatry", University of Sydney, Australia. Population Medicine Theme, Year 4, University of Sydney, 2016-2017.
- Balint group pilot in PPD block, Northern Clinical School, 2016-2017.
- Coordination of clinical component of medical student placement (University of Sydney) in Child Psychiatry, RNSH, 2006-17.
- Visiting Lecturer, Armidale and Tamworth Rural Medical School Joint Medical Program (Newcastle University), 2012-2016.
- Medical Students Education and Clinical Placement
- NSW, Port Macquarie Base Hospital, 2012-2015.
- Member, Northern Clinical School, 2006-2017.

### Curriculum Planning

- Member, Infant Mental Health Curriculum Steering Group, 2012-2015.
- Child and Adolescent Psychiatry Curriculum Working Party, 2000-2015.
- Member, New South Wales Postnatal Depression Education Steering Committee, Institute of Psychiatry, 1996 - 1997.
- Balint Groups Review, (convened by Prof K. Foster), University of Sydney, March, 2017.

## Head, Perinatal and Infant Mental Health Faculty NSW Institute of Psychiatry (NSW IOP)

2011-2016

- Member, Academic Advisory Board, NSW IOP, 2011-2013.
- Academic leadership of PIMH Faculty  
Curriculum Design, Review and oversight, leadership and teaching of nested post-graduate studies (Certificate, Diploma, Masters and Research) (NSW IOP), 2011-2015.
- Masters Course coordinator,  
Masters of Perinatal and Infant Mental Health MMH (PIMH) for medical and multidisciplinary students.

### Academic Supervision

- PhD Associate: PhD supervisor for Gordana Culjak thesis title: *CyberPsychiatry: A Randomised Controlled Trial Evaluating the Effectiveness of Internet Self-Help Websites for Depression and Related Problems in University Students*. PhD Thesis. Discipline of Psychiatry, Sydney Medical School, University of Sydney.
- Masters Research Pathway Coordinator and Supervisor (Masters of Perinatal & Infant Mental Health) NSW IOP, 2011-2016.
- Master's Thesis Examiner and Supervisor:
  - Macquarie University, 2012-2015.
  - University of Sydney, 2010-2014.
  - NSW IOP, 2011-2016.
- Supervision of Post-Doctoral Research Fellowship (NSWIOP) Dr. Gordana Culjak  
"Knowledge Translation: Children of Parents with a Mental Illness", 2014-2015.

### Other Academic Roles

#### ***Journal Reviewer for:***

1. Lancet Psychiatry
2. Medical Journal of Australia
3. Australian and New Zealand Journal of Psychiatry
4. Australasian Psychiatry
5. International Journal of Mental Health Systems
6. Journal of Child and Adolescent Developmental Psychopathology

**Grant Reviewer**

1. National Health and Medical Research Council (NHMRC)
2. Western Australia Health Promotion Foundation
3. Sydney University

**Editorial Panel**

1. Advances in Mental Health 2006-2012.
2. Medical Journal of Australia. Editors: Reupert, A., Maybery, D., Kowalenko, N.  
*Supplement Open 1, Parental Mental Illness is a Family Matter, 2012 p1-36*

**Education and Teaching Grants**

<b>Grants</b>	<b>Year</b>
Faculty of Child and Adolescent Psychiatry RANZCP, University of Auckland 2015 Pasifika Medical Association & University of Sydney: CAMH Core training for 21 Doctors, nurses and others from 8 Pacific Island Nationals. Port Vila, Vanuatu <b>Kowalenko, N.</b> , Robertson, P., Bush, A., Stathis. S., Hagali, M & Allen, M.	2015
Faculty of Child and Adolescent Psychiatry RANZCP, NSW Institute of Psychiatry (IOP) & University of Sydney: Pacific Leadership Training Forum for Child and Adolescent Mental Health. University of Sydney, University of Melbourne: Robertson, P., <b>Kowalenko, N.</b> , Bush, A., Hagali, M & Allen, M.	2013
Institute for Medical Education & Training. (IMET): Introductory and Clinical Skills Training in DBT. <b>Kowalenko, N.</b>	2008-2009
Govt of Tasmania: Title: Tasmanian Statewide Training Project: Promoting Perinatal Resilience and Mental Health.2001 Co-directors: <b>Kowalenko, N.</b> Fowler, C.	2001
Centre for Mental Health, NSW Health: NSW Statewide Integrated Perinatal and Infant Care Education & Training Program. Co-directors: <b>Kowalenko, N.</b> , Barnett, B.	2000-2001
DHAC, Rural Health Sector Education and Training Grant: Early Intervention for Mental Health in Infants, Children and Young People <b>Kowalenko, N.</b> ,Bartik, W. and Wignall, A.	1999-2001



## 11. PUBLICATIONS

### **Peer Reviewed Journal Publications**

**Kowalenko, N.,** Chang, O., Hagali, M., Allen, M., Obed, J., Bush, A., Robertson, P. (2019) Child and adolescent psychiatry international relations (CAPIR): building bridges for psychiatry workforce capacity with Pacific Island nations. *Australas Psychiatry* September <https://doi.org/10.1177/1039856219875058>

**Kowalenko N,** Hagali M, Hoadley B. (2019). "Building capacity for child and adolescent mental health and psychiatry in Papua New Guinea (PNG)" *Australas Psychiatry* September, <https://doi.org/10.1177/1039856219871883>

Robertson P, Hagali M, Allen M, Tuitama G, **Kowalenko, N,** Bush A. (2019) Pasifika Study Group: a child and adolescent mental health capacity building and leadership workshop with Pacific nations doctors and psychiatrists. *Australas Psychiatry* September <https://doi.org/10.1177/1039856219871893>

Hoadley, B., Gaikwad, K., Allen, M., **Kowalenko, N.** Chang, O. (2019) Addressing the specialist workforce CAMH skill-gap: providing and evaluating iCAMH training in Fiji and Papua New Guinea. *Australas Psychiatry* August <https://doi.org/10.1177/1039856219866314>

**Kowalenko, N.,** Culjak, G. (2018) Workforce Planning for Children and Young People's Mental Health. *The Lancet Public Health*. 2018; 3 (June): e266-7. [https://doi.org/10.1016/S2468-2667\(18\)30100-2](https://doi.org/10.1016/S2468-2667(18)30100-2)

**Kowalenko, N.,** Allen, M., Chang, O., Robertson, P. (2018) Weaving the Strands Together: child and adolescent mental health, psychiatry and public health. *Fiji Journal of Public Health* 2018; 7:48-51. <https://www.health.gov.fj/pdfs/Fiji%20Journal%20of%20Public%20Health%20Vol7Issue1.pdf>

Larkin, S, Morua Tun SS, **Kowalenko, N** , Allen, M, Gadai S. (2018) Strengthening mental health care in low and middle income countries: the Fiji Experience. *Fiji Journal Public Health* 7:1, 35-37

Thabrew, H. Henderson, S., Hazell, P., Moor, S., **Kowalenko, N.** and Kenn, F. (2017). Is it time for child psychiatry to grow up? *Australian and New Zealand Journal of Psychiatry*, 51(10), 971-973. <https://doi.org/10.1177/0004867417718946>.

Tungpunkom, P., Maybery, D., Reupert, A., **Kowalenko, N.** and Foster, K. (2017). Mental health professionals' family-focused practice with families with dependant children: a survey study. *BMC Health Services Research* (17), 818. <https://doi.org/10.1186/s12913-017-2761-7>

Culjak G, **Kowalenko N,** Tennant C. Awareness, Access and Use of Internet Self-Help Websites for

Depression by University Students *JMIR Ment Health* 2016;3(4):e48 <http://doi.org/10.2196/mental.5311>

Falkov, A., Goodyear, M., Hosman, C. M. H., Biebel, K., Skogoy, B. E., **Kowalenko, N.,** Wolf, T. and Re, E. (2016). A systems approach to enhance global efforts to implement family-focused mental health interventions. *Child & Youth Services*, 37(2), 175-193. <https://doi.org/10.1080/0145935X.2016.1104104>

Foster, K., Maybery, D., Reupert, A., Gladstone, B., Grant, A., Ruud, T., Falkov, A. and **Kowalenko, N.** (2016). Family-focused practice in mental health care: An integrative review. *Child & Youth Services*, 37(2), 129-155. <https://doi.org/10.1080/0145935X.2016.1104048>.



Beardslee, W. R., Solantaus, T. S., Morgan, B. S., Gladstone, T. R. and **Kowalenko, N. M.** (2013). Preventive interventions for children of parents with depression: international perspectives. *Medical Journal of Australia*, 199(3 Suppl), S23-27. <https://doi:10.5694/mja11.11289>

**Kowalenko, N. M.**, Mares, S. P., Newman, L. K., Sved Williams, A. E., Powrie, R. M. and van Doesum, K. T. (2013). Family matters: infants, toddlers and preschoolers of parents affected by mental illness. *Medical Journal of Australia*, 199(3 Suppl), S14-17. <https://doi:10.5694/mja11.11285>

Reupert, A. E., Maybery, D. J. and **Kowalenko, N. M.** (2013). Children whose parents have a mental illness: prevalence, need and treatment. *Medical Journal of Australia*, 199(3 Suppl), S7-9. <https://doi:10.5694/mja11.11200>

**Kowalenko, N. M.** (2012). The three year old social and emotional well-being check is good news. *Australian & New Zealand Journal of Psychiatry*, 46(10), 928-931. <http://dx.doi.org/10.1177/0004867412461534>

Rossiter, C., Fowler, C., McMahon, C. and **Kowalenko, N.** (2012). Supporting depressed mothers at home: their views on an innovative relationship-based intervention. *Contemporary Nurse*, 41(1), 90-100. <https://doi.org/10.5172/conu.2012.41.1.90>

**Kowalenko, N.** (2009). Children aged 0-5 with a parent who has a mental illness: The need for early intervention. Guest editorial. *Australian e-Journal for the Advancement of Mental Health*, 8(3). <https://doi.org/10.5172/jamh.8.3.215>

Culjak, G., Nicholls, P., Leveaux, R. and **Kowalenko, N.** (2007). More Evidence-Based Internet Self-Help Depression Websites Now Available. *Journal of Theoretical and Applied Electronic Commerce Research*, 1(1), 86-92. <https://opus.lib.uts.edu.au/handle/10453/9116>

Buist, A., Condon, J., Brooks, J., Speelman, C., Milgrom, J., Hayes, B., Ellwood, D., Barnett, B., **Kowalenko, N.**, Matthey, S., Austin, M. P. and Bilszta, J. (2006). Acceptability of routine screening for perinatal depression. *Journal of Affective Disorders*, 93(1-3), 233-237. <https://doi:10.1016/j.jad.2006.02.019>

Cornish, A., McMahon, C., Ungerer, J., Barnett, B., **Kowalenko, N.** and Tennant, C. (2006). Maternal Depression and the experience of parenting in the second postnatal year. *Journal of Reproductive and Infant Psychology*, 24(4), 121-132. <https://doi.org/10.1080/02646830600644021>

McMahon, C. A., Barnett, B., **Kowalenko, N. M.**, Tennant, C. C. (2006). Maternal attachment state of mind moderates the impact of postnatal depression on infant attachment. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 47(7), 660-669. <https://doi.org/10.1111/j.1469-7610.2005.01547.x>

Rapee, R., Wignall, A., Sheffield, J., **Kowalenko, N.**, Davis, A., McLoone, J. and Spence, S. (2006). Consumer reported stigma and program satisfaction following universal and indicated prevention programs for adolescents depression. *Prevention Science*, 7(2), 167-177. <https://doi.org/10.1007/s11121-006-0035-4>

Sheffield, J. K., Spence, S. H., Rapee, R. M., **Kowalenko, N.**, Wignall, A., Davis, A. and McLoone, J. (2006). Evaluation of universal, indicated, and combined cognitive-behavioral approaches to the prevention of depression among adolescents. *Journal of Consulting & Clinical Psychology*, 74(1), 66-79. <http://dx.doi.org/10.1037/0022-006X.74.1.66>

Cornish, A., McMahon, C., Ungerer, J., Barnett, B., **Kowalenko, N.** and Tennant, C. (2005). Postnatal Depression and Infant Cognitive and Motor Development in the Second Postnatal Year: The Impact of Depression Chronicity and Infant Gender. *Child Development*, 63(2), 184-192. <http://dx.doi.org/10.1080/02646830600644021>

**Kowalenko, N.**, Rapee, R. M., Simmons, J., Wignall, A., Hoge, R., Whitefield, K., Starling, J., Stonehaouse, R. and Baillie, A. J. (2005). Short-term Effectiveness of a School-based Early Intervention Program for Adolescent Despression. *Clinical Child Psychology and Psychiatry*, 10(4), 493-508. <http://dx.doi.org/10.1177/1359104505056311>

McMahon, C., Barnett, B., **Kowalenko, N.**, Tennant, C., McMahon, C., Barnett, B., Kowalenko, N. and Tennant, C. (2005). Psychological factors associated with persistent postnatal depression: past and current relationships, defence styles and the mediating role of insecure attachment style. *Journal of Affective Disorders*, 84(1), 15-24. <https://doi.org/10.1016/j.jad.2004.05.005>

Fudge, E., Falkov, A., **Kowalenko, N.** and Robinson, P. (2004). Parenting is a mental health issue. *Australasian Psychiatry*, 12(2), 166-171. <http://dx.doi.org/10.1111/j.1039-8562.2004.02091.x>

**Kowalenko, N.**, Bartik, W., Whitefield, K. and Wignall, A. (2003). Rural workforce development and staff support: Remodelling service provision through education in child and adolescent mental health to implement early intervention. *Australasian Psychiatry Supplement*, 11, 1-7. <http://dx.doi.org/10.1046/j.1038-5282.2003.02007.x>



**Kowalenko, N.**, Wignall, A., Rapee, R., Simmons, J., Whitefield, K. and Stonehouse, R. (2002). Working with Schools to Promote Emotional Health and Prevent Depression: The ACE Program (Adolescents Coping with Emotions). *Youth Studies Australia*, 21(2), 31-38.

Teoh, L., Allen, H. and **Kowalenko, N.** (2002). Drug-induced extrapyramidal reactions: A case report and discussion. *Journal of Paediatrics and Child Health*, 38(1), 95-97 <http://dx.doi.org/10.1046/j.1440-1754.2002.00719.x>.

Bartik, W., **Kowalenko, N.**, Whitefield, K. and Wignall, A. (2001). Anxiety and Depression in Young People. *Youth Studies Australia*, 20, 38-42.

McMahon, C., Barnett, B., **Kowalenko, N.**, Tennant, C. and Don, N. (2001). Postnatal depression, anxiety and unsettled infant behaviour. *Australian & New Zealand Journal of Psychiatry*, 35(5), 581-588. <https://doi.org/10.1046/j.1440-1614.2001.00942.x>

**Kowalenko, N.**, Barnett, B., Fowler, C. and Matthey, S. (2000). The perinatal period: Early interventions for mental health. Vol 4 in R. Kosky, A O'Hanlon, G. Martin & C. Davis (Series Eds.) *Clinical approaches to early intervention in child and adolescent mental health*. Adelaide: The Australian Early Intervention Network for Mental Health in Young People.

**Kowalenko, N.** and Watkins, B. (1998). New Futures: Comment from the Faculty of Child and Adolescent Psychiatry on recent policy development for New Zealand young people. *Australasian Psychiatry*, 6(5), 261-262. <https://doi.org/10.3109/10398569809084859>

**Kowalenko, N.** (1997). The Detection of Child Abuse by the General Practitioner. *Modern Medicine*, 9(102), 3.

### **Conference Publications and Presentations**

Culjak, G., **Kowalenko, N.**, Spranca, M., & Tennant, C. (2015, 5-8 Jan). *Internet Health Promotion and Behavior Change Theory: an Integrated Model Applied to Internet Interventions to Enhance Prevention and Early Detection*. Paper presented at the Proceedings of the Forty-Eighth Annual Hawaii International Conference on System Sciences.

Culjak, G., Nicholls, P., Leveaux, R., & **Kowalenko, N.** (2005). *An Examination of the Growth of Internet Self-Help Sites for Depression and Related Problems*. Paper presented at the 16th Australasian Conference on Information Systems, Sydney, Australia.

**Kowalenko, N.**, & Crumpton, J. (1996). *Psychiatric Consequences of Head Injury in Children*. Paper presented at the National Institute of Mental Health: Proceedings of a Collaborative Workshop between Vietnam, Australia and New Zealand. Hanoi.

### **Book Chapters**

**Kowalenko, N.** (2013). Anxiety disorders in children. Chapter 10. In Meares, S. and Newman, L. (Ed.),

*Contemporary Approaches to Child & Adolescent Mental Health*. Melbourne: IP Press

**Kowalenko, N.**, Speilman, S., Crumpton, J., & Basil, L. (2016). Clinical management of suicide contagion. In Meares, S. Chapter in Newman, L. (Ed.), *Contemporary Approaches to Child & Adolescent Psychiatry* (Vol. 11). Melbourne: IP Press (accepted for publication).

### **Book Reviews**

**Kowalenko, N.** (2009b). *Book Review: Infants of Parents with a Mental Illness: Developmental, Clinical, Cultural and Personal* ANZ Journal of Psychiatry (17): 243. <https://doi.org/10.1080/10398560902752072>

**Kowalenko, N.** (2014). *Book Review: Where There Is No Child Psychiatrist: A Mental Health Care Manual* (Vol. 22: 90). <https://doi.org/10.1177/1039856213510581>

### **Letters:**

**Kowalenko, N.** (2013). Silent Epidemic. *Medical Journal of Australia Insight*, 2 Dec.

<https://insightplus.mja.com.au/2013/46/nick-kowalenko-silent-epidemic/>

### **Reports**

Australian Infant, C., Adolescent and Family Mental Health Association, (AICAFMHA). (2001). Children of Parents Affected by a Mental Illness Scoping Project Report. Canberra: Mental Health and Special Program Branch, Department of Health and Aged Care.

Australian Infant Child Adolescent and Family Mental Health Association (AICAFMHA). (2004). Principles and Actions for Services Working with Children of Parents with Mental Illness: Department of Health and Aging.

beyondblue: the national depression initiative. (2007). National Action Plan for Beyondblue's Antenatal and Postnatal Depression Program.

**Kowalenko, N.** and Culjak, G. (2014). Review of Self-Report Measures for Primary School Aged Children in Routine Mental Health Care in Australia (AMHOCN)

**Kowalenko, N.**, & Culjak, G. (2008). Tertiary Self-Help Follow-Up Study for Depression and Related Problems. *beyondblue: the national depression initiative*.

**Kowalenko, N., & Culjak, G. (2012).** Mental Health Outcome Measures for use in 0-3 year olds in Routine Care in Australia: Australian Mental health Outcomes and Classification Network.

**Kowalenko, N., Hoge, R., & Whitefield, K. (2002a).** The ACE (Adolescents Coping with Emotions) Program - Improving Coping Strategies and Building Resilience *Final Report for the Commonwealth Department of Education, Training and Youth Affairs*. Commonwealth Department of Education, Training and Youth Affairs.

**Kowalenko, N., Hoge, R., & Whitefield, K. (2002b).** Preventing Drug and Alcohol Problems: National School Drug Education Strategy Innovation and Good Practice Project. DETYA.

Penrose-Wall, J., & **Kowalenko, N. (2000).** The Evaluation Experience - Evaluation issues in the National Demonstration Projects of the National Youth Suicide Prevention Strategy. Advisory Paper 5: Position Statement. In E. W. G. N. Y. S. P. S. D. o. H. a. A. Care (Ed.), *Advisory Paper 5: Position Statement*. Canberra.

### **In Preparation**

Reupert, A., Rund, T., Weimand, B., Maybery D, Kowalenko, N., et al (2020) "The Prato Position Paper: Principles and Recommendations for working with families where a parent has a mental illness."

Culjak, G., Doesum, K.V., Buoni, S., Drost, L.M. Gullbra, F., **Kowalenko, N.**, Reupert, A., Skerfving, A., Stamatopoulos, V and Nicholson, J. (2019). A review of interactive Online resources and mobile App devices for children of parents with a mental illness" *Journal of Child and Family Studies*. Submitted

## 12. INVITED PRESENTATIONS (since 2014)

**2020**

### Invited Conference Symposium Presentation

Rey, J., Martin, A., Chilton, J., Falissard, B., Hoadley, B & Kowalenko, N., Hamoda, H, Rathnayaka, K., Fung, D. *"Nurturing child and adolescent mental health workforce skills globally: a guide to what's on the IACAPAP menu."* 24th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) "Starting at the Beginning – Laying the Foundation for Lifelong Mental Health" 20 – 23 July 2020 Singapore.

### Conference Masterclass

Kowalenko, N. *"Fathering with mental health problems"* WAIMH Congress "Creating Stories in Infant Mental health research, recovery and regeneration. June 7-11, 2021 Brisbane, Australia.

**2018**

### Invited Symposium Speaker

Martin, A., Rey, J., Falissard, B., Ferrin, M., Rathnayaka, R. Kowalenko, N., Irrarazaval, M., Chilton, J., Hemoda, H. *"I want to contribute to IACAPAP's educational activities "How can I contribute to supporting iCAMH's growth".* IACAPAP conference "Understanding diversity and uniqueness" July 23-27, 2018 Prague, Czech Republic.

### Invited Symposium presenter

Keren, M., Kowalenko, N., Visnapuu-Bernadt, P., Mulrooney, K. *"DC:0-5™ Training and Professional Development Support Around the World: Lessons Learned from Developers, Trainers, and Audiences"* WAIMH Congress "New Challenges for a 3rd millennium Infant Mental Health" 26-30 May 2018, Rome.

### Invited Keynote speaker

Kowalenko, N., *"Best Practice to Next Practice: Working with Families when a Parent has a Mental Illness"*. Victorian FAPMI Forum March 1, 2018, Melbourne.

**2017**

### International Conference Speaker:



Kowalenko, N. "*Perinatal Depression and Baby Blues*". The Hong Kong Mental Health Conference "Mental health Matters: overcoming the Stigma" Nov. 2017, Hong Kong,

**Invited Panel Discussant:**

Kowalenko, N., Culjak, G. and Shanahan, J. "*High School and Youth Suicide*". The Hong Kong Mental Health Conference 'Overcoming the Stigma in Health Care" 2 Nov. 2017 Hong Kong,

**International Conference Workshop:**

Kowalenko, N. "*Recovery from Parental Depression to promote Family Resilience and Reduce Intergenerational Transmission of Childhood Depression*". The Hong Kong Mental Health Conference "Mental Health Matters: Overcoming the Stigma". 2 Nov. 2017 Hong Kong,

**Conference Guest Discussant:**

Kowalenko, N. Conference Symposium Guest Discussant: *The Infant in Assisted Reproductive Technology (ART)*. Australian Association for Infant Mental Health National Conference. 23-26 Nov. 2017 Melbourne, Australia.

**International Symposium:**

Kowalenko, N., Rathnayake, K. and Hoadley, B. "*Think Global, Act Regional: Expanding CAMH in Oceania*." European Society for Child and Adolescent Psychiatry Conference, "Transition" July 9-11. 2017 Geneva, Switzerland.

**International Invited Workshop:**

Kowalenko, N., Larkins, S., Gadai, S., Tuni, S. and Buku, A. "*Mental Health Assessment and Management of Children and Young People*". Creating Futures Conference. "2 Dream, 2 Dare, 2 Succeed" 18-21 Sept. 2017 Suva, Fiji.

**International Invited Workshop:**

Kowalenko, N., Dyer, G., Gadai, S. "*Perinatal Mental Health: Assessment and Treatment*" Creating Futures Conference. "2 Dream, 2 Dare ,2 Succeed" 18-21 Sept. 2017 Suva, Fiji.

**Invited Oration 2017:**

Julian Katz Orator, Kowalenko, N. "*Steps to Professional Mastery*". FCAP Annual Meeting, 19-22 October 2017, Adelaide. Australia

**Invited International Keynote Speaker:**

Kowalenko, N. "*Teen health and Ethical Issues*". 51<sup>st</sup> Singapore-Malaysia Congress of Medicine and 12<sup>th</sup> Public Health and Occupational Medicine Conference: "Moving Forward, Staying Ahead", 21- 23<sup>rd</sup> July, 2017. Singapore.

**Invited International Speaker:**

Kowalenko, N., "*Perinatal and Infant Mental Health and Policy: growing mental health and leaders' influence.*" International Institute for Mental Health Leadership (IIMHL).Feb 27-28, 2017, Sydney, Australia.

**2016****Invited Keynote Speaker:**

Kowalenko, N. "*When your kid come first. Dads' mental health matters!*" Helen Mayo House Conference 2016. "The Many Faces of Mental Health for Families with Infants", University of South Australia, November 8<sup>th</sup>, 2016, Adelaide, Australia.

**Invited Workshop (half-day):**

Kowalenko, N. "*Promoting family mental health to reduce the impact of PND*" Helen Mayo house Conference 2016" "The Many Faces of Mental Health for Families and Infants", University of South Australia, November 8<sup>th</sup>, 2016, Adelaide, Australia.

**Invited Speaker:**

Kowalenko, N., "*The Czech Republic gave you Kafka, Vaclav Havel and the joint Israeli-Palestinian WAIMH Meeting in Prague: Identity and Infant Resilience in Conflicted Environs*" Australian Association of Infant Mental Health 31 August, 2016 Ashfield, Australia

**Invited Opening Keynote Address:**

Kowalenko, N "*Family Approaches to Child and Adolescent Mental Disorders (FACAMD)*" Hong Kong College of Psychiatry and RANZCP Faculty of Child and Adolescent Psychiatry Satellite Conference May 7-8, 2016, Hong Kong.

**Invited FCAP Combined Symposium:**

Kowalenko, N., Culjak, G., Spielman, S., Crumpton, J., Basil, L "Pains and Gains in Cyberspace: Deliberate Self-Harm (DSH), Social Media, Internet and Child and Adolescent Mental Health Services." Presentation 1. "*Deliberate Self Harm and Contagion In the Australian Community:*



*Clinical Management of Contagion Risk in CAMH* International RANZCP Conference in Psychiatry  
8-12 May 2016, Hong Kong.

### **International Invited Speaker**

Tour for Fiji Alliance for Mental Health Aug 1-5, 2016

### **Invited Presentation:**

Kowalenko, N., "Trauma and Coping Mechanisms" to Ministry of Education, Fiji Alliance for Mental Health, Pacifika Campus, August 1<sup>st</sup>, 2016 Suva, Fiji.

### **Invited Speaker:**

Kowalenko, N., " *For Recovery, health workers, process and patients work together*" CROPP Services, Fiji Alliance for Mental Health, Fiji National University August, 1<sup>st</sup>, 2016, Suva, Fiji.

### **Invited Speaker:**

Kowalenko, N., "Perinatal Infant Mental Health" Fiji Alliance for Mental Health, Fiji National University Pacifika Campus August 4<sup>th</sup>, 2016, Suva, Fiji.

### **Invited Speaker:**

Kowalenko, N "Use of neuroleptic medications in children and adolescents" St. Giles Medical, Nursing Staff and student nurses August 3<sup>rd</sup>, 2016, St. Giles Hospital Suva, Fiji

### **Invited Workshop presenter:**

Kowalenko, N "How to assess a child/adolescent for MH issues/ signs and symptoms of mental health problems". Intensive workshop 20 people working in Mental Health e.g. Lifeline, Empower Pacific, Red Cross, Mental Health Staff & Students) Half day workshop. Australian Volunteers International, August 4<sup>th</sup>, 2016, Suva, Fiji

### **Invited Speaker:**

Kowalenko, N., "Dyslexia" Grand Rounds: nursing staff, paediatricians and special educators, Children's health workers and medical students, 5th August 2016 Children's Hospital, Suva, Fiji

### **Invited Speaker:**

Kowalenko, N., “*Perinatal and Infant Mental Health*” to paediatricians and special educators Child health, Obstetrics and Gynaecology, 5th August 2016 Children’s Hospital, Suva, Fiji.

**Invited Speaker:**

Kowalenko, N., ‘*Getting Ahead of Perinatal Mental Health Problems: An Update on Management in General Practice*’ Rural General Practitioner Division, 17 March 2016, Albury. Australia.

**2015**

**Invited International Speaker:**

Kowalenko, N., “*The Australian COPMI initiative: from research to routine practice*” Prato Conference, May 22-26, 2015 Prato, Italy.

**Invited Speaker:**

Kowalenko, N., “*When father makes three, there’s so much more we begin to see!*” Australian Association of Infant Mental Health Conference “*And father makes three; family inclusive practice*” October 31, 2015 Sydney, Australia.

**Invited Panel Chair:**

Kowalenko, N., Closing Panel with Keynote speakers: Fletcher,R., Hammond,C., Schoppe-Sullivan, S & Warren,C. Australian Association of Infant Mental Health Conference “*And father makes three; family inclusive practice*” 31 October, 2015 Sydney, Australia.

**2014**

**Invited Speaker:**

Paper: Kowalenko, N “*Bridging the Gap*” Neurodevelopmental and Behavioural Paediatric Society of Australasia June 8, 2014 Brisbane, Australia.

**Invited Panel Discussion:**

Haslam, R., Silove,N., Kowalenko,N., Pearson,C., Heussler, H., Court, A “*Paediatric or Mental Health Services?* ” Paediatrics and Mental Health Neurodevelopmental and Behavioural Paediatric Society of Australasia “*Bridging the Gap*” June 8, 2014, Brisbane, Australia.

**Invited Plenary Panelists:**

Toni Wolf, T., van Doesum, K & Kowalenko, N. “*Young Parents with Young Children: Developmental Issues for all*” The 4th International Conference on Families with Parental Mental

Health Challenges “Addressing the Needs of the Whole Family”. April 26, 2014 Berkeley, California, USA.

### **Invited Symposium**

Kowalenko, N., Robinson, P., Morgan, B. “*National strategic initiatives to promote health and well-being for children of parents with mental illness in Australia.*” The 4th International Conference on Families with Parental Mental Health Challenges “Addressing the Needs of the Whole Family”. April 25, 2014 Berkeley, California, USA.

### **Keynote Invited Speaker:**

Kowalenko, N., “*Family Focus: an evidence based COPMIA intervention.*” NZ Faculty of Child and Adolescent Psychiatry 2014 “Hopeful Horizons: An Uplifting Update on Current Challenges, Expanding Expectations and Innovative Initiatives” April 2nd, 2014 Turangi, New Zealand.

### **Keynote Invited Speaker**

Kowalenko, N., “*New Initiatives in CAMHS.*” NZ Faculty of Child and Adolescent Psychiatry 2014 “Hopeful Horizons: An Uplifting Update on Current Challenges, Expanding Expectations and Innovative Initiatives” April 4th, 2014, Turangi, New Zealand.

## **Other National and International Conference Presentations (since 2014)**

### **2020**

#### **Conference Symposium Presentation**

“Bringing UN Global Goals Home: Narratives for Implementation” PRESENTATION 1. Kowalenko, N., Robinson, P., Morgan, B., Goodyear, M., Mills, R. “*A National Workforce Centre for Children’s Mental Health: A Foundation for Country-wide Implementation*” WAIMH Congress “Creating Stories in Infant Mental health research, recovery and regeneration. June 7-11, 2020 Brisbane, Australia.

#### **Conference Symposium Presentation**

“Working together to build access to child psychiatry in Asia/Pacific” PRESENTATION 1. Obed, J., Hagali, M., Kowalenko, N “*Building a bridge together for psychiatry for the lifespan through conjoint initiatives in Oceania*” 24th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) “Starting at the Beginning – Laying the Foundation for Lifelong Mental Health.” 20 – 23 July ,2020 Singapore.

### Conference Symposium Presentation

Eapen, V., Kowalenko, N., Robinson, P., Morgan, B., Rodgers, B., Robertson, P., Fallisard B. *"Building and sustaining workforce capacity through planning, innovation and evidence-based practice."* 24th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) "Starting at the Beginning – Laying the Foundation for Lifelong Mental Health" 20 – 23 July, 2020 Singapore.

### Conference Symposium Presentation

Kowalenko, N., Robertson, P., Bush A *"Influencing and Being Influenced: Building a Bridge for Psychiatry Training in the Pacific"* RANZCP Congress "Influencing and being influenced by the world around us." 7-21 May, 2020 Hobart, Australia.

### Education event

Keren, M., Kowalenko, N., Visnapuu-Bernadt, P., Mulrooney, K. *"DC:0-5™ Train the Trainer 2 day education event. Training and Professional Development Support Around the World: Lessons Learned from Developers, Trainers, and Audiences"*

## 2019

### Conference Symposium Presentation

"Enhancing access to CAMH and sustaining child and adolescent psychiatry by supporting workforce capacity building, early identification and innovation." PRESENTATION 1. Kowalenko, N., Robinson, P., Morgan B *"Emerging Minds National Workforce Centre for Children's Mental Health (0-12 years)"*. Faculty of Child and Adolescent Psychiatry Conference, "Equity and Access to Care" 23 –26 October, Newcastle, 2019.

**Conference Presentation:** Kowalenko, N., Hoadley, B, Smit, J, Mills, R. "A New Beginning for Public Infant Mental Health" Australian Association for Infant Mental Health National Conference. 6 September, 2019 Adelaide, Australia.

### RANZCP Pre Congress One Day Workshop

Thomson, S., Robertson, P., Hunter, E., Kowalenko, N., Hoadley, B., Tutama, G., Allen, M., Arnarya, P., Bush A. *"Being a Volunteer in Global Mental Health. The UK, Australian and New Zealand, Experience."* RANZCP Congress 12-16 May 2019 Cairns, Australia.



**Conference Symposium:**

Fung,D., Saputro, D, Kowalenko, N, Hoadley, B, Paul,A, Robertson, P “Progress and opportunities in building capacity in child and adolescent psychiatry in Asia” **World Congress of Asian Psychiatry (WCAPP )Feb 21-24, 2019 ,Sydney, Australia**

**2018****International Symposium**

Kowalenko, N, Robinson, P., Campbell, Paul., Solantaus, T. “*Capacity Building for Workforce Development for Family, Child and Adolescent mental health: evidence- based practice for public health impact*”. IACAPAP conference “Understanding diversity and uniqueness” July 23-27, 2018, Prague, Czech Republic.

**International Symposium**

Kowalenko, N., Hoadley, B., Rathnayaka, K., Robertson, R. “*Learning from each other: CAPAPs working together for International Mental: Health Initiatives in Asia, Oceania, Australia, New Zealand and UK.*” IACAPAP conference “Understanding diversity and uniqueness” July 23-27, 2018, Prague, Czech Republic. Conference Presentation

Brann, P., Kowalenko, N., Culjak, G., CAMHIDEAP Working Group: *Development of the Health of the Nation Outcome Scales for Infants (HoNOSI)* “*Improving Infant Mental Health Services in the Third Millennium*” WAIMH Congress “New Challenges for a 3rd millennium Infant Mental Health” 26-30 May 2018, Rome.

**International Symposium**

Kowalenko, N & Merry, S (chairs) Thabrew,H., De Girolamo, G., Robinson, P. “*Children’s Mental Health Creates Society’s Future.*” World Psychiatric Association’s Thematic Congress, “Innovation in Psychiatry: Effective Interventions for Health and Society” 25-28 Feb 2018, Melbourne, Australia

**2017****Conference Presentation:**

Brann, P., Kowalenko, N., Culjak, G., and the Child and Adolescent Mental Health Information Development Expert Advisory Panel (CAMHIDEAP). *Development of the Health of the Nation Outcome Scales for Infants (HoNOSI)*. Australian Association for Infant Mental Health National Conference. 23-26 Nov,2017, Melbourne, Australia.

**International Symposium:**

Kowalenko, N and Culjak, G. (2017). "Adolescence in transition – critical moments for adolescents in the transition to adulthood in different cultural contexts. In Australia, Adolescents in Transition are Self-Harming: Transforming their Future is a Priority. 17<sup>th</sup> International Congress of ESCAP, "Transition" 9 July, 2017. Geneva, Switzerland

#### **Congress Presentation:**

Kowalenko, N. "FCAP Mental Health Initiatives in the Asia-Pacific Region." RANZCP Congress Symposium. May 2, 2017, Adelaide, Australia.

### **2016**

#### **Conference:**

Kowalenko, N., Culjak, G. Brann, P. Dickson, R. "Data Development for Infants (0-3 years): Development of Health of the Nations Outcome Scales for Infants". Child and Adolescent FCAP Meeting. Sept 30- Oct 3, 2016. Hobart, Australia.

#### **Conference:**

Kowalenko, N. and Hoadley, B. "FCAP Global Mental Health Initiatives Symposium: Pasifika Study Groups and Beyond. Working with our neighbours: expanding Pasifika Study Groups' influence". Child and Adolescent FCAP Meeting. Fiji Alliance for Mental Health. Sept 30- Oct 3. 2016. Hobart, Australia.

#### **Conference presentation:**

Kowalenko, N., Morgan, B. and Robinson, P. (2016). "Translating Hope in families experiencing the despair of parental depression to community-wide public health initiatives to prevent depression in their offspring". Faculty of Psychotherapy Conference. 2-4 September, Sydney, Australia.

#### **Symposium:**

Kowalenko, N., Robertson, P, Fryer, M, Webster, I., FCAP Executive, Kenn, F and Forster, R "FCAP Symposium on the Role of Child and Adolescent Psychiatrists and Workforce Needs: a 360<sup>o</sup> Consultation." Child and Adolescent: FCAP Meeting "The Geography of Childhood: how place maps the child's internal world" September 30-October 3, 2016 Hobart, Australia.

#### **Combined Symposium:**

Nick Kowalenko, N., Hoadley, B. When the world is all wrong; locked up or blown away! Paper 1. "Blown Away: the impact of cyclonic forces on Fijian school children" Child and Adolescent: FCAP

Meeting “The Geography of Childhood: how place maps the child’s internal world” September 30-October 3, 2016 Hobart, Australia.

**Workshop:**

Kowalenko, N. Presentation 2: “*Looking to the Future; how much easier treating perinatal depression when father makes three*” In workshop entitled “Engaging Fathers and Couples” International Marcé Society Biennial Scientific Conference 28 September, 2016, Melbourne, Australia.

**Workshop:**

Kowalenko, N., Nicholson, J., Solantaus, T., Wolf, T., Vandoesum, K “*Promoting Transgenerational Mental Health in Tough Times: new approaches in the age of scarcity*”

Fifth International Conference on Families and Children with Parental Mental Health Challenges “Transgenerational Mental Health” Annual Congress 2016 of SGPP & SCKJPP,ids, NPG August 17-19, 2016, Basel, Switzerland.

**Conference:**

Kowalenko, N., Culjak, G., Brann, P., and Dickson, R. (2015). *Review of Primary School Aged Child Mental Health Self-report Outcome Measures*. Proceedings of the 5th Australasian Mental Health Outcomes and Information Conference (AMHOIC), 11-13 November. Queenstown, New Zealand.

**Conference:**

Kowalenko, N., Culjak, G., Brann, P., and Dickson, R. (2015). *Review of Primary School Aged Child Mental Health Self-report Outcome Measures*. Proceedings of the RANZCP Faculty of Child and Adolescent Psychiatry Conference, 29 Sept – 2 Oct. Vanuatu.

**Conference:**

Kowalenko, N., Morgan, B., Robinson, P “*Translating Hope in Families experiencing the despair of parental depression to community wide public health initiatives to prevent depression in their offspring*”. RANZCP Faculty of Psychotherapy Conference “A Fine Balance”, September 2, 2016 Coogee, Sydney, Australia

**2015**

**Conference:**

Kowalenko, N., Culjak, G., Brann, P., and Dickson, R. (2015). *Outcome Measurement across the Lifespan: Development of the Health of the Nation Outcomes Scale for Children and Infants*. Proceedings of the 5th Australasian Mental Health Outcomes and Information Conference (AMHOIC). 11-13 November. Queenstown, New Zealand.

#### **Workshop:**

Kowalenko, N "When father makes three what more is there to see"

Australian Association of Infant Mental Health Conference "And father makes three; family inclusive practice" 31 October, 2015 Sydney, Australia

#### **Symposium:**

"Keeping an Eye on Human Rights to Promote the Mental Health of Children and Young People and their Families" Kowalenko, N., Hunter, E & Adler, R. Faculty of Child and Adolescent Psychiatry Conference 29 Sept – 2 October, 2015 Port Vila, Vanuatu

#### **Symposium:**

"International Perspectives on promoting the mental health of Children of Parents with Mental Illness: Translating our Knowledge into COPMI practice" Morgan, B., Kowalenko, N., Robinson, P., Kakirau-Hagali, M., Dunnachie, B & Skogoy, B, Faculty of Child and Adolescent Psychiatry Conference 29 Sept – 2 October, 2015 Port Vila, Vanuatu.

#### **Symposium:**

"Contagious Clinical Considerations: Dealing with Suicide Clusters."

Kowalenko, N., Martin, G., Goosens, C

Paper: Kowalenko, N "A group approach to clinical intervention after teenage suicide where contagion is a risk" Faculty of Child and Adolescent Psychiatry Conference, "Genes and how to wear them". 11 October, 2014 Gold Coast, QLD. Australia.

#### **Symposium:**

"Children of Parents with Mental Illness" Kowalenko, N., Jessop, M, Gatsou, L.

Paper: Kowalenko, N. Paper.

"Translating Knowledge into COPMI Practice: Comparing successes and challenges in Queensland, United Kingdom and Bi-nationally in ANZ"

Genes and how to wear them: Faculty of Child and Adolescent Psychiatry Conference, 10 October, 2014 Gold Coast, QLD. Australia

#### **Symposium:**



"Should infants be included in the next national survey of mental health and wellbeing—are we at risk of missing an important opportunity?" Scott, J., Daubney, M., Sawyer, M., Kowalenko, N. Paper: Kowalenko, N. *"Pre-schoolers Mental Health: Opportunity lost in translation"*

Genes and how to wear them: Faculty of Child and Adolescent Psychiatry Conference, 9 October, 2014 Gold Coast, QLD. Australia

#### **Symposium:**

"International perspectives on social emotional screening in 3 year olds"

Daubney, M. Egger, H., Kowalenko, N.,

Paper Kowalenko, N. *"Three Year old Social Health and Emotional well-being check in Australia"*

14th World Association of Infant Mental Health Congress (WAIMH)

"Babies: Their Contributions -Our Responsibilities" 15 June, 2014 Edinburgh, Scotland.UK

#### **Poster Presentation:**

*"Identifying gaps in the suite of available infant mental health outcome measures suitable for national implementation and developing a solution"* Kowalenko, N., Brann P., Hoehn, E., Culjak, G. 14th World Association of Infant Mental Health World Congress "Babies: Their Contributions -Our Responsibilities" 16 -18 June 2014 Edinburgh, Scotland, UK.

#### **Symposium:**

"Being held in another's mind: The reflective supervisory experience" Kowalenko, N, Birch, M., Warren, B, Weatherston, D.

Paper: Kowalenko, N. *"Core Competencies for the Perinatal & Infant Mental Health Workforce"* 14th World Association of Infant Mental Health Congress (WAIMH) "Babies: Their Contributions - Our Responsibilities" 15 June 2014 Edinburgh, Scotland, UK.

#### **Symposium:**

"Being held in another's mind: The reflective supervisory experience"

"Babies: Their Contributions -Our Responsibilities" 15 June, 2014 Edinburgh, Scotland

Paper: Kowalenko, N., Birch, M. *"Enhancing Professional and Workforce Capacity to Promote Competence in the Infant Mental Health workforce internationally"*

14th World Association of Infant Mental Health Congress (WAIMH) "Babies: Their Contributions - Our Responsibilities" 15 June 2014 Edinburgh, Scotland, UK.

#### **Symposium:**

"National strategic initiatives to promote health and well-being for children of parents with mental illness in Australia." Kowalenko, N., Robinson, P., Morgan, B.

Paper: Kowalenko, N. "*The Australian COPMI initiative: from research to routine practice*"

The 4th International Conference on Families with Parental Mental Health Challenges

"Addressing the Needs of the Whole Family". April 27, 2014 Berkeley, California, USA

### **Other Presentations in Available Broadcasts and Media**

#### **ABC Radio Interviews**

ABC "Children of Parents with Mental Illness." In Outback Outlook, 8min 21 sec. Broken Hill: ABC Broken Hill, 16 January, 2013. Summary ID W00051829086.

Compere: Chris Jeremy interviewing Nick Kowalenko.

ABC "Children of Parents with Mental Illness." In NSW Statewide Drive, 10min 25 sec. Wagga Wagga: ABC Riverina, 15 January, 2013. Summary ID W00051814744

Compere: Chris Coleman interviewing Nick Kowalenko.

ABC. "Family Focus:Children of Parents with a Mental Illness." In Life Matters. 8mins. Sydney ABC radio, October, 2012.Compere: Natasha Mitchell interviewing Nick Kowalenko.

ABC. "Children of Parents with a Mental Illness." In Health Matters. 8mins. Sydney ABC radio, 2012. Compere: Natarsha Belling interviewing Nick Kowalenko.

#### **KidsMatter National Training Program**

KidsMatter Early Childhood professional learning redevelopment. "Professional Learning" In National Training Program, edited by KidsMatter. Melbourne: KidsMatter, 21 February, 2014.

#### **COPMI National Initiative Website online training**

COPMI National Initiative. "'Family Focus' Intervention - Elearning Course." In Professional Education, edited by COPMI. This has Nick interviewing families and Nick being the expert head facilitating the learning process.

<http://www.copmi.net.au/professionals/professional-tools/family-focus.html>, 2013.

#### **Webinar Presentations and Podcasts**

#### **For Mental Health Practitioner Network: (MHPN)**

“Working with Parents who Experienced Adverse Childhood Experiences” 06 June 2019

<https://www.mhpn.org.au/WebinarRecording/143/Working-with-Parents-who-Experienced-Adverse-Childhood-Experiences?a=stream-3#.XRwhFegzZaQ>

For Royal Australian College of General Practitioners (RACGP) with Emerging Minds: Infant and Child Mental Health Webinars

“Preventing mental health issues for infants and children” Emerging Minds Part 1, 14/2/19

<https://www.youtube.com/watch?v=OJaOOP0uFBI>

“Responding to the mental health needs of school aged children” 4th April 2019

<https://www.youtube.com/watch?v=IHxxj29unWE>

“The effects of trauma on children’s mental health” 20 June 2019

<https://www.racgp.org.au/education/courses/activitylist/activity/?id=94592&q=key%20words%3Deffects%20of%20trauma%26triennium%3D17-19>

For Emerging Minds: Infant and Child Mental Health Webinars 2018

“What is Infant Mental Health” 11 June 2019

<https://emergingminds.com.au/resources/podcast/what-is-infant-and-child-mental-health/>

“Working with Parents and Children with intergenerational disadvantage” 9th August 2018

<https://emergingminds.com.au/resources/working-with-parents-and-children-affected-by-intergenerational-disadvantage-webinar/>

“Engaging with parents and children in the first 1000 days” 26 September 2018

<https://emergingminds.com.au/resources/engaging-with-parents-and-infants-in-the-first-thousand-days-webinar/>

For COPMI National Initiative Website online training:

<http://www.copmi.net.au/professionals-organisations/how-can-i-help/professional-development/elearning-courses>

For Mental Health Practitioner Network (MHPN) Webinars 2012-2013

“Supporting families living with maternal bipolar mood disorder”. Feb 20 2013

<http://www.mhpn.org.au/WebinarRecording/20/Supporting-families-living-with-maternal-bipolar-mood-disorder#.UyeOuNgRDcs>

“Coping with undiagnosed paternal depression in the family”. August 2012 1:10:39

<http://www.mhpn.org.au/WebinarRecording/25/Coping-with-undiagnosed-paternal-depression-in-the-family#.UyeMY9gRDcs>

## Podcasts

### Emerging Minds Podcasts

“What is infant and child mental health?”

<https://emergingminds.com.au/resources/podcast/what-is-infant-and-child-mental-health/>

released 11/6/19

### Australasian Psychiatry Podcast 31:

“Training and advocacy for mental health in the Pacific Islands” interview

Andrew Amos interviews Nick Kowalenko released February, 2020

## 13. CONSULTANCIES

Kowalenko, N., Koro Island Post Cyclone Winston Student recovery program consultation and site visit and student and parent-teacher meetings, Aug 23, 2016, Fiji Alliance for Mental Health, Koro Island, Fiji

Australian Human Rights Commission:

National Inquiry into Children in Immigration Detention. 2014.

South Australian Government:

Statewide Service Review of South Australian Child and Adolescent Mental Health Services in Partnership with Quality Directions Australia. 2014.

South Australian Government:

Independent Review of Professional Conduct of medical Practitioner (2014).

Brain and Mind Research Institute, University of Sydney.

Independent review of Patient Complaint (2015).

Australian Mental Health Outcomes & Classification Network (AMHOCN):

Review of Routine Outcome Measures in Mental Health aged 0-3 years. 2013-2015

Nous Consulting:

Review of Victorian Psychiatric Disability Rehabilitation & Support Services. (PDRSS). 2010.



NSW Department of Education and Training:

Review of Teacher Safety. 2006.

Minnesota Child, Youth and Family Consortium, USA. Hennepin County – Minnesota.

Best practice in the Prevention of Adolescent Depression. 2003.

Urbis Keys Young:

National Review of Tele & Web Counselling. 2002 -2003.

Wesley Mission:

Evaluation of the Lifeforce Suicide Prevention Program. 2002 -2003.

South Australian Government

Women's & Children's Hospital, Adelaide, South Australia:

Management Review of Behavioural Intervention Service (BIS) 2002.

Ministries for Youth Affairs, Health & Education, New Zealand Government:

Review of the NZ Injury Prevention Research Centre's "School-based Suicide Prevention Programs: What is the Evidence", 2001.

#### **14. POLICY DEVELOPMENT**

Numerous position statements, discussion documents, advice to Government and national authorities as Chair, FCAP (2011-2017)

"National Action Plan for Beyondblue's Antenatal & Postnatal Depression Program (2007)

"Principles & Actions for Services & People Working with Children of Parents with Mental Illness" (2004)

#### **15. INTERNATIONAL INVITED SCHOLARS AND TEACHERS**

A/Prof Kent Hoffman, Gonzaga University, Washington State, USA provides Circle of Security training for University of Sydney annually (2011-2018)

Hon Prof. Lina Gatsou, Consultant Child and Adolescent Psychiatrist, Leicestershire Partnership NHS Trust (2014)

Prof. A. Caby, Professor of Social Paediatrics in Germany and Honorary Visiting Scholar University of Sydney at RNSH (2011-2010)

Prof W. Beardslee, Harvard medical School, Boston, USA (2012)

Prof H. Egger, Duke University, Virginia, USA (2013)

Prof Neil Boris (2009) Tulane University, New Orleans, Louisiana, USA

Prof Dan Offord, Professor of Psychiatry and Head of the third Division of Child Psychiatry, McMaster University, Canada (2001)

Prof Sue McDonough, Chair Department of Infant Mental Health, University of Michigan, USA (1999)

Prof David Mrazek, Chair Department of Paediatric Psychiatry, Georgetown University, Washington, USA (1998)

Dr. Martha Erickson, Director, Children Youth and Family Consortium, University of Minnesota (1997)

Prof Morton Silverman, Professor of Psychiatry, University of Chicago (1997)

Dr. Alan Berman, Executive Director, Suicide Prevention Washington DC, USA (1997)

Prof Felton Earls, Prof of Child Psychiatry, Harvard Medical School (1996)

Prof M. Van Ijzendoorn, Chair, Centre for Child and Family Studies, Leiden University, The Netherlands (1996)

Prof John Cox, Prof of Psychiatry, Keele University, Stoke-on-Trent (1995)

Prof C. Kumar, Prof of Perinatal Psychiatry, Bethlehem Hospital and University of London (1995)

Prof Lynne Murray, Snr. MRC Research Scientist, Cambridge University (1995)

Dr. Mary Sue Moore, University of Boulder, Colorado (1994) Ms.

Jennifer Holden, Edinburgh University (1993)

## APPENDIX

### ADDITIONAL INVITED PRESENTATIONS (2012 to 2014 only)

#### 2013

##### Invited Forum:

Kowalenko, N., Newman, L., Daubney, M. *"Healthy Kids Check and Screening"*

*Paper: "Routine assessment and measurement of social and emotional vulnerabilities and mental health of infants and preschoolers"*

Infant and Early Childhood Social and Emotional wellbeing conference  
(ARACY/AAIMH) November 1, 2013, Canberra, Australia

##### Invited Presentation:

Kowalenko, N & Birch, M *"Developing core competencies for perinatal and infant mental health workers"* Infant and Early Childhood Social and Emotional wellbeing conference (ARACY/AAIMH) November 1, 2013, Canberra, Australia

##### Invited Presentation:

Kowalenko, N., *"Fathering, Families & Perinatal Psychiatry: resilience in relationships"*. Perinatal & Infant Psychiatry Special Interest Group RANZCP, NSW Branch Oct27, 2013 Sydney, Australia

##### Invited Keynote Speaker:

Kowalenko, N. *"The Growing Edge -Preschoolers mental health"*

*Paper: "The impact of parental anxiety & depression on pre-schoolers well being"*

NSW Institute of Psychiatry October 15, 2013, Sydney, Australia

##### Invited Panel Member:

Kowalenko, N., Murphy, L., Best, J. *"The Growing Edge: – Preschoolers mental health"* Panel:  
*"The mental health and wellbeing of pre-schoolers presentation"*

*"The 3 year old Healthy Kids Check (HK Check): socio-emotional well-being"*.

NSW Institute of Psychiatry October 15, 2013, Sydney, Australia

##### Invited Presentation:

Kowalenko, N., *"Leadership in the Community and the Profession"*

Pacific Mental Health Leadership Forum. October 7&8, 2013, Melbourne, Australia

**Invited Presentation:**

Kowalenko, N., "*Preventing Mental Health Problems in Families Affected by Parental Depression*"  
Mental Health Professionals Network "Family Focus" 20 Sept, 2013, Perth, Australia

**Invited Keynote Presentation:**

Kowalenko, N., "*Fathering & Mental Illness*"  
WACHS Rural & Remote Mental Health Conference "From Country to Coast-  
Adaptation & Change" 17-19 September, 2013 Northam, WA Australia

**Invited Speaker:**

Kowalenko, N. "*Children, Families and Parental Mental Illness.*"  
NSW COPMI Evaluation & Research Symposium, July 12, 2013, Sydney , Australia

**Invited Symposium:**

Beardslee, W., Kowalenko, N., Morgan, B & Thabrew, H  
"*The children of parents with mental illness (COPMI): intervening effectively*"  
Royal Australian and New Zealand Child Psychiatry Congress (RANZCP)  
"Achievements and Aspirations". May 28, 2013, Sydney, Australia

**RANZCP Invited FCAP Symposium**

Beardslee, W., Dwyer, A & Kowalenko, N.  
"*Prevention of mental illness: reality or rhetoric*"  
Royal Australian and New Zealand Child Psychiatry Congress (RANZCP)  
"Achievements and Aspirations". May 27, 2013, Sydney, Australia

**Invited One Day Workshop**

Beardslee, B., Kowalenko, N., Jessop, M., & Morgan B "*Family Focus*"  
Queensland Health Sponsored Workshop May 24, 2013, Brisbane, Australia

**Invited Presentation:**

Kowalenko, N., Culjak, G. & Hoehn E. : "*Identifying infant outcome measures*"  
Australian Mental Health Outcomes & Classification Network conference (AMHOCN)



“What a difference information makes” May 11, 2012 Brisbane, Australia **Paper:**

Kowalenko, N.

*“Can they really identify mental health problems at the age of three?”*

So why is Medicare funding such a three year old check!”

Society of Neuro-Muscular Sciences August 12 -16, 2013 Thredbo, NSW

**Paper:**

Hoehn, E., Kowalenko, N.

*“Looking to the Future – the imperative for outcome measurement in the early years.”*

Australasian Mental Health Outcomes & Information Conference (AMHOC) “Branching Out” June 11-13, 2013, Sydney, NSW

**Paper:**

Kowalenko, N., Hoehn, E., Culjak, G

“Identifying Infant Outcome Measures: A National Perspective”

Paper: Kowalenko, N., “Identification of MH Outcome Measures Suitable for 0- 3 years”

Australasian Mental Health Outcomes & Information Conference (AMHOC) “Branching Out” June 11-13, 2013, Sydney, NSW

**Symposium:**

Kowalenko, N., Birch, M., Warren, B., Byrne N, & Solanki, K.

*“From course to context: A symposium on supervision in perinatal and infant mental health”.*

National Clinical Supervision Conference, “Innovation and Practice in Clinical Supervision”. June 4-6, 2013, Sydney, Australia

**Symposium:**

Kowalenko, N., Huber, A., Campbell, P Birch, M

*“Workforce competencies and career pathways in infant mental health.”*

Australian Association of Infant Mental Health Conference (AAIMH) “Keeping the Infant in Mind: Cherishing, Connecting and Containing.” 10–13 October, 2012, Adelaide, Australia

**Symposium:**

Hoehn, E., Kowalenko, N., Newman, L.

*"Early intervention and outcome measurement in infant mental health."*

Australian Association of Infant Mental Health Conference (AAIMH) "Keeping the Infant in Mind: Cherishing, Connecting and Containing." 10–13 October, 2012, Adelaide, Australia

**Pre-conference half day workshop:**

Kowalenko, N., Jessop, M., Morgan, B. *"Family Focus: Introductory training for preventive intervention for children of parents with mental illness."*

Faculty of Child & Adolescent Psychiatry Conference "to infinity and beyond." Oct 2, 2012, Sydney Australia

**Other Additional National and International Conference Presentations (2012 to 2014 only) Symposium:**

Kowalenko, N., Kotze, B., Dudley, M. *"A public health approach to child & adolescent mental health."*

Faculty of Child & Adolescent Psychiatry Conference "to infinity and beyond." Oct 2, 2012, Australia,

**Symposium:**

Beardslee, W., Solantaus, T., Kowalenko, N.,

*"National initiatives in Australia, Europe and USA".*

International Association Child & Adolescent Psychiatry & Allied Professionals (IACAPAP) Congress "Brain, Mind and Development" 22<sup>nd</sup> July 2012, Paris, France

**Symposium:**

Kowalenko, N., Leclerc, O Haemmerle, P

*"Preventing Youth Suicide: comparing approaches in Australasia, Europe and Africa".*

International Association Child & Adolescent Psychiatry & Allied Professionals (IACAPAP) Congress "Brain, Mind and Development" 23 July 2012, Paris, France

**Symposium:**

Kowalenko, N., Clark, J., Prowse, L

*"Fathering and Mental Illness"*

Royal Australian and New Zealand Child Psychiatry Congress (RANZCP)

"Cells, Circuits and Syndromes." May 24 2012, Hobart, Australia



**Royal Commission into  
Victoria's Mental Health System**

**Symposium:**

Kowalenko, N., Mares, S., Warren, B., Birch, M., Emanuel L. & Weatherston D.

*"International perspectives on perinatal and infant mental health training"*

World Association of Infant Mental Health Congress (WAIMH): "Babies in mind- The Minds of Babies

– a view from Africa." April 2012, Capetown, South Africa.

**Symposium:**

Kowalenko, N., Culjak, G., Hoehn, E "What a difference Information Can Make".

Paper: Kowalenko, N *"Identifying Infant Outcome Measures: A National Approach"*

Australasian Mental Health Outcomes & Classification Network Conference (AMHOCN) May 17, 2012

**Symposium:**

Kowalenko, N., Boris, N., Mares, S., Saunders, A., Goldfinch, M., Tucker, R.

*"The use of measures and other data collection for infant mental health: Tools, measures, services and systems".* World Association of Infant Mental Health Congress (WAIMH):

"Babies in mind- The Minds of Babies – a view from Africa." April 2012, Capetown, South Africa





**Royal Commission into**  
Victoria's Mental Health System

