Royal Commission into
Victoria's Mental Health System

WITNESS STATEMENT OF ALAN ROB MOODIE

I, Alan Rob Moodie, Professor of Public Health, of 207 Bouverie Street, Carlton, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

2 While my full name is Alan Rob Moodie, I am known as Rob Moodie.

Professional background and qualifications

3 I am trained in medicine, tropical medicine, public health and general practice. I worked in refugee healthcare in the Sudan and for the Aboriginal health service in Alice Springs, then worked for many years on HIV prevention for the Burnet Institute, World Health Organisation (**WHO**) and the Joint United Nations Programme on HIV and AIDS (**UNAIDS**). I was CEO of VicHealth from 1998–2007, during which time we developed and implemented one of the first mental health promotion plans anywhere in the world. From 2008–2011, I chaired the National Preventative Health Taskforce.

4 I am Deputy Head of School and Professor of Public Health at the University of Melbourne's School of Population and Global Health (**MSPGH**) and Professor of Public Health at the University of Malawi. I teach courses on health promotion and leadership and management skills for health professionals and carry out policy research into the prevention of non-communicable diseases. I also advise the WHO on health promotion and non-communicable diseases.

5 Attached to this statement and marked "ARM-1" is a copy of my curriculum vitae.

Future trends

Factors likely to drive change in the delivery of mental health services

6 In my view, the following six key factors are likely to shape patterns of health, and access to health services in Victoria over the coming decades:

(a) atomisation and individualisation;

(b) economic participation;

(c) social inequality and exclusion;

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

(d) climate change;

(e) social media; and

(f) the COVID-19 pandemic.

7 These factors impact on general health and on mental health specifically. An example is social isolation and loneliness, which are connected with the trend of atomisation, and are the opposite of social connection. Social isolation is as important a risk factor for premature death as smoking and it exceeds many well-known risk factors for mortality (such as obesity or physical inactivity). Poor social relationships are linked to poorer health practices and to psychological processes, such as stress and depression.[1]

Atomisation and individualisation

8 In my view, our society is seeing an increase in atomisation, fragmentation and individualisation, and a lack of collectivism, support and structures to which people can belong and identity with.

9 One of the key ways for people to support their mental health is their capacity to be a part of a group or collective, which promotes a sense of identity, inclusion and belonging. Historically, there were relatively stronger community-based organisations and large associations—such as the Returned and Services League, Scouts and Guides, and Country Women's Association—that promoted and supported social connectedness. These associations provided an accessible forum for people to form connections within their local community or other communities based on shared interests. Similarly, religious groups and unions have historically played a central role in fostering social inclusion and providing their members with a strong sense of identity and connection.

10 As the strength and membership of these social institutions and associations have started to decline, so too have people's feelings of belonging and community. With the increasing atomisation of our society over the coming decades, people may find it increasingly difficult to achieve a feeling of belonging. I expect this difficulty will be exacerbated for people who have fewer resources, or where their local area has fewer available groups, activities, resources and opportunities. This lack of community connectedness and

[1] For more information about how health is affected by loneliness as compared with other risk factors, see Julianne Holt-Lunstad, Timothy B Smith and J Bradley Layton, "Social Relationships and Mortality Risk: A Meta-analytic Review" (2010) 7(7) *PLOS Medicine* <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>; Julianne Holt-Lunstad et al, "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review" (2015) 10(2) *Perspectives on Psychological Science* 227; Australian Institute of Health and Welfare, 'Social Isolation and Loneliness' https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness [accessed 1 June 2020].

inclusion may, in turn, impede people's ability to maintain positive health and mental health and access support and services.

11 Fragmentation and atomisation of our society results in social isolation. As indicated above, this in turn will result in increasing levels of poor mental health and by its nature will make delivery of mental health services more complex. Those who are alone and have poor mental health (anxiety, depression) are less likely to know where to find mental health services and whom to contact, and will feel less likely to attend or comply and continue with treatment. We need to be creative in developing and supporting new engaging and appealing forms of association, both face-to-face and online.

Economic participation

12 Changes in the global economy and job market will shape patterns of mental health in Victoria over the coming decades. I think our capacity to think creatively about the economy is going to be a real challenge, particularly in our truly globalised world. There needs to be continued investment in new industries that create new jobs, not just new robots, to ensure broad participation in the economy. The COVID-19 pandemic is already forcing us to drive certain industries, such as local manufacturing, in a different way. While there will be a huge rise in unemployment over the first six months of the pandemic, there will be more and more opportunities for creativity as we reintroduce all of the various forms of economic activity. For example, we will need to reimagine industries such as hospitality and tourism, education, health care, and energy, amongst others.

13 Meaningful work is crucial to people's health and mental health. One of the best things you can give someone for their mental health is a job that is meaningful, safe and meets the person's needs in terms of factors such as location and full time or part time work.

14 Both employment and unemployment directly affect mental health services by increasing demand. This happens in two ways. *First*, the harmful workplace practices of bullying, discrimination and marginalisation lead to increases in claims for psychological distress through WorkSafe. *Secondly*, unemployment can lead to financial stress, anxiety, depression and loss of self-esteem, all of which can increase demand for mental health services.

15 In my view, Victoria's political climate makes it well placed to tackle the challenges of economic participation. Victoria has generally been the most progressive state on a broad range of social issues that have impacts on mental health. Compared with other jurisdictions, Victoria has a stronger political consensus of the middle. That means there is a greater level of agreement around health and economic policies, and policies do not shift so dramatically as one government leaves and the next comes in. Up until recently, bipartisanship or multi-partisanship has been easier to forge, although this has been

somewhat harder over the last five or so years. If you can forge bipartisanship, then you can generally forge more effective interventions. Those interventions are the responsibility of government. For example, in the case of COVID-19, we have seen significant bipartisan interventions around controlling COVID-19 and stimulating the economy.

Social inequality and exclusion

16 Social and economic inequality is also a key issue impacting patterns of health, and access to health services. In my view, growing inequality and interpersonal or inter-community conflict and discrimination (for example, based on political beliefs or ethnicity) will have an increasingly negative impact on people's mental health.

17 Over recent times, different social and ethnic groups (always those that have the least power and resources and are the most recent arrivals in Victoria) have been highly stigmatised. They are blamed in the popular press for their predicament. This again results in disengagement particularly for young people, as well as poor mental health and impacts on not only the mental health systems but the justice and welfare sectors as well.

18 An additional problem is that our society deals with (currently) illegal drug use primarily through the justice system, not the health care system. This means that people with mental health problems who use currently illegal drugs often end up in gaol, which is the last place that will help their addiction. Similarly, people with addiction problems cause major problems in the whole health care system, especially emergency departments. Alcohol is the most prevalent cause of these problems—they are not only a result of the drugs that receive so much press such as ice and heroin. An important part of tackling the social inequality in our society is changing how we treat people who have mental health problems and alcohol and drug addiction.

19 As Sir Michael Marmot wrote: "The challenge is to bring socially excluded populations in from the cold—literally and metaphorically—and to provide them with the opportunity to be part of a diverse and flourishing society" [2]

20 Attached to this statement and marked "ARM-2" is a list of publications which support the link between inequality and mental health.

[2] Michael Marmot, "Inclusion health: addressing the causes of the causes" (2018) 391(10117) *The Lancet* 186-188, DOI:https://doi.org/10.1016/S0140-6736(17)32848-9.

Climate change

21 Climate change may have an increasing impact on mental health, particularly among the younger generations. I believe that the notion of 'climate angst' (by which I mean the sense of stress, concern and even anxiety and depression as a result of climate change) is real and meaningful.

Social media

22 Social media can be damaging for mental health. It has definite upsides to help people connect, to form groups to stay in contact. But it also has in my view, a paradoxical ability to divide and isolate people in an unprecedented way. It is said that "comparison is the thief of joy".[3] Social media invites people to constantly compare themselves with others. The premise of social media was that it should connect us, but I worry that we are replacing real hugs with 'e-hugs' and this sense of separation and constant comparison is detrimental to our individual and collective health. The ability to remain anonymous, to troll, to cyberbully is not only devastating in terms of damaging mental health but can lead to forms of tribalism and fragmentation which in turn makes it hard for effective policy making and effective governance.

The COVID-19 pandemic

23 The COVID-19 pandemic will have a huge impact on what needs to be done, and what can be done, to deliver effective mental health services. There are already many changes happening in the mental health system as a result of COVID-19—the pandemic has forced us into a new model of service delivery, and is also having broader effects on society. The question is how we capitalise on these potentially beneficial changes, and minimise or mitigate the potentially negative changes.

24 The COVID-19 pandemic is aligned with the biggest societal behaviour change we have ever seen. The behaviour changes we are seeing are extraordinary in their depth and their comprehensiveness. They are not limited to only some people in the population—they are impacting *everybody*. This is why dramatic changes can happen. For example, we are seeing so-called 'free market' political leaders increasing social security payments and providing wage subsidies.

[3] This quote is commonly attributed to Theodore Roosevelt.

(a) A new model of service delivery

25 The COVID-19 pandemic has forced us to adopt a new model of mental health service delivery very rapidly. In some ways, the pandemic has forced us to move in a different direction, where it has previously been hard to motivate people to change.

26 A highly instructive example of this rapid change is online consultations and online prescriptions. There is no reason why online consultations and prescriptions should not have been introduced 10 or more years ago, yet there was always strong opposition and so it did not happen. Some people, among both providers and receivers of health services, are probably unhappy or uncomfortable with the change. In the past, they have said, 'I'm not sure about this. I don't know how to use the technology.' But now, because we have been forced into the change, we have learnt so dramatically quickly how to use it.

27 By virtue of moving to telehealth and prescriptions online, the mental health system (and the health system as a whole) has changed more in the space of four weeks (March to April 2020) than it has in the last 10 years. The question is whether patients feel good about these changes, or not. I have heard from some specialists and general practitioners that their patients really like this new model. New models are already developing in Australia, such as the online stepped care psychology service My Mirror.[4]

28 The new online or phone-based model may, in many ways, be more efficient. In this way, the new model may actually increase access, rather than decrease it. For example, an online or phone-based service model takes out travel time and may be more convenient for patients. It is also probably a lot easier from an administrative point of view. For example, there is a reduced need for clinic or office receptions. The new model may also improve affordability, and can be used in a complementary way with face-to-face consultations. It may be a cheaper way for the State to provide services. It may even sometimes be safer for patients than traditional face-to-face service delivery, because the patients do not risk picking up a nosocomial infection (ie an infection that they pick up while in the hospital or health service) such as COVID-19.

29 However, in terms of access to online or phone-based services, the digital divide means that some people will be left out. Across the nation, digital inclusion follows some clear economic and social contours. In general, Australians with low levels of income, education, and employment are significantly less digitally included. There is consequently a substantial digital divide between richer and poorer Australians.

[4] 'My Mirror', <https://www.mymirror.com.au/> [accessed 1 June 2020].

30 Evidence of this can be found in the Australian Digital Inclusion Index (**ADII**), which seeks to evaluate Australia's online participation by measuring three vital dimensions of digital inclusion: access, affordability, and digital ability.[5] The ADII allocates scores to particular geographic regions and sociodemographic groups, with higher scores indicating greater digital inclusion.

31 The ADII shows that in 2019, people in Q5 low-income households had a digital inclusion score of 43.3, which is 30.5 points lower than those in Q1 high-income households (73.8). Although this gap has narrowed by 0.4 points since 2018, it remains at the same level as recorded in 2014 (30.5). Since 2014 the gap between employed Australians and those not in the labour force (**NILF**) has widened from 12.6 points in 2014 to 13.1 points in 2019.[6] Other groups are also less included, such as the aged, Indigenous Australians, people from culturally and linguistically diverse (**CALD**) communities and people with a disability.

32 The digital divide can be addressed through other mechanisms, such as by ensuring that people have fixed internet connections, and do not have to rely solely on the data allowance on their mobile phones or mobile broadband devices.[7]

33 I anticipate that in the future a hybrid form of services will develop, wherein we insist that the first service is always delivered face-to-face, but then follow-ups can be done online.

(b) Broader impacts on society

34 The COVID-19 pandemic also has broader macro impacts on society, often with some paradoxical effects. The pandemic is causing some real damage, but is also offering some real opportunities. In some ways, the changes we are experiencing to society may have huge advantages. In other ways, the actual experience of living in the COVID-19 pandemic is not helping, and is indeed harming, lots of people.

35 An example of these paradoxical effects is in the area of gambling. Venues with poker machines have shut, which is great for people with gambling problems. But how do we manage the fact that people who used to go to the local pokies venues have lost that as a way of making social connections, or the impacts on those who have lost their jobs?

---

[5] Australian Digital Inclusion Index, 'Current Reports' <https://digitalinclusionindex.org.au/the-index-report/report/> [accessed 1 June 2020].

[6] Julian Thomas et al., 2019, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2019, RMIT University and Swinburne University of Technology, Melbourne, for Telstra, 5.

[7] See, eg, ibid 49.

The impact of these societal changes on the mental health of different cohorts

(a) Different age groups

36 Poor mental health expresses itself differently in different age groups. There are different risks at different ages, and different services required for different age groups. Those services need to be provided and accessed in different ways depending on the age group.

37 One of the key roles in mental health service provision is the supporter – the person who accompanies someone when they seek out services. We need to think about how that companion is included in the information about services that are available and how people can access those services. For example, in the case of children, it is obvious that they need their parents or a guardian. Older people may also need a relative to help them. But even with young adults, who is going to go with them to help them access the service? There is still stigma around mental illness, and it is often quite hard to access services by yourself.

38 Another consideration is the way certain age groups are more susceptible to influences that can be harmful to mental health. Without wanting to demonise them, I would include some of the social media Apps (Facebook, Instagram, Twitter, Snapchat) as important examples. Social media has a particular (negative) impact on young women and their body image, and, as mentioned above, it is also a platform for cyberbullying. These sorts of issues are probably much more impactful on someone aged 14 than they are on someone aged 34 or 54 or 74.

39 As I mentioned above, there is also the issue of climate change. Climate change does not affect millennials alone, but it does affect a certain group of millennials in a fairly important way. In general, older age groups do not seem to experience climate angst nearly as strongly as millennials.

(b) Communities experiencing disadvantage or poverty

40 Communities experiencing disadvantage or poverty will face added difficulties in accessing mental health services. This is because they generally have inadequate access to the financial and educational resources which help to facilitate greater social and community participation. They are disadvantaged in terms of accessing services and activities that allow them to participate in the community, and they have fewer resources if they or their family members encounter significant mental health problems.

41 A poorer local area is also likely to have less well-designed and inclusive public spaces, which makes it harder for people in those areas to build a feeling of community. As I discuss below, such spaces are important for promoting good mental health.

(c) People living in different parts of Victoria

42 In rural towns, people may experience stronger community bonds, which is a determinant that promotes good mental health. However, their access to confidential mental health services is often more limited than that of people living in urban centres. The new shifts in the provision of online services could greatly assist the provision of confidential mental health services in regional and remote Victoria

(d) People from CALD backgrounds

43 Included among those with CALD backgrounds are people who have recently arrived in Australia, and people seeking asylum. These groups are constantly and easily stigmatised. Mainstream Australia, particularly through the agency of tabloid media and shock jocks and shock janets, is incredibly effective in stigmatising and discriminating against certain groups.

44 In relation to the recently arrived groups, South Sudanese people have been particularly targeted in Victoria because they are in many ways so different from other Victorians. I suspect that one of the reasons why stigmatisation has been so much more of a problem for this group is that we have invested much less in supporting their integration and assimilation. For example, I suspect we have put much less effort into making sure recently arrived people from South Sudan have had access to English language classes, and effective local integration measures. This stigmatisation and exclusion is the same towards people seeking asylum: for example, they are actively excluded from Medicare services.

45 We need to provide these populations with the kinds of support services that will help diminish negative mental health impacts. This includes support to learn English, learn how to operate in Australia or in Victoria, gain employment and learn how to use the health and education systems. It is also very important to work together with these different communities and support the co-design of services offered to them. We need both individualised approaches and community support underlying those approaches.

(e) Indigenous Australians

46 Indigenous Australians form another group that faces constant stigmatisation and discrimination by mainstream Australia. I think that many Indigenous Australians feel unsafe, and that is particularly devastating because this is *their* land.

47 I worked for a number of years in Alice Springs for the Aboriginal community-controlled health organisation (Central Australian Aboriginal Congress), and I witnessed how discrimination destroys people's health, and their mental health in particular.

Discrimination is incredibly powerful. But we often do not see its impacts directly: it's not like having a broken leg, but you do have a broken spirit.

Supporting communities to adapt to these societal changes

48 Communities can counteract the trend of atomisation by doing more to facilitate connection and inclusion. We need to develop innovative ways of facilitating and encouraging connection, particularly in local neighbourhoods. Good examples of such a mechanism include community gardens and the Men's Shed initiative. Another example of an effective community initiative is Vocal Nosh, which is a monthly community event that brings people together to sing and share a meal. It is vital that we reinforce effective community-based initiatives like these, and continue to adequately invest in them. These initiatives play a vital role in connecting people and offering people the tools they need to engage with and feel included in society. Similarly, services such as the Asylum Seeker Resource Centre (https://www.asrc.org.au) and The Water Well Project (https://www.thewaterwellproject.org) play absolutely crucial roles in supporting newly arrived groups, but they have limited capacity compared to the need.

49 In addition to local governments and community based-organisations, individuals and families can also help facilitate a greater sense of inclusion, for example by welcoming newcomers into a neighbourhood and connecting people with one another. Simply knowing who lives in your street tends to make people feel safer, and that supports good mental health.

50 We should also try to create and use more inclusive forms of communication rather than relying on social media. Respectful, open communication helps to foster positive mental health. We can all play a role by encouraging and looking out for each other.

Responses from governments to societal changes

Local government

51 Local government has an important role to play in helping communities to adapt to the societal changes I discussed above. Local government can act as a facilitator of social connection. Local government is the provider of so many services that help us connect. For example, local government can facilitate connection by maintaining parks and open spaces. If these spaces are well-kept and attractive, then they will be used. If they are poorly maintained, then they are much less likely to be used.

52 Local government also has some power over urban design and planning permits, which are important drivers of good mental health (as I discuss further at paragraphs 61 to 65 below). For example, local community shopping strips offer a much better sense of

connection than huge malls, and local governments have a key role in planning for, and supporting these.

53 Local government can help people adapt to changes through the infrastructure they supply for sporting and cultural groups. This includes support for music, theatre, circus, neighbourhood groups, sport, men's sheds and art and craft groups. By supporting these initiatives, local governments help to create active and artistically vibrant communities. In addition, active and artistically vibrant communities are also more likely economically vibrant, because they are constantly attracting people.

54 Local government also has a very important role in creating harmony between the different levels of government, which I discuss further below.

Harmony between levels of government

55 There needs to be greater harmony between the local, Victorian and Commonwealth governments. In general, there is no doubt that we will get better social and economic policies if we have a higher level of agreement between the levels of government. Reaching agreement between governments has been a problem in Australia for many years. If we cannot come to an agreement, then we delay, and we do not get very good outcomes. In addition, when a new government comes in, they usually drastically change our policies, thus losing the benefits of the previous three, four or even more years of investment in a particular area.

56 The importance and benefits of achieving greater harmony between the different levels of government can be seen in the response to COVID-19. The fact that the state, territory and Commonwealth governments have reached a level of agreement has resulted in quicker, more effective policy. The contrast of this can be seen in the highly fragmented and ineffective response to COVID-19 in the USA.

57 The politicians in the three tiers of government (local, state and Commonwealth) need to work effectively together. To achieve the benefits of co-operation, we need better systems for harmonising the different tiers. All tiers of government need to respect each other. We could potentially use mental health services and the mental health of Australia as one way of trying to get the different tiers of government to understand each other's different roles and to respect and honour them.

58 Once harmony is achieved, we need to think about how to maintain it. We can do that through good political and bureaucratic leadership. Politicians need to talk with each other at different levels of government, and across governments. States and territory governments need to talk with each other and learn from each other. To have a good Federal system, states should be 'gently' competitive. An example of the effectiveness of gentle competition is the Dirty Ashtray Award, which is an award for the worst-performing

Australian government on tobacco-control measures.[8] No state government wants to earn the Dirty Ashtray Award.

59 The same notion of competition can be seen now with the response to COVID-19. States compare how many new cases they have, and who has done the best and who has done the worst in terms of containing the pandemic. If we had good data, we could do the same for mental health. We could identify the key indicators of how well the system is functioning (for example, in terms of service provision or mortality). We could then start measuring those indicators.

Local initiatives and the determinants of good mental health

Community-based initiatives and start-ups

60 Communities should be empowered to experiment with innovative ways of facilitating connection and inclusion. Community-based initiatives like those I mentioned above are particularly promising in this regard. The effectiveness of these initiatives could be improved by greater financial, political and community support for initiatives focusing on how to scale up community initiatives which have proven themselves effective in pilots.

Urban design

61 Urban design is also important for promoting good mental health. The resources that communities need to shape good mental health are not limited to financial resources; people also need well-designed physical spaces in the local area where they can meet and engage with each other.

62 Not only do those spaces need to be available in the local area, but people need to feel safe entering and spending time in them. The spaces need to be designed with particular values in mind: safety, vitality, inclusion and connection.

63 Planning factors such as traffic flow can have a direct impact on the extent to which a local area feels safe and inclusive. For example, people living on a busy thoroughfare may feel less safe, less likely to go out for a walk and therefore less likely to form meaningful connections with neighbours. This has been supported by research overseas:

(a) In an interesting study conducted by Professor Donald Appleyard and colleagues in the United States in 1969, the researchers compared three streets that had different amounts of daily through-traffic but were otherwise similar. The

[8] Australian Council on Smoking and Health, 'National Tobacco Control Scoreboard' <https://www.acosh.org/what-we-do/national-tobacco-control-scoreboard/> [accessed 1 June 2020].

researchers found that the people living on the street with the least amount of traffic had three times as many friends in the street and felt three times as safe. Why? Because the physical nature of the street was much safer and quieter.[9]

(b) Joshua Hart of the University of the West of England, Bristol, has replicated Appleyard's work.[10]

64 Local areas can also be retrofitted to make them more active, vibrant and happier spaces. In 2017, the City of Whittlesea published an interesting report about community wellbeing indicators.[11] The City of Whittlesea conducted a survey and found that, over the course of a few years, issues like commuting time had worsened, and there was a decreased engagement in community groups. They found there was an increase in stress about mortgage repayments, an increase in family violence, a lack of feeling safe, and a lack of a sense of community. These were all areas that the City of Whittlesea felt were real problems for the local community. The important thing is that the local government is measuring these indicators, and reporting on them.

65 The availability of safe, well-designed and inclusive community spaces varies a lot around Victoria, from inner-city Melbourne, to the greater Melbourne area, to regional and rural Victoria. It is somewhat paradoxical: there are better services in the inner city, but people may feel less connected to a community. People in rural areas generally have the advantage of having stronger connections within the community and a stronger sense of local identity. The levels of local connection and identity will vary between rural centres like Ballarat or Bendigo, as compared with places like Horsham. But, on the whole, people in remote, rural areas might not have particularly good access to services.

Health promotion

Governance arrangements required to drive mental health services and health promotion efforts

66 In my view, there should not be a distinction between mental health services and mental health promotion. They are mutually reinforcing. We need to better integrate health promotion and health services so that we are providing people not only with therapeutic and psychological care, but also with community-based care and inclusion. Appropriate

[9] Donald Appleyard and Mark Lintell, "The Environmental Quality of City Streets: The Residents' Viewpoint" (1972) 38(2) *Journal of the American Institute of Planners* 84.

[10] Joshua Hart and Graham Parkhurst, "Driven to Excess: Impacts of Motor Vehicles on the Quality of Life of Residents of Three Streets in Bristol UK" (2011) 17(2) W*orld Transport Policy and Practice* 12.

[11] For more information, see City of Whittlesea, 'Community Wellbeing Indicators Report (2017)' <https://www.whittlesea.vic.gov.au/media/2523/community-wellbeing-indicators-report_accessible-version-accessible.pdf> [accessed 1 June 2020].

treatment is important but should not come at the expense of measures that prevent mental illness and promote good mental health.

67 Both health promotion and health services should be based around the common values of freedom from discrimination, freedom from violence, the capacity to participate in the economy, and capacity to belong in society.

New institutions

68 With the disintegration and disappearance of mass participation in Church-going and other major social activities, other institutions and approaches need to take up the role that is being vacated. As part of this process of replacement and rejuvenation, consideration should be given to refining community groups more carefully around interests. Those groups could then be scaled up across a large metropolis like Melbourne or across the whole State of Victoria. Irrespective of the form that these community-based initiatives and institutions take, mental health promotion should form a core part of their work and mandate.

Government policy

69 Government policy, legislation and regulation directly impact mental health prevention and promotion. Policies across government need coherence and should foster inclusion, not discrimination and conflict. This is particularly important in relation to the justice system. For example, in my view, incarcerating addicted drug users who often have major mental health problems is a completely ineffective means of addressing both drug addiction and mental illness.

Public health campaigns

70 Communication and public health campaigns and interventions are important for public health promotion. Over the last 40 or 50 years we have seen some highly effective campaigns in Australia. These have been not only well researched, but well funded. The successful campaigns are of sufficient duration, exposure and repetition.

71 These campaigns do not only change the behaviour of any one individual, but they can create an environment that promotes policy change. An effective campaign can increase the likelihood that the community will support legislative and policy changes that will have a significant positive impact on promoting mental health. These campaigns help governments garner the political will to make changes that might otherwise face insuperable opposition.

72 The introduction of tobacco plain packaging laws is an example of how public education can change attitudes and make room for more progressive policies. Twenty years ago

Australia attempted to introduce tobacco plain packaging, but the government lacked the political support to push the changes through. Over time, through high impact media campaigns, the public's attitudes towards smoking changed. The public's increased understanding of the health risks associated with smoking meant that it became politically feasible for the Commonwealth government to pass legislation mandating tobacco plain packaging.

73 The anti-tobacco campaign has worked, and there are measurable outcomes to support this. For example, when advertisements are broadcast encouraging people to quit smoking, there is a consequent increase in the number of calls to 'quit hotlines'.[12]

74 We need to have similar campaigns promoting mental health. In 2001, Victoria launched a public education campaign called "Together We Do Better". However, the campaign was neither large enough nor of sufficient duration. Future campaigns need to be well-researched, tailored to the current times and supported by strong evidence.

Access to services

75 Public health campaigns must direct people to effective and accessible services. These are not necessarily dedicated mental health services; often primary health care will be one of the key points of contact. Primary health care includes general practitioners and community health services. These services are incredibly important, because they are often the first port of call.

Data and surveillance

76 Data are incredibly important for helping us identify and understand the key trigger points and measures of mental health. Once we have that information, we can work back towards targeting particular determinants of mental health. Data will help us to better understand equity and connection. These issues are relevant not only for mental illnesses like anxiety and depression, but for health promotion more broadly.

The role of health system managers in health promotion

77 Health system managers like the Department of Health and Human Services must know what services are needed. They don't necessarily have to be responsible for providing services, but they should have the connections to the various parts of the system that can

[12] See, for example, Donovan RJ, Boulter J, Borland R, et al. "Continuous tracking of the Australian National Tobacco Campaign: advertising effects on recall, recognition, cognitions, and behaviour" (2003) 12(Suppl II) *Tobacco Control* ii30–9, DOI: http://dx.doi.org/10.1136/tc.12.suppl_2.ii30; Carroll T, Rock B. Generating Quitline calls in Australia's National Tobacco Campaign: effects of television advertisement execution and programme placement" (2003) 12(Suppl II) *Tobacco Control* ii40–4, DOI: http://dx.doi.org/10.1136/tc.12.suppl_2.ii40.

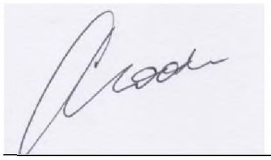
in fact promote mental health. Managing a health system is more about understanding who does what and developing strong networks. The health system manager can then call on those networks when they are needed. Health system managers should help the various parts of the system stay in contact with each other. We need the 'ambulance at the bottom of the cliff', but also we need the ambulance driver to know and be interested in who is 'building the fence' at the top, or half way down, the cliff. If there is a relationship between the different parts of the system, and people know, respect and appreciate each other's work, then they can all utilise the other parts of the system.

78 The entity running the health system also needs to be thinking about how to manage demand, and how to manage referrals of people back into the community on discharge from hospital.

Funding a redesigned mental health system

79 In my view, the way to fund an effective mental health service system and successful mental health promotion in the future is through a highly functional progressive tax system.

sign here ►



print name Alan Rob Moodie

Date 9 June 2020

Royal Commission into
Victoria's Mental Health System

ATTACHMENT ARM-1

This is the attachment marked "ARM-1" referred to in the witness statement of Alan Rob Moodie dated 9 June 2020.

CURRICULUM VITAE

ROB MOODIE

Deputy Head of School
Professor of Public Health
Melbourne School of Population and Global Health,
University of Melbourne
207 Bouverie St. Carlton, Victoria 3053| Australia

Professor of Public Health
School of Public Health & Family Medicine
College of Medicine, University of Malawi
P/Bag 360, Blantyre, Malawi

09/06/2020

ROB MOODIE, AM, MBBS, MPH, F(FPHM)RACP, FRACGP, DTMH, Dip RACOG

Date of Birth: 7.7.1953, Melbourne, Australia

Nationality: Australian

Family:

Education/Qualifications:

- University of Melbourne 1971-1976. Bachelor of Medicine and Bachelor of Surgery
- Royal Australian College of Obstetricians and Gynaecologists 1983. Diploma.
- Alliance Francaise, Paris 1984. Diplôme de Langue.
- Pierre and Marie Curie University, Paris 1985. Diploma of Tropical Medicine and Health.
- Royal Australian College of General Practitioners 1986. Fellow.
- Royal Australian College of Physicians, Faculty of Public Health Medicine. 1990. Fellow.
- Harvard School of Public Health.1991. Masters of Public Health in International health.
- Australian Institute of Management 1999. Fellow.

Awards:

- Victorian Health Promotion Foundation Public Health Fellowship (1990-1992)
- Albert Schweitzer Prize, Harvard School of Public Health. Inaugural recipient 1990.
- Perelberg Award, 1998
- Community award, People Living with AIDS, 2001
- Victorian Father of the Year 2005
- Selected one of *The Age's* 100 most influential Melbournians for 2009, and again in 2012
- One of the 50 most influential people in General Practice in Australia - *Australian Doctor* 2009
- International Academic Partnership Merit Award. University Eduardo Mondlane, Mozambique 2013
- Member of the Order of Australia for significant service to medicine through HIV/AIDS research, and through leadership roles in population health and disease prevention programs 2014
- Life Member, Melbourne University Rugby Football Club.

Key Community Roles:

- Patron, *Global Ideas Forum* 2013-
- Patron *Festival21* 2015 -
- Distinguished Fellow, Australia India Institute 2012 -
- Ambassador, End Alcohol Advertising in Sport 2018-
- Principal for a Day, 2003-2015
- Ambassador, Whitelion 2005-2015
- Ambassador, Second Bite 2010 - 2015
- Ambassador, Club Melbourne 2005-
- Australia Day Ambassador 2008 – 2015
- Ambassador FebFast 2010-2013, Patron 2013-16
- Patron, Mandala Foundation 2010-2015
- Patron 20th Man Fund 2010 -

CURRENT APPOINTMENTS

- **Professor of Public Health, and Deputy Head of School, Melbourne School of Population and Global Health, University of Melbourne**
- **Professor of Public Health, College of Medicine University of Malawi**
- **Honorary Fellow, Malawi-Liverpool-Wellcome Trust Clinical Research Program, Blantyre, Malawi**

In his role at the University of Melbourne he serves as Deputy Head of School and teaches three key subjects in the MPH – Public Health Leadership and Management; Health Promotion and the Practice of Public Health leadership, in addition to a number of leadership courses for Early Career Researchers across the Medical, Dental and Health Sciences Faculty and outside bodies (e.g. National Mental Health Commission, Safer Care Victoria). He currently mentors more than 20 public health and, medical colleagues.

In his role in the College of Medicine in Malawi Prof. Moodie supports quality improvements in teaching. He has started a special 10year program in leadership skills training for health professionals in Malawi and since 2016 has trained over 400 young doctors, nurses, medical researchers, environmental health officers and professional staff. These participants are then followed up every 3-4 months to track the development of their leadership skills development plans. More than 25 leadership courses have been held since 2016.

OTHER CURRENT APPOINTMENTS

- Member, Expert Panel on Health Promotion, World Health Organization 2009-
- Chair, Health Futures Australia, 2018-
- Chair, Centre for Alcohol Policy Research (CAPR) Advisory Committee, Latrobe University 2019 -
- Member, Australian National Development Index (ANDI) Advisory Committee 2017-
- Member, SugarByHalf Board 2019 -

Past Roles

He was appointed by the Australian Minister for Health in April 2008 to Chair the National Preventative Health Task Force, which released the Australian Preventative Health Strategy, focusing on obesity, tobacco and the harmful use of alcohol in September 2009. The stargey recommended the world first plain packaging of cigarettes. He was appointed as Deputy Chair of the Advisory Council to the Australian National Preventive Health Agency in 2011.

He is a member of WHO's Expert Panel on Health Promotion. In 2010 he was appointed as Chair of the Federal Minister's Men's Health Reference Group and in November 2010 he was appointed to the International Steering Committee of the First Global Ministerial Conference on Healthy Lifestyles and Non Communicable Disease Control, held in Moscow in April 2011, where he coordinated the writing of the Moscow Declaration. He was the sole non-government representative in the official Australian delegation to the UN High Level Meeting (UNHLM) on NCDs held in New York in September 2011.

He advised WHO Geneva on the development of Global Partnership arrangements for NCDs following the 2011 UN High Level Meeting, and together with Dr Kate Taylor assisted WHO to prepare their reports on progress on NCDs to Executive Office of the UN Secretary-General. He is advising WHO on their Global Coordinating Mechanism for NCDs. He commenced in 2011 as a member of GAVI's Evaluation Advisory Committee and was Chair from 2014 to 2019.

He chaired the Technical Advisory Panel, Bill and Melinda Gates Foundation funded Indian AIDS Initiative, *Avahan*, from 2004 to 2013. He was a member of the Commission on AIDS in the Pacific, which reported in 2010.

He is a regular commentator in mainstream and on-line press (see below), on radio and television. He was selected as one of The Age's 100 most influential Melbournians for 2009 and 2012. In 2010 he was chosen by Australian Doctor as one of the 50 most influential doctors in Australia over the prior five years.

He was a Member of the Minister of Foreign Affairs' Aid Advisory Council from 2002-2007, and has been a member of the Asia Pacific Leadership Forum on HIV/AIDS, Steering Committee since 2003.

In 2007 he was appointed by the Victorian Minister of Planning to Chair the Audit Expert Group to review Melbourne's major planning program, *Melbourne 2030.*

Professor Moodie has co-chaired two major international conferences - The 6th International Congress on AIDS in Asia and the Pacific, held in Melbourne in October 2001, and the 18th World Conference on Health Promotion held in Melbourne in 2004.

He was Co Chair, Scientific Committee 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders in 2008.

He was Editor-in-Chief of the Health Promotion Journal of Australia from 1999 until 2002.

Professor Moodie was Chair of the Ministerial Advisory Committee on AIDS, Hepatitis and

Related Diseases from 1999-2003 and from 2003 he chaired the Victorian Premier's Drug Prevention Council from 2003 until 2007.

He was a Vice President, International Union of Health Promotion and Education from 2001-2006, and co-chaired the UNAIDS Resource Needs Steering Committee in 2005.

PAST BOARDS, COMMITTEES AND OTHER APPOINTMENTS

Member, Inter-Governmental Committee on AIDS,1988-90
Executive Officer, Victorian AIDS Advisory Committee, 1988-90
Member, National Working Panel on AIDS and Aborigines, 1989
Chair, STD Task Force, Health Department Victoria, 1989-90
Member, Joint Soviet-Australian Mission on Scientific exchange on AIDS, Moscow/Leningrad1990
Member, Overseas Programs Advisory Committee, Save the Children Fund, 1989-93
Chair, Community Education, Development and Health (CEDAH) 1991-95
Member, Community, Schools and Health Committee, Victorian Health Promotion Foundation,1994-95
Founding Member, Melbourne Health and Human Rights Group1994-95
Member Advisory Group on Health to Australian Agency for International Development (AUSAID), Canberra1994-95, 2000-1
Founding Member, Board of Directors, Medicins Sans Frontieres Australia, 1995-96, 1999-2002
Founding Co-chair and Steering Committee member - MAP – Monitoring the AIDS Pandemic – the International network on HIV epidemiology,1996-
Member, Scientific Advisory Panel, 10th International Conference on the reduction of drug related harm, 1999
Member, Public Health Education & Research Review Committee, Canberra,1998 – 1999
Member, Drug Policy Experts Committee, Victoria,1999-2000
Co-Chair, 6th International Congress on AIDS in Asia and the Pacific, Melbourne, October 2001, 1999–2001
Member, City Safety Forum, City of Melbourne, 2000–2
Member, Commonwealth Joint Advisory Group on Population Health and General Practice, 2000-1
Member, Strategic Research Investment Committee, Department Human Services, Victoria 1999-2002
Member, Australia New Zealand Journal of Public Health Editorial Board 2002-2005
Chair, National HIV/AIDS Strategy Review 2002
Member, Premier's Drug Prevention Council 2001-2002
Chair, Ministerial Advisory Committee on AIDS, Hepatitis and Related Diseases 1999-2003
Member, National Partnership on Mental Health Promotion, Canberra, 1999-2003
Member , Board of the Institute of Social Policy, Swinburne Uni, Melbourne, 2000- 2004
Co-Chair, 18th World Conference on Health Promotion, Melbourne 2004, 2002-2004
Vice President, International Union of Health Promotion and Education 2001-2006
Member, Board of Depressionet 2003-06
Member, Committee for Melbourne 1999-2007
Member, Board of Foundation for Young Australians 2002-2007
Member, International Union of Health Promotion and Education 2001 – 2007

UNAIDS Working Group on Prevention 2005-2010
Chairman, Board of Directors, Melbourne Storm Rugby League Club 2006- 2010
Chair, National Preventative Health Taskforce 2008 - 2011
Chair, Federal Minister's Men's Health Reference Group 2010-2013
Deputy Chair, Advisory Council to the Australian National Preventive Health Agency 2011-2014
Director, Board of the Australian Research Alliance for Children and Youth 2007-2015
Chair, Avahan HIV Prevention Program India, Technical Advisory Panel 2004-2013
Member, Ormond College Council (representing University of Melbourne) 2001-2015
Chair, GAVI Alliance Evaluation Advisory Committee 2014- 2019

PREVIOUS APPOINTMENTS

1979 - 1980
Save The Children Fund, Gedaref, Eastern Sudan. Medical Officer.
Responsible for setting up mother and child health care programs in refugee camps in Eastern Sudan. This included development and implementation of health worker education and community health education programs. Conducted refugee camp surveys and census.

1982 - 1984
Central Australian Aboriginal Congress, Alice Springs, Northern Territory Australia. Medical Officer.
Involved in establishing primary health care programs for town (fringe) camp dwellers in the Alice Springs Aboriginal population. Involved in health worker and medical student education.

1985 Medecins Sans Frontieres, Wad Kowli, Eastern Sudan. Medical Coordinator.
Led large multi-national medical relief team which was responsible for the inpatient and outpatient care of a large refugee camp of 30 - 44,000 Tigrean refugees on the Sudan - Ethiopian border. Managed over 100 employees and developed health worker education program. Refined system of morbidity and mortality surveillance in the refugee camp.

1985 - 1988
Central Australian Aboriginal Congress, Alice Springs, Northern Territory Australia. Senior Medical Officer.
Responsible for the development of primary health care programs for the Aboriginal population of Alice Springs and for the development of specific health projects e.g. AIDS Aboriginal Awareness and Education Program, Visual AIDS project.
Supervised Family Medicine Program trainees and other employed medical officers.

1987 - 1988
World Health Organisation, Global Program on AIDS. Consultant to the National Program Support Unit. Involved in the development of National AIDS program plans in the Solomon Islands and Vanuatu.

1988 World Health Organisation, Global Program on AIDS. Consultant to the National Program Support Unit. Assisted in the development of a standard system of HIV sentinel surveillance in the development of national AIDS control programs in Zaire, Burundi and Cameroon.

1988
National AIDS Control Service, Yaounde, Cameroon, Consultant Epidemiologist.

Involved in the initial implementation of the Medium Term AIDS Control Plan (MTP). Developed plans for sentinel and intermittent HIV and AIDS surveillance, and for health education for the implementation of the MTP. Presented briefings in Brazzaville about the Global Program on AIDS to African Member states' WHO representatives.

1988 - 1990
Health Department Victoria, Senior Medical Officer, AIDS/STD Unit.
Responsible for the direction of the state AIDS/STD prevention and management program including policy, program development and implementation, and management of approximately 50 staff. Responsible for the development of the strategy for the upgrading of STD clinical facilities and the implementation of a new STD surveillance system. Responsible for the development of a specific strategy for the prevention of HIV in intravenous drug users involving comprehensive network of over 80 needle and syringe exchange outlets, statewide pharmacy distribution program and needle and syringe disposal program. Promoted direct funding of community groups involved in peer education and prevention of HIV and other STDs.

1990 World Health Organisation, Global Program on AIDS. Consultant to the National Program Support Unit. Developed and wrote the first draft of the "Guide to Strategies and Activities of a National AIDS Prevention and Control Program."

1991 Harvard Study Team. Public Health in Iraq after the Gulf War. Member of the team that studied the cumulative effects of the Gulf crisis on the health of the civilian population of Iraq. Developed and conducted the public health assessment used in the study. Presented the findings to the Head of the UN Sanctions committee, other UN Ambassadors, the Director of UNICEF, the US State Department and Director of the Senate Committee on Foreign Relations.

1991 Physicians for Human Rights. The Effects of the Curfew on health and health care access on the West Bank during the Gulf Crisis. Developed the research methodology and survey questionnaire for this study that has been carried out by the Boston-based Physicians for Human Rights.

1991 World Health Organisation. Evaluation of the Uganda AIDS Control Programme's Information, Education and Communication activities. Conducted a large scale, 1,000 household, evaluation project in conjunction with the Global Programme on AIDS (GPA) and the Ugandan National AIDS Control Programme. This research used qualitative and quantitative methodologies including community-based surveys of target audiences. It was the first time GPA conducted this type of evaluative research at the national level.

1992 –1995
Macfarlane Burnet Centre For Medical Research, Melbourne. Deputy Director, Field Programs and Head, International Health Unit.
Responsible for the leadership and development of the international health program of the Macfarlane Burnet Centre. The program is currently running and providing technical advisory services for several HIV/STD prevention, child survival and community health projects in Indonesia, India, China, Nepal, Thailand, Malaysia, Papua New Guinea, and Southern Africa. Project partners include national Ministries of Health (Thailand, Indonesia, China), non-government organizations (World Vision, Red Cross, Program for Appropriate Technology in Health, the Emmanuel Hospital Association), multilateral organizations such as the United Nations Development Program, the World Health Organization, and bilateral agencies such as the Australian

International Development Assistance Bureau.

During this period also appointed the Technical Director, Indonesia HIV/AIDS Prevention and Care Project, a $20million AusAID funded HIV prevention and care project in Indonesia, run over 5 years, employing more than 30 people and operating from 4 geographic sites.

1992 Consultant to WHO.
Team leader of international multi-agency team to the Senegal and Congo to evaluate mechanisms for coordination of country level AIDS activities to the Global Programme on AIDS. Co-chaired working group in Geneva to write recommendations.

1992 Consultant to UNDP at NGO-Business consultation in Thailand (June), Special Programming Consultation, New York (October) and Informal Consultation on Behaviour Change, New Delhi (November).

1992 Consultant to Australian International Development Assistance Bureau. Team Leader for Papua New Guinea HIV/AIDS Programme Review and Identification Study. This was a pre-feasibility study for the development of a large HIV/AIDS project funded by AIDAB.

1992 Consultant to AIDAB. Conducted African HIV/AIDS Options Study for AIDAB. Wrote background study paper to advise AIDAB on HIV/AIDS programming options in Southern Africa.

1992 Consultant to Health Department Victoria. Developed and wrote the Infectious Diseases Control Strategy for the Health Department Victoria.

1993 Consultant to UNDP. Organised and co-facilitated an International Workshop in Melbourne entitled "The development and implementation of community-based monitoring, evaluation and programme development methodologies".

1993 Consultant to AIDAB. Member of pre-feasibility mission to Indonesia to advise the Australian and Indonesian Governments on the development and implementation of national, provincial and community-based HIV/AIDS prevention programmes.

1994 Consultant to World Vision for planning of HIV prevention projects in Laos.

1993 - 1996
United Nations Development Programme. International Technical Adviser to HIV/AIDS Prevention and Care project in China. Team leader of the pre-formulation and formulation missions for the multisectoral HIV/AIDS prevention and control programme in China. The team developed a comprehensive programme over three years involving development of national policy; establishment of a national training centre for HIV/AIDS education; production of high quality educational materials; and development of community demonstration projects aimed at behaviour change. Provided ongoing technical advice to this collaboration between UNDP and the Chinese Ministry of Public Health. In March 1994 organised and supervised nine day training workshop in Melbourne for senior Chinese health officials. Conducted mid term review in December 1994.

1993 - 1994
Consultant to United Nations Development Programme (UNDP). Responsible for the development of a collaborative project between UNDP and several HIV prevention projects in Maharashtra and Tamil Nadu states in India. This collaboration developed the framework for participatory approaches to evaluation and documentation of these projects.

1994 Consultant to the Emmanuel Hospital Association, New Delhi India.

Leader of an extensive review of the community health activities of a large Christian missionary hospital organization, which has 17 hospitals and 8 community health projects throughout Northern India. AusAID funds this project.

1994 Consultant to UNDP.
Team Leader of large multi-agency team (UNDP, World Bank, WHO, UNICEF, AusAID, UNDCP) that developed the "Framework for External Assistance to the National AIDS Programme in Vietnam.

1994 Consultant to AIDAB. Member of project appraisal mission to Indonesia to advise the Australian and Indonesian Governments on the development and implementation of national, provincial and community-based HIV/AIDS prevention programs.

1994 - 1996
Principal Investigator of a two-year grant from the Myer Foundation to develop and produce resource materials for the prevention and care of HIV for indigenous NGOs in Asia and the Pacific.

1995 – 1998
Joint United Nations Programme on AIDS (UNAIDS), Geneva Switzerland. Director, Department of Country Support
UNAIDS is a joint and cosponsored HIV/AIDS program of the United Nations Children Fund (UNICEF), the United Nations Development Program (UNDP), the United Nations Fund for Population Activities (UNFPA), the United Nations Educational, Cultural and Scientific Organization (UNESCO), the World Bank and the World Health Organization (WHO). It was established in 1995. Its mission is to lead and strengthen the global response to AIDS, and it is at the leading edge of UN reform. At the country level the program works through newly established UN Theme Groups on HIV/AIDS which bring together the combined resources of the cosponsors to limit the spread and impact of HIV/AIDS.

He was the inaugural Director of Country Support, responsible for setting up the department and for ongoing leadership. The Department provided support to UN Theme Groups on HIV/AIDS in over 100 countries. His responsibilities included the management of over 100 staff worldwide, a budget of $30 million per year, and the development of a novel framework for co-ordinated action on AIDS at country level. The department was also responsible for inter-country technical collaboration teams based in Abidjan, Pretoria, and Bangkok. A major focus of the first two years of work was the development and implementation of national strategic planning processes for HIV/AIDS at country level (situational analysis, response analysis, strategic plan formulation, and resource mobilization).

2002 Consultant to WHO
Carried out initial mission to plan the development of a mental health promotion program in Samoa.

2002 Consultant to OPCV
Participated as faculty in NGO HIV/AIDS workshop, Tai Yuan, Shanxi province and member of World Bank Health IX review mission, Fujian Province, China.

2002 Chaired Review of National HIV/AIDS Strategy

2003 Member of review panel of the Australian International Health Institute

2004-2005
Participated in group to develop UNAIDS approach to HIV prevention in the era of expanded ARV treatment

2005 Co-chaired international group to develop official UNAIDS estimates of resource

needs of global HIV/AIDS

2005 Co-authored a key report for AusAID's White Paper on Australia's role in HIV development assistance.

2006 Member of a Commonwealth Department of Health and Ageing sponsored working group to review national HIV/AIDS prevention education.

1998-2007

Victorian Health Promotion Foundation (VicHealth), Chief Executive Officer

VicHealth, begun in 1987, is the first organisation of its kind established by Government legislation to use a small percentage of a dedicated tobacco levy to promote health, through partnerships with sports, arts and cultural bodies, local community health promotion grants, and the funding of innovative public health research. This model of health promotion has now been adapted across Australia and internationally in Switzerland, Thailand, Malaysia Korea and Austria.

VicHealth funds hundreds of projects a year, providing over $25 million annually for programs and research. VicHealth's major areas of work are in tobacco control, mental health promotion, physical activity, healthy eating and reducing health inequalities. VicHealth funds key projects such as the Quit Program, SunSmart, the Walking School Bus, the Good Sports Program, and Leading the Way in addition to six centres of public health research excellence and over 50 research fellowships and scholarships.

In 1999 VicHealth underpinned the establishment of the International Health Promotion Foundation network.

June 2007-January 2012

Professor of Global Health, Nossal Institute for Global Health, University of Melbourne

Prof Moodie was responsible for leading the development of the Non Communicable Diseases (NCDs) program within the Institute.

This included the development of research, teaching and program work in NCD prevention, tobacco control and health promotion, in India, south-east Asia and east Africa. Along with colleagues, such as Dr Tim Moore he has developed and now has conducted over 20 three or five day specialized courses in public health leadership and in health promotion in Melbourne and at the Eduardo Mondlane University in Maputo, Mozambique. He also teaches regularly in the law and economics faculties as well as the Australian and New Zealand School of Government.

2007 Co-Chair, Expert Group developing Global Framework for Health Promotion, London

2007 Consultant to UNAIDS. Conducted review of the Global Implementation Support Team.

2008 Chaired the first 5 year Audit Review of *Melbourne 2030,* the major planning approach for Melbourne

2008-11

Chair, National Preventative Health Taskforce

2010 Developed two papers for AusAID

- Integration of HIV into SRH in the Pacific (excluding PNG)
- Options paper on Non-Communicable Diseases

2010-present

Chair, Federal Minister's Men's Health Reference Group

Jan 2012- July 2105

Professor of Public Health and Director of Teaching and Learning: Melbourne School of Population and Global Health

As the School's Director of Teaching and Learning, he oversaw the development and running of postgraduate subjects within the school's degree programs (particularly the Master of Public Health), in the Melbourne Medical School's MD, and in the planned intercalated MPH/MD. He chaired the School's Teaching and Learning Committee, oversaw contributions to the MMS's MD program and sat of the School Executive. He taught into and coordinated the School's various subjects in public health leadership and management and health promotion. He has taught in the University of Eduardo Mondlane's MPH in Mozambique since 2008.

PAST ACADEMIC APPOINTMENTS

1989 -1990

Monash University, Melbourne, Australia. Senior Lecturer (Part-time) Department of Community Medicine.

1992-1995

Monash University, Melbourne, Australia. Senior Lecturer
Inaugural co-ordinator of International Health Courses in the Masters of Public Health Graduate Program. Initiated the first post-graduate courses in health and human rights to be held outside USA.

1999 - 2008

Monash University, Melbourne, Australia. Faculty of Medicine, Adjunct Professor

1999 -

Melbourne University, Melbourne, Australia. Faculty of Medicine, School of Population Health. Honorary Professorial Fellow.

STUDENT SUPERVISION

Grant Davies, PhD University of Melbourne, co-supervisor
Alan Crouch, PhD, University of Ballarat co-supervisor
Sant-Rayn Pasricha, PhD Uni of Melbourne co-supervisor
Satish Thirunavukkarasu PhD Uni of Melbourne co-supervisor
Rene Otmar, MPH Research Report
Caroline Acland, MPH Research Report
Monika Lokshot, MPH Research Report
Yom An, MPH Research Report
Tess Archbold, MPH Research Report
Noor Noor Shah, M Epi Research Report
Tanrathy Tuy, Gus Nossal Leadership Program, Cambodia
Matts Junek MD Scholarly Selective
Nick Hughes MD Scholarly Selective

Peter Herewila MPH Professional Placement Unit
Wantula Sichembe MPH Research project (Malawi)
Steve Manzoyo – MEpi Research project (Malawi)
Zoe Hallwright MPH Professional Placement Unit
Amelia Hyatt MPH Professional Placement Unit
Elizabeth Bennett MPH Research project JCU
Daniel Moloney MDRP MD

External PhD examiner for the University of New South Wales, University of Sydney, Deakin and Monash Universities

GRANTS/POST DOCTORAL SUPERVISION

Moodie R Meij J, Maier A. Understanding and preventing avoidable readmissions: development of a patient centered and disease specific screening tool. *NHMRC Strategic Translational Research Grants.* Amount: AUD$100,000 (2016)

Moodie R, Taylor K, Taylor H. Lessons from Trachoma. Mitchell Foundation. Amount: $19,800 2013

Chan KY, Fairley C, Moodie R. Early Researcher Grant, *University of Melbourne*, Principal Investigator, 2008. Industrial partner: Fair Labor Association. Amount: AUD$39,500.

Chan KY, Fairley C, Moodie R. Australia-China Exchange Fellowship "HIV risks and points of intervention for China's internal migrants in Guangdong". *National Health and Medical Research Council (NHMRC), Research Fellow,* (2008 – 2012). Industrial partner: Fair Labor Association. Amount: AUD$349,640.

National Health and Medical Research Council (NHMRC) training fellowship (2011-2014) to undertake research overseas around developing better systems to deliver primary and public health care through collaborative partnerships. Amount: AUD$349,640

MENTOR

He currently actively mentors more than 20 colleagues, early career professionals and students as part of University of Melbourne, Faculty of Public Health Medicine, and Public Health Association mentor schemes as well as independent mentees in Australia, Europe and Malawi.

JOURNAL REVIEWER

1999-	International Journal of Health Promotion
1999-	AIDS Journal
2004-	Australian and New Zealand Journal of Public Health
2005-	American Journal of Public Health
2009-	Lancet
2012-	PLOS
2012 -	Medical Journal of Australia

2013- New Zealand Journal of Medicine
2015- Malawi Medical Journal
2015- Obesity Reviews
2014- BMC
2015- Sociology of Health and Illness
2014- Global Public Health
2015- Lancet Diabetes and Endocrinology
2016- Global Mental Health; Public Health Research and Practice;
2017- Asia Pacific Journal of Public Health;
2018- Journal of Public Health Research

PREVIOUS HOSPITAL APPOINTMENTS

1974 Royal Melbourne Hospital, Melbourne, Australia. Blood bank Technician.
1977 Albury Base Hospital, New South Wales, Australia. Intern.
1978 American Hospital In Paris, France. Chief Resident Medical Officer.
1981 Royal Children's Hospital, Melbourne, Australia. Junior Resident Medical Officer.
1982 Royal Women's Hospital, Melbourne, Australia. Resident Medical Officer.

PUBLICATIONS

Books

1. Aboagye-Kwarteng T, Moodie R, (eds): *Community Action on HIV, A Resource Guide for HIV Prevention and Care*, AusAID, Canberra 1995 (translated into Indonesian, Thai, Russian).
2. Moodie R, Hulme A. (eds) *Hands on Health Promotion.* IP Communications, Melbourne 2004, reprinted 2006.
3. Aboagye-Kwarteng T, Moodie R, Toole M, Holmes (eds): *Community Action on HIV, A Resource Guide for HIV Prevention and Care and Support*, (Second Edition) Burnet Institute. Melbourne. November 2004
4. Herrmann H, Saxena S, Moodie R.(eds*) Promoting Mental Health. Concepts, Emerging Evidence, Practice* WHO Geneva 2005
5. Gate G, Moodie R *Recipes for a Great Life*. Hardie Grant Melbourne 2008

Book chapters

1. Moodie R, Stebbing M. Healthy Aid? Australia's Health Aid Policy and Programs, in *Australia's Aid Program* ed. P Kilby 1995
2. Moodie R, 'The situation now and possible futures' in *No Place for Borders* eds. G Linge and D Porter. Allen and Unwin 1997
3. Tarantola D, Lamptey P, Moodie R: Status and Trends of the Global HIV/AIDS Pandemic in: *HIV Prevention Innovations in Developing Countries*, Vermund S, DiClemente R, eds. Plenum Publishers USA, 1998
4. Chan-Kam C, Goodridge G, Moodie R: Strategic Planning, Design and Management of HIV/AIDS programmes in: *HIV/AIDS Prevention and care in Resource Constrained Settings: A Handbook for the Design and Management of Programs.* Family Health International, Washington, USA 2002
5. Moodie R. 'Introduction: getting your hands on' in Moodie R, Hulme A (eds) *Hands on Health Promotion.* A IP Communications, Melbourne 2004
6. Moodie R, Campbell P, Saan H Leadership and Management in Moodie R, Hulme A (eds) *Hands on Health Promotion.* IP Communications, Melbourne 2004
7. Walker L, Moodie R, Herrman H Promoting mental health and well being in Moodie R, Hulme A (eds) *Hands on Health Promotion.* IP Communications, Melbourne 2004
8. Moodie R, Sexual health for all: Strategies for action in the 21st century in Temple-Smith, Gifford S (eds). *Sexual Health: An Australian perspective.* IP Communications, Melbourne 2005
9. Moodie R, Walker L, Herrman H, Saxena S, Introduction: Promoting Mental Health as a Public Health Priority in Herrman H, Saxena S, Moodie R. (eds) *Promoting Mental Health: Concepts, Emerging Evidence, Practice* WHO Geneva 2005
10. Moodie R, Walker L, Verins I, Webster K. Responding to the Social and Economic Determinants of Mental Health: A Conceptual Framework for Action in Herrman H, Saxena S, Moodie R. (eds) *Promoting Mental Health: Concepts, Emerging Evidence,* WHO Geneva 2005
11. Moodie R, Saxena S, Herrman H, Saraceno B. Conclusions and Recommendations in Herrman H, Saxena S, Moodie R. (eds) *Promoting Mental Health: Concepts, Emerging Evidence, Practice* WHO Geneva 2005
12. Moodie R . Why Ride? In Vincent S (ed) *Bike Bible. Making the Most of Two Wheels.*

Bike Victoria Wilkinson Publishing Melbourne 2008

13. Hermann H, Moodie A. R_Saxena S *Mental health Promotion* in Patel, Woodward, L Feigin, K Heggenhougen, R Quas (eds) Mental and neurological public health: a global perspective. Academic Press 2010
14. Moodie R Up in Smoke: combating tobacco through legislative reform in Lindquist, Vincent, Wanna (eds) Delivering Policy Reform p181-192 ANU Press, Canberra 2011
15. Moodie R Life Balance in Blashki and Sykes (eds) *Life Dancing Life Surfing* pub: Future Leaders 2013 pp.110-128
16. Moodie R NCDs and the Culture Wars in Blashki and Sykes (eds) *Singing in the Rain* pub: Future Leaders 2015

Peer-reviewed journal articles

1. Moodie R., Hagos F., Trigg P.: An Ethiopian Refugee Village in Sudan: the Question of Employment. *Disasters* 1981 5:2:89-93
2. Moodie R., Thomson G.: Aboriginal Health (letter) *Med J Aust* 1983:213
3. Moodie R.: The Politics of Evaluating Aboriginal Health Services. *Community Health Studies*, 1989;XIII(4):503-509
4. Moodie R.: Research in Sexually Transmitted Diseases in Aboriginal Communities, *Venereology* 1991. 4 No.1:34-37
5. The Harvard Study Team. Special Report. The effect of the Gulf Crisis on the Children of Iraq. *N Engl J Med* 1991;325:977-980
6. Reath JS, Patel M, Moodie R.: Cervical Cytology in central Australian Aboriginal women. *Australian Family Physician* 1991;20:600-603
7. Moodie R, Aboagye-Kwarteng T. Confronting the HIV Epidemic in Asia and the Pacific: Developing successful strategies to minimise the spread of HIV Infection. *AIDS* 1993; 7:1543-51
8. Moodie R, Parnell B, Aboagye-Kwarteng T. AIDS in Asia and the Pacific: What has Australia to offer? *Aust J Public Health*, 1194 March; Vol 18. 1: 4-6.
9. Tarantola, D., Mann J, Viravaidya, M., Moodie, R., Sundararaman, S. Governments of Asia and the Pacific responding to the HIV/AIDS pandemic. *AIDS*, 1994, 8 Suppl 2:S183-98
10. Moodie R. Popes, pastors, presidents and politicians: The forgotten risk group. *Development Bulletin* 1995; 34: 49-51
11. Moodie R The Continuum of Health and Human Rights, *Health and Human Rights,* 1995,1:295-297
12. Benton K, Jolley D, Smith A, Gerofi J, Moodie R. An actual use comparison of condoms meeting Australian and Swiss standards: results of a double blind trial. *Int J of STD and AIDS* 1997; 8:427-431
13. Moodie R. Human rights, public health and the reduction of drug-related harm. *AIDS Health Promotion Exchange* 1997, 2:11-13
14. Abdool-Karim Q, Tarantola D, As Sy Elhaj, Moodie R. Government Responses to HIV/AIDS in Africa: what have we learnt? *AIDS* 1997, 11 (suppl B):S143-149
15. Moodie R, Dixit K, Chan-Kam C et al. AIDS in Asia and the Pacific. The role of inter-country and interagency collaboration. *AIDS* 1998, 12 (suppl B):S137-144
16. Moodie R. Stress and the Workplace. *Australian Family Physician*, 1998 27:11:983
17. Moodie R, Borthwick C Emotions at work. *Med J Aust;* 1999 170:296-297
18. Moodie R, Borthwick, C, Phongphit S, Galbally R, Hsu-Hage B. Health Promotion in South-East Asia: Indonesia, DPR Korea, Thailand, the Maldives and Myanmar. *Health*

Promotion International 2000 15:3:249-257
19. Moodie R, Liberman J, Public Policy, Tobacco and the Drug Debate. *Health Promotion Journal of Australia*, August 2000 10:2:94
20. Moodie, R. The Art and Science of Health Promotion. *Australian Journal of Primary Health Interchange*, Special Issue: Primary Health Care, Volume 6, Numbers 3 & 4, 2000
21. Moodie R. Should HIV be on the development agenda? *Development Bulletin*. 2000 Jun;(52):6-8.
22. Martin J, Cotter T, Moodie R Learning from experience: future directions for tobacco control. *Development Bulletin*. 2001 April;(54):47-51.
23. Moodie, R. Mesurer l'efficacite des politiques de promotion de la sante: quelles lecons tirer des success australiens? *Promotion and Education* Supplement 1, 2004: 28-32
24. Moodie, R, Jenkins R. I'm from the government and you want me to invest in mental health promotion. Well why should I? *Promotion and Education*. Supplement 2, 2005: 37-41
25. Moodie R, Swinburn B, Richardson J, Somaini B. Childhood obesity – a sign of commercial success, but a market failure. *International Journal of Pediatric Obesity* 2006;1(3):133-8
26. Moodie R, Swinburn B, Richardson J, Somaini B. Re: Childhood obesity, values and the market. *International Journal of Pediatric Obesity* 2006;1(4):256.
27. Moodie R. Fat is Good for Business. *Australian Economic Review* 2008:41 (1) , 85–89
28. Moodie R. The Way We Treat Each Other. *Med J Australia* 2008; 188 (8): 477-480
29. Moodie R. Climbing to the Australian Summit *The Lancet* 2008 Vol. 371 2066-2067
30. Herrman H, Moodie R and Saxena S Mental Health Promotion. In: Kris Heggenhougen and Stella Quah, editors *International Encyclopedia of Public Health*, Vol 4. San Diego: Academic Press; 2008. pp. 406-418.
31. Moodie R Australia: the healthiest Country by 2020 *Med J Australia* 2008; 189 (10): 588-590
32. Grundy J, Moodie R An approach to health system strengthening in the Democratic Peoples Republic of Korea (North Korea) *Int J Health Plann Mgmt*, 2009; 24 113-129
33. Moodie R Where Different Worlds Collide: Expanding the Influence of Research and Researchers on Policy *Journal of Public Health Policy* 2009:**30**; S33-S37
34. Laga M, Galavotti C, Sundaramon S, Moodie R. The importance of sex-worker interventions: the case of Avahan in India. *Sex Transm Infect* 2010:86: i6-i7
35. Chikritzhs TN, Allsop SJ, Moodie AR, Hall WD Per capita alcohol consumption in Australia: will the real trend please step forward? *Med J Australia* 2010; 193: 1–4
36. Douglas RM, Stanley FJ, Moodie AR, Adams AI and Kaldor JM. Lowering Australia's defence against infectious diseases *Med J Australia* 2010; 193 (10): 567-568
37. Tobin R, Moodie AR, Livingstone C A review of public opinion towards alcohol controls in Australia. *BMC Public Health* 2011, 11:58 http://www.biomedcentral.com/1471-2458/11/58
38. Ruth Colagiuri, David Hill, Greg Johnson, Erin Lalor , **Rob Moodie,** Ian Olver , Lyn Roberts, Helen Robinson, Anne Wilson. Australians for Global Action on NCDs. Time for global action on chronic disease. *Medical J Australia* 2011; 194 (4): 158-159
39. Robert Beaglehole, Ruth Bonita, Richard Horton, Cary Adams, George Alleyne, Perviz Asaria, Vanessa Baugh, Henk Bekedam, Nils Billo, Sally Casswell, Michele Cecchini, Ruth Colagiuri, Stephen Colagiuri, Tea Collins, Shah Ebrahim, Michael Engelgau, Gauden Galea, Thomas Gaziano, Robert Geneau, Andy Haines, James Hospedales, Prabhat Jha, Ann Keeling, Stephen Leeder, Paul Lincoln, Martin McKee, Judith

Mackay, Roger Magnusson, **Rob Moodie**, Modi Mwatsama, Sania Nishtar, Bo Norrving, David Patterson, Peter Piot, Johanna Ralston, Manju Rani, K Srinath Reddy, Franco Sassi, Nick Sheron, David Stuckler, Il Suh, Julie Torode, Cherian Varghese, Judith Watt, for The Lancet NCD Action Group and the NCD Alliance. Priority actions for the non-communicable disease crisis. *Lancet* April 6, 2011 DOI:10.1016/S0140-6736(11)60393-0

40. Robert Beaglehole, Ruth Bonita, George Alleyne, Richard Horton, Liming Li, Paul Lincoln, Jean Claude Mbanya, Martin McKee, **Rob Moodie,** Sania Nishta, Peter Piot, K Srinath Reddy, David Stuckler, for The Lancet NCD Action Group UN High-Level Meeting on Non-Communicable Diseases: addressing four questions *Lancet* June 13, 2011 DOI:10.1016/S0140-6736(11)60879-9
41. Skov SJ, Chikritzhs TN, Kypri K, Miller PG, Hall WD, Daube MM, Moodie AR Is the "alcopops" tax working? Probably yes but there is a bigger picture. *Med J Aus.* 2011 Jul 18;195(2):84-6.
42. Pasricha SR, Biggs BA, Prashanth NS, Sudarshan H, Moodie R, Black J, Shet A. Factors influencing receipt of iron supplementation by young children and their mothers in rural India: local and national cross-sectional studies. *BMC Public Health.* 2011 Aug 3;11:617.
43. Moodie A R. The slow-motion disaster that is breaking the bank *Med J Aust* 2011; 195 (9): 508-509.
44. Moodie R. Commentary on Pidd et al(2011): Booze and drugs on the job – zeroing in on the industries at risk. *Addiction* 2011: Vol. 106, No 9 p 1634
45. Laga M, Moodie R Avahan and Impact Assessment (Letter) *Lancet* Vol 379 March 17, 2012 p1003-4
46. Daube M. Moodie R Chapman S Plain Packaging – plainly a success *Med J Aust* 2012: 197 (10):537-38
47. Moodie R., Stuckler D., Monteiro C., Sheron N, Neal B, Thaksaphon T, Lincoln P, Casswell S, on behalf of the Lancet NCD Action Group. Profits and Pandemics *Lancet* February 12, 2013 http://dx.doi.org/10.1016/S0140-6736(12)62089-3
48. Mitchell R, Jamieson J, Parker J, Hersch F, Zoe Wainer Z, Moodie AR Global health training and postgraduate medical education in Australia: the case for greater integration. *Med J Aust* 2013: 198 (6): 316-319
49. Arora M, Tewari A, Nazar GP, Grills NJ, Sonrexa J, Gupta VK, Moodie R, Reddy KS. (2013) Exploring perception of Indians about plain packaging of tobacco products: a mixed method research. Frontiers in Public Health 1:35.
50. Lindsay S, Thomas S, Lewis S, Westberg K, Moodie R, Jones S Eat, drink and gamble: marketing messages about 'risky' products in an Australian major sporting series. *BMC Public Health* 2013;13(8):719-
51. Elliott T, Trevena H, Sacks G, Dunford E, Martin J, Webster J, Swinburn B, Moodie AR, Neal BC. A systematic interim assessment of the Australian Government's Food and Health Dialogue. *Med J Aust* 2014; 200: 92–95
52. Grainger Gasser A, Welch C, Arora M, Greenland R, Bhatti L, Sanda L, Moodie R, Bianco E. Reducing Cardiovascular Mortality Through Tobacco Control: A World Heart Federation Roadmap. *Glob Heart* 2015 Jun;10(2):123-33. doi: 10.1016/j.gheart.2015.04.007.
53. Massie J. Moodie R Alcohol Gifts in Medicine *Med J Aust* Dec 2015; 203: 436-7
54. Moodie AR, Tolhurst P., Martin JE Australia's health: being accountable for prevention *Med J Aust* 2016; 204 (6): 223-225. doi: 10.5694/mja15.00968

55. Moodie R. Learning about self: leadership skills for public health *Journal of Public Health Research* 2016; volume 5:679
56. Moodie R *Lethal but Legal* Book Review *AJPH* May 2016, Vol 106, No. 5
57. Moodie R Merchants of Doubt: How a Handful of Scientists Obscured the Truth on Issues From Tobacco Smoke to Global Warming. *American Journal of Public Health*. 107. 2017
58. Daube M, Moodie R, McKee M Towards a smoke-free world? Philip Morris International's new Foundation is not credible. *The Lancet*. 390. 2017
59. Moodie R What Public Health Practitioners Need to Know About Unhealthy Industry Tactics. *American Journal of Public Health*. 107. 2017
60. Arabena K, Armstrong F, Berry H, Brooks P, Capon T, Crabb C, Demaio A, Doherty P, Lewin S, Lo S, Lopez A, McMichael C, McPake B, Moodie R, Nolan T, Ruff T, Sainsbury P, Selvey L, Shearman D, Stanley F Australian health professionals' statement on climate change and health The Lancet Published : 2018 DOI: https://www.doi.org/10.1016/S0140-6736(18)32610-2
61. Karl Blanchet, Abbas El-Zein, Ana Langer, Miho Sato et all. Support for UNRWA's survival. The Lancet | Published : 2018 DOI: 10.1016/S0140-6736(18)32264-5
62. Manyozo S, Moodie R. Road traffic collisions in Malawi: Trends and patterns of mortality on scene. *Malawi Med J*. 2018;30(2).
63. Rochford C, Tenneti N, Moodie R. Reframing the impact of business on health: the interface of corporate, commercial, political and social determinants of health. *BMJ Global Health* 2019;**4**:e001510. doi:10.1136/ bmjgh-2019-001510

Major reports

1. Hudson B., Zakharov O., Moodie R., Mills P., Cox K., Swan P.: *Report of the Working Panel on Aboriginals, Torres Strait Islanders and HIV/AIDS*. Commonwealth Dept. of Community Services and Health, Canberra: AGPS: 1989
2. The Harvard Study Team. The effect of the Gulf Crisis of the Children of Iraq. Report of the United Nations Security Council 1991
3. Moodie R., Katahoire A., Kaharuza F., et al: *An Evaluation Study of Uganda AIDS Control Programme's Information Education and Communication Activities*. Ministry of Health/WHO Entebbe, Uganda. 1991. pp60.
4. Moodie R., Thomson S., Mitchell A., et al: *The Victorian Infectious Diseases Control Strategy*. Final Report. August 1992. Health Department Victoria.
5. Moodie R., Aboagye-Kwarteng T., Kelm D: *HIV/AIDS in Africa Initiative. Programming Options*. Final report. June 1992. Australian International Development Assistance Bureau. Canberra
6. Moodie R., Aboagye-Kwarteng T., Cox E., et al: *Papua New Guinea HIV/AIDS Programme Review and Identification Study. Pre-Feasibility Report*. July 1992. Australian International Development Assistance Bureau. Canberra.
7. UNAIDS, *Resource Guide for Theme Groups* 1998
8. UNAIDS, Guide to the strategic planning process for a national response to HIV/AIDS 1999
9. Moodie R. Occupational Health - more than just safety? Occupational Health & Safety Magazine, Dec 1998
10. Moodie R. Should HIV be on the development agenda? *Development Bulletin*, June 2000 52:6

11. Moodie R, Pisani E, de Casterllarnau M Infrastructures to Promote Health, *5th Global Conference on Health Promotion*, Mexico, June 2000 http://www.who.int/hpr/conference/products/Techreports/infrastructure.pdf
12. Drug Policy Expert Committee, *Stage 1 Report*, April 2000 http://www.dhs.vic.gov.au/phd/dpec/stageone/report.pdf
13. Drug Policy Expert Committee, *Stage 2 Report*, November 2000 http://www.dhs.vic.gov.au/phd/dpec/stagetwo/stagetwo.pdf
14. Saxena S, Herrmann H, Moodie R. *Promoting Mental Health. Concepts, Emerging Evidence, Practice* Summary Report WHO April 2004
15. O'Keeffe AM, Godwin J., Moodie R. HIV/AIDS in the Asia Pacific Region. Analytic Report for the White Paper on Australia's Aid Program Oct 2005
16. Moodie R Report to the Global Implementation Support Team (GIST) October 2007 UNAIDS.
17. Moodie R, MacAfee A, Whitney D, Wright M. Melbourne 2030 Audit Expert Group Report Department of Planning and Community Development May 2008
18. Moodie R., Harper T., Oldenburg B A national agency for promoting health and preventing illness. An Options Paper Commissioned by the National Health and Hospitals Reform Commission October 2008
19. National Preventative Health Task Force. *Australia: the Healthiest Nation by 2020*, June 2009
    i. National Preventative Health Strategy - Overview
    ii. National Preventative Health Strategy - The Road Map for Action
    iii. Obesity in Australia: a need for urgent action; Technical Paper and addendum
    iv. Tobacco control in Australia: making smoking history; Technical Paper and addendum
    v. Preventing alcohol-related harm in Australia: a window of opportunity. Technical Paper and addendum
20. Commission on AIDS in the Pacific *Turning the tide: An OPEN Strategy for a response to AIDS in the Pacific* 2010
21. Taylor K, Topp SM, and Moodie R. Die Another Day: Addressing the Burdens of HIV and NCDs September 2011. *Commissioned paper by UNAIDS for the UN High Level Meeting on NCDs New York* September 2011
22. With Kate Taylor (*commissioned by WHO Geneva*)
    a. Effective approaches for strengthening multisectoral action for NCDs. WHO Geneva April 2012
    b. Lessons learned from existing multisectoral partnerships at all levels. WHO Geneva April 2012
    c. Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership (October 2012)
23. Plain Packaging of Tobacco Products. Report of the Australia-India Institute Taskforce on Tobacco Control. July 2012

Other non-peer reviewed articles

1. Moodie R. AIDS Education - Seeing it a different way. *National AIDS Bulletin* 1989, Vol 3:3:17

2. Moodie R.: Sexual Behaviour and AIDS in Uganda. *National AIDS Bull. 1993* 7:3: 38-40.
3. Moodie R. Ageing and Health Promotion. *Journal of the Health Education Association (Victoria)*, Winter 1999 11-12
4. Moodie R. It Is Our Problem. Harmful Drug Use in Victoria. *DHS Chief Health Officer's Bulletin*, Melbourne, June 2001
5. Moodie R. Reducing Health Inequalities: Challenges to promoting health and preventing injuries. *Hazard*, Edition No. 49, Summer 2001/02
6. Moodie , Verins I, To Whom Does Mental Health Belong? *Australian e-Journal for the Advancement of Mental Health (AeJAMH) Guest Editorial*, Vol. 1, Issue 2, 2002
7. Moodie R, Hulme A. Collaborative Strategies for Health. *DrugInfo*, Volume 1 Number 2 September 2002
8. Moodie R. Promoting the Health of Alcohol and Other Drugs Workers: Who Us? You've Got to be Joking! *Drugwise*, Autumn 2003: 32-33
9. Moodie R. Is this the end of the Cul de Sac? Planning Institute of Australia, Victorian Division, *Planning News*. Vol. 29 No. 10 November 2003.
10. Moodie R. Valuing Diversity. Health Development Agency Health Development Today Magazine. Issue 19 Feb/March 2004
11. Moodie R, A Blue Chip Investment in Health. *Snows Field.* Issue 2, May 2005
12. Moodie R, A Doctors View: Sex sells, sexual health doesn't. *Snows Field.* Issue 3, July 2005
13. Moodie R, Soap box *Government News* July 2005
14. Moodie R, Rathbun K. Partnerships for Promoting Health: How to Tango. *Health for the Millions*. Nov. – Dec. 2005 & Jan. – Feb. 2006, Vol. 31 No. 4 & 5. pp. 24 – 27
15. Moodie R, Why We Won't Win the Battle of the Bulge – tell me I'm wrong. *Snows Field.* Issue 2, June 9, 2006
16. Herrman H, Saxena S, Moodie R. Promoting Mental Health: Concepts, Emerging Evidence, Practice, in Berger,Ed. (2005) *From Research to Effective Practice* Proceedings of the Third World Conf on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, Sept 2004. Rockville, MD: US DHHS, Substance Abuse and mental Health Services Administration, Centre for Mental Health Services pp. 97-102
17. Moodie R and Verins I. Is an Ounce of Mental Health Promotion worth a Pound of Cure? in Berger, E., Ed. (2005*) From Research to Effective Practice.* Proceedings of the Third World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, September, 2004. Rockville, MD: US DHHS, Substance Abuse and mental Health Services Administration, Centre for Mental Health Services. pp. 37-53
18. Moodie R Reflections. The *MJA*, MDA National, Nossal Global Health Prize: broadening our horizons. *MJA* 2012:197 (6):351
19. Moodie R. Teaching Leadership in the warm heart of Africa *MJA Insight* 21/8/16 http://www.doctorportal.com.au/mjainsight/2016/32/teaching-leadership-in-the-warm-heart-of-africa/

Articles in mainstream press

1. Clearing smokescreens (with Jonathan Lieberman) *The Age* 17/1/2000
2. Why the tobacco farce is such a tragedy (with Jonathan Liberman) *The Age* 18/4/2000
3. Part of the Drug Puzzle *Herald Sun* 17/7/2000
4. New hope geography wont determine HIV prognosis *The Age* 2001

5. We can't walk by *Herald Sun* 27/2/2001
6. Don't dump on the young *Herald Sun* 3/4/2001
7. Lifting the drug curse *Herald Sun* 26/6/2002
8. AIDS: the Grim Reaper is back *Herald Sun* 19/7/02
9. No hope for Iraq's children *Herald Sun* 30/1/2003
10. Games can save our lives. *Herald Sun* 17/2/2004
11. Why we're all victims of the bully. *Herald Sun* 14/10/2004
12. Here's a way to reduce those waiting lists. *The Age* 10/11/2004
13. A campaign that just can't quit. *The Age.* 24/1/2005
14. Sensible solution to abortion *Herald Sun* 10/2/2005
15. When our young ooze booze, the drink needs a serious rethink *The Age* 21/2/2005
16. Treaty to tame tobacco kings *Herald Sun* 1/3/2005
17. A sudden attack of the fats. *Herald Sun.* 11/3/2005
18. Marketing a more healthy lifestyle? Fat chance. *The Age* 28/3/2005
19. How the condom police costs lives *Herald Sun* 27/4/2005
20. Kids are walking for their lives *Herald Sun* 19/5/2005
21. Soap box *Government New* July 2005
22. Melbourne 2050: a sad place to live *Herald Sun* 7/7/2005
23. Dope: some good news, some bad *Herald Sun* 4/8/2005
24. A parallel Australia – tackling mental health *Online Opinion* October 2005
25. A big stick is not the way to fight drug use *The Age* 20/3/06
26. New ice age is upon us and we must act now *Sunday Age* 2/4/06
27. No end to obesity while Big Business controls the food chain *The Australian* 8/4/06
28. Kids who are what they eat *Herald Sun* 26/4/2006
29. I'm being driven around the bend *Herald Sun* 1/6/2006
30. Schoolyard brawls doing little for the lot of MPs *Canberra Times* 13/6/2006
31. Putting the boot into bad drinking *Sunday Age* 6/8/06
32. Sick side to pollie wobble *Herald Sun* 16/8/06
33. Workplace stress saps energy from corporations, and cuts profits *The Age* 17/8/06
34. When little lives crowd in, love conquers all *Sunday Age* 3/9/06
35. Beating the Habit *Herald Sun* 18/9/06
36. Male Myths Hard to Kill *Herald Sun* 27/10/06
37. Saying Yes to Attacks on Women *The Age* 31/10/06
38. Lawyer Fest is in Season *Herald Sun* 22/12/06
39. Butts out But Boozing is Up *Herald Sun* 01/01/07
40. What Happened to Safe Sex? *The Age* 09/01/07
41. Sex is Now Big in Hollywood *Herald Sun* 17/01/07
42. The Booze Beast *The Sunday Age* 10/06/07
43. An Ailing System *The Age* 2/07/07
44. Think Differently and Connect *The Sunday Age* 23/9/07
45. Leaders Turn Fair-go Country into a Mean Place *The Age* 23/10/07
46. Children are for life, not just for kissing (during elections) *The Sunday Age* 18/11/07
47. The Frantic Pace of Life *The Age* 01/01/08
48. It's war on our roads and cars should not be the winners *The Age* 7/3/08
49. Child abuse is a blight on us all *The Age* 30/6/08
50. Walk to Work Day tomorrow not only about health *The Advertiser* 2/10/08
51. The Legacy of our risky lifestyle *The Age* 27/10/08
52. Self Reflection – even the Gods do it *The Age* 1/1/09
53. The evidence on preventing AIDS is clear (with Mike Toole), *The Age* 14/04/09

54. Lets win our city's battle of the bulge (with Ann McAfee), *The Age* 8/8/09
55. C'mon Fev, boot booze *Herald Sun* 24/9/09
56. Aussies can't hold our booze. National Times *The Age* 30/10/09
57. Time to usher out the fast and the furious *The Age* 1/01/2010
58. Too much hit and miss in piecemeal approach to foreign aid (with Kate Taylor) *The Age* 24/9/10
59. Lessons to learn in the calm after the storm *The Age* 1/01/11
60. How to combat the deadly epidemic of lifestyle disease *The Conversation* May 2, 2011(with Kate Taylor)
61. Nanny knows best: Why Big Tobacco's attack on Mary Poppins ought to backfire. *The Conversation* June 21, 2011
62. Giving what it takes: healthy priorities emerge from independent review of aid. *The Conversation* July 19, 2011 (with Kate Taylor)
63. World-first plain packaging for tobacco products a step closer to becoming law. *The Conversation* August 25, 2011 (with others)
64. Can CHOGM take the reins in the face of NCD disaster? 27 October 2011 *The Conversation*
65. VicHealth a Global Pioneer. Supplement to the *Mail and Guardian* (South Africa) Nov 17/11/2011
66. Team effort for Aborigines is the way ahead (With Kate Taylor and Hugh Taylor) *The Age* 16/03/12
67. Obesity, poverty and inequality: weighty problems for all of us *The Conversation* 22/6/12
68. Industry-sponsored self-regulation: it's just not cricket *The Conversation* 6/7/12
69. One year on, what has the UN meeting on non-communicable diseases achieved? *The Conversation* 12/9/12
70. No place for industry in the fight against lifestyle diseases *The Conversation* (with Bruce Neal) 12/2/13
71. The History of Alcohol in Australia 25/2/13 *The Conversation*
72. End of absolute poverty, hunger and disease in sight 30/4/13 *The Conversation*
73. Focus on prevention to control the growing health budget 2/5/13 *The Conversation*
74. Beer and chips protected species as sports ban healthy eating ads 10/5/13 *The Conversation* (with Caroline Mills)
75. In Conversation with Asha founder Dr Kiran Martin 21/11/13 *The Conversation*
76. Unhealthy big business spreading great harm 6/01/14 *The Age*
77. Profits, death and disease: big tobacco's business model *The Conversation* June 19, 2014
78. In Conversation with Professor Françoise Barré-Sinoussi July 20, 2014 *The Conversation*
79. In Conversation with Nigel Crisp: Ebola response and lessons from African health leaders December 8, 2014 *The Conversation*
80. Chronic lack of healthcare funding leaves both parties looking sick June 4 2015 *The Age* http://www.theage.com.au/comment/chronic-lack-of-healthcare-funding-leaves-both-parties-looking-sick-20150603-ghfvj6
81. The World Health Organization wants a diverse workforce, but what about its interns? July 10 2015 (with Jordan Jarvis) *The Conversation*
82. Taxes are not evil *The Age* Sept 25 2015 http://www.theage.com.au/comment/taxes-are-not-evil-why-i-like-paying-my-fair-share-20150924-gjtq7h.html
83. Australia's bad food habits sickening the nation *Herald Sun* April 5 2016

84. Australian Overseas Aid is not an ATM for our budget problems *Huffington Post 2/5/16*
85. Prevention, tobacco tax *The Conversation 3/5/16*
86. Drop the Sugar Coating *Pursuit.* 11 October 2016 (with Peter Brukner)
87. Profits and chronic disease: how the junk food and sugary drink industries damage our health *The Conversation Africa Nov 2016*
88. The seven tactics unhealthy industries use to undermine public health policies, *The Conversation Africa* August 18, 2017
89. Untangling men's depression and suicide (with John Oliffe) *Pursuit* et al 22 November 2019
90. Boosting immunity can help your body battle coronavirus *SMH* 12 March 2020 (with Peter Brukner)
91. Australia's Relationship with Booze *Pursuit* (with Tasmyn Soller) May 1 2020

Articles in Medical Press

1. Moodie R. The Big Three – tobacco, alcohol and obesity. *Australian Medicine*. Vol 22, no.12, December 2010
2. Moodie R. Obesity requires a call to harms. *Medical Observer* p20-21; 22 Feb 2013
3. Moodie R. Saving hearts, one shake at a time *Medical Observer* 4 June 2013
4. Moodie R. All Australians need to live lighter *Medical Observer* 21 August 2013
5. Moodie R. The fat fight. *MJA Insight* 16 September 2013 https://www.mja.com.au/insight/2013/35/rob-moodie-fat-fight
6. Moodie R Not only getting personal. *Australian Family Physician* Volume 43, No.6, June 2014 p.341

Articles in Cosmos Magazine

1. Do no harm Vol 1 2005
2. Rotting fish syndrome Vol 1 2005
3. Hidradenitis suppurativa Vol 2 2005
4. Alopecia areata Vol 3 2005
5. Capgras delusion Vol 4 2005
6. Leprosy Vol 5 2005
7. Ondine's Curse Vol 6 2005
8. Contagious Follicular Keratosis Vol 7 2006
9. Plica polonica Vol 9 2006
10. Making A World of Difference Cosmos On-Line June 2006
11. Eruptive Xanthoma Vol 10 2006
12. Elephantiasis Vol 11 2006
13. Prosopagnosia Vol 12 2006
14. Alien hand syndrome Vol 13 2007
15. Morgellons Disease Vol 14 2007
16. Unnatural Selection Cosmos On-Line May 2007
17. Albinism Vol 15 2007
18. Angelmann's Syndrome Vol 16 2007
19. Werewolf Syndrome Vol 17 2007
20. Ticked off (Lyme Disease) Vol 18 2007
21. Narcolepsy Vol 19 2008

Major Presentations

1. Moodie., Nelson G.: The Health of Alice Springs Town Campers. *Proceedings of the First Australian Community Health Association* 1986:53-55
2. Moodie R., Djana F., Bailey S.: AIDS Education and Awareness: A Program by and for Aboriginal people of Central Australia. *Abstracts and Papers, 2nd WHO International Conference on Health Promotion* 1988:135-142
3. Phillips C., Patel M., Moodie R., Plant A.: Diabetes among Aboriginal people in central Australia: A minority study. Diabetes Research and Clinical Practice, *Abstracts XIII Congress of the International Diabetes Federation* 1988:5368
4. Moodie R.: Final Summary. *Proceedings of the AIDS in Asia and the Pacific Conference*. Canberra, Australia, 1990. WHO and the Department of Community Services and Health. 1990:256-259
5. Moodie R.: *The Public Health Consequences for Refugees and Internally displaced populations in the Gulf War.* International Physicians for the Prevention of Nuclear War (IPPNW). Boston Feb 1991.
6. Moodie R, Devin J. The Impact of the Gulf War on the health of under fives in Iraq. *10th IPPNW International Congress*, Stockholm 1991.
7. Moodie. R Evaluation Methodology. *Third International Conference on the Reduction of Drug Related Harm* Melbourne 1992
8. Moodie R., Katahoire A., Kaharuza F., et al: An Evaluation Methodology for IEC Activities of AIDS Control Programmes in Developing Countries. *Proceedings from the Australian Evaluation Society International Conf.* Melbourne, 29-31 July 1992.
9. Moodie R., Katahoire A., Kaharuza F., et al: An Evaluation Methodology for IEC Activities of AIDS Control Programmes. *Abstracts from The VIII International Conference on AIDS/III STD World Congress.* Amsterdam, July 19-24 1992.
10. Katahoire A., Moodie R., Kaharuza F., et al: Sexual Behaviour and AIDS Information, Education and Communication Policy in Uganda. *Abstracts from The VIII International Conf. on AIDS/III STD World Congress.* Amsterdam, July 19-24 1992.
11. Kaharuza F., Moodie R., Katahoire A.,et al: Risk Perception in Rural Ugandans as a Guide to Planners and Educators. *Abstracts from the VIII International Conference on AIDS/III STD World Congress.* Amsterdam, July 19-24 1992.
12. Moodie R. Plenary Speech, Confronting the HIV Epidemic in Asia and the Pacific. *Abstracts from the 2nd International Congress on AIDS in Asia and the Pacific.* New Delhi. November 1992.
13. Mitchell A., Moodie R: Public Fear and the Rights of Infected Individuals - Is there a Legislative Solution? *Abstracts from the 2nd International Congress on AIDS in Asia and the Pacific.* New Delhi. November 1992.
14. Anderson J., Mitchell A., Moodie R: The Use of Peer Educators to Avert Industrial Action around HIV. *Abstracts from the 2nd International Congress on AIDS in Asia and the Pacific.* New Delhi. November 1992.
15. Grierson J., Pryor T., Moodie R: Evaluation of the PRICS (Performers Releasing Information about Clean Syringes) Program. *Abstracts from the 2nd International Congress on AIDS in Asia and the Pacific.* New Delhi. November 1992.
16. Murnane A, Mathews G, Moore L, Stephenson E, Nairn K, Moodie R: Victorian Intravenous Drug Users and AIDS Strategy. *Abstracts from the 2nd International Congress on AIDS in Asia and the Pacific.* New Delhi. Nov 1992.
17. Moodie R, Thrift M. Evaluation of the Tasmanian Needle and Syringe Exchange

Program. *Proceedings of the 1994 Autumn School of Studies on Alcohol and Drugs*, St Vincent's Hospital, Melbourne, May 1994

18. Moodie R. Plenary Speech, National Forum on Key HIV/AIDS Policy and Management Issues, Hanoi, Vietnam July 1994
19. Moodie R. The Situation now and Possible Futures. *Presentation to the Seminar 'HIV/AIDS and Development in the Pacific'.* Australian National University, Canberra, March 1995
20. Moodie R. Plenary Panel discussion on AIDS. *The United Nations: Between Sovereignty And Global Governance.* Latrobe University, Melbourne, July 1995.
21. Moodie R, Harm Reduction and Human Rights, Plenary Speech *in Proceedings of the 7th International Conference on the Reduction of Drug Related Harm* Hobart 1996
22. Moodie R. Decision Makers – the Forgotten Risk Group, *Asian and Pacific Conference on AIDS*, Manila 1997
23. Moodie R. Douglas Gordon Oration. 'What has Health and human rights learnt from the HIV/AIDS pandemic?' *Australian Public Health Conference*, Melbourne 1997
24. Moodie R. Final Summary *Australian Public Health Association Conference*, Melbourne 1997
25. Moodie R Opening Address *Satellite Workshop on Voluntary Counselling and Testing-International Conference on AIDS/STDs in Africa* Abidjan, December 1997
26. Moodie R Plenary Address. Third Asian AIDS Workshop Bangkok June 1998.
27. Moodie R Impact Of The Asian Economic Crisis on HIV, *HIV Development Network of Australia,* Melbourne, August 1998.
28. Moodie R AIDS and UN Reform: Is It Safe?, *The Fifth Eleanor Shaw Lecture*, Melbourne , August 1998.
29. Moodie R Emerging Health Issues and their impact, *VicHealth 'Emotions at Work' Symposium*, Melbourne, August 1998.
30. Moodie R Global Partnerships: de Novo, de facto and divorce: Experience from UNAIDS. *Address to National Public Health Partnerships,* Hobart, September 1998.
31. Moodie R Challenge for health promotion in Victoria. *Australian Health Promotion Practitioners,* Melbourne, September 1998.
32. Moodie R UNAIDS and UN Reform. *Address to AusAID,* Canberra, September 1998.
33. Moodie R Response to HIV/AIDS: What's right for us?. Keynote Address, *1st Pacific Regional HIV/AIDS and STD Conference.* Nadi Fiji 23-25 February 1999
34. Moodie R The Art and Science of Public Health, *Robert Simpson Memorial Lecture, Dean's Lecture Series.* Melbourne University, May 1999.
35. Moodie R Safe and Healthy Cities in the 21st Century, *City of Melbourne Research Conference, Future Cities*, Melbourne, October 1999
36. Moodie R Why the Medical Culture Must Change, *Inaugural National Doctors Health Conference*, Brisbane, November 1999
37. Moodie R The Role of Health Promotion in Creating Healthy Communities, 2nd *International Conference on Primary Health Care*, Melbourne, April 2000
38. Moodie R Our Health in 2030, *John McLelland Oration, Barwon Health Founders Day*, Geelong, April 2000
39. Moodie R Stigma in the Community, *Annual Bruce Woodcock Lecture, Schizophrenia Fellowship of Victoria*, May 2000
40. Moodie R *Occasional Address, Conferral Ceremony, Faculty of Health and Behavioural Sciences, Deakin University*, May 2000
41. Moodie R, Pisani E, de Casterllarnau M Infrastructures to Promote Health, *5th Global Conference on Health Promotion*, Mexico, June 2000

42. Moodie R Empowerment, How to Acquire Knowledge, *Global Dialogue on Health, Expo 2000, Hannover, Germany,* August *2000.*
43. Moodie R, The Role of Health Promotion in the Community. *Opthamology 2000 Conference*. Melbourne, August 2000.
44. Moodie R, Life, Longing and Leisure in 2050, *Edwards Oration, Australian Society of Medical Research*, Melbourne November 2000.
45. Moodie R, Fry E HIV/AIDS – A global Overview with Emphasis on Asia and the Pacific, *Australian Agency for International Development's (AusAID) Advisory Group on Health,* Canberra, November 2000.
46. Moodie R, Drug Prevention, *Address to Joint Sitting of the Victorian Parliament*, Melbourne, March 2001
47. Moodie R, In to Action. *Presentation to the National Symposium on General Practice and Population Health.* Sydney, March 2001.
48. Moodie, R, Keynote Address - Positive Voices: Strengthening the Response to HIV/AIDS. 8*th NAPWA Conference.* Melbourne, April 2001.
49. Moodie R, Promoting Mental Health: Changing the Soul of Australia, *Diversity in Health – Sharing Global Perspectives*, Sydney, May 2001.
50. Moodie R, Social Blight: Drugs and Depression. An overview. *Williamson Community Leadership Program*, Melbourne June 2001.
51. Moodie R, Keynote Address, *3rd Futures Conference.* Bendigo, June 2001.
52. Moodie R, Keynote address. *Australian Cochrane Centre Regional meeting.* Melbourne, June 2001.
53. Moodie R, Promoting Mental Health. *Presentation to the Feast of Psychiatry. St Vincent'' Hospital Mental Health Services.* Melbourne, June 2001.
54. Moodie R, Health Promotion Principles and Strategies. *Asian Medical Students' Conference*. Melbourne, July 2001.
55. Moodie R, Promoting Mental Health. *Presentation to the Catholic Education Office Bringing it Together Forum.* Melbourne, September 2001.
56. Moodie R, Changing the Soul of Our Nation. *Presentation to the 27th Conference of Australian and New Zealand College of Mental Health Nurses.* Melbourne, October 2001.
57. Moodie R, Promoting Mental Health – Changing the Soul of Our Nation. *25th National Conference within Special Education – Unity & Diversity.* Melbourne, October 2001.
58. Moodie R, From the Bench top to the Bedroom. *Macfarlane Burnet Oration.* Melbourne, October 2001.
59. Moodie R, The Mental Health Impacts of Workplace Harassment and Discrimination. *Workplace Diversity Roundtable.* Melbourne March 2002.
60. Moodie R, Promoting the Mental Health of Children and their Families. Together We Do Better. *Holding it all Together Conference.* Melbourne April 2002.
61. Moodie R, Promoting the Health of Alcohol and Other Drug Workers. Who us? You've got to be joking! *2002 NCETA Workforce Development Symposium,* Adelaide, May 2002.
62. Moodie R, Social Connection: Strategies to Combat Isolation. *Reversing the Drift Conference.* Shepparton, May 2002.
63. Moodie R, Strictly Ballroom: The Art of Partnerships in Mental Health Promotion. *Auseinet Forum.* Adelaide, September 2002.
64. Moodie R, *Social Policy Series – 2002: Government and Human Services – Strengthening or Weakening Our Intimate Relationships, Security and Belonging.* Melbourne, September 2002.

65. Herrman H., Moodie R., Walker L., Verins I., International Collaborations on Mental Health Promotion: A Western Pacific Initiative. *XII World Congress of Psychiatry.* London. September 2002.
66. Herrman H. ,Moodie, R., Saxena S. WHO's Project on Evidence for Mental Health Promotion. *Australian Society for Psychiatric Research*
67. Moodie R, Barr A. The Politics-Based Reality of Evidence-Based Practice. *Mobilising Public Health 34th Public Health Association of Australia Annual Conference*, Adelaide. September/October 2002.
68. Moodie R, *Keith Harbour Address – Victorian AIDS Council AGM*, Melbourne. October 2002.
69. Moodie R, Earmarked Tobacco Taxes: Replacing Harm with Health. *Intergovernmental Negotiating Body Meeting*, WHO Geneva, Switzerland. October 2002.
70. Moodie R, Lifestyle – Moving Goods and People Around. *Melbourne 2030 – Making it Happen*. Melbourne. November 2002.
71. Moodie R, Helping Children be Shareholders of Social Capital. *Social Competencies Conference*, Melbourne. November 2002.
72. Moodie R, Jolly K, Sustainable Transport. *International Council for Local Environmental Initiatives Conference*, Melbourne. April 2003
73. Moodie R, The Health of the Public. *Centre for Public Policy Forum*, Melbourne. April 2003.
74. Moodie R, Together We Do Better. *Working Together for Wellness Conference*, Melbourne June 2003.
75. Moodie R, *Burnet Institute for Medical Research Seminar Series*, Melbourne. July 2003.
76. Moodie R, Wellbeing for All. *Williamson Leadership Program*, Melbourne. July 2003.
77. Moodie R, Mental Health and Well Being. *Rural Mental Health Conference*, Warrnambool. July 2003.
78. Moodie R, Jolly K, Councils Leading the Way. MAV *Councillor Development Weekend*, Lorne. July 2003.
79. Moodie R, Why Everybody Needs To Have a Street Party! *Southern Region DHS People, Planning, Places*, Melbourne. August 2003.
80. Moodie R, Siauw L, Is this the end of the Cul De Sac?. *Planning Institute of Australia State Conference*, Melbourne. September 2003.
81. Moodie R, The Best Years of Our Lives…or Are They? Australians Respond to Bullying. *1st National Conference Against Bullying*, Melbourne. November 2003.
82. Moodie R, Measuring the Effectiveness of Health Promotion Policy. *National Institute of Prevention and Health Education*, Paris. December 2003.
83. Moodie R, The Art and Science of Health Promotion. *2004 National Hepatitis C Health Promotion Workshop*, Adelaide. February 2004.
84. Moodie, R. Education, Training and Workforce Development Stream: Strengthening the Capacity for Health Education and Training. *World Conference on Health Promotion and Health Education*. Melbourne April 2004.
85. Moodie, R. Establishing Health Promotion Foundations and Other Innovative Infrastructures and Financing Mechanisms. *World Conference on Health Promotion and Health Education*. Melbourne April 2004.
86. Moodie R, Dealing With the Government: Getting Their Attention and Action. *Leadership Victoria – Williamson Community Leadership Program*. May 2004.
87. Moodie, R. Why Invest in Population Health and Wellbeing? *Leadership Series in Population Health*. June 2004

88. Moodie R An Ounce of Prevention is worth a pound of cure. WHO Geneva August 2004
89. Moodie R Is an Ounce of Mental Health Promotion worth a Pound of Cure? *Third Biennial World Conference on the Promotion of Mental Health and the Prevention of Mental Illness and Behavioural Disorders*. Auckland September 2004
90. Moodie R, Jolly K, Webster K From Leading the Way to Measuring the Way, *MAV Annual Meeting*. October 2004
91. Moodie R. The economics and politics of prevention: the case of alcohol. *International Medical Advisory Group* , Canberra October 2004
92. Moodie R. Victorian Health Promotion Foundation. *Workshop on the Establishment of a Health Promotion Foundation in Tonga* . Nuku'alofa Tonga November 2004
93. Is prevention a "lesser" right? *International Symposium on Human Rights in Public Health: Research, Policy, Practice*, Melbourne November 2004
94. Moodie R, The Three P's of Health in the 21st Century: Prevention, Prevention, Prevention. *Hollows Lecture The Royal Australian and New Zealand College of Ophthalmologists 36th Annual Scientific Congress*, Melbourne. November 2004.
95. Moodie R. An ounce of prevention is worth a pound of cure: the economics and politics of public health. Meeting on the economic gains of promoting health, WHO WPRO, Manila. November 2004
96. Moodie R, Can Health Promotion Help Planners to be Creative? *Planning Institute of Australia National Congress*, Melbourne. April 2005
97. Moodie R, Violence against women: an advocacy agenda: Setting the scene. *5th Australian Women's Health Conference (Women's Health is Men's Business)*, Melbourne April 2005
98. Moodie R, The Health Costs of Violence: Measuring the Burden of Disease of Intimate Partner Violence. *5th Australian Women's Health Conference (Women's Health is Men's* Business), Melbourne April 2005
99. Moodie R, Societal Alcohol Syndrome: Oozing boozing in Oz. *Annual Scientific Meeting of Australian Birth Defects Society*. Melbourne, April 2005
100. Moodie R, The rising importance of health and wellbeing. *Pathways to the Future Unlocking Creativity – Community Service and Health Industry Training Awards & Conference 2005*. Melbourne, July 2005.
101. Moodie R, Taking the first step. AMSA Developing World Conference 2005. Sydney, July 2005
102. Tangcharoensathien V, Somaini B, Moodie R, Schremmer J, Tang KC. Sustainable financing for prevention and health promotion: issues and challenges *6th Global Conference on Health Promotion (6GCHP)*. Bangkok, Thailand August 2005.
103. Moodie R, The effect of physical activity on mental health *Take a jog around the mental block: Australian Science Festival forum*. Canberra, August 2005
104. Moodie R, Public health advocacy *Making It Better - Effective Public Health Advocacy Conference*. Sydney, August 2005.
105. Moodie R, A parallel Australia – tackling mental health *Australian Multicultural Foundation Cultural Diversity in Health 2005 Conference*. Melbourne, October 2005.
106. Moodie R, Men(s)tal Health: Shedding our fears about our health *Men's shed conference*. Lakes Entrance, November 2005.
107. Moodie R, Men's health and increasing health and wellbeing *Victorian Healthcare Association (VHA) conference*. Melbourne, November 2005.
108. Moodie R, HIV/AIDS *Engineers without Borders Inaugural National Conference*. Melbourne, December 2005.

109. Moodie R, Don't throw out the Baby Boomers with the Bathwater! LGPRO 2006 Annual Conference for Aged and Disability Services. Melbourne, February 2006
110. Moodie R, Move it, Use it or Lose it: the psychological benefits of staying active *Sport and Mental Health Conference*. Melbourne, March 2006
111. Moodie R. VicHealth *13th Commonwealth International Sport Conference.* Melbourne March 2006
112. Moodie R. Why Intergenerational programs? *Connecting Intergenerational Communities through Creative Exchange Conference.* Melbourne June 2006
113. Moodie R. Maintaining Government Support for Tobacco Control: The VicHealth Experience *World Conference on Tobacco or Health* Washington USA July 2006.
114. Moodie R. Melbourne has already gone to fat *University of Melbourne's Future Melbourne Forum* August 2006
115. Moodie R., McLean P., Webster K. *Respecting Diversity: Harmony in Practice* Seventh Annual Premier's Women's Summit Melbourne August 2006.
116. Moodie R. You can't look after any one else if you can't look after yourself *2006 Rural Victorian Alcohol & Drug Conference* Warrnambool August 2006
117. Moodie R. The Curbing of obesity needs a curbing of capitalism – debate (affirmative) *10th International Congress of Obesity* Sydney September 2006
118. Moodie R. Oozing Boozing in the Bush Alcohol in country Victoria: what are the issues? – what can be done? *Ministerial Forum* Traralgon September 2006
119. Moodie R. How do we sell our story better? ARACY *National Capacity Building Conference* Melbourne September 2006
120. Moodie R. Engaging and Building communities though walking *Melbourne Walk 21 Conference* Melbourne October 2006
121. Moodie R. Obesity – a sign of commercial success, but a market failure *14th European conference on public health* Switzerland November 2006
122. Moodie R. Melburbia – a discussion on community, livability, affordability, population and growth *Planning Institute Australia 2006 Kemsley Oration* December 2006
123. Moodie R. Health promotion Down Under *9th Swiss Health Promotion Conference* Zug, Switzerland January 2007
124. Influences on mental health *Kindling the flame: promoting mental health and wellbeing conference* Perth February 2007
125. Health promotion: Where to next? *The Public Health Association of Australia (WA)* Perth February 2007
126. Beating Each Other Up: How Discrimination and Violence Destroys Our Health *Equal Opportunity Commission Human Rights Conference* Melbourne Feb 2007
127. Tears and bruises before bedtime: how the way we treat each other determines our health. Public Lecture. *Australian Bioethics Association Conference* Melbourne 28/11/07
128. Leisure: More than a Good Time. Opening Plenary *8th Australian and New Zealand Association of Leisure Studies Conference* Melbourne 9/1/2008
129. A Healthier and Wealthier Australia: Well being in the Workplace Health and Productivity Congress 2nd Annual Australian Congress Sydney August 2008
130. Opening plenary PHAA Biennial Immunization Conf 16/1/2008
131. The way we treat each other. Plenary speech. 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, Sept 2008
132. Opening plenary. ANAPHI Teaching and Learning Forum. ANU Sept 2008
133. Opening Address, The Role of the New National Preventative Health Taskforce, National Preventative Health Summit, Oct Sydney

134. Community Wellbeing. Address to Australian Council of Local Governments Conference, Parliament House November 2008
135. Alcohol: maximising enjoyment; minimising destruction and death. What we can learn from other public health successes Keynote presentation, VAADA Conference February 20 2009
136. National Preventative Health Taskforce, Plenary 11th Annual Health Congress, Sydney, 23 March 2009
137. Great Challenges for a Healthy Planet. Dean's Lecture Series, University of Melbourne March 24 2009
138. Occasional Address, Faculty of Health Sciences University of South Australia, Adelaide, March 31 2009
139. Tackling the burden of chronic disease, Plenary talk Chronic Disease Management, Sydney, April 6 2009
140. Alcohol Initiatives. Police Commissioners' Conference Australasia and South-West Pacific Region, Darwin April 27 2009
141. Opening Address 1st Annual Research Symposium UNSW May 1 2009
142. Using Ounces of Prevention for a Healthier Australia. Plenary presentation. National Heart Foundation Conference, Brisbane May 14 2009
143. A Healthier Australia Plenary presentation. Australian Health Promotion Association Conference Perth May 19 2009
144. Home grown remedies for global ills. Festival of Ideas. University of Melbourne 16 June 2009
145. Challenges in preventative health relevant to men. Plenary presentation Andrology Australia Forum Gold Coast 20 June 2009
146. The Healthiest Country by 2020 Opening Plenary. 2nd Annual Preventive Health Summit, Sydney 22 June 2009
147. The work of the National Preventative Health Taskforce , 17th Ministerial Rural Health Forum, Melbourne July 24, 2009
148. Workplaces the New frontier. Plenary talk. Health and Productivity Conference Melbourne August 11 2009
149. The Healthiest country by 2020. SSWAHS Population Health, Planning and Performance Seminar, Sydney August 19 2009
150. The Rough and Tumble of Health Policy. School of Population Health Seminar Series Melbourne August 26 2009
151. The Politics and Processes of Social Change Plenary Talk. ARACY Conference, Melbourne September 3 2009
152. Next Steps. Plenary talk. PHAA Conference Canberra Sept 30 2009
153. How do we have a healthy and wealthy community? G21 Health and Wellbeing Seminar, Geelong. October 5 2009
154. All work and no play make Jack a dull boy. Opening Plenary. The People, Places and Partnerships – the Future of Community Sport and Recreation conference Melbourne, October 8 2009
155. Beds and Bills: Reform of Australia's Health System: Preventative Health. Presentation and Panel discussion. Committee for Economic Development of Australia Melbourne October 8 2009
156. Getting the Balance Right. Plenary talk. Roadsafe Conference 2009. Melbourne October 9, 2009.
157. Managing harm from alcohol. Plenary talk. 10th International 10th Annual International Alcohol Interlock Symposium October 28 2009.

158. National Preventative Health Strategy. Australian Liquor Licensing Conference November 5 2009
159. The Healthiest Country by 2020. National Preventative Health Strategy. NSW Tobacco Control Forum Sydney November 6 2009
160. The Healthiest Country by 2020 National Preventative Health Strategy Australian General Practice Network Conference Sydney November 7 2009
161. Great Challenges for a Healthy Planet. Opening Plenary. UoM School of Rural Health Annual Research Conference Shepparton November 24 2009
162. Being selfish to be generous: why looking after yourself is good for your patients" University of Melbourne Medical School 24 November 2009
163. Changing Australia's Alcohol culture: the priority of prevention. 6th Dame Elisabeth Murdoch Oration. Melbourne Dec 1 2009
164. Preventative Health and the Nanny State: Fairy Godmother or Wicked Witch? 23rd Lionel Murphy Lecture Sydney Dec 2 2009
165. Local Government and the Art of Promoting Health Feb 3 2010 Christchurch New Zealand
166. The Australian National Preventative Health Strategy. Wellington February 2010
167. The Role of the Outdoors in Preventative Health *First International Healthy Parks Healthy People Congress* Melbourne, April 15 2010
168. National Preventative Health Strategy. *Queensland Chronic Disease Forum* Brisbane 12 May 2010
169. *Sax Oration* Public Health Association Canberra May 12 2010
170. Overview of the National Preventative Health Strategy FAFPHM, Melbourne May 18 2010
171. Overview of the National Preventative Health Task Force & Australia: The Healthiest Country by 2020: National Preventative Health Strategy *AFAO* May 27 2010
172. Tobacco reforms. *ANZSOG Annual Conference* Aug 11 2010
173. Opening address. *The Best of Both Worlds Rehabilitation Conference* - Mind and Body, Melbourne, 6-8 October 2010
174. Prevention is for Life. *World Health Summit, Berlin* October 11 2010
175. A Storm in a Teacup. Leadership Victoria Salon Event October 28 2010
176. Alcohol and the National Preventative Health Strategy, *RACS Alcohol Forum.* November 2010
177. Preventative Health and Doctor Welfare. *National Prevocational Forum* Nov 2010
178. Multi-Sectoral action for behaviour change *WHO High Level Meeting on NCDs* Seoul March 2011
179. Final Summary speaker *First Global Ministerial Conference on Healthy Lifestyles and NCD Control* Moscow April 29 2011
180. Celebrating 20 Years of Healthy Partnerships Healthway. Keynote Address 20th Anniversary Perth, June 2 2011
181. Career pathways for MPH graduates in Australia *Public Health Foundation of India Symposium* New Delhi June 16 2011
182. Advocacy - Getting an issue up on the public and political agenda, *Pacific NCDs Forum* Tonga, August 9 2011
183. Being Selfish to be Generous, Plenary talk; *The Health of Health Professionals Conference*, Auckland Nov 2011
184. Give Us This Day Our Daily Emotions, *Rex Lipman Public Lecture Series*, Adelaide Nov 2011
185. Getting a Handle on Australia's Alcohol Policy. Plenary talk. *Australian Professional*

Society on Alcohol and Drugs Conference Hobart Nov 14 2011

186. Passing the Scream Test Tobacco Control and Plain packaging in Australia. The Asian Century *Australia India Institute Conference* Kolkata Dec 6 2011.
187. The Role of Doctors in Prevention. Presentation to the Indonesian Medical Association Jakarta Feb 4 2012
188. Advertising to Death Plenary talk *The Corporate Takeover of Childhood: who's paying the price?* Australian Council on Children and the Media Conference March 9 2010
189. Behavioural Change in Public Health Tobacco, Alcohol and Obesity Presentation to ANZSOG Workshop Sydney March 14 2102
190. Panel presentation to US Health Promotion Summit, Washington DC April 11 2012
191. NCDs in the Developing World. Presentation to Population Services International Washington DC April 12 2012
192. The Science, Art and Politics of Prevention. Rural Health Conference Mt Isa Aug 2 2012
193. The new global epidemics of the 21st century: Junk food, junk drinks, booze and baccy. Invited seminar Burnet Institute Aug 28 2012
194. Promoting Health as a pathway to peace…and building health to promote health Rotary Peace Communities International Conference September 21, 2012
195. Brimbank as the most active, connected, safe, and productive place it can be How we might get there? Diabetes as a Social Justice Issue. Victoria University September 2012
196. Engaging with community to secure health outcomes. Plenary Road Safety Conference October 9 2012
197. What can we do about it? – Areas for action. Plenary presentation to the Local Drug Action Groups and the McCusker Centre Conference– Creating change: challenging the youth drinking culture. Perth November 2, 2102
198. Who plays Nanny? Big Government or Big Booze, Big Snack and Big Tobacco? Changing the way we eat, drink and smoke. Presentation to Department of Premier and Cabinet October 24, 2102
199. All that Health reform! What have we achieved and what have we learned? Plenary presentation to the *Sydney Policy Network* Sydney Nov 14 2012
200. Western Health: Global Perspectives and Local Issues. Public lecture Western Health Research Week November 14, 2012
201. Recipes for a Great Life. But it's not about Cooking. Presentation to Monash University Final Year students. Monash University November 16 2012.
202. Lessons from the National Preventative Health Taskforce for Sexual and Reproductive Health. Plenary talk, *First National Conference on Sexual and Reproductive Health.* Melbourne Nov 20, 2012
203. Big Tobacco and Big Law *Symposium on the Cab Rank Rule* Monash University and the McCabe Centre Melbourne March 1 2013
204. Occasional Address. *Graduation Ceremony University of Melbourne.* March 14th 2013
205. Peace through Health. *Rotary Conference 9810* Wangaratta March 17 2013
206. Population Health *Australian Institute of Company Directors* Melbourne. March19 2013.
207. Who's Who in the Zoo? Maximising multi-stakeholder, multi-sectoral, multi–disciplinary investment in public heath. *WHO Consultation on Reduction of Salt Sydney* March 27, 2013
208. Alcohol, teenagers and parents. Who wins? *Presentation to the Camberwell Grammars* April 17 2013
209. A Teacup in A Storm - What can we learn from large scale stuff –ups *Australian*

Health Care Governance Conference Thursday May 16th
210. Profits and Pandemics *National Heart Foundation Annual Conference* May 17 2013
211. Global Health Challenges of our Times. *Lyceum Club* Melbourne May 27 2013
212. Leadership. *AMSA Leadership Development Forum* May 29 2013
213. Squinting at Prevention. What the hell is it? *Australian College of Optometry National Conference*. Melbourne June 2 2013
214. Tobacco Tax in Australia. *National Workshop on Tobacco Tax* Ha Long, Vietnam July 5, 2013
215. Profits and Pandemics. *LiveLighter campaign* Perth July 19 2013
216. Profits and Pandemics *PHAA (NSW) Annual General Meeting* Sydney 31 July 2013
217. The Global Epidemics of the 21st Century Junk food, junk drinks, booze and baccy *NCEPH,* Canberra July 31, 2013
218. Profits and the 21st century pandemics *Health Economics Institute of Australia (Q) Conference* August 3 2103
219. Lessons from Health Promotion for Sexual and Reproductive Health *Sexrurality Conference* Shepparton August 19 2013
220. Health Promotion Foundations: Rationale, models and funding. Johannesburg September 9 2013
221. Profits and Pandemics *WHO Western Pacific Regional Office's Consultation on Advertising to Children*. Manila 25 September 2103
222. Tobacco Control in Australia. *National Talkshow* Jakarta September 27 2013
223. Profits and Pandemics *5th Southgate Oration*. Flinders University, Adelaide 17 October 2013
224. Australia gets a fail for Obesity. *ANZOS President's Symposium* Melbourne October 19, 2013
225. The Opportunities in Health and Development Plenary Speech *ACFID Chairs and CEOs Dinner* Canberra October 30, 2013
226. Opening Plenary Address: In the Eye of the Storm. What happens when it all hits the fan *Physiotherapy Business, Education and Leadership Symposium 2014* Cairns October 31 2014.
227. Opening Plenary Address: The 21st century epidemics, the role of the teacher and looking after ourselves *ACHPER Conference* November 27 2014
228. Moodie R, Moodie N. Plenary presentation *Dialogue on how to encourage the continued inclusion of non-communicable diseases (NCD) in development cooperation agendas and initiatives, internationally agreed development goals, economic development policies, sustainable development frameworks and poverty reduction strategies.* World Health Organization, Geneva, 20-21April 2015.
229. Plenary presentation *Dialogue on non-communicable diseases (NCD)* World Health Organization, Geneva, November 30, 2015.
230. Plenary speaker, WHO 9th Global Conference on Health Promotion, Shanghai Nov 2016
231. Corporations taking deadly aim…How some supranational corporations (SNCs) are killing us. VicHealth January 2018
232. How supranational corporations are affecting our health. Live Lighter Perth WA Forum April 2018
233. Corporations taking deadly aim…How some supranational corporations (SNCs) are killing us. Science on the Swan Conference, Perth WA April 2018
234. Supranational Corporations, Profits and Pandemics Plenary First Prevention Conference Public Health Association of Australia May 2, 2018

235. What really makes us healthy or ill? The social, economic and commercial determinants of health Victorian Healthcare Association Annual Conference Aug 17 2018
236. The Political Economics of Prevention World Cancer Congress Kuala Lumpur; Plenary presentation. Oct 2018
237. The transferability of cancer prevention strategies from high resource countries to low resource countries. Annual Research Dissemination Conference Malawi Nov 2018
238. Well-groomed? The extent, intensity, breadth and nature of Big Industry strategies to promote unhealthy consumption by Australia's children. PHAA Unhealthy Marketing to Children Conference June 12, 2019. Melbourne
239. The Corporate Determinants of Health AFPHM June 15 2019 Melbourne

AFFILIATIONS

1. The Public Health Association of Australia (1986-)
2. The Medical Association for the Prevention of War (1985-)
3. The Australian Faculty of Public Health Medicine (1990-)
4. Medecins Sans Frontieres Australia (1995-)
5. Physicians for Human Rights (1994-96)
6. Royal Australian College of General Practitioners (1983-1990)
7. Royal Australian College of Obstetricians and Gynaecologists (1985-88)
8. The Australian Conservation Foundation (1990-5)
9. Greenpeace (1994-)
10. Australian Health Promotion Association (1999-2007)
11. International Union of Health Promotion and Education (2001-2007)

LANGUAGES: English, French

Royal Commission into
Victoria's Mental Health System

ATTACHMENT ARM-2

This is the attachment marked "ARM-2" referred to in the witness statement of Alan Rob Moodie dated 9 June 2020.

Publications supporting the link between inequality and mental health

(1) Sareen, J et al, "Relationship Between Household Income and Mental Disorders: Findings from a Population-based Longitudinal Study" (2011) 68(4) *Archives of General Psychiatry* 419

(2) Jenkins, R et al, "Debt, Income and Mental Disorder in the General Population (2008) 38(10) *Psychological Medicine* 1485

(3) Nosrati, E et al, "Economic Decline, Incarceration, and Mortality from Drug Use Disorders in the USA between 1983 and 2014: An Observational Analysis" (2019) 4(7) *Lancet Public Health* 326

(4) Nosrati, E et al, "The Association between Income and Life Expectancy Revisited: Deindustrialization, Incarceration and the Widening Health Gap" (2018) 47(3) *International Journal of Epidemiology* 720

(5) Hudson, C G P, "Socioeconomic Status and Mental Illness: Tests of the Social Causation and Selection Hypotheses" (2005) 75(1) *American Journal of Orthopsychiatry* 3

(6) Ribeiro, W S et al, "Income Inequality and Mental Illness-related Morbidity and Resilience: A Systematic Review and Meta-analysis" (2017) 4(7) *Lancet Psychiatry* 554

(7) Pickett, K E and R G Wilkinson, "Inequality: An Underacknowledged Source of Mental Illness and Distress" (2010) 197(6) *British Journal of Psychiatry* 426

(8) Pickett, K E, O W James and R G Wilkinson, "Income Inequality and the Prevalence of Mental Illness: A Preliminary International Analysis" (2006) 60(7) *Journal of Epidemiology and Community Health* 646

(9) Muntaner, C et al, "Socioeconomic Position and Major Mental Disorders" (2004) 26(1) *Epidemiological Reviews* 53

(10) Saraceno, B, I Levav and R Kohn, "The Public Mental Health Significance of Research on Socio-economic Factors in Schizophrenia and Major Depression" (2005) 4(3) *World Psychiatry* 181

(11) Sweeney, Shaun et al, "Psychosis, Socioeconomic Disadvantage, and Health Service Use in South Australia: Findings from the Second Australian National Survey of Psychosis" (2015) 3 *Frontiers in Public Health* 259

(12) Pan, Yi-Ju, Robert Stewart and Chin-Kuo Chang, "Socioeconomic Disadvantage, Mental Disorders and Risk of 12-month Suicide Ideation and Attempt in the National Comorbidity Survey Replication (NCS-R) in US" (2013) 48(1) *Social Psychiatry and Psychiatric Epidemiology* 71