Rural student's experiences of a school-based, early intervention mental health program

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The mental health of young people in Australia is a national health concern and innovative strategies are needed to meet health service demand. The prevalence of mental illness is greater in regional and rural communities,[1] with a staggering 14% of young people in remote regions and 19% in outer regional Australia diagnosed in any one-year. Schools have an important role to play in the provision of services and approximately 40% of students with mental disorders report accessing a school-based service for emotional and behavioural problems.[1] It is recognised that youth-friendly mental health services, such as Headspace, reduce barriers to help-seeking.[2,3] However, little is known about the experience of rural and remote adolescents with no practical access to Headspace, but who do have access to school-based mental health services.

Adolescence is a critical period for the identification and management of medical and psycho-social determinants of health. Mental health disorders commonly begin in childhood and adolescence[4-6], with over half of mental health disorders commencing before 18 years of age.[7,8] Mental health illness and the experience of adversity in adolescents are detrimental to adult health[9,10] and are associated with social determinants such as substance abuse, violence and lower educational achievement.[5,11,12] Delays in commencing effective treatment or managing family and lifestyle dysfunction can have negative impacts on the health outcomes of adolescents.[13]

Ease of access

Rural adolescents face many barriers when seeking help for mental health. Problems with anonymity in a small community[14], waiting times, cost, a limited choice of health professionals and absence of public transport can all be barriers for adolescents in rural areas.[15,16] A culture of self-resilience in rural communities and individual factors, such as a lack of knowledge of available health services, can also prevent rural adolescents from seeking and accessing mental health services.[14] It is therefore important that health services in rural communities, and mental health services where they exist, target adolescents with the aim of reducing these barriers.

School based mental health services make use of existing infrastructure to provide face-to-face services that do not currently exist for rural adolescents. Headspace is an Australia-wide service that provides early intervention mental health services to 12-25 year olds, including online support and face-to-face centres. There are many rural and remote communities that are too small to host a Headspace, but large enough to host a school based health service.

Development of mental health literacy and help seeking practices

Knowledge of mental illness and treatments is a significant predictor of help seeking for and disclosure of mental illness.[17]. Mental health literacy is a person's knowledge and beliefs about mental disorders which aid their recognition, management or prevention.[18] The mental health literacy of rural Australian adolescents has been found to be lower than metropolitan adolescents.[19] Poorer mental health literacy is associated with poorer mental health status[20] and reduced help seeking behaviour. There are gender disparities with mental health literary, with males reportedly having lower

mental health knowledge, greater perceived stigma and less willing to use mental health services than females.[21] This emphasises the importance of gender and age appropriate service design. There is limited evidence relating to the effectiveness of mental health care models that promote mental health literacy and early intervention mental illness for adolescents.[22]

Confidentially and privacy

When accessing health services, adolescents are predominately concerned about confidentiality, privacy and trust.[23] Adolescents value the opportunity to have their symptoms and opinions recognised and prefer to open up in consultations with a health practitioner without their parents present.[24] In Australia, adolescents aged over 15 years of age are eligible for their own Medicare card, enabling them to access the health care system without parental knowledge.[25] Duncan, Jekel[25] report that the involvement of parents can reduce patient confidentially for adolescents and exclude adolescents from the decision making process.

Environment

The physical environment of a mental health care service has a moderate-strong positive influence on the overall emotional experience of a young person during the service.[26] The physical environment of a healing space also impacts patient behaviour.[27] Physical working environment is associated with overall work and customer satisfaction but in terms of health service facilities, clinicians place a greater importance to clinical facilities and the physical environment than patients.[26] There is a paucity of research relating to the impact of environmental factors in a health care service, however there are some indicators that features such as colour, temperature, music and the viewing of nature images can reduce anxiety in patients.[27]

Fear of stigma

Stigma is one of the most common barriers preventing adolescents from seeking support.[1,14,28-30] Stigma is described as being devalued by individuals or communities on the basis of real or perceived health status.[31] Teenagers anticipate negative reactions of peers, family, school staff and adults and this can influence their willingness to access mental health services.[40] Stigma can be reduced by personal experience of a mental disorder, communication with others who have similar experiences and have sought professional help and education from campaigns.[32]

Doctors in Schools Model of Care

School counsellors and teachers are known to be a first option for many Australian students when seeking help for mental health concerns.[33] Several Australian school-based prevention and early intervention programs for anxiety and depression have demonstrated positive outcomes[34], however until recently there have not been any universal state or national programs. This year the Victorian Government plan to implement a 'Doctors in Secondary Schools' program in 100 schools, but this is yet to be evaluated.[35] The 'Doctors on Campus' (DOCs) program was implemented in two South Australia Secondary Schools, in communities that do not have a local Headspace. The Victor Harbor DOC's commenced in 2004.[36,37] The Nuriootpa DOCs commenced in 2014 and involves local general practitioners (GP's) and psychologists who regularly attend the school to see students assessed by the school counsellor as having a mental health problem. The GP determines the need for psychological services and prepares a mental care plan (MHP), which entitles the student to up to 10 free appointments with a psychologist in a twelve-month period.

This is the first of a series of research looking at the effectiveness and appropriateness of the DOCs. This research aims to describe the experiences of students accessing school based mental health services. This work has the potential to inform health service policy and increase access for rural adolescents who are challenged by adversity and mental health concerns.

Method

Approval was obtained from University of Flinders and University of Adelaide ethics committees and endorsed by the Department of Education and Child Development Research Unit.

Participants

All high school students at Nuriootpa High School (NHS), a rural town in South Australia, who had accessed the Doctors on Campus (DOCs) program were invited via email to participate in a face-to-face semi-structured interview. The project was also introduced to all the students at a whole high-school assembly by one of the researchers. At the time of recruitment NHS had a student population of 1000 and 120 of these had been referred to DOCs. Seven students volunteered to be interviewed, of these, six were female. Two students were in year 12, four were in year 10 and 1 was in year 9. Informed consent was obtained.

Semi-structured interviews were conducted by one interviewer (MS) in a private interview room at NHS, during school hours. A list of questions were designed to explore the student's overall experience of the DOCs, access barriers, perceived stigma and the appropriateness of school based versus community based services in a semi-structured interview format. Interviews were audio recorded, transcribed and then thematically analysed separately by two researchers (MS, ER), using an NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 10, 2014. No quantification or ranking of themes was attempted as is consistent with the process of thematic analysis depicted by Braun, Clarke & Terry.[41] A face-to-face discussion was held to collate the individually derived themes the final set of themes were agreed upon. Inter-rater reliability was not calculated, however very little variation existed between the researchers findings.

Stimulus questions

Researchers had no previous affiliation with DOCs. Both attended DOCs campus staff meetings to gain greater understanding of the cultural context of the service as non-participatory observers. It was deemed important that independence be maintained and participating students were invited to discuss positive, negative and neutral comments with the guarantee of anonymity. Open ended questions included: What was the experience of DOCS like for you? How can the referral and appointment process can be simplified or improved? If you had not seen a Doctor at school, do you think you would have seen one away from school? What was it like for you to see a Psychologist on the school grounds? Have you personally experienced stigma as a result of attending the DOCs service? The order of the questions was determined by the interviewer to optimise the flow of the interview and build rapport with the student throughout the interview.

Findings

Seven themes were identified and these, along with quotes that support the themes are shown in Table 1.

Table 1   Student dialogue to demonstrate thematic findings

Themes	Subthemes	Student Quotes
Ease of access to qualified health practitioners		It was just the facilities and people it allowed me access to really. It just made everything easier and it was sort of all pre-organised... I didn't have to make any phone calls, I didn't have to really get myself to the doctor's surgery (Female Yr.12)
		I could go in the study, so I wasn't falling behind on things and it was just more convenient (Female Yr.12)
		Well it was free so it was cheaper on mum and I didn't feel as bad (Female, Yr. 12)
Development of mental health literacy and help seeking practices	Mental Health literacy	I don't know, I just never really thought of seeing one [psychologist] (Female, Yr 10)
		I didn't even know what I was dealing with so [psychologist] really went through how and what it was and like what happens with the symptoms and stuff before we went into actually how to deal with it.. So I've gotten so much more understanding about it I think which helps deal with it . (Female Yr. 9)
	Increasing awareness amongst students	Yeah just word of mouth from students... if someone else needs help I recommend it (Female, Yr. 10)
		There's a lot of awareness because I hear people talking about it in school, around the school. (Male, Yr. 10)
	Impact on school functioning	My attendance is a lot better, because I didn't come to school last year for about 2 terms. So that's when I got in to see the counsellor and the psychologist and she helped me get back into school. So I'm not away as much as what I used to be. (Female Yr. 10)
		I would've only been going to school one day a week probably before I saw [psychologist] and now I'm back at school every day and I've been able to get there and do more work and hand more work in (Female Yr. 9)
Recognition/ validation		I think it was just the support because I could like talk to someone about things (Female Yr. 12)
		So many people think that the school or teachers don't care about wellbeing but when they bring a DOCS program into the school it kind of helps you, you think that maybe they do care a little bit if they're trying to help you with all these psychologists and doctors (Female Yr. 10)
		They [parents] didn't really know about any of the conditions that I had … I think they've kind of gathered and realised that it's more serious.. which has helped because then they're not just telling me that I'm just overreacting (Female Yr. 10)
Confidentially and privacy		They ask are you fine with me telling your usual counsellor or are you fine with me ringing your mum... like I didn't want my mum knowing something that I've told them they would be fine with not telling them until I was ready (Female Yr. 10)
		Like that's great because not many people have access and if they don't want their parents knowing like in my case they are able to see a doctor (Female Yr. 12)
		[the counsellor] knew my family personally and I know they have a right to be confidential but I still don't necessarily trust that nothing was going to be said to my family (Female Yr. 12)
Environment		They could make this room a little bit nicer…it's not like it's an overly inviting room I wouldn't say. They've got colours up now but it was pretty empty in here when I had my sessions and it's a little bit freaky (Female Yr.12)
		This room, it's all right I don't mind it. It's nothing because I've always got the blind closed and stuff, so people don't know you're in here. …Yeah it's good privacy" (Female Yr. 10)
Fear of stigma		When I'm in here it's kind of a common understanding that everybody in here has some reason why they're in here so everyone just accepts each other for being in there… But I guess you do feel a bit like ashamed of like what you're going through... kind of almost like there's something wrong with you. (Female Yr. 9)
Overall positive experience of DOCs		It definitely benefitted me, like I don't know where I'd be without it really. (Female Yr. 12)
		I'm glad that it has been brought into our school, because I reckon if I was in any other school I'd be like dying if I had, like what I have. (Female Yr. 10)

Theme 1: Ease of access to qualified health practitioners

The universal consensus was the referral process was easy and sufficiently organised. The 'on-campus' school location was easily accessible, and the appointments, which were all arranged by school and DOCs staff, were sufficiently flexible. The lack of cost was also a benefit. Waiting times for students had not been completely avoided and this was particularly noted in students who had started DOCs more recently. Qualified health practitioners provide a heighted level of expertise to compliment school counsellors and teachers.

Although students were very positive about the referral process and stated no barriers accessing DOCs, a few comments regarding possible improvements were made surrounding administration issues, such as notification of appointments. There was some inconsistency with the method of notification of appointments between health professionals. Two students mentioned issues re-connecting with the program once they had ceased attending.

Theme 2: Development of mental health literacy and help seeking practices

A recurrent theme throughout the interviews was the previous lack of knowledge about where to get help and the role of DOCs had to educate and orientate the student about health services options. Several students had never thought of going to a GP or psychologist for help. Others indicated that they would not have gone to a GP or psychologist outside of school had DOCs not existed. Most students were made aware of DOCs and referred by the school counsellor. Improved identification and knowledge of symptoms being experienced had therapeutic benefit on the outcome of their treatment.

Although there were varied opinions about the amount of awareness amongst the students, word-of-mouth from students appeared to be important in their health seeking practices. Many students commented that they would recommend the program to their friends.

There was significant evidence from the students that their engagement with DOCs had a strong positive impact of their school attendance and functioning.

Theme 3: Recognition/validation

The support students gained and the value of being able to talk with a health expert were some of the key aspects students spoke about regarding their experience of DOCs. The close interaction between the DOCs and school staff enabled students to feel supported by their teachers and school community. They also felt their parents were able to recognise and understand what they were experiencing.

Theme 4: Confidentially and privacy

Overall most students were happy with the level of confidentiality and privacy provided by DOCs. The importance of student-driven decisions was evident in the comments. Reduced anonymity within a smaller community caused one student concern regarding trust and confidentially.

Theme 5: Environment

Although several students made comments that the physical environment of the room was plain, students predominantly considered the setting adequate. The highest priority for the students was the privacy of the room and a space that allows for anonymity from other students.

Theme 6: Fear of stigma

No student had personally experienced ridicule from others, related to DOCs affiliation or their health status, however there were mixed opinions on the presence of stigma towards mental health. Recurrent reference to feelings of shame and worry about people would think were present. Several students in this study clearly stated they believed there was no stigma present at their school, whilst others disagreed.

Theme 7: Overall positive experience of DOCs

Although students made some suggestions for minor changes or improvements to DOCs, overall the students describe a very positive experience.

Discussion

This study provides insight into the personal experiences of students who have participated in a school-based mental health service. The ease of accessing support from qualified health practitioners in an environment that is familiar and youth-friendly, contributed to early intervention that improved academic and health status of participating students.

DOCs reduced many of the known barriers to adolescents accessing mental health support.[14] The challenge now is how to triage patients and avoid long waiting lists, which will potentially escalate with increased popularity and awareness of the program.

Limited mental health literacy and lack of knowledge of services is a barrier for adolescents seeking help.[14] Psycho-education encourages help seeking practices amongst adolescents[17] and DOCs is one model that achieved this at an individual student level. The importance of promoting school-based and community-based health services throughout the school is evident, as most students prior to having contact with DOCs had been unaware of how to seek help from a qualified health practitioner. The school counsellor has a pivotal role promoting DOCs and initiating referrals.

Students valued the student-centric service demonstrated by DOCs where practitioners were flexible and engaged parents in a way that was respectful of student's preferences. This reflects qualitative research findings by Coyne, McNamara[24] who recommended that mental health interventions need to be student-driven and ensure student involvement in decisions.

Students benefitted from the improved insight of their own circumstances and collaborative support and communication from the health professions, school staff and their parents. These findings support Viner, Ozer[38] who found that social supports are vital in helping adolescents to attain the best health. Parents continue to be a key stakeholder in the care of adolescents and future research should consider the ethical and legal issues for school-based health practitioners working with young people who opt not to involve parents.

The transition process from school-based health services to community-based services and follow up after completion of DOCs organised services requires greater consideration. There appeared to be no routine follow-up of students once they stopped accessing DOCs and this concerned several students. The development of transition plans and review mechanisms may encourage future help seeking and extend the impact of the care already provided.

The findings support the literature that the physical environment can impact the emotional responses of students accessing mental health services,[26,27] however it was indicated that the space of a school-based health service does not require elaborate décor. The privacy of the room was important,

aligning strongly with Hutton and Jackson[23] who report that adolescents are primarily concerned about privacy and confidentially and Boyd, Francis[14] who found that the lack of anonymity can be an access barrier for adolescents.

Individual fear of ridicule was identified but not substantiated with specific examples or personal experience of being the victim of stigma. This aligns with Chandra and Minkovitz[21] qualitative findings that teenagers commonly anticipate stigma from others and negative social consequences if others discovered they were accessing mental health services. This highlights the importance of acknowledging the presence of fear of stigmatisation amongst adolescents and continuing efforts to reduce this. There were indications of a cultural shift toward acceptance of mental health challenges, possibly as a result of allied initiatives such as MindMatters[39] and DOCS.

Limitations

It is important to acknowledge the small, self-selecting sample size of seven participants from one school, six of which were female. This is an exploratory study and generalisations to the general youth population should be avoided. This study is a preliminary study reporting the experiences of consumers of the DOCs program. The opinions and issues identified within the study is the 'lived experience' of the participants. A follow-up study with a larger sample size, a larger proportion of male students and students from several schools with DOCs may be useful. Further studies evaluating the effectiveness of DOCs using different methods would also be useful. There are currently several other projects underway evaluating DOCs at NHS.

Implications for practice

Although this is only a preliminary study in one school, there is great potential for this program to be implemented in other high schools, particularly in rural locations. Rural health practitioners and schools have the real potential to partner and make local arrangements similar to the DOCs program.

Implications for policy

Rural health workforce and rural youth mental health are two policy priorities. This research has demonstrated the potential for rural communities, schools and practitioners to collaborate and improve health service access to young people and potential improve health outcomes. This research informs health and education policy and there is potential for the Australian government to implement similar services in schools across Australia.

Conclusion

The provision and accessibility of mental health services for adolescent students is an important issue. There are known barriers preventing adolescents accessing youth friendly health services in rural communities. By bringing the health professionals to the students at school, DOCs addresses and reduces some of these barriers. The results of this study describe the positive impact that DOCs has on the wellbeing and mental health of students. The positive results highlight the potential for DOCs program nationally and may encourage other schools to implement this program for their students. It may also be beneficial for the Education Department regarding future funding, programs and policies.

References

1. Lawrence D, Johnson S, Hafekost J, Boterhoven de Haan K, Sawyer M, Ainley J, et al. The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey. Canberra: Department of Health; 2015.

2. Patulny R, Muir K, Powell A, Flaxman S, Oprea I. Are we reaching them yet? Service access patterns among attendees at the headspace youth mental health initiative. Child and Adolescent Mental Health. 2013;18(2):95-102.

3. Rickwood DJ, Telford NR, Parker AG, Tanti CJ, McGorry PD. Headspace—Australia's innovation in youth mental health: who are the clients and why are they presenting. The Medical journal of Australia. 2014;200(2):1-4.

4. Malla A, Iyer S, McGorry P, Cannon M, Coughlan H, Singh S, et al. From early intervention in psychosis to youth mental health reform: a review of the evolution and transformation of mental health services for young people. Social psychiatry and psychiatric epidemiology. 2016;51(3):319-26.

5. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. The Lancet. 2007;369(9569):1302-13.

6. Roza SJ, Hofstra MB, van der Ende J, Verhulst FC. Stable prediction of mood and anxiety disorders based on behavioral and emotional problems in childhood: A 14-year follow-up during childhood, adolescence, and young adulthood. American Journal of Psychiatry. 2003;160(12):2116-21.

7. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. Age of onset of mental disorders: a review of recent literature. Current opinion in psychiatry. 2007;20(4):359.

8. Jones P. Adult mental health disorders and their age at onset. The British Journal of Psychiatry. 2013;202(s54):s5-s10.

9. Taylor SE, Way BM, Seeman TE. Early adversity and adult health outcomes. Development and Psychopathology. 2011;23(3):939-54.

10. Fergusson DM, Horwood LJ, Ridder EM, Beautrais AL. Subthreshold depression in adolescence and mental health outcomes in adulthood. Archives of general psychiatry. 2005;62(1):66-72.

11. World Health Organisation. Adolescents and Mental Health 2017 [Available from: http://www.who.int/maternal_child_adolescent/topics/adolescence/mental_health/en/.

12. Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, et al. The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey or Mental Health and Wellbeing. Canberra: Department of Health; 2015.

13. Kieling C, Baker-Henningham H, Belfer M, Conti G, Ertem I, Omigbodun O, et al. Child and adolescent mental health worldwide: evidence for action. The Lancet. 2011;378(9801):1515-25.

14. Boyd C, Francis K, Aisbett D, Newnham K, Sewell J, Dawes G, et al. Australian rural adolescents' experiences of accessing psychological help for a mental health problem. Australian Journal of Rural Health. 2007;15(3):196-200.

15. Boyd C, Aisbett D, Francis K, Kelly M, Newnham K, Newnham K. Issues in rural adolescent mental health in Australia. Rural and Remote Health. 2006;6(501):1-9.

16. Quine S, Bernard D, Booth M, Kang M, Usherwood T, Alperstein G, et al. Health and access issues among Australian adolescents: a rural-urban comparison. Rural Remote Health. 2003;3(3):245.

17. Rüsch N, Evans-Lacko SE, Henderson C, Flach C, Thornicroft G. Knowledge and attitudes as predictors of intentions to seek help for and disclose a mental illness. Psychiatric Services. 2011;62(6):675-8.

18. Jorm AF, Korten AE, Jacomb PA, Christensen H, Rodgers B, Pollitt P. Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Medical journal of Australia. 1997;166(4):182-6.

19. Marshall JM, Dunstan DA. Mental health literacy of Australian rural adolescents: An analysis using vignettes and short films. Australian Psychologist. 2013;48(2):119-27.

20. Lam LT. Mental health literacy and mental health status in adolescents: a population-based survey. Child and Adolescent Psychiatry and Mental Health. 2014;8(1):26.

21. Chandra A, Minkovitz CS. Stigma starts early: Gender differences in teen willingness to use mental health services. Journal of Adolescent Health. 2006;38(6):754. e1-. e8.

22. Paul M, Street C, Wheeler N, Singh SP. Transition to adult services for young people with mental health needs: A systematic review. Clinical child psychology and psychiatry. 2015;20(3):436-57.

23. Hutton A, Jackson N. The voice of the adolescent: perceptions of general practice and accessing other health care services. Neonatal, Paediatric & Child Health Nursing. 2014;17(2):10.

24. Coyne I, McNamara N, Healy M, Gower C, Sarkar M, McNicholas F. Adolescents' and parents' views of child and adolescent mental health services (CAMHS) in Ireland. Journal of psychiatric and mental health nursing. 2015;22(8):561-9.

25. Duncan RE, Jekel M, O'Connell MA, Sanci LA, Sawyer SM. Balancing parental involvement with adolescent friendly health care in teenagers with diabetes: are we getting it right? Journal of Adolescent Health. 2014;55(1):59-64.

26. Rogers S, Edwards SJ, Hudman P, Perera R. The importance of the physical environment for child and adolescent mental health services. Asia Pacific Journal of Health Management. 2016;11(1):33.

27. Schweitzer M, Gilpin L, Frampton S. Healing spaces: elements of environmental design that make an impact on health. Journal of Alternative & Complementary Medicine. 2004;10(Supplement 1):S-71-S-83.

28. Bowers H, Manion I, Papadopoulos D, Gauvreau E. Stigma in school-based mental health: perceptions of young people and service providers. Child and Adolescent Mental Health. 2013;18(3):165-70.

29. Gulliver A, Griffiths KM, Christensen H. Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. BMC psychiatry. 2010;10(1):113.

30. Collins J, Winefield H, Ward L, Turnbull D. Barriers to seeking help for mental health problems in rural Australia. 2008.

31. Gruskin S, Ferguson L. Using indicators to determine the contribution of human rights to public health efforts. Bulletin of the World Health Organization. 2009;87(9):714-9.

32. Jorm AF, Wright A. Influences on young people's stigmatising attitudes towards peers with mental disorders: national survey of young Australians and their parents. The British Journal of Psychiatry. 2008;192(2):144-9.

33. Boyd C, Hayes L, Nurse S, Aisbett D, Francis K, Newnham K, et al. Preferences and intention of rural adolescents toward seeking help for mental health problems. Rural and remote health. 2011;11(1582):1-13.

34. Neil AL, Christensen H. Australian school-based prevention and early intervention programs for anxiety and depression: a systematic review. Medical Journal of Australia. 2007;186(6):305.

35. Victorian State Government. Doctors in Secondary Schools 2017 [Available from: http://www.education.vic.gov.au/about/programs/health/Pages/doctors-secondary-schools.aspx.

36. Radford S, Van Driel ML, Swanton K. Improving health outcomes in young people: A holistic, team based approach. Australian family physician. 2011;40(3):153.

37. Doley A, Sibly C. Doc on Campus: a general practice initiative for early intervention and dtetion of mental health problems in a rural Australian secondary school and male student participation. In: Gregory G, editor. 10th National Rural Health Conference; 17-20 May; Cairns: National Rural Health Alliance, Canberra ACT Australia; 2009.

38. Viner RM, Ozer EM, Denny S, Marmot M, Resnick M, Fatusi A, et al. Adolescence and the social determinants of health. The lancet. 2012;379(9826):1641-52.

39.   Macnab A, Gagnon F, Stewart D. Health promoting schools: consensus, strategies, and potential. Health Education. 2014;114(3):170-85.

40.   Chandra A, Minkovitz CS. Factors that influence mental health stigma among 8th grade adolescents. Journal of Youth and Adolescence. 2007 Aug 1;36(6):763-74.

41.   Braun, V., Clarke, V., & Terry, G. (2014). Thematic analysis. Qual Res Clin Health Psychol, 95-114.

Presenter

Madeleine Seeary is a final-year medical student with Flinders University. In 2016 Madeleine completed a year-long placement at a medical practice in the rural town of Angaston, South Australia. During this time Madeleine was able to immerse herself in the community and fell in love with the rural way of life, confirming her passion to work rurally in the future. During the second and third year of her Medical course Madeleine worked as part of a research team headed by Dr Elena Rudnik to evaluate a Doctors on Campus (DOCs) program, which is the topic of today's presentation.