Media and evidence-informed policy development: the case of mental health in Australia

*Carla Meurk, Harvey Whiteford, Brian Head, Wayne Hall & Nicholas Carah

Queensland Centre for Mental Health Research, School of Public Health, Faculty of Medicine and Biomedical Sciences, The University of Queensland, Australia

Queensland Centre for Mental Health Research, Australia

Institute for Social Science Research, The University of Queensland, Australia

Centre for Youth Substance Abuse Research, The University of Queensland, Australia

School of Communication and Arts, University of Queensland, Australia

*Corresponding author. Email: c.meurk@uq.edu.au

‘The media’ are often seen as both an opportunity and a threat to the development of evidence-informed policy. This article draws together theory from political science, media, and science and technology studies to examine the past, present and possible future roles of ‘media’ in influencing evidence-informed policymaking in mental health in Australia. The authors develop a nuanced understanding of the role that media framing, focussing events and participation have played in the evolution of mental health policy. Media are shown to influence evidence utilisation in policy development in complex ways. The authors consider how the global circulation of ideas that media enable affects policy issues within national jurisdictions. Their findings are relevant to policy issues in areas where media are deliberately used both to achieve individual behaviour change and influence policy.

Keywords: mental health policy, evidence-based policy, evidence-informed policy, mediatisation, political communication, science communication

International perspectives on media, evidence and policy

‘The media’ are often seen as both an opportunity and a threat to the development of evidence-informed policy (EIPD). This article uses insights from media studies, political science, and science and technology studies (Wolfe, Jones & Baumgartner, 2013) to examine the past and present roles of media in EIPD from an Australian perspective and to speculate about possible future uses.

Surveys and qualitative studies conducted in the United Kingdom and North America indicate that scientists often assume that ignorance is the main cause of public and political opposition to research findings, and hence see the media as an important communication channel to
correct this ignorance (Besley & Nisbet, 2013; Nisbet & Scheufele, 2009). The same scientists are also often critical of media reporting bias and sensationalism, which they assume are influential in distorting public opinion with flow-on effects for policy.

Despite this vexed relationship between scientists and the media, the line between academic research findings and journalism is increasingly being blurred with the rise of expert blog sites. The development of the online news collaborative The Conversation (www.theconversation.com), first launched in Australia before subsequently spreading to the United Kingdom, North America and Africa, with its byline: ‘academic rigour, journalistic flair’, signifies the increasing role that academics play as content providers in the mainstream media. Academics who exploit personal blogging and twitter to communicate their ideas, and the shift in journal publication towards open access e-publication, exemplify the ways in which research practices are increasingly enmeshed in media (Couldry, 2012). These processes challenge the power of traditional media gatekeepers by allowing researchers to communicate directly with various publics.

The belief that the media have a unique power to influence the political process is not restricted to scientists and researchers. While the belief has some validity, the issue is complex (Holder & Treno, 1997; Nutley, Walter & Davies, 2007). Media reporting of a dramatic ‘focussing event’ can draw public attention to an issue and create the political need to respond (McCombs, 2014). The media can also affect public opinion and the policy agenda in more subtle ways, both through the simple fact of noticing an issue and representing it in the media, and also through the specific framing of an issue. To this extent, McCombs (2014) argues that media reportage does not have the power to determine public opinion precisely, but it can nonetheless be powerful in influencing how important an issue is perceived to be, and in circumscribing the scope of the issue and the set of possible solutions to it (McCombs, 2014).

The North American political scientist Kingdon (2003) has argued that the media can affect political actors and bureaucrats in at least two ways: first, political actors are direct consumers of media and thus influenced by its messages in the same manner as the general public; and second, these actors use the media to gauge public opinion. Political actors affect the media by using it as a platform through which to draw attention to, and attract support for, their causes and solutions. The media also play a role in facilitating the coupling of ‘policy problems’ with ‘solutions’, and connecting disparate political actors who work in different
parts of the political process. Overall, however, Kingdon (and others) have argued that the media are more likely to follow and amplify the agenda-setting process, rather than lead it or replace the work of policy bureaucrats (Livingston & Eachus, 1995).

A mediatisation perspective that has arisen in sociology and media studies promotes a different way of understanding how media affect policy development from a ‘media effects’ view (Couldry, 2012). Mediatisation promotes a perspective on ‘media’ – rather than ‘the media’, as an objectified other – as a ubiquitous set of mechanisms through which we engage with one another and produce, consume and reflect upon ideas. According to this view, media are examined, primarily, as an assemblage of processes, technologies and formats and, perhaps secondarily, with reference to their content (Couldry, 2012). A mediatisation view invites the analyst to examine how media, in all their forms, are enmeshed in political and communicative processes rather than asking whether or not specific content-laden events and discursive frames, or those perpetuated by particular corporations, have an impact. For example, instead of asking whether a particular news story affected policy in a measurable way, we might examine what social networking sites are most utilised by policymakers and whether, and if so how, these sites affect the kinds of information that influence policymaking.

New media technologies have reduced barriers to mass communication and, thereby, enabled mass and micro-level participation by individuals. These developments have embedded media into daily life in ways that increase the diversity of content beyond that provided by traditional (corporate and/or government) outlets (Redden, 2011). Many commentators have been optimistic about the transformative political potential of new social media. Bennett (2012), for instance, highlights the potential for social media to shift participation away from traditional party politics towards direct engagement with diverse issues that do not fit with party ideologies. However, early optimism about the transformative potential of social media for deliberative democracy has dissipated (Loader & Mercea, 2011). Those who caution against being carried away by this rhetoric highlight the continuities between political (and economic) activity online and offline, including the presence of traditional news media in both online and offline formats (Loader & Mercea, 2011).

Media scholars have debated the possibilities for social media to enhance political representation of diverse public views but largely ignore the role of social media in the everyday functioning of government. However, social media may be significant to the
political process because of their omnipresence in the daily activities of bureaucrats. A recent survey by Head, Ferguson, Cherney & Boreham (2014) of Australian public servants found, for example, that, while just over 50% rated ‘news media’ as an important or very important source of information in decision making, over 90% rated ‘the internet’ as an important or very important way of obtaining research information. An earlier qualitative study of drug policymakers by Ritter (2009), also in Australia, reported that almost half consulted the internet during their last decision-making event, making it the third most frequently consulted information source.

These developments – the normalisation of internet usage in political life, the uses of social media to represent stakeholder perspectives, and the blurred boundaries between the communication of research to academic and non-academic audiences – raise numerous questions about the most effective and ethical ways of utilising media to achieve EIPD.

In this article, we explore the role of media in mental health policy development in Australia to develop a nuanced understanding of media framing, focusing events and participation that is useful to those interested in improving the path of evidence into policy through deliberate engagement via media. The article addresses four questions: What have been the roles of media vis-à-vis EIPD in Australian mental health policy? What could be the future roles of media in making progress towards EIPD? What more do we need to know about how media operate to progress these goals? What are the implications for policy learning internationally?

The conceptual and contextual framework for mental health policy in Australia
The Australian government operates as a federated system. Constitutionally, most of the responsibility for health is borne by the six states and two territories. However, the organisation of tax collection creates a vertical fiscal imbalance in which the Commonwealth (federal) government collects most of the taxes, while state and territory governments collect less tax revenue than they need to provide their services. This fiscal imbalance allows the Commonwealth to exert major policy influence over the states and territories in health by attaching conditions to the allocation of tax funds. The Commonwealth has played an increasingly important role in mental health services since the first National Mental Health Plan was released in 1992.

The cycles of mental health reform in Australia have been characterised as crisis-driven and ‘ad hoc’ (Whiteford, 2014; Whiteford, Harris & Diminic, 2013). Each cycle of reform has
been accompanied by a highly publicised mental health issue which dominated Australian media coverage of mental health issues. Our examination of the role media have played in mental health reform has been prompted by this apparent pattern and a desire within the field for mental health policy development to be better informed by research evidence that is applied in a systematic, and systems-focussed, manner to improve the equitable and cost-effective delivery of services.

This analysis draws on selected empirical examples of how media shaped mental healthcare governance in Australia, largely drawn from an analysis undertaken by Whiteford (2014). We do not claim that these examples offer a complete picture (Dahlberg, 2011). Rather, we use a mediatisation perspective to move beyond investigating the ‘media effects’ attributable to content in traditional (news) media and illuminate key mediated processes at play in EIPD. Our analysis is explicitly interdisciplinary insofar as we draw upon an eclectic mix of relevant literatures representing the varied disciplinary perspectives of the research team members.

**Policy responses to media-ted ‘crisis’: cause, effect or epiphenomenon?**

Research in a number of countries, including the United Kingdom and North America, suggests that media reporting of key ‘focussing’ events have been influential in the development and implementation of mental health reform (for example, Bonnie, Reinhard, Hamilton & McGarvey, 2009; Hallam, 2002; Hogan & Sederer, 2009; Holloway, 2006). A similar dynamic appears to be at work in Australia. However, an examination of the aetiologies of different ‘crises’ uncovers important complexities with distinct implications for how evidence might, and might not, influence policy; these are illustrated by an analysis of three such events:

**Port Arthur Massacre, 1996**

In 1996 a lone gunman, Martin Bryant, murdered 35 people and wounded 21 others at Port Arthur in Tasmania. Media reporting of this tragedy suggested that Bryant suffered from a serious mental illness, a claim later found to be incorrect (Mullen, 1996). The event sparked political and media debate about whether the tragedy was best understood as the act of a dangerous, untreated mentally ill individual living in the community, or the result of the widespread availability of guns: explanations with very different implications for government response (Barker, 1996; Whiteford, 2005). The debate eventually turned to focus on gun control, but the Port Arthur shooting also had a major impact on mental health policy.
The Federal Government of the day, which had apparently been considering withdrawing from a leading role in mental health reform, developed a renewed interest in mental health policy (Whiteford, 2014). Policymakers and advocates working in mental health at the time reported that senior politicians were convinced that Bryant must have had some form of mental illness to commit such a horrific act. They understandably concluded that better mental health services were needed to prevent a recurrence. After these shootings it was seen as politically indefensible to withdraw government funding and support for national mental health reform (Whiteford, 2014).

**Cornelia Rau, 2004–2005**

In 2005, media coverage of two similar cases, in quick succession, highlighted failures in Australia’s mental health system that demanded a political response. First was the case of Cornelia Rau, an Australian resident with schizophrenia, who was found to have been unlawfully detained in an immigration detention centre. Cornelia Rau was a German-born permanent resident of Australia who had a history of serious mental illness (Palmer, 2005). In 2004, she went missing while being involuntarily treated for schizophrenia in a psychiatric hospital in Sydney, in the state of New South Wales. She was reported as missing to the New South Wales police and shortly thereafter came to the attention of police in the state of Queensland when concerned residents notified them of the unusual behaviour of a person frequenting their area.

Ms Rau identified herself to Queensland police as a German tourist and provided various false names. The police were unable either to verify her claims or identify family contacts. She was taken into police custody and referred to officials from the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) as a suspected illegal immigrant. Ms Rau was moved to the Brisbane Women’s Correctional Centre and then the Baxter immigration detention centre in the State of South Australia before her true identity was discovered (Palmer, 2005).

When her story became public, the media stressed that DIMIA had mistakenly detained Ms Rau and denied her access to adequate medical care. One of Australia’s most senior political commentators, Michelle Grattan, noted that the case of Cornelia Rau resonated in the community by showing that an Australian with mental illness could become lost in the detention system. The government responded to widespread criticism by appointing a retired
Federal Police Commissioner to investigate the circumstances surrounding the case (Prince, 2005).

The Rau case and a similar incident with Vivian Alvarez, a Filipino–Australian with serious mental illness, were examined in The Palmer Inquiry which concluded that mental health services had failed to care adequately for seriously mentally ill patients in the community. It also identified poor linkages between mental health services and other government departments (Townsend, Pirkis, Pham, Harris & Whiteford, 2006).

**Highlighting a failing mental health system 2003–2008**

Around the same time as the Rau and Alvarez cases were publicised, an evaluation of Australia’s second National Mental Health Plan (1998–2003) noted that a broadening of the reform agenda to include mental health promotion, illness prevention, early intervention and primary mental health care had been to the detriment of meeting the treatment needs of persons with severe mental illnesses (Thornicroft & Betts, 2002). The third National Mental Health Plan (2003–2008) responded by emphasising the need to address the unfinished reform agenda of the first plan. However, the limited resources for enhancing such a broad array of programs and services led to increased dissatisfaction among service providers, consumers, family and carers (Whiteford & Buckingham, 2005).

To build political support for mental health reform, the independent Mental Health Council of Australia (MHCA) instigated a review of mental health services and related social supports with the assistance of the Australian Human Rights Commissioner and Disability Discrimination Commissioner (Hickie, Groom, McGorry, Davenport & Luscombe, 2005). The resulting report in 2005 (Mental Health Council of Australia, Brain and Mind Research Institute, & Human Rights and Equal Opportunity Commission, 2005) recommended a renewed focus on the human rights of people with mental illness. To maximise the political impact of the report, key mental health advocates lobbied Commonwealth and state government officials and regularly engaged with media. Lobbyists attended key parliamentary networking events and provided regular briefings to political journalists and prominent national media outlets with the aim of generating a ‘continuous stream of stories about the problems in mental health care’ (Whiteford, 2014, p. 190). Mental health services were portrayed as being in ‘crisis mode’ despite substantial improvements in services from increased funding, such as decreases in long-stay institutionalised care and increased numbers
of mental health staff (Department of Health and Ageing, 2007; Whiteford, 2013; Whiteford, 2014).

Focussing events and opening a policy window
Each of these media stories appears to have helped open a ‘policy window’ (Kingdon, 2003). The Port Arthur tragedy increased federal support for Australia’s second National Mental Health Plan. Following the Rau and Alvarez cases and MHCA report, mental health was placed on the agenda of the Council for Australian Governments (COAG) in 2006 (an annual meeting of state premiers and the federal Prime Minister) and an additional $4.1 billion AUD allocated to mental health over five years.

Each event highlighted a problem with mental health services at a national level and intensified pressure on the Federal government (which controls health policy via taxation) to respond. The first two case studies show how media coverage of tragedies provided an opportunity for policy change by drawing public attention to deficiencies in the health system. The third illustrates how media can be used deliberately by researchers to serve their political and social aims (Kingdon, 2003). However, as the Port Arthur tragedy highlighted, the political will to address mental health policy issues can arise from misunderstandings about the nature of mental illness, and thereby unwittingly perpetuate the prejudice that violence is linked with mental illness.

These highly publicised individual tragedies and strategically constructed crises have contributed to a crisis framing of mental health, providing an opportunity for advocates to use research evidence to inform mental health policy. However, in a chronically underfunded service system like mental health, such intense focus on a specific issue can trigger another cycle of crisis management about a different issue from that which the policy reform proposals were meant to address. Thus, the opportunity for evidence-informed policy in these circumstances comes with significant potential downsides for a systematic, systems-focussed, approach to policy development in mental health.

Our data do not enable us to assess the precise causal role of media in these events. Given the testimony of bureaucrats at the time confirming the personal impact that the Port Arthur tragedy had on key decision makers, it is plausible that this tragedy played some causal role in the development of the second mental health plan. However, it is also possible that the role of media may have been more epiphenomenal than causal. Media reporting alerted the public to
this event, and contributed to its framing, but the framing that prevailed was the one that led to gun control legislation. Rather, reports from bureaucrats suggest that the Port Arthur case had an important personal effect. If media did play a causal role, it is more likely this was in amplifying rather than creating a political imperative to act.

Media publicity surrounding the Rau and Alvarez cases appears to have been different from that of Port Arthur. Here, the role of investigative journalism was important in bringing the issues to public attention, and in creating public pressure for an inquiry. The final example of deliberate use of media for advocacy, by contrast, shows how evidence was politicised and used in a strategic multi-pronged campaign to attract public attention and support for additional reform. In this case, media played a necessary causal role in achieving policy change through the way it was used without media organisations instigating the reportage.

**Policy and practice at cross purposes?**

The ubiquity of media in contemporary society results from its utility in performing numerous functions. With respect to mental health, the interactions between functions are significant: First, media are important to health promotion as a means by which government can attempt to change individual behaviour through education (Roberts, Hsiao, Berman & Reich, 2009). Mental health promotion is unique because information can directly affect a person’s mental state. Second, the recent development of effective online therapies, such as internet-based cognitive behavioural therapy – welcomed by many researchers for their potential to achieve greater coverage and more efficient mental healthcare – means that media have become a means for delivering health care, potentially direct to consumers. The fact that media affect individual mental states, healthcare, behaviour and policy complicates the ways in which media might be used for policy advocacy. One example that illustrates this complexity, and the possibly contradictory consequences of these processes, is the attempt to de-stigmatise mental illness and enhance mental health literacy.

**Stigma and mental health literacy**

Raising the ‘mental health literacy’ of the public has been a priority among researchers and advocates in Australia (and internationally) since the early 1990s (Jorm, 2000). In the early 2000s in Australia, activists and experts argued that stigma and discrimination against people with mental illnesses had to be addressed by encouraging more responsible media reporting and implementing population-based mental health promotion.
According to its proponents, improving mental health literacy will enhance prevention of, and treatment for, those with mental disorders (Jorm et al., 1997). The assumption is that inadequate treatment arises from a lack of community knowledge about the symptoms of mental illness and the availability of effective treatment. It also assumes that particular ways of understanding mental illnesses will have ethical and social effects that might help, or harm, a person with a mental illness by reducing socially stigmatising attitudes (Jorm, 2000). The further assumption is made, however, that a public with good mental health literacy will be more likely to support evidence-based mental health policies.

Researchers promoting enhanced mental health literacy stress the harmful effects of negative media portrayals on public attitudes towards the mentally ill (Jorm, 2000). Mechanisms for improving community mental health literacy and de-stigmatising mental illness include media reporting guidelines. In Australia, not-for-profit organisations, such as Mindframe (http://www.mindframe-media.info/) and SANE (http://www.sane.org/) provide evidence-based resources for journalists, educators, the police and others, which are available through the internet, about how to report on mental illness in a socially responsible way.

However, awareness raising and de-stigmatising campaigns have been criticised for potentially increasing the burden of mental illness on the individual sufferer (Razer, 2014). Focussing on stigma may inadvertently individualise the causes of mental illness and distract attention away from the other roles of the social environment in contributing to mental illness: for example, a dysfunctional immediate social environment or structural socioeconomic inequalities. If the role of the social environment is reduced to focus on stigma alone, society and governments may feel less obligated to find effective solutions to the social causes of mental illnesses or to provide social support to those with mental illnesses who need it. This individualisation of responsibility for mental illness may be further compounded by health communication strategies that focus on the neurobiological and biogenetic explanations for mental illness (for example Hammer, Dingel, Ostergren, Nowakowski & Koenig, 2012), although research is equivocal on the likelihood of this happening (for example Meurk, Hall, Morphett, Carter & Lucke, 2013).

The example of de-stigmatisation suggests that, contrary to a common assumption, communication policies aimed at changing individual behaviour and achieving broader health system reform may sometimes be at cross purposes. The discourses that frame media campaigns for improving mental health through de-stigmatisation can unintentionally support
a rationale for state disinvestment in mental health services, socially-based treatments or social welfare. Furthermore, the publicised tragedies presented above highlight an inconvenient truth: reducing stigma, discrimination and human rights violations have constituted important themes within the history of mental health reform, but media reports of violence committed by persons who are putatively mentally ill have been important drivers of mental health reform in Australia and abroad.

These are not arguments against de-stigmatising mental illness. Rather, they question assumptions about an approach to research utilisation that treats the translation of evidence into practice and into policy as separate processes (Nutley, Walter & Davies, 2007). We suggest that mediated translation of evidence into policy and into practice are linked processes (cf. Pickersgill, 2013), and they need to be assessed as such so as to avoid unintended negative consequences.

A second example of the importance of understanding the interaction between policy and practice focussed discourses relates to the potential to upscale online mental health treatments in Australia. The advertisement of novel online therapies side-by-side in internet searches with crisis framings that perpetuate the idea that Australia has an unsatisfactory and substandard mental health system could undermine public confidence in first line online treatments. The implications of adjacently viewable content of this sort further indicate the need for consistency in policy and practice focussed communication.

**What roles can new social media play in making progress towards EIPD?**

Media coverage of mental health issues from the late 1990s to the early 2000s arguably reinforced the continuing importance of mental health as a federal policy issue rather than one that could be devolved to the states and territories. The framing effects that we have described, and some focussing events, are linked to the ability of certain interests to control media content and frames. The accelerating globalisation and interactive nature of Web 2.0, which allows virtually anyone to post, or transmit, content online, has the potential to undermine the impact of traditional media. For instance, the fluid movement of ideas and attitudes across national boundaries – reports on mass shootings in North America and their purported links to mental illness are a prime example – undermines the ability to implement de-stigmatising frames for mental illness within national jurisdictions (Jorm & Reavley, 2014).
Within this globalised media-scape the production of content has remained largely with major media institutions, but media consumers have an increased capacity to control the extent to which the content that they access challenges or confirms their beliefs, and whether or not they choose to add their voice to a debate. These capacities are reinforced by the tailoring performed by search engines like Google, or Facebook and Twitter news feeds. These new media may facilitate a ‘personalised politics’, in which multiple ‘personal action frames’ co-exist, rather than facilitating convergence of belief (Bennett, 2012). If researchers are increasingly providers of media content, then they are in a stronger position to contribute to a framing of the issues about which they care (Nisbet & Lewenstein, 2002). It is just as likely that their communication will circulate through networks in ways that reinforce the beliefs of those already disposed to accept the evidence that is presented.

One of the core challenges for EIPD is how to ensure that research findings feed into the political process of negotiation and compromise between stakeholders (Head, 2010). EIPD is importantly context specific (Cartwright & Hardie, 2012). Consequently, communication that fosters research translation into policy needs to navigate, and successfully accommodate, diverse viewpoints among stakeholders within the relevant jurisdiction. As we have outlined, internet-mediated communication potentially undermines dialogue aimed at reaching compromise, and could instead entrench different ideologies and beliefs about appropriate solutions among different globally circumscribed communities. According to this view, practices such as academic blogging may be more likely to entrench a particular standpoint within a select population group than to foster engagement with alternative viewpoints that produce workable compromises that result in sustainable policies.

Effective use of media to advance EIPD requires a sophisticated and subtle approach based on understanding EIPD as a mediatised process. Currently, very little is known to inform such an approach, but future research could investigate: how political actors, researchers and other citizens are positioned in different networks and discourses that circulate on an issue, online and offline; how political actors filter, interpret and select from an effectively infinite amount of online and offline information; how these processes might be harnessed and improved so that bureaucrats can make best use of the ‘data’ that media provide about different perspectives on an issue, and the relationships between them; and, finally, how evidence is, or could be, best placed within this virtual space to improve dialogue between adherents of different personalised framings.
Conclusions

Media promise a tantalising opportunity to use research in service of the public good. They simultaneously represent a profound threat because they offer the same opportunity for those with seemingly irrational, opposing, views. The analysis presented here has considered EIPD within a contemporary, mediatised, environment, where media, in all their forms, reflect both ‘informational’ and ‘political’ goals and, in the case of mental health, healthcare goals as well. This article reflects different facets of media processes that can affect EIPD. In particular, we have illuminated how a crisis framing on mental health has emerged from a heterogeneous set of focusing events with different and complex implications for both EIPD and healthcare, particularly when viewed in relation to a de-stigmatising framing of mental health and the development of e-mental healthcare. Our discussion also highlights how media influence the scale at which an issue is addressed. In Australia, media have contributed to making mental health a national issue. However, the international significance of mental health as an issue, combined with the global reach of media, influences how dialogue might evolve along global contours of shared beliefs and values, rather than encouraging participation in formulating a compromise on difficult policy issues within jurisdictions.

Thus, learnings from this case study are relevant to researchers and policymakers in liberal democracies, who work on policy issues within national jurisdictions but whose policy issues share salience with those in similar countries, namely English-speaking, developed countries. Our findings may be relevant in other settings, such as other areas of health or environmental policy, where globally circulating ideas are used to influence individual behaviour change as well as policy reform.

The complexity we outline does not discount the value of proactively engaging on an issue through media. Rather, it highlights the need to approach media critically, and to develop pragmatic and sophisticated media monitoring and response strategies that balance requirements for efficiency and deliberative democracy. The future challenge is to investigate how we might best manage the relationships among multiple types of information that are articulated through media at different spatial scales and that affect both mental health policy and practice.

Acknowledgements

This work was funded by the National Health and Medical Research Council (NHMRC Grant No. APP1041131). The views expressed in this publication are solely those of the authors and
do not reflect the views of the NHMRC. The authors thank Sarah Yeates for her editorial assistance.

Notes on contributors

Carla Meurk holds a PhD in anthropology and is postdoctoral research fellow and co-lead of the Policy Analysis and Research Translation group at the Queensland Centre of Mental Health Research.

Harvey Whiteford, MBBS, MPH, PhD, FRANZCP, is Professor of Population Mental Health, a practicing Psychiatrist, and leads the Policy and Epidemiology group at the Queensland Centre for Mental Health Research.

Brian Head holds a PhD in political science. He is Professor of Public Policy, Policy Studies leader at the Institute for Social Science Research and a Fellow of the Academy of the Social Sciences.

Wayne Hall holds a PhD in psychology. He is Professor of Addiction History and Public Health Policy, a member of the Order of Australia (AM), Director and Inaugural chair of the Centre for Youth Substance Abuse Research, and a Fellow of the Academy of the Social Sciences and of the Academy of the Health and Medical Sciences in Australia.

Nicholas Carah holds a PhD in media and communication and is a lecturer in the School of Communication and Arts.

References


