



## WITNESS STATEMENT OF ASSOCIATE PROFESSOR NICOLA REAVLEY

I, Nicola Reavley, Associate Professor, of 207 Bouverie St, Carlton Victoria 3053, 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.

### **Background and experience**

- 2 I have a Bachelor of Science (Hons) from the University of Bristol and a PhD from Swinburne University of Technology.
- 3 I have been an academic at the University of Melbourne in the Melbourne School of Population and Global Health since June 2012 (and at the University of Melbourne since 2007). At the Melbourne School of Population and Global Health, I am the Head of the Population Mental Health Unit and Deputy Director of the Centre for Mental Health. In this role, I also undertake research on mental health literacy<sup>1</sup> and on stigma.
- 4 I have authored and co-authored a number of research papers in the area of stigma and mental health literacy, including those that report on the findings of the National Survey of Mental Health Literacy and Stigma, and the National Survey of Experiences of Discrimination and Positive Treatment.
- 5 Attached to this statement and marked 'NR-1' is a copy of my CV.
- 6 Attached to this statement and marked 'NR-2' is a list of articles that forms the evidence base for the opinions set out in this statement.

### **How are mental health problems and mental illness defined for the purposes of your evidence? What is mental illness stigma?**

- 7 Mental health problems and mental illness refer to a range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people. There is, however, no one single definition of mental illness. Mental illness is on a continuum, and there is a point at which symptoms meet a diagnosis and will be considered a mental

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<sup>1</sup> "Mental health literacy" has been defined by Jorm et al (Medical Journal of Australia 166; 4 1997, p 182) as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention".

illness within the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* classification, which is one of two main international medical standards to define and classify mental disorders. While there are many categories of mental disorders, most of my work relates to common mental disorders (which include depression, anxiety disorders and alcohol use disorders) or severe mental illness (mainly schizophrenia, psychosis and bipolar disorder).

- 8 Stigma is defined by the World Health Organisation to be “a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society”. It can be useful to distinguish between stigmatising attitudes and discrimination. In this context, stigmatising attitudes are the attitudes or beliefs held by a person, whereas discrimination is behaviour or perceived behaviour.
- 9 There are multiple dimensions of stigmatising attitudes towards people living with mental illness. These include personal attitudes towards people living with mental illness (I use the term “personal stigma”, however, others use the term “public stigma”), personal beliefs about other people’s attitudes toward people with mental illness (“perceived stigma”) and personal beliefs about oneself (‘self-stigma’). Perceived stigma can be significant for people who develop mental health problems but do not disclose them because they believe that people hold more stigmatising attitudes than they actually do.
- 10 Stigmatising attitudes towards people with mental illness are wide-ranging. In work colleagues and I have undertaken in this area, we have investigated:
  - (a) beliefs that people living with mental illness are dangerous and unpredictable;
  - (b) beliefs that a mental illness is a sign of personal weakness, “not a real medical illness” or that a person with mental illness “could snap out of the problem”; and
  - (c) unwillingness to interact socially or professionally with people with mental illness or willingness to avoid people with mental illness (also known as “desire for social distance”).

### **What is the National Survey of Mental Health Literacy and Stigma?**

- 11 The first National Survey of Mental Health Literacy and Stigma was conducted in 1995. Subsequent surveys have been conducted in 2003/4 and 2011 in adults (aged 16 years and above), and in 2006 and 2011 in young people (aged 12-25). In the most recent surveys in 2011, approximately 6,000 people participated in the adult survey and approximately 3000 people participated in the youth survey. Both surveys included questions about:

- (a) people's mental health literacy (including the ability to recognise a mental illness, beliefs about treatments (including medical, psychological and self-help treatments), causes, prevention, prognosis and how to help others;
  - (b) people's own experience of mental illness and their exposure to this in others; and
  - (c) people's stigmatizing attitudes towards and desire for social distance from people with different mental illnesses.
- 12 The survey consisted of a computer-assisted telephone interview about 20 minutes in length. Each survey presented a short written narrative, or "vignette", of a character who satisfied the diagnostic criteria for depression, depression with suicidal thoughts, psychosis, chronic schizophrenia, social phobia or post-traumatic stress disorder. Attached to this statement marked 'NR-3 are examples of vignettes used in the 2011 adult survey.
- 13 After being presented with a vignette, participants were asked to ask signal their attitudes, as well as their beliefs about what other people's attitudes would be, towards the character in the vignette. This was done with reference to the following statements:
- (a) "people with a problem like the character's could snap out of it if they wanted";
  - (b) "a problem like the character's is a sign of personal weakness",
  - (c) "the character's problem is not a real medical illness";
  - (d) "people with a problem like the character's are dangerous";
  - (e) "it is best to avoid people with a problem like the character's so that you don't develop this problem";
  - (f) "people with a problem like the character's are unpredictable";
  - (g) "if I had a problem like the character's I would not tell anyone";
  - (h) "I would not employ someone if I knew they had a problem like the character's"; and
  - (i) "I would not vote for a politician if I knew they had suffered a problem like the character's".
- 14 The statements exploring the desire for social distance rate the person's willingness to:
- (a) move next door to the character;
  - (b) spend an evening socialising with the character;
  - (c) make friends with the character;

- (d) work closely with the character on a job; and
- (e) have the character marry into their family.

15 I am reasonably confident that the results of these surveys are generalisable to the Australian population. This is because:

- (a) we used random sampling methods (a household survey in 1995 and a dual-frame (landline and mobile) phone survey in later years) to recruit respondents;
- (b) weighting methods were used to account for under sampling of some groups (including younger men and people with a lower level of education); and
- (c) we have published multiple papers on the surveys in peer-reviewed journals.

**What do we know about the nature and prevalence of mental health stigma in Australia and Victoria?**

16 The National Survey of Mental Health Literacy and Stigma is a national survey. As its conclusions are broadly applicable to the Australian population, it provides insight into the nature and prevalence of mental health stigma in Australia. Because of its methodology, I am comfortable that the conclusions are also applicable to Victoria.

17 The 2011 adult survey indicated the following:

- (a) Beliefs in dangerousness and unpredictability are notably higher for schizophrenia than other illnesses: 37% of respondents believed that a person with chronic schizophrenia is dangerous whereas 22% of respondents held the same belief with respect to a person with depression.
- (b) People are less likely to hire or vote for a person with chronic schizophrenia than a person with the other illnesses considered by the survey: 40% of respondents indicated this in respect of a person with chronic schizophrenia.
- (c) Men are generally more likely to be seen as dangerous and to elicit greater desire for social distance, possibly because of their gender.
- (d) Beliefs in mental illness as a sign of personal weakness or “not a real medical illness” are generally higher for social phobia than for the other illnesses considered by the survey: 16.5% of respondents held these views for social phobia whereas 12% of respondents held these views in respect of chronic schizophrenia.
- (e) People are most likely to disclose post-traumatic stress disorder and least likely to disclose chronic schizophrenia.

**What are the trends in relation to mental health literacy and stigma? Has Australia progressed in reducing stigma and what changes have been observed over time?**

- 18 The National Survey of Mental Health Literacy and Stigma tells us that there are both positive and negative trends occurring in relation to mental health literacy and stigma in Australia. Since 1995, the key findings relating to mental health literacy are that:
- (a) mental health literacy has improved, particularly in relation to depression. This means that people are much better at recognising depression in a vignette (39% of respondents in 1995 compared with 74% in 2011) and are more likely to believe that GPs, psychiatrists, psychologists and antidepressants are helpful to treat depression;
  - (b) people are now much more willing to disclose having problems with their mental health (in the 1995 survey, 23% of respondents said they had depression, while in 2011 this figure was 35%) and they are also much more likely to know someone else who is either having or has had problems with their mental health (in 1995, 45% of respondents said they had a family member or friend with depression while in 2011, this figure was 71%); and
  - (c) being male, having a lower level of education and being over 60 years of age are the most significant predictors of poor mental health literacy.
- 19 In terms of changes in stigmatising attitudes between 2003/4 and 2011, the desire for social distance from people living with mental illness has decreased somewhat (other than for chronic schizophrenia). It is possible that this change is due to increased awareness of depression, which may have led to greater numbers of people disclosing their experiences with depression. Increased disclosure creates a higher likelihood of members of the public becoming aware of someone they know who has depression. This increased awareness means that attitudes are more likely to be based on real experiences rather than the stereotypes that underlie stigma. Australian national campaigns to reduce stigma may also have been a factor in this trend.
- 20 In the same period, perceptions of dangerousness and unpredictability of those with depression, depression with suicidal thoughts, early schizophrenia and chronic schizophrenia increased. In 2003/4, 12% of respondents held these views in relation to a person with depression, whereas in 2011, the proportion was 22%. For chronic schizophrenia, the figures were 22% and 34% respectively. This may be due to the promotion of the idea that mental illness is a result of a “chemical imbalance” and is not something that can be controlled. This idea is rooted in an understanding of how antidepressants work in the brain, and the focus on this was designed to reduce blame towards people with mental illness and encourage them to seek treatment. However, for many, believing that a person’s mental illness cannot be controlled can also lead to the

belief that the person will behave in an unpredictable and potentially dangerous way. It is apparent that, overall, community attitudes towards the more severe disorders (including schizophrenia and bipolar disorder) have shifted the least. That is not to say that we have done all we need to in relation to attitudes to other disorders, but more effort is clearly needed in relation to stigma towards people with more severe disorders.

### **Have these changes been different for different people and communities?**

- 21 The Survey is a national survey. Its conclusions are broadly applicable to Australia, and not to the unique circumstances of particular communities. There is a need for more culturally relevant work in Aboriginal and Torres Strait Island communities, and in culturally and linguistically diverse communities.

### **Why does the stigmatisation of mental illness matter?**

- 22 Stigmatising attitudes may inhibit people with mental illness from seeking help and can compound experiences of psychological distress. Stigmatising attitudes can also lead to discrimination against people with mental illness, which leads to social and economic exclusion. This can have a profound impact on the lives of people living with mental illness.
- 23 Work undertaken by me and my colleagues has shown that discrimination against people with a mental illness is experienced in multiple settings. This is based on the National Survey of Discrimination and Positive Treatment, which we conducted in 2014 in a similar way to the National Survey of Mental Health Literacy and Stigma. This survey was a dual frame (mobile and landline) survey with a sample that is representative of the Australian population.
- 24 This survey was the first of its kind in the world to look at the actual experiences of avoidance, discrimination and positive treatment towards people with mental illness in a wide range of domains, including:
- (a) from friends, a spouse or intimate partner, or other family members;
  - (b) from people in the workplace;
  - (c) while searching for work;
  - (d) from people in places of education;
  - (e) from different types of health professionals; and
  - (f) from other people in the community.

- 25 Some of the key findings of the survey were as follows:
- (a) In most domains, respondents reported more positive treatment experiences than avoidance or discrimination (for example, 22% of respondents said their friends avoided them, 14% said their friends discriminated against them and 50% said their friends treated them more positively). The key exception was in looking for work (where 10% of respondents said that they were discriminated against while 7% said that they were treated more positively).
  - (b) Friends and family were more likely to avoid a person with mental illness than to discriminate.
  - (c) In the domain of the workplace or people searching for work, the most common types of discrimination included dismissive treatment or lack of understanding of the illness (identified by 27% of respondents), being forced to change responsibilities or being denied opportunities at work (24%), being fired (15%) or being treated as incompetent (13%).
  - (d) Among those respondents reporting discrimination when looking for work, 51% said that they had not been hired because of their mental health problems, and 11% mentioned not disclosing their mental health problems during the recruitment process for fear that doing so would result in a negative reaction from prospective employers.
  - (e) In the health system, people reported being treated dismissively, being judged and not being listened to, particularly in regard to their personal history and treatment needs.
  - (f) In terms of friends and family, being treated positively is much more common, however some people reported experiences of their friends and family reducing or cutting contact, being dismissive of the person's illness (for example, denying that it is real) or showing lack of understanding about mental health problems or treatments and how they can impact behaviour and functioning.
  - (g) Having a more severe mental illness or severe symptoms seems to be associated with more negative treatment.
  - (h) Respondents reported being treated more negatively than positively in the domains of insurance (2.3% more negatively and 0.3% more positively) and interacting with police (2.8% more negatively and 1.2% more positively). Because there were only a small number of these reports, it is difficult to draw general conclusions from them.
- 26 The survey asked respondents to report on their experiences in the different domains in which they disclosed their mental health problems. Disclosing having a mental illness is associated with both negative and positive treatment. In the domain of friends and

family, respondents were more likely to disclose to 'some people', than to "everyone" or to "no one". In most other domains, non-disclosure was most common. This included in the workplace, where non-disclosure to supervisors was more likely than disclosure (only 44% of respondents disclosed having a mental illness to their supervisor).

- 27 A limitation of this survey is that we did not assess the severity of different experiences, both positive and negative. This meant that we were unable to know whether experiences of severe negative treatment (for example, losing one's job) had a greater impact on a person than other experiences of positive treatment.

### **What are the drivers of stigma?**

- 28 The drivers of stigma towards mental illness differ according to the illness. As part of the National Survey of Discrimination and Positive Treatment, we explored this by asking people about their beliefs about the dangerousness of a person with depression or schizophrenia and looking at the links between this and their recall of media reports of violence and mental health problems, contact with and experiences of fear, threats or harm by people with mental health problems.
- 29 The findings of this study were in line with other research showing that knowing someone with a mental illness is linked to a lower likelihood of believing that, in general, people with mental illness are dangerous. Therefore, familiarity with mental illness is generally positively correlated with a reduction in beliefs that people with mental illness are dangerous or violent. This is likely to be because most people have contact with people with depression and anxiety (they are the most common mental illnesses) and these are less likely to be characterised by unpredictable or frightening behaviour.
- 30 We found that, for schizophrenia, recalling media reports of violence and having felt afraid of someone were linked with beliefs about dangerousness. But this was not so true for depression. It seems likely that when people are asked to think more broadly about mental health problems and dangerousness their exposure to media reports is only one factor in forming their views and is outweighed by other factors, particularly to the extent that they know someone who suffers from a mental illness.
- 31 It is therefore likely that the media has a bigger role when it comes to less common mental illnesses. People are more likely to have stereotypical beliefs where they don't know anyone personally with a mental illness and are instead informed by representations of the mental illness in the media. These have a considerable impact, particularly in cases of extreme acts of violence, which often receive significant media coverage in Australia. In work colleagues and I have undertaken, we have argued that more liberal access to firearms in the United States of America may drive stigma towards mental illness because of media reporting that focuses on the link between



mental illness and gun violence. We are also doing work to promote improved media reporting of mental illness and violence.

#### **Why do stigmatising attitudes remain?**

- 32 There is an extent to which stigmatising attitudes towards mental illness remain because of the way that human nature deals with unfamiliarity and difference. In this sense, stigma towards mental illness is like racism and other forms of prejudice. But the symptoms that people experience also contribute to the way others treat them and this does impact on stigma and discrimination.
- 33 It would obviously be ideal for there to be no stigma towards people with mental illness. However, completely eliminating stigma seems unlikely. The focus therefore needs to be on shifting negative stereotypes as much as possible and focusing on the contribution that people with mental illness can make in all areas of life.

#### **Of the strategies that have been implemented, what are the significant elements of those strategies that work and why?**

- 34 Stigma reduction strategies tend to fall into two main types: those that are known as contact interventions (involving in-person or video contact with a real person with a mental illness who tells their story) and educational interventions. Contact interventions are said to work by reducing anxiety and increasing empathy towards people with mental illness while educational interventions aim to reduce stigma by providing factual information to contradict inaccurate stereotypes. An example of an educational intervention is Mental Health First Aid training, which is an effective anti-stigma intervention that is widespread in Australia and globally. Some interventions are a combination of these two types.
- 35 I recently co-authored a rigorous review of the scientific literature on interventions to reduce stigma to severe mental illness. The findings of this review were that:
- (a) both contact interventions and educational interventions have small-to-medium immediate effects upon stigma, but further research is required to explore whether the impact of contact on stigma varies according to mental illness or level of contact;
  - (b) there is little evidence to show that reductions in stigmatising attitudes persist for longer than six months and so we also need more research to investigate how to sustain benefits in the longer-term; and
  - (c) further research is required to understand the active components of interventions in order to maximise their effectiveness.

**Have any other jurisdictions overcome or significantly reduced stigma? If so, give examples of how.**

- 36 The most intensive and well-funded stigma reduction campaign has been Time to Change, which is a UK-based mental health campaign formed by mental health charities MIND and Rethink Mental Illness. The campaign was established in 2008 and has involved social marketing (national television, print, radio, cinema, outdoor and online advertisements), social media and mass social/physical exercise events. The messaging of the campaign has focussed on tackling myths about mental illness, changing attitudes and encouraging social contact with people with mental illness. Its impact is evaluated by an annual survey. The latest evaluation of Time to Change shows that the campaign has improved knowledge, attitudes and reduced the desire for social distance, particularly among people aged 25-44 (the target age group). This is a positive finding given the difficulties of evaluating these types of interventions.
- 37 However, the evaluation measures for these studies typically use the term “mental illness”, rather specifically talking about severe conditions such as schizophrenia. While there is some evidence that when the general public hear the term “mental illness”, they think of severe mental illness, it is possible that campaigns such as Time to Change, which target “mental illness” in general, broaden people’s understanding of the term to include higher prevalence conditions such as depression. This can make it difficult to assess whether such campaigns are having the desired effect of reducing stigma towards all conditions. There might also be a risk of spreading the stigmatising attitudes linked to severe illnesses to more common disorders such as depression.
- 38 One of the few interventions to specifically address stigma towards schizophrenia is the World Psychiatric Association’s campaign called “Open the Doors” in Germany and Austria. This campaign involved promotion of contact with people with schizophrenia, education of target groups, and “protest” against discriminative behaviour and structural discrimination. The campaign held lectures in adult education centres, art exhibitions, cinema events, readings, theatre events, and charity concerts. Most events included panel discussions with mental health professionals and consumers.
- 39 The campaign in Germany was evaluated by way of surveys before its commencement in 2001, and after its completion in 2004, in intervention and control cities. Only about 4% of respondents had heard of the campaign but it was associated with a small decrease in overall desire for social distance from people with schizophrenia. In Austria, the campaign was assessed by comparing the results of surveys in 1998 before its commencement, and five years after its commencement, in 2007. Only 7% of respondents had heard of the campaign. While there were some positive changes, of concern were reported increases in beliefs about dangerousness and desire for social distance. The authors of this evaluation thought this may have been due to media

reporting of a killing by a mentally ill man five weeks prior to data collection for the 2007 survey. These findings highlight the need to carefully design campaign messages to make sure they are effective and importantly, don't cause harm.

### **What are the key impediments to successful mitigation of stigma?**

- 40 There are multiple and competing demands on institutions and organisations seeking to reduce the stigma of mental illness. This leads to funding and time being key impediments to stigma-reduction efforts. In some organisations, particularly workplaces, management may also be hesitant to support mental health awareness programs out of a fear that they could lead to greater reporting of mental health problems.
- 41 Further research is required to inform the design of future mass media campaigns and interventions tailored to different groups in Australia. Specifically, we need research to better understand:
- (a) The active ingredients in interventions that are specifically designed to reduce stigma towards people with severe mental illness. This could be done through experimental studies designed to test the impact on stigmatising attitudes. Such studies are also important to ensure that messages or interventions do no harm, because there is evidence from some studies of contact interventions that if the participants don't see the person positively or relate to them, this can increase stigma.
  - (b) The impact of more positive messages, that is, more research into what to do rather than what not to do. This builds on findings from work my colleagues and I have undertaken that it is more common for people with mental illness to be avoided than actively discriminated against. This is possibly because while most people arguably want to help, they are anxious not to do the wrong thing so will often choose to avoid someone with mental health problems. This can be perceived by the person as discrimination.
  - (c) How messages and interventions need to be tailored to different groups in Australia, including health professionals, students of health professions, police, adolescents and employers. This research will allow us to conclude what types of consumer contact interventions, educational interventions or campaign messages are effective and sustainable for these different groups. As much as possible, this research needs to be of a high quality (for example, using randomized controlled trials) and include behavioural measures (both intentions and reports of actual behaviours) rather than just focusing on attitudes.
  - (d) How to use social media more effectively. There has been no comprehensive study on the impact of social media on levels of stigma. It is an important but difficult area, and more work needs to be done. Because of extreme views

broadcast on social media platforms, I believe that there is potential for harm. However, social media platforms also offer new opportunities for stigma-reduction interventions.


(e) The economic impacts of stigma, for example, on workplace participation and health service use.

42 Research of this nature this would be relatively easy to do and could inform the design of mass media campaigns and more focused interventions targeted to specific groups.

**What are the actions that might be taken to reduce stigma, particularly towards people with severe mental illness?**

43 Reducing stigma is a process of bringing about long-term cultural change. We have evidence that this is possible because of the changes in knowledge and attitudes to depression. The evidence also shows that more intensive campaigns are more likely to bring about change.

44 Public campaigns to reduce stigma need to be ongoing. They must also be regularly updated to remain current and avoid causing fatigue. Such campaigns must adopt a “whole of system” approach that targets the media, schools, workplaces and the medical profession. This is because different target groups interact with people with mental illness in different ways and have different needs in terms of interventions. In terms of severe mental illness particularly, we also need to evaluate the impacts of these campaigns to ensure they do no harm and to ensure that resources are used in the most effective way. The surveys we have done, particularly the 2014 survey on experiences of discrimination, offer opportunities to assess change over time in the Australian population.

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print name A/Prof Nicola Reavley

date 3 July 2019



Royal Commission into  
Victoria's Mental Health System



## ATTACHMENT NR-1

This is the attachment marked 'NR-1' referred to in the witness statement of Associate Professor Nicola Reavley dated 3 July 2019.

# Curriculum Vitae

## PERSONAL DETAILS

**Name** Associate Professor Nicola Reavley

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## EDUCATION

**2007** Doctor of Philosophy  
*Swinburne University of Technology*

**1988** Bachelor of Science (Pharmacology)  
*University of Bristol, UK*

## EMPLOYMENT HISTORY

**Jun 2012 – current** Deputy Director (Jan 2018 – current) and Associate Professor (Jan 2017 – current)  
Centre for Mental Health, Melbourne School of Population and Global Health,  
University of Melbourne;  
Senior Research Fellow (Sep 2012 – Dec 2016), Centre for Mental Health,  
Melbourne School of Population and Global Health, University of Melbourne

**Jun 2009 – May 2012** Research Fellow, Orygen Youth Health Research Centre, University of Melbourne

**Sep 2007-May 2009** Project Coordinator, The Cancer Council Victoria, Melbourne

**March 1999 -Dec 2005** Research Officer, Graduate School of Integrative Medicine, Swinburne University  
of Technology, Melbourne

## FELLOWSHIPS/SCHOLARSHIPS

**2014-2018** Career Development Fellowship (National Health and Medical Research Council)

**2000-2006** Australian Post-Graduate Award (Commonwealth of Australia)

## PUBLICATIONS

### Publications in peer-reviewed journals

1. Hoare E, Strugnell C, Thorisdottir I, Berk M, Patton G, Jacka F, Hayward J, Reavley NJ, Dr Kristjansson A, Sigfusdottir I, Allender S. Lessons from Iceland: developing scalable and sustainable community approaches for the prevention of mental disorders in young Australians. *Mental Health and Prevention* (Accepted 20 May 2019)
2. Nicholas A, Reavley NJ, Jorm AF, Spittal, Pirkis J. Confidence and intentions to help a person at risk of suicide. *Suicide and Life-Threatening Behaviour* (Accepted 9 May 2019).
3. Morgan AJ, Fischer J, Hart L, Kelly CM, Kitchener B, Reavley NJ, Yap MBH, Cvetkovski S, Jorm AF. Does Mental Health First Aid training improve the mental health of aid recipients? The Training for Parents of Teenagers randomised controlled trial. *BMC Psychiatry* 2019; 19:99 (
4. Tan D, Morgan AJ, Reavley NJ, Jorm AF. Emotional Impacts of Participation in an Australian National Survey on Mental Health-related Discrimination. *Ethics and Behaviour* (Accepted 8 Mar 2019).
5. Jorm AF, Nicholas AN, Pirkis J, Rossetto A, Fischer J, Reavley NJ. Quality of assistance provided by members of the Australian public to a person at risk of suicide: associations with training experiences and sociodemographic factors in a national survey. *BMC Psychiatry*. 2019; 19:68
6. Catalano R, Skinner M, Alvarado, G, Kapungu C, Reavley NJ, Patton G, Jessee C, Plaut D, Moss C, Bennett K, Sawyer S, Sebany M, Sexton M, Olenik C, Petroni S. Positive Youth Development Programs in Low- and Middle-Income Countries: A conceptual framework and systematic review of efficacy. *Journal of Adolescent Health* (Accepted Jan 14 2019)
7. Hill NTM, Shand F, Torok, M, Halliday L, Reavley NJ. Development of best practice guidelines for suicide-related crisis response and aftercare in the emergency department or other acute settings: a Delphi expert consensus study. *BMC Psychiatry*. 2019; 19:6
8. Rossetto A, Robinson E, Reavley NJ, Henderson C. Perceptions of positive treatment and discrimination towards people with mental health problems: findings from the 2017 Attitudes to Mental Illness survey. *Psychiatry Research* 2019: 273; 141-8
9. Andriessen K, Kryszinska K, Hill NTM, Reifels L, Robinson J, Reavley NJ, Pirkis J. Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry* 2019; 19:49
10. Robinson J, Hill N, Thorn P, Battersby R, The Z, Reavley N, Pirkis J, Lamblin M, Rice S. The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. *PLoS One* 2018; 13(11):e0206584.
11. Ross AN, Morgan AJ, Jorm AF, Reavley NJ. A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact. *Social Psychiatry and Psychiatric Epidemiology* 2019; 54:11-31

12. Azzopardi P, Hearps S, Francis K, Kennedy E, Mokdad A, Kassebaum N, Lim S, Irvine C, Vos T, Brown A, Dogra S, Kinner S, Koama N, Naguib M, Reavley NJ, Requejo J, Santelli JS, Sawyer SM, Skirbekk V, Temmerman M, Tewhaiti-Smith J, Ward J, Viner R, Patton G. Progress in adolescent health and wellbeing: tracking 12 headline indicators from 1990 to 2016 for 195 countries. *Lancet* 2019; 393: 1101-1118
13. Jorm AF, Kitchener B, Reavley NJ. Mental Health First Aid training: lessons learned from the global spread of a community education program. *World Psychiatry* (Accepted 24 Sep 2018)
14. Reavley NJ, Morgan AJ, Fischer JA, Kitchener B, Bovopoulos N, Jorm AF. Effectiveness of eLearning and blended modes of delivery of Mental Health First Aid training in the workplace: randomised controlled trial. *BMC Psychiatry*. 2018; 18:312
15. Rossetto A, Jorm AF, Reavley NJ. Developing a model of help giving towards people with a mental health problem: a qualitative study of Mental Health First Aid participants. *International Journal of Mental Health Systems*. 2018; 12:48
16. Lu S, Reavley NJ, Zhou J, Sua J, Pan X, Xiang Q, Zhang Y, Oldenburg B, Wu M. Depression among the general adult population in Jiangsu Province of China: Prevalence, associated factors and impacts. *Social Psychiatry and Psychiatric Epidemiology*. 2018; 53:1051-1061
17. Armstrong G, Ironfield N, Kelly C, Dart K, Arabena K, Bond K, Reavley NJ, Jorm AF. Re-development of mental health first aid guidelines for supporting Aboriginal and Torres Strait Islanders who are experiencing suicidal thoughts and behaviour. *BMC Psychiatry*. 2018;18:228
18. Ross A, Reavley NJ, Too LS, Pirkis J. Evaluation of a novel approach to preventing railway suicides: The Community Stations Project. *Journal of Public Mental Health*. 2018 (Accepted 11 May 2018)
19. Morgan AJ, Ross A, Reavley NJ, Too LS, Jorm AF. Interventions to reduce stigma towards people with severe mental illness: Systematic review and meta-analysis. *Journal of Psychiatric Research*. 2018; 103:120-133
20. Jorm AF, Nicholas AN, Rossetto A, Reavley NJ. Associations of training to assist a suicidal person with subsequent quality of support: results from a national survey of the Australian public. *BMC Psychiatry*. 2018; 18:132
21. Morgan AJ, Ross A, Reavley NJ. Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLoS One*. 2018; 13:e0197102
22. Nicholas A, Rossetto A, Jorm A, Pirkis J, Reavley N. Importance of Messages for a Suicide Prevention Media Campaign. *Crisis*. 2018; 5:1-13.
23. Amarasuriya S, Jorm AF, Reavley NJ. Predicting intentions to seek help for depression among undergraduates in Sri Lanka. *BMC Psychiatry*. 2018; 18:122
24. Patton GC, Olsson CA, Skirbekk V, Saffery R, Wlodek ME, Azzopardi PS, Stonawski M, Rasmussen B, Spry E, Francis K, Bhutta ZA, Kassebaum NJ, Mokdad AH, Murray CJL, Prentice AM, Reavley N, Sheehan P, Sweeny K, Viner RM, Sawyer SM. Adolescence and the next generation. *Nature*. 2018; 554:458-466



25. Reavley NJ. Mindfulness interventions in higher education students. *Lancet Public Health* 2018; 3(2):e55-e56
26. Bond KS, Dart KM, Jorm AF, Kelly CM, Kitchener BA, Reavley NJ. Assisting an Australian Aboriginal and Torres Strait Islander person with gambling problems: a Delphi study. *BMC Psychology* 2017; 5:27.
27. Bundy DAP, de Silva N, Horton S, Patton GC, Schultz L, Jamison DT; Disease Control Priorities-3 Child and Adolescent Health and Development Authors Group. Investment in child and adolescent health and development: key messages from Disease Control Priorities, 3rd Edition. *Lancet*. 2017; 391:687-699.
28. GBD 2015 Eastern Mediterranean Region Adolescent Health Collaborators, Mokdad AH. Adolescent health in the Eastern Mediterranean Region: findings from the global burden of disease 2015 study. *International Journal of Public Health*. 2018; 63(Suppl):79-96
29. Reavley NJ, Morgan AJ, Rossetto A, Jorm AF. Self-reported discriminatory and positive behaviours towards people with mental health problems: Findings from an Australian national survey *Social Psychiatry and Psychiatric Epidemiology*. 2017; 53:289-298
30. Reavley NJ, Milner AJ, Martin A, Too LS, Papas A, Witt K, Keegel T, LaMontagne AD. Depression literacy and help-seeking in Australian police. *Australian and New Zealand Journal of Psychiatry*. 2018; 52: 1063-1074
31. Davidson S, Wadley G, Reavley NJ, Gunn J. : Psychological distress and unmet mental health needs among urban taxi drivers: a cross-sectional survey. *Australian and New Zealand Journal of Psychiatry*. 2018; 52: 473-482
32. Nguyen NT, Subasinghe A, Wark JD, Reavley NJ, Garland S. Characterisation of sexual health behaviours among women aged 16 to 25 years in Victoria, Australia. *Australian Family Physician*. 2017; 46: 935-941
33. Pirkis P, Rossetto A, Nicholas A, Ftanou M, Robinson J, Reavley NJ. Suicide prevention media campaigns: A systematic literature review. *Health Communication (ePub ahead of print Nov 30 2017)*
34. Meurk C, Harris M, Pirkis J, Bassilios B, Reavley NJ, Salom C, Wright E, Scheurer R. Systems levers for commissioning primary mental health care: a rapid review. *Australian Journal of Primary Health*. 2018. 24: 29-53
35. Reavley NJ, Morgan AJ, Jorm AF. Disclosure of mental health problems: Findings from an Australian national survey. *Epidemiology and Psychiatric Sciences*. 2018; 27:346-356
36. Callegari E, Reavley N, Gorelik A, Garland SM, Wark JD. Predictors and correlates of serum 25-hydroxyvitamin D concentrations in young women. *British Journal of Nutrition* 2017; 118: 263-272
37. Morgan AJ, Reavley NJ, Jorm AF, Beatson R. Discrimination and support from friends and family members experienced by people with mental health problems: Findings from an Australian national survey. *Social Psychiatry and Psychiatric Epidemiology* 2017; 52: 1395-1403

38. Cutler T, Reavley NJ, Jorm AF. How 'mental health smart' are you? Analysis of responses to an Australian Broadcasting Corporation News website quiz. *Advances in Mental Health*. 2018. 16: 5-18
39. Aggarwal S, Patton GC, Reavley NJ, Sreenivasan SA, Berk M. Youth self-harm in low- and middle-income countries: Systematic review of the risk and protective factors. *International Journal of Social Psychiatry* 2017; 63: 359-375
40. Sheehan P, Sweeny K, Rasmussen B, Wils A, Friedman HS, Mahon J, Patton GC, Sawyer SM, Howard E, Symons J, Stenberg K, Chalasani S, Maharaj N, Reavley NJ, Shi H, Fridman M, Welsh A, Nsofor E, Laski L. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *Lancet* 2017; 390: 1792-1806
41. Amarasuriya S, Reavley NJ, Rossetto, Jorm AF. Helping intentions of undergraduates towards their depressed peers: a cross-sectional study in Sri Lanka. *BMC Psychiatry* 2017; 7:40
42. Scanlan F, Bhar S, Jorm AF, Meyer D, Reavley NJ, Treatment choices for depression: Young people's response to a traditional e-health versus a Health 2.0 website. *Digital Health* 2017; January 1
43. Reavley NJ, Morgan AJ, Jorm AF. Predictors of experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey. *Social Psychiatry and Psychiatric Epidemiology*. 2017; 52:269-77
44. Callegari E, Reavley N, Gorelik A, Garland SM, Wark JD. Serum 25-hydroxyvitamin D and mental health in young Australian women; results from the Safe-D study. *Journal of Affective Disorders* 2017; 224:48-55
45. Lambert T, Reavley NJ, Jorm AF, Oakley-Browne M. Development of expert-consensus for the treatment, management and monitoring of the physical health of people with an enduring psychotic illness. *Australian and New Zealand Journal of Psychiatry* 2017; 51: 322-337
46. Reavley NJ, Morgan AJ, Jorm AF. Discrimination and positive treatment towards people with mental health problems in workplace and education settings: Findings from an Australian national survey. *Stigma and Health* (ePub ahead of print Sep 8 2016)
47. Bovopoulos N, Jorm AF, Bond KS, LaMontagne AD, Reavley NJ, Kelly CM, Kitchener BA, Martin A. Providing mental health first aid in the workplace: a Delphi consensus study. *BMC Psychology* 2016; 4:41
48. Davenport L, Allisey A, Page KM, LaMontagne AD, Reavley NJ. How can organisations help employees thrive? The development of guidelines for promoting positive mental health at work. *International Journal of Workplace Health Management*. 2016; 9: 411-427
49. Yoshioka K, Rossetto A, Reavley NJ. Associations between beliefs about the causes of mental disorders and stigmatising attitudes: results of a mental health literacy and stigma survey of the Japanese public. *International Journal of Mental Health* 2016; 45: 183-192

50. Morgan AJ, Reavley NJ, Jorm AF. Experiences of discrimination and positive treatment from health professionals: A national survey of adults with mental health problems. *Australian and New Zealand Journal of Psychiatry*. 2016; 50: 754-62
51. Rossetto A, Jorm AF, Reavley NJ. Predictors of adults' helping intentions and behaviours towards a person with a mental illness: A six-month follow-up study. *Psychiatry Research*. 2016; 240: 170-6
52. Reavley NJ, Jorm AF, Morgan AJ. Beliefs about dangerousness of people with mental health problems: the role of media reports and personal exposure to threat or harm. *Social Psychiatry and Psychiatric Epidemiology*. 2016; 51: 1257-64
53. Mokdad AH, Forouzanfar MH, Daoud F, Mokdad AA, El Bcheraoui C, Moradi-Lakeh M, Kyu HH, Barber RM, Wagner J, Cercy K, Kravitz H, Coggeshall M, Chew A, O'Rourke KF, Steiner C, Tuffaha M, Charara R, Al-Ghamdi EA, Adi Y, Afifi RA, Alahmadi H, AlBuhairan F, Allen N, AlMazroa M, Al-Nehmi AA, AlRayess Z, Arora M, Azzopardi P, Barroso C, Basulaiman M, Bhutta ZA, Bonell C, Breinbauer C, Degenhardt L, Denno D, Fang J, Fatusi A, Feigl AB, Kakuma R, Karam N, Kennedy E, Khoja TA, Maalouf F, Obermeyer CM, Mattoo A, McGovern T, Memish ZA, Mensah GA, Patel V, Petroni S, Reavley N, Zertuche DR, Saeedi M, Santelli J, Sawyer SM, Ssewamala F, Taiwo K, Tantawy M, Viner RM, Waldfogel J, Zuñiga MP, Naghavi M, Wang H, Vos T, Lopez AD, Al Rabeeah AA, Patton GC, Murray CJ. Young People's Health from 1990 to 2013: Global Burden of Diseases, Injuries, and Risk Factors. *Lancet*. 2016; 387(10036):2383-401
54. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, Arora M, Azzopardi P, Baldwin W, Bonell C, Kakuma R, Kennedy E, Mahon J, McGovern T, Mokdad AH, Patel V, Petroni S, Reavley N, Taiwo K, Waldfogel J, Wickremarathne D, Barroso C, Bhutta Z, Fatusi AO, Mattoo A, Diers J, Fang J, Ferguson J, Ssewamala F, Viner RM. Our Future: A Lancet Commission on Adolescent Health and Wellbeing. *Lancet*. 2016; 387(10036):2423-78.
55. Cox G, Bailey E, Jorm AF, Reavley NJ, Templer K, Bhar S, Parker A, Rickwood D, Robinson J. Development of suicide postvention guidelines for secondary schools: A Delphi study *BMC Public Health*. 2016; 16: 180
56. LaMontagne AD, Milner AJ, Allisey A, Page KM, Reavley NJ, Martin A, Tchernitskaia I, Noblet AJ, Purnell L, Witt K, Keegel T, Smith PM. An Integrated Workplace Mental Health Intervention in a Policing Context: Protocol for a Cluster Randomised Control Trial. *BMC Psychiatry*. 2016; 16:49
57. Dey M, Reavley NJ, Jorm AF. Young people's difficulty in talking to others about mental health problems: An analysis of time trends in Switzerland. *Psychiatry Research*. 2016; 237:159-65
58. Bond KS, Jorm AF, Miller HE, Rodda SN, Reavley NJ, Kelly C, Kitchener B. How a concerned family member, friend or member of the public can help someone with gambling problems: A Delphi consensus study. *BMC Psychology*. 2016; 4:6
59. Stockings E, Hall W, Lynskey M, Morley K, Reavley NJ, Strang J, Patton G, Degenhardt L. Responding to substance use in young people: Prevention, early intervention, harm reduction and treatment. *Lancet Psychiatry*. 2016; 3:280-96
60. Bond KS, Jorm AF, Kitchener BA, Reavley NJ. Mental health first aid training for Australian financial counsellors: an evaluation study. *Advances in Mental Health*. 2016; 14:1

61. Amarasuriya S, Jorm AF, Reavley NJ. Quantifying and predicting depression literacy of undergraduates: a cross sectional study in Sri Lanka. *BMC Psychiatry*. 2015; 15: 269
62. Heffernan K, Chang S, Maclean ST, Callegari E, Garland SM, Reavley NJ, Varigos, GA, Wark JD. Developing Interactive e-health Apps for Complex Messaging: Recommendations from the Safe-D Study. *JMIR mHealth and uHealth*. 2016; 4:e14
63. Amarasuriya S, Jorm AF, Reavley NJ. Depression literacy of undergraduates in a non-western developing context: the case of Sri Lanka *BMC Research Notes*. 2015; 8:593
64. Amarasuriya S, Jorm AF, Reavley NJ. Perceptions and intentions relating to seeking help for depression among medical undergraduates in Sri Lanka: a cross-sectional comparison with non-medical undergraduates. *BMC Medical Education*. 2015; 15: 162
65. Harris M, Baxter A, Reavley NJ, Diminic S, Pirkis J, Whiteford H. Gender-related patterns and determinants of recent help-seeking for past-year affective, anxiety and substance use disorders: findings from a national epidemiological survey. *Epidemiology and Psychiatric Sciences*. 2015; 2: 1-14
66. Callegari E, Reavley NJ, Gorelik A, Garland SM, Wark JD. Vitamin D status, bone mineral density and mental health in young Australian women: the Safe-D study. *Journal of Public Health Research*. 2016; 4:594
67. Reavley NJ, Jorm AF. Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey. *Australian and New Zealand Journal of Psychiatry*. 2015; 10: 906-913
68. Diminic S, Carstenen G, Harris M, Reavley NJ, Pirkis J, Meurk C, Wong I, Bassilios B, Whiteford H. Intersectoral policy for severe and persistent mental illness: review of approaches in a sample of high-income countries. *Global Mental Health*. 2015; 2: e18
69. Blee F, Reavley NJ, Jorm AF, McCann TV. Student driven mental health promotion in an Australian university setting. *Mental Health and Prevention*. 2015; 3: 26-33
70. Bond KS, Chalmers KJ, Jorm AF, Kitchener BA, Reavley NJ. Assisting Australians with mental health problems and financial difficulties: a Delphi study to develop guidelines for financial counsellors, financial institution staff, mental health professionals and carers. *BMC Health Services Research*. 2015; 15: 218
71. Cairns KE, Yap MBH, Reavley NJ, Jorm AF. Identifying prevention strategies for adolescents to reduce their risk of depression: a Delphi consensus study. *Journal of Affective Disorders*. 2015; 183: 229-38
72. Yap MBH, Fowler M, Reavley NJ, Jorm AF. Parenting strategies for reducing the risk of childhood depression and anxiety disorders: a Delphi consensus study. *Journal of Affective Disorders*. 2015; 183: 330-8

73. Amarasuriya S, Jorm AF, Reavley NJ, Mackinnon AJ. Stigmatising attitudes of undergraduates towards their peers with depression: A cross-sectional study in Sri Lanka. *BMC Psychiatry*. 2015; 15: 129
74. Amarasuriya S, Jorm AF, Reavley NJ. Prevalence of depression and its correlates among undergraduates in Sri Lanka. *Asian Journal of Psychiatry*. 2015; 15: 32-37
75. Bond KS, Jorm AF, Reavley NJ, Kitchener BA. Mental health first aid training for Australian medical and nursing students: an evaluation study. *BMC Psychology*. 2015; 3 (1): 11
76. Harris MG, Diminic S, Reavley NJ, Baxter A, Pirkis J, Whiteford HA. Males' mental health disadvantage: An estimation of gender-specific changes in service utilisation for mental and substance use disorders in Australia. *Australian and New Zealand Journal of Psychiatry*. 2015; 49: 821-32
77. Heffernan KJ, Chang S, Maclean ST, Callegari ET, Garland SM, Reavley NJ, Varigos G, Wark JD. The potential of eHealth apps to support targeted complex health messages. *Journal of General Practice*. 2014. 1: 182
78. Reavley NJ, Pilkington P. Use of Twitter to monitor attitudes toward depression and schizophrenia: an exploratory study. *Peer J*. 2014; 2:e647.
79. Reavley NJ, Jorm AF. The Australian public's beliefs about the causes of schizophrenia: associated factors and change over 16 years. *Psychiatry Research*. 2014; 220(1-2):609-14.
80. Jacka FN, Reavley NJ. Prevention of mental disorders: evidence, challenges and opportunities. *BMC Medicine*. 2014; 12: 75
81. Reavley NJ, Ross A, Martin A, LaMontagne AD, Jorm AF. Development of guidelines for workplace prevention of mental health problems: a Delphi consensus study with Australian professionals and employees. *Mental Health and Prevention*. 2014; 2(1-2): 26-34
82. Reavley NJ, Jorm AF. Mental health reform, increased resources but limited gains. *Medical Journal of Australia*. 2014; 201(7):375-6
83. Yap, MBH, Mackinnon AJ, Reavley NJ, Jorm AF. The measurement properties of stigmatizing attitudes towards mental disorders: results from two community surveys. *International Journal of Methods in Psychiatric Research*. 2014; 23(1): 49-61
84. Reavley NJ, Jorm AF. Associations between beliefs about the causes of mental disorders and stigmatising attitudes: Results of a national survey of the Australian public. *Australian and New Zealand Journal of Psychiatry*. 2014; 48(8): 764-771
85. Yoshioka K, Reavley NJ, Rossetto A, Jorm AF. Beliefs about first aid for mental disorders: results from a mental health literacy survey of Japanese high school students. *International Journal of Culture and Mental Health*. 2015; 8(2): 223-230
86. Yoshioka K, Reavley NJ, Hart L, Jorm AF. Recognition of mental disorders and beliefs about treatment: results from a mental health literacy survey of Japanese high school students. *International Journal of Culture and Mental Health*. 2015; 8(2): 207-222

87. Rossetto A, Jorm AF, Reavley NJ. Examining predictors of help giving towards people with a mental illness: Results from a national survey of Australian adults. *SAGE Open* 2014; 4 (2)
88. Reavley NJ, McCann T, Cvetkovski S, Jorm AF. A multifaceted intervention to improve mental health literacy in students of a multi-campus university: a cluster randomised trial. *Social Psychiatry and Psychiatric Epidemiology*. 2014; 49(10): 1655-66
89. LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, Keegel T, Smith PM. Workplace mental health: Developing an integrated intervention approach *BMC Psychiatry*. 2014; 14(1): 131
90. Rossetto A, Jorm AF, Reavley NJ. Quality of helping behaviours of members of the public towards a person with a mental illness: a descriptive analysis of data from an Australian national survey. *Annals of General Psychiatry*. 2014; 13(1): 2
91. Morgan AJ, Reavley NJ, Jorm AF. Beliefs about mental disorder treatment and prognosis: Comparison of health professionals with the Australian public. *Australian and New Zealand Journal of Psychiatry*. 2014; 48(5): 442-51
92. Yoshioka K, Reavley NJ, Mackinnon AJ, Jorm AF. Stigmatising attitudes towards those with mental disorders: results from a mental health literacy survey of Japanese high school students. *Psychiatry Research*. 2014; 215(1): 229-36
93. Reavley NJ, McCann T, Cvetkovski S, Jorm AF. A multifaceted intervention to improve mental health literacy in employees of a multi-campus university: a cluster randomised trial. *Journal of Public Mental Health*. 2014; 13(1): 25-39
94. Yap, MBH, Reavley NJ, Jorm AF. Is the use of accurate psychiatric labels associated with intentions and beliefs about responses to mental illness in a friend? Findings from two national surveys of Australian youth. *Epidemiology and Psychiatric Sciences*. 2015; 24(1): 54-68
95. Reavley NJ, Mackinnon AJ, Morgan AJ, Jorm AF. Stigmatising attitudes towards people with mental disorders: A comparison of Australian health professionals with the general community. *Australian and New Zealand Journal of Psychiatry*. 2014; 48(5): 433-41
96. Yap, MBH, Reavley NJ, Jorm AF. Associations between stigma and help-seeking intentions and beliefs: Findings from an Australian national survey of young people *Psychiatry Research*. 2013; 210(3): 1154-60
97. Jorm AF, Reavley NJ. Preventing mental disorders: the time is right. *Medical Journal of Australia*. 2013; 199(8): 527
98. Reavley NJ, Jorm AF. Willingness to disclose a mental disorder and knowledge of disorders in others: changes in Australia over 16 years. *Australian and New Zealand Journal of Psychiatry*. 2014; 48(2): 162-8
99. Jacka FN, Reavley NJ, Jorm AF, Toumbourou JW, Lewis AJ, Berk M. Prevention of common mental disorders: What can we learn from those who have gone before and where do we go next? *Australian and New Zealand Journal of Psychiatry*. 2014; 47(10): 920-9

100. Pilkington P, Jorm AF, Reavley NJ. The Australian public's beliefs about the causes of depression: Associated factors and changes over 16 years. *Journal of Affective Disorders*. 2013; 150(2): 356-62
101. Reavley NJ, Ross A, Killackey EJ, Jorm AF. Development of guidelines for tertiary education institutions to assist them in supporting students with a mental illness: a Delphi consensus study with Australian professionals and consumers. *Peer J* 2013. 1:e43
102. Yap, MBH, Reavley NJ, Jorm AF. The associations between psychiatric label use and young people's help-seeking preferences: results from an Australian national survey. *Epidemiology and Psychiatric Sciences* 2013; 23(1): 51-9
103. Reavley NJ, Morgan AJ, Jorm AF. Development of scales to assess mental health literacy relating to recognition of and interventions for depression, anxiety disorders and schizophrenia/psychosis. *Australian and New Zealand Journal of Psychiatry* 2014; 48(1): 61-9
104. Morgan AJ, Jorm AF, Reavley NJ. Beliefs of Australian health professionals about the helpfulness of interventions for mental disorders: Differences between professions and change over time. *Australian and New Zealand Journal of Psychiatry* 2013; 47(9): 840-8
105. Yap, MBH, Mackinnon AJ, Reavley NJ, Jorm AF. Psychiatric labels and other influences on young people's stigmatizing attitudes: Findings from an Australian national survey. *Journal of Affective Disorders* 2013; 148(2-3): 299-309.
106. Yap, MBH, Reavley NJ, Jorm AF. Where would young people seek help for mental disorders and what stops them: Findings from an Australian national survey. *Journal of Affective Disorders* 2013; 147(1-3): 255-61
107. Jorm AF, Reavley NJ. Depression stigma: from attitudes to discriminatory behaviour *Lancet*. 2013; 381(9860):10-1
108. Reavley NJ, Ross A, Killackey EJ, Jorm AF. Development of guidelines to assist organisations to support employees returning to work after an episode of anxiety, depression or a related disorder: a Delphi consensus study with Australian professionals and consumers. *BMC Psychiatry*. 2012; 12(1):135
109. Reavley NJ, Cvetkovski S, Jorm AF. The Australian public's beliefs about the harmfulness of antipsychotics: associated factors and change over 16 years. *Psychiatry Research*. 2012; 206(2-3): 307-12
110. Reavley, NJ, Morgan, AJ, Jorm, D, Jorm, AF. An evaluation of Mental Health Wiki: A Consumer Guide to Mental Health Information on the Internet. *Journal of Consumer Health on the Internet*. 2013; 17(1): 1-9
111. Jorm AF, Reavley NJ. Public belief that mentally ill people are violent: is the United States exporting stigma to the rest of the world. *Australian and New Zealand Journal of Psychiatry*. 2014; 48(3): 213-5

112. Jorm AF, Reavley NJ. Public confusion caused by differing understandings of the term 'mental illness.' *Australian and New Zealand Journal of Psychiatry*. 2012; 46(5): 367-9
113. Jorm AF, Reavley NJ, Ross A. Belief in the dangerousness of people with mental disorders: A review. *Australian and New Zealand Journal of Psychiatry*. 2012; 46(11): 1029-45
114. Reavley NJ, Livingston J, Buchbinder R, Osborne RH. Identifying and understanding the concerns of business – a systematic approach to the development of the Australian WorkHealth Program – Arthritis complex intervention. *Journal of Health Services Research and Policy*. 2012; 17(3): 164-72
115. Holborn AT, Reavley NJ, Jorm AF. Differences between landline and mobile-only respondents in a dual-frame mental health literacy survey. *Australian and New Zealand Journal of Public Health*. 2012; 36(2):192-3
116. Reavley NJ, Jorm AF. Stigmatizing attitudes towards people with mental disorders: changes in Australia over 8 years. *Psychiatry Research*. 2012; 197(3): 302-6
117. Reavley NJ, Jorm AF. Public recognition of mental disorders and beliefs about treatment: changes in Australia over 16 years. *British Journal of Psychiatry*. 2012. 200(5): 419-25
118. Reavley NJ, Mackinnon AJ, Morgan AJ, Alvarez-Jimenez M, Hetrick SE, Killackey EJ, Nelson B, Purcell R, Yap MBH, Jorm AF. Quality of information sources about mental disorders: a comparison of Wikipedia with centrally-controlled web and printed sources. *Psychological Medicine*. 2011; 42(8): 1753-62
119. Yap, MBH, Reavley NJ, Jorm AF. Associations between awareness of beyondblue and mental health literacy in Australian youth: Results from a national survey. *Australian and New Zealand Journal of Psychiatry*. 2012; 46(5): 541-52
120. Yap, MBH, Reavley NJ, Jorm AF. Intentions and helpfulness beliefs about first aid responses for young people with mental disorders: Findings from two Australian national surveys of youth. *Journal of Affective Disorders*. 2012; 136(3): 430-32
121. Cvetkovski S, Reavley NJ, Jorm AF. The prevalence and correlates of psychological distress in Australian tertiary students compared to their community peers. *Australian and New Zealand Journal of Psychiatry*. 2012; 46(5): 457-67
122. Reavley NJ, Jorm AF. Belief in the harmfulness of antidepressants: associated factors and change over 16 years. *Journal of Affective Disorders*. 2012; 138: 375-386
123. Yap, MBH, Reavley NJ, Jorm AF. Young people's beliefs about the harmfulness of alcohol, cannabis and tobacco for mental disorders: Findings from two Australian national surveys of youth. *Addiction* 2012; 107(4): 838-47
124. Yap, MBH, Reavley NJ, Jorm AF. Young people's beliefs about preventive strategies for mental disorders: Findings from two Australian national surveys of youth. *Journal of Affective Disorders*. 2012; 136 (3): 940-7



125. Reavley NJ, Jorm AF. Recognition of mental disorders and beliefs about treatment and outcome: Findings from an Australian National Survey of Mental Health Literacy and Stigma. *Australian and New Zealand Journal of Psychiatry*. 2011; 45(11): 947-956.
126. Reavley NJ, Jorm AF. Stigmatizing attitudes towards people with mental disorders: Findings from an Australian National Survey of Mental Health Literacy and Stigma. *Australian and New Zealand Journal of Psychiatry*. 2011 45(12): 1086-93
127. Jorm AF, Reavley NJ. Changes in psychological distress in Australian adults between 1995 and 2011. *Australian and New Zealand Journal of Psychiatry*. 2012; 46(4): 352-6
128. Reavley NJ, Jorm AF. Young people's recognition of mental disorders and beliefs about treatment and outcome: findings from an Australian national survey. *Australian and New Zealand Journal of Psychiatry*. 2011; 45(10): 890-898.
129. Reavley NJ, Jorm AF. Young people's stigmatising attitudes towards people with mental disorders: Findings from an Australian national survey. *Australian and New Zealand Journal of Psychiatry*. 2011; 45(12): 1033-9
130. Yap, MBH, Reavley NJ, Jorm AF. Australian youth still have limited awareness of headspace: Results from a national survey. *Australian and New Zealand Journal of Psychiatry*. 2012; 46(1): 28-34
131. Reavley NJ, Cvetkovski S, Mackinnon AJ, Jorm AF. National Depression and Anxiety Indices for Australia. *Australian and New Zealand Journal of Psychiatry*. 2011; 45(9): 780-7
132. Reavley NJ, McCann T, Jorm AF, Lubman DL. Alcohol consumption in tertiary education students. *BMC Public Health*. 2011; 11: 545
133. Reavley NJ, McCann T, Jorm AF. Actions taken to deal with mental health problems in Australian higher education students. *Early Intervention in Psychiatry*. 2012; 6(2): 159-65
134. Reavley NJ, McCann T, Jorm AF. Mental health literacy in higher education students. *Early Intervention in Psychiatry*. 2012; 6(1): 45-52
135. Reavley NJ, Yap MBH, Wright A, Jorm AF. Actions taken by young people to deal with mental disorders: Findings from an Australian national survey of youth. *Early Intervention in Psychiatry*. 2011; 5(4): 335-342
136. Reavley NJ, Jorm AF. Depression stigma in Australian high school students. *Youth Studies Australia*. 2011; 30(2): 33-40
137. Reavley NJ, Jorm AF. The quality of mental disorder information websites: a review. *Patient Education and Counseling*. 2011; 85(2): e16-25
138. Reavley NJ, Cvetkovski S, Jorm AF. Sources of information about mental health and links to help seeking: findings from the 2007 Australian National Survey of Mental Health and Wellbeing. *Social Psychiatry and Psychiatric Epidemiology*. 2011; 46(12): 1267-1274

139. Reavley NJ, Jorm AF. Prevention and early intervention to improve mental health in higher education students: a review. *Early Intervention in Psychiatry*. 2010; 4(2): 132–142
140. Reavley NJ, Cvetkovski S, Jorm AF, Lubman DI. Help-seeking for substance use, anxiety and affective disorders among young people: results from the 2007 Australian National Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry*. 2010; 44(8): 729-735
141. Reavley NJ, Jorm AF, Morgan A, Jorm D. Mental health information on the Internet: a new wiki guide. *Australian and New Zealand Journal of Psychiatry*. 2010; 44(3): 291
142. Reavley NJ, Livingston J, Buchbinder R, Stecki C, Bennell K, Osborne RH. A systematic grounded approach to the development of complex interventions: the Australian WorkHealth Program--arthritis as a case study. *Social Science and Medicine*. 2010; 70(3): 342-50
143. Reavley NJ, Pallant JF, Sali A. Evaluation of the Effects of a Psychosocial Intervention on Mood, Coping and Quality of Life in Cancer Patients. *Integrative Cancer Therapies*. 2009; 8(1): 47-55
144. Reavley NJ, Pallant JF. Development of a scale to assess the meditation experience. *Personality and Individual Differences*. 2009; 47(6): 547-552
145. Glas R, Reavley NJ, Mrazek L, Vitetta L, Sali A. Psychosocial interventions and cancer patients: Psychological and immune responses may depend on cancer type. *Medical Hypotheses*. 2001; 56(4): 480-482

## Reports

1. Improving the methodological quality of research in adolescent wellbeing. NJ Reavley, S Sawyer. UNICEF. 2017. UNICEF Innocenti Florence.
2. Women, their social connections and social cohesion. NJ Reavley, G Sutherland, AJ Morgan, K Block, L Gibbs, K Bennett, M Tollit. 2017. VicHealth.
3. A review of the evidence to inform the Fifth National Mental Health Plan Priority Area 6. NJ Reavley, A Morgan, AF Jorm. 2017 Commonwealth Department of Health.
4. Impact of work on young people's mental health and wellbeing. A Milner, NJ Reavley. 2017 VicHealth.
5. Evidence review of the positive impacts and benefits of social connection and social cohesion for young people 12-25. Tollit M, Bennett K, Reavley NJ, Patton G. 2017 VicHealth.
6. Return to work after psychological injury – a literature review. NJ Reavley, A Rossetto, AD LaMontagne. 2016 Safe Work Australia.
7. Primary care mental health models of care. M Harris, C Meurk, NJ Reavley, B Bassilios, C Salom, E Wright, R Scheurer, J Pirkis. 2016. Western Victoria Primary Health Network.

8. Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries. 2017. YouthPower Learning, Making Cents International.
9. Pirkis J, Reavley N, Harris M, Diminic S, Bassilios B, Carstensen G, Jorm AF, Siskind D, Robinson J, Wong I, Whiteford H. Informing the development of Tasmania's long-term plan for mental health: A review of policy documents and related literature. Government of Tasmania. 2014
10. J Robinson S Hetrick, S Rice, M Hamilton, J Skehan, N Ingold, S Hackney, J Pirkis, N Reavley, B Bassilios, M Harris. Development of the Tasmania Youth Suicide Prevention Strategy and the second Tasmanian Suicide Prevention Strategy. Government of Tasmania. 2016
11. NJ Reavley, B Bassilios, S Ryan, M Schlichthorst, A Nicholas. A review of the evidence relating to interventions to build resilience among children, adolescents and young adults. VicHealth 2014.
12. NJ Reavley, AF Jorm. Community and population-based interventions to reduce stigma associated with depression, anxiety and suicide: An evidence review to inform future research directions. Sax Institute for beyondblue. 2013
13. NJ Reavley, AF Jorm. Strengthening community understanding of mental health. National Mental Health Commission. 2013
14. NJ Reavley, AF Jorm. Mental Health Promotion: an evidence review for the National Mental Health Service Planning Framework 2013
15. RH Osborne, J Livingston, F Landgren, J Furler, C Stecki. Review of workplace-based Type 2 diabetes prevention initiatives. Department of Health 2009.

### Books and book chapters

1. NJ Reavley, G Patton, S Sawyer, E Kennedy, P Azzopardi. Health and Disease in Adolescence. In: Bundy DAP, Silva Nd, Horton S, Jamison DT, Patton GC, editors. Child and Adolescent Health and Development. 3rd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 Nov 20. Chapter 18
2. Sawyer SM, Reavley N, Bonell C, Patton GC. [Platforms for Delivering Adolescent Health Actions](#). In: Bundy DAP, Silva Nd, Horton S, Jamison DT, Patton GC, editors. Child and Adolescent Health and Development. 3rd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2017 Nov 20. Chapter 21
3. LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, Keegel T, Allisey A, Papas A, Witt K, Smith PM. Developing an integrated approach to workplace mental health. Total Worker Health: Integrative Approaches to Safety, Health, and Well-being Eds. Hudson HL, Nigam JAS, Sauter, SL, Chosewood LC, Schill AL, and Howard J. American Psychological Association (APA). 2019. Washington DC.
4. NJ Reavley, N Allen, AF Jorm, AJ Morgan, R Purcell. A Guide to What Works for Anxiety Disorders. 2009. beyondblue. Melbourne

5. NJ Reavley, AF Jorm. Psychoeducation and the Internet. *Mental Health in the Digital Age: Grave Dangers, Great Promise*. Eds. Aboujaoude E, Starcevic V. 2015. Oxford University Press. New York.
6. Reavley NJ, Jorm AF. Mental health literacy. *Public Mental Health: Global Perspectives*. Eds. Knifton L, Quinn N. 2013. McGraw Hill-Open University Press. Maidenhead
7. Page KM, Allisey A, Tchernitskaia I, Noblet AJ, LaMontagne AD, Reavley N, Milner AJ, Martin A. 2016. Workplace mental health: Development of an integrated intervention strategy for an Australian policing organisation, In Burke, Ronald. J. (ed.) *Stress in Policing*. Abingdon: Routledge.
8. Page KM, Reavley NJ, Milner AJ, Weston J, Thomson CE, and LaMontagne AD (in press): Workplace mental health strategies for organisations in the veterinary sector. In Burke RJ & Page K (Editors), *Research Handbook on Work and Well-being*. Cheltenham: Edward Elgar.

## **SELECTED PRESENTATIONS AT SCIENTIFIC CONFERENCES**

1. Stigma and discrimination in people with mental health problems. American Psychiatric Association. San Francisco 2019.
2. Mental Health First Aid training in the workplace: A comparison of online and blended learning. International Federation for Psychiatric Epidemiology. Brazil 2019.
3. Adapting interventions for low and middle-income country contexts. 5th International Conference on Public Health. Indonesia 2019.
4. Prevention of mental health problems in adolescence. World Psychiatric Association Thematic Congress. Australia 2018.
5. Prevention of mental health problems in adolescence. Lancet Standing Commission conference. United Kingdom 2018.
6. Prevention of mental health problems in the workplace. Workplace Health and Safety Management Conference. Australia 2017.
7. Discrimination and positive treatment in people with mental health problems. International Federation for Psychiatric Epidemiology. Australia 2017.
8. Evidence base for health actions in adolescence. Lancet Standing Commission conference. United States 2017.
9. Mapping evidence of actions to promote adolescent health. Lancet Standing Commission conference. India 2017.
10. Effective actions for sexual and reproductive health in adolescence. International Association for Adolescent Health Conference. India 2017.
11. Stepped care for mental health problems. Australian Health and Hospitals Association. Australia 2016

12. Society for Mental Health Research Conference. Australia 2016
13. Promoting sexual and reproductive health in adolescence. What Works Global Summit. United Kingdom 2016.
14. Actions for adolescent health. Lancet Commission launch. United Kingdom 2016.
15. Stigma and discrimination in people with mental health problems. Society for Mental Health Research Conference. Australia 2015.
16. Stigma and discrimination in people with mental health problems. International Federation for Psychiatric Epidemiology. Norway 2015.
17. Resilience interventions in young people. Prevention of mental disorders symposium. Australia 2014.
18. Mental Health First Aid in the workplace. Mental Health First Aid Instructor Conference. Australia 2013.
19. Mental health in tertiary students. Pathways 11: Sharpening Ideas: Refining and Redefining. Australia 2012.
20. Mental Health problems in higher education students. National Summit on the Mental Health of Tertiary Students. Australia 2011.

## GRANTS

2018 beyondblue. J Toumbourou, NJ Reavley, B Rowland, D Scvark, AF Jorm. Prevention and early intervention for children and young people with, or at risk, mild depression and anxiety: A systematic review. \$25,000

2018 beyondblue. NJ Reavley, AJ Morgan, AF Jorm, B Bassilios, S Eades, M Hopwood. What Works for Depression and What Works for Anxiety. \$134 982

2017 NHMRC. NJ Reavley, AF Jorm, B Oldenburg Y He, V De Silva, B Kitchener, H Minas, M Zhao, S Williams, G Armstrong. A culturally appropriate approach to improve mental health outcomes in Sri Lanka and China: Mental Health First Aid \$1 161 042

2017 MHFA. NJ Reavley, AF Jorm, Developing Mental Health First Aid Guidelines for Brazil and Central America. Mental Health First Aid Australia. \$152 000

2017 VicHealth. A Milner, NJ Reavley, G Sutherland. Lived experience of young workers. \$23 424

2017 Lifeline. L Reifels, L Too, A Ross, N Reavley, J Pirkis. Evaluation of the Rail Suicide Campaign. \$60 000

2017 VicHealth. NJ Reavley, G Sutherland, AJ Morgan, K Block, L Gibbs, K Bennett, M Tollit. Women, their social connections and social cohesion. \$109 426

2017 BIP Reinvestment funding. NJ Reavley, AF Jorm, B Oldenburg. A culturally appropriate approach to improve mental health outcomes in China: Adapting Mental Health First Aid. \$45 743

2017 Commonwealth Department of Health. NJ Reavley, A Morgan, AF Jorm. A review of the evidence to inform the Fifth National Mental Health Plan Priority Area 6 \$92 329

2017 VicHealth. A Milner, NJ Reavley. Impact of work on young people's mental health and wellbeing. \$25 000

2017 VicHealth. Tollit M, Bennett K, Reavley NJ, Patton G. Evidence review of the positive impacts and benefits of social connection and social cohesion for young people 12-25. \$42 335.

2016 Commonwealth Department of Health. J Pirkis, B Bassilios, NJ Reavley, M Spittal, K Krysinska, G Sutherland, H Minas, L Grant, J Robinson, J Gunn, A Milner, G Carter, D Lubman, Kairi Kolves, A Phelps. Leadership in Suicide Prevention \$1 507 011

2016 Shepherd Foundation. S Davidson, G Wadley, NJ Reavley, D Wade, J Gunn, J Cameron. Driving for Change \$78 810.

2016 Making Cents International. Evidence and Evaluation IDIQ. G Patton, S Sawyer, NJ Reavley, K Bennett.

2016 Safe Work Australia. Return to work after psychological injury – a literature review. NJ Reavley, A Rossetto, AD LaMontagne. \$17 545.

2016 Western Victoria Primary Health Network. Primary care mental health models of care - rapid literature review -. M Harris, C Meurk, NJ Reavley, B Bassilios, C Salom, E Wright, R Scheurer, J Pirkis. \$25 000

2016 beyondblue. National Suicide Prevention Research and Campaign Project. J Pirkis, NJ Reavley, A Jorm, J Robinson, M Spittal, B Lloyd, V Arbes, C Boekel, F Hughes, C Coulton. \$460 000.

2015 FBE/MDHS Collaborative Research Seed-Funding Scheme. A pilot study to test the feasibility of using a Children of Twins study to examine intergenerational transmission of mental health problems in Australia. Scurrah K, Li J, NJ Reavley, J Hopper. \$7500

2015 Government of Tasmania. Development of the Tasmania Youth Suicide Prevention Strategy and the second Tasmanian Suicide Prevention Strategy. J Robinson S Hetrick, S Rice, M Hamilton, J Skehan, N Ingold, S Hackney, J Pirkis, NJ Reavley, B Bassilios, M Harris. \$172 111.

2015 Melbourne Networked Society Institute (MNSI). An online video game to reduce depression through game play and increase social connectedness and help-seeking via the networked society. S Davidson, G Wadley, NJ Reavley, P Russon, J Gunn. \$59 993

2014 NHMRC. Career Development Fellowship. NJ Reavley. \$411 768

2014 VicHealth. A review of the evidence relating to interventions to build resilience among children, adolescents and young adults. NJ Reavley, B Bassilios. \$25,000

2014 NHMRC. Development of gatekeeper training to improve the capacity of Aboriginal and Torres Strait Islander communities to prevent youth suicide. AF Jorm, K Arabena, L Hart, M Kelaher, C Kelly, B Kitchener, NJ Reavley. \$1,140, 372

- 2014 Superfriend - Industry Funds Forum Mental Health Foundation. Strategies for promoting positive workplace mental health: A manager guide and tool kit. K Page, NJ Reavley. \$89 870.
- 2014 Government of Tasmania. Literature review and provision of expert advice to inform the development of a new five year mental health strategic plan for Tasmania. J Pirkis, AF Jorm, NJ Reavley, B Bassilios, J Robinson, H Whiteford, M Harris, D Siskind, S Diminic, G Carstensen. \$78 750.
- 2014 Movember Foundation. Updating estimates of service utilisation for mental disorders among Australian males. M Harris, NJ Reavley, S Diminic, A Baxter, J Pirkis, H Whiteford. \$16,000
- 2013 National Mental Health Commission. Strengthening Community Understanding of Mental Health: A Literature Review. NJ Reavley, AF Jorm. \$68 930.
- 2013 beyondblue. Community and population-based interventions to reduce stigma associated with depression, anxiety and suicide: An evidence review to inform future research directions. NJ Reavley, AF Jorm. \$30 000.
- 2013 NHMRC. Mental health first aid training in the workplace. AF Jorm, B Kitchener, NJ Reavley, S Cvetkovski. \$518 463.
- 2012 NHMRC. Integrated workplace mental health promotion for the prevention and management of mental illness in the workplace. A LaMontagne, A Noblet, AF Jorm, NJ Reavley, P Smith, T Keegel, A Martin, A Milner. \$444,452.
- 2012 NHMRC. Mental Health First Aid Training for Parents of Teenagers: a Randomized Controlled Trial. AF Jorm, B Kitchener, C Kelly, L Hart, NJ Reavley, M Yap, S Cvetkovski. \$1 638 775.
- 2012 NHMRC. Improving vitamin D status and health in young women. J Wark, S Howard, NJ Reavley, M Pirotta, G Varigos. \$587 813.
- 2012 Institute for Safety, Compensation and Recovery Research. Development of an integrated mental health literacy and job stress intervention. A LaMontagne, A Noblet, A Milner, K Page, AF Jorm, NJ Reavley, A Martin. \$200 000.
- 2011 beyondblue Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE). Implementing best-practice guidelines for return to work after an episode of anxiety or depression. NJ Reavley, AF Jorm, E Killackey. \$104 565.
- 2010 Department of Health and Ageing. National Survey of Mental Health Literacy and Stigma. AF Jorm, NJ Reavley. \$919 986.
- 2010 Australian Rotary Health. Guidelines for tertiary education institutions on how to support students with mental health problems. NJ Reavley, AF Jorm, E Killackey. \$55 000.
- 2010 *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE). Guidelines for organisations on how to reduce the risk of relapse and facilitate a successful return to work for employees following an episode of depression, anxiety or a related disorder. NJ Reavley, AF Jorm, E Killackey. \$87 980.
- 2010 *beyondblue*. National Depression and Anxiety Indices. NJ Reavley, AF Jorm, S Cvetkovski, AJ MacKinnon. \$12 000.

2010 *beyondblue*. Reducing depression and related disorders in young people through better mental health literacy (part contribution). NJ Reavley, AF Jorm, T McCann, D Lubman. \$25 000.

2009 *beyondblue*. A Guide to What Works for Anxiety Disorders. NJ Reavley, N Allen, AF Jorm, AJ Morgan, R Purcell. \$25 000.

2008 Victorian Government Department of Human Services. Review of workplace-based Type 2 diabetes prevention initiatives. RH Osborne, NJ Reavley, J Livingston, F Landgren, J Furler, C Stecki. \$146 880.

2001 Australian Postgraduate Award. PhD Scholarship

## **APPOINTMENTS AND ADVISORY ROLES**

**2014-current**                      President, Alliance for the Prevention of Mental Disorders

**2016-current**                      Director, Communities that Care Ltd.

## **REFEREE/REVIEWER SERVICES**

### **Editorial responsibilities**

2018 - Associate Editor, BMC Medical Education

2018 – Editorial Board, Peer J

### **Reviewer responsibilities**

Reviewer for 40 national and international journals





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## ATTACHMENT NR-2

This is the attachment marked 'NR-2' referred to in the witness statement of Associate Professor Nicola Reavley dated 3 July 2019.

## LIST OF ARTICLES

- 1 Robinson EJ, Henderson C (2018) Public knowledge, attitudes, social distance and reporting contact with people with mental illness 2009-2017. *Psychol Med*:1-10. doi:10.1017/S0033291718003677
- 2 Schomerus G, Matschinger H, Angermeyer MC (2013) Causal beliefs of the public and social acceptance of persons with mental illness: a comparative analysis of schizophrenia, depression and alcohol dependence. *Psychol Med*:1-12. doi:10.1017/S003329171300072X
- 3 Reavley NJ, Jorm AF (2011) Recognition of mental disorders and beliefs about treatment and outcome: Findings from an Australian National Survey of Mental Health Literacy and Stigma. *Aust N Z J Psychiatry* 45 (11):947-956
- 4 Reavley NJ, Jorm AF (2011) Stigmatizing attitudes towards people with mental disorders: Findings from an Australian National Survey of Mental Health Literacy and Stigma. *Aust N Z J Psychiatry* 48 (12):1086-1093
- 5 Reavley NJ, Jorm AF (2011) Young people's stigmatizing attitudes towards people with mental disorders: findings from an Australian national survey. *Aust N Z J Psychiatry* 45 (12):1033-1039. doi:10.3109/00048674.2011.614216
- 6 Reavley NJ, Jorm AF (2012) Public recognition of mental disorders and beliefs about treatment: changes in Australia over 16 years. *Br J Psychiatry* 200:419-425
- 7 Reavley NJ, Jorm AF (2012) Stigmatizing attitudes towards people with mental disorders: changes in Australia over 8 years. *Psychiatry Res* 197 (3):302-306
- 8 Reavley NJ, Jorm AF (2014) Willingness to disclose a mental disorder and knowledge of disorders in others: changes in Australia over 16 years. *Aust N Z J Psychiatry* 48 (2):162-168. doi:10.1177/0004867413495317
- 9 Reavley NJ, Jorm AF (2015) Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey. *Aust N Z J Psychiatry* 49 (10):906-913
- 10 Reavley NJ, Morgan AJ, Jorm AF (2016) Discrimination and positive treatment towards people with mental health problems in workplace and education settings: Findings from an Australian national survey. *Stigma and Health* (in press)
- 11 Reavley NJ, Morgan AJ, Jorm AF (2017) Predictors of experiences of discrimination and positive treatment in people with mental health problems: findings from an

- Australian national survey. *Soc Psychiatry Psychiatr Epidemiol* 52 (3):269-277. doi:10.1007/s00127-016-1301-9
- 12 Yap MBH, Mackinnon AJ, Reavley NJ, Jorm AF (2014) The measurement properties of stigmatising attitudes towards mental disorders: Results from two community surveys. *Int J Methods Psychiatr Res* 23 (1):49-61
  - 13 Morgan AJ, Reavley NJ, Jorm AF, Beatson R (2016) Experiences of discrimination and positive treatment from health professionals: A national survey of adults with mental health problems. *Aust N Z J Psychiatry* 50 (8):754-762. doi:10.1177/0004867416655605
  - 14 Morgan AJ, Reavley NJ, Jorm AF, Beatson R (2017) Discrimination and support from friends and family members experienced by people with mental health problems: findings from an Australian national survey. *Soc Psychiatry Psychiatr Epidemiol* 52 (11):1395-1403. doi:10.1007/s00127-017-1391-z
  - 15 Morgan AJ, Reavley NJ, Ross A, Too LS, Jorm AF (2018) Interventions to reduce stigma towards people with severe mental illness: Systematic review and meta-analysis. *J Psychiatr Res* 103:120-133. doi:10.1016/j.jpsychires.2018.05.017
  - 16 Morgan AJ, Ross A, Reavley NJ (2018) Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. *PLoS ONE* 13 (5):e0197102. doi:10.1371/journal.pone.0197102
  - 17 Jorm, A. F., & Reavley, N. J. (2014). Public belief that mentally ill people are violent: is the USA exporting stigma to the rest of the world? *Australian and New Zealand Journal of Psychiatry*, 48, 213-215.
  - 18 Reavley, N. J., Morgan, A. J., & Jorm, A. F. (2018). Disclosure of mental health problems: findings from an Australian national survey. *Epidemiol Psychiatr Sci*, 27, 346-356.
  - 19 Jorm, A. F., & Reavley, N. J. (2012). Public confusion caused by differing understandings of the term "mental illness". [Editorial]. *Australian and New Zealand Journal of Psychiatry*, 46, 397-399.
  - 20 Koller, M., & Stuart, H. (2016). Reducing stigma in high school youth. *Acta Psychiatrica Scandinavica*, 134 Suppl 446, 63-70.
  - 21 Grausgruber, A., Schony, W., Grausgruber-Berner, R., Koren, G., Apor, B. F., Wancata, J., & Meise, U. (2009). ["schizophrenia has many faces" - evaluation of the Austrian Anti-Stigma-Campaign 2000-2002]. *Psychiatrische Praxis*, 36, 327-333

- 22 Gaebel, W., Zanke, H., Baumann, A. E., Klosterkotter, J., Maier, W., Decker, P., & Moller, H. J. (2008). Evaluation of the German WPA "program against stigma and discrimination because of schizophrenia--Open the Doors": results from representative telephone surveys before and after three years of antistigma interventions. *Schizophrenia Research*, 98, 184-193.
- 23 Reavley, N. J., Jorm, A. F., & Morgan, A. J. (2016). Beliefs about dangerousness of people with mental health problems: the role of media reports and personal exposure to threat or harm. *Social psychiatry and psychiatric epidemiology*, 51(9), 1257-1264.



Royal Commission into  
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## ATTACHMENT NR-3

This is the attachment marked 'NR-3' referred to in the witness statement of Associate Professor Nicola Reavley dated 3 July 2019.

## Mental health literacy survey vignettes

### Depression

John is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. John doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making decisions. Even day-to-day tasks seem too much for him. This has come to the attention of his boss, who is concerned about John's lowered productivity.

Jenny is 30 years old. She has been feeling unusually sad and miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Jenny doesn't feel like eating and has lost weight. She can't keep her mind on her work and puts off making decisions. Even day-to-day tasks seem too much for her. This has come to the attention of her boss, who is concerned about Jenny's lowered productivity.

### Depression with suicidal thoughts

John is 30 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. John doesn't feel like eating and has lost weight. He can't keep his mind on his work and puts off making any decisions. Even day-to-day tasks seem too much for him. This has come to the attention of John's boss who is concerned about his lowered productivity. John feels he will never be happy again and believes his family would be better off without him. John has been so desperate, he has been thinking of ways to end his life.

Jenny is 30 years old. She has been feeling unusually sad and miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Jenny doesn't feel like eating and has lost weight. She can't keep her mind on her work and puts off making any decisions. Even day-to-day tasks seem too much for her. This has come to the attention of Jenny's boss who is concerned about her lowered productivity. Jenny feels she will never be happy again and believes her family would be better off without her. Jenny has been so desperate, she has been thinking of ways to end her life.

### Early schizophrenia

John is 24 and lives at home with his parents. He has had a few temporary jobs since finishing school but is now unemployed. Over the last six months he has stopped seeing his friends and has begun locking himself in his bedroom and refusing to eat with the family or to have a bath. His parents also hear him walking about his bedroom at night while they are in bed. Even though they know he is alone, they have heard him shouting and arguing as if someone else is there. When they try to encourage him to do more things, he whispers that he won't leave home because he is being spied upon by the neighbour. They realize he is not taking drugs because he never sees anyone or goes anywhere.

Jenny is 24 and lives at home with her parents. She has had a few temporary jobs since finishing school but is now unemployed. Over the last six months she has stopped seeing

her friends and has begun locking herself in her bedroom and refusing to eat with the family or to have a bath. Her parents also hear her walking about her bedroom at night while they are in bed. Even though they know she is alone, they have heard her shouting and arguing as if someone else is there. When they try to encourage her to do more things, she whispers that she won't leave home because she is being spied upon by the neighbour. They realize she is not taking drugs because she never sees anyone or goes anywhere.

### **Chronic schizophrenia**

John is 44 years old. He is living in a boarding house in an industrial area. He has not worked for years. He wears the same clothes in all weathers and has left his hair to grow long and untidy. He is always on his own and is often seen sitting in the park talking to himself. At times he stands and moves his hands as if to communicate to someone in nearby trees. He rarely drinks alcohol. He speaks carefully using uncommon and sometimes made-up words. He is polite but avoids talking with other people. At times he accuses shopkeepers of giving information about him to other people. He has asked his landlord to put extra locks on his door and to remove the television set from his room. He says spies are trying to keep him under observation because he has secret information about international computer systems which control people through television transmitters. His landlord complains that he will not let him clean the room which is increasingly dirty and filled with glass objects. John says he is using these "to receive messages from space".

Jenny is 44 years old. She is living in a boarding house in an industrial area. She has not worked for years. She wears the same clothes in all weathers and has left her hair to grow long and untidy. She is always on her own and is often seen sitting in the park talking to herself. At times she stands and moves her hands as if to communicate to someone in nearby trees. She rarely drinks alcohol. She speaks carefully using uncommon and sometimes made-up words. She is polite but avoids talking with other people. At times she accuses shopkeepers of giving information about him to other people. She has asked her landlord to put extra locks on her door and to remove the television set from her room. She says spies are trying to keep her under observation because she has secret information about international computer systems which control people through television transmitters. Her landlord complains that she will not let him clean the room which is increasingly dirty and filled with glass objects. Jenny says she is using these "to receive messages from space".

### **Social phobia**

John is a 30-year old who lives alone. Since moving to a new town last year he has become even more shy than usual and has made only one friend. He would really like to make more friends but is scared that he'll do or say something embarrassing when he's around others. Although John's work is OK he rarely says a word in meetings and becomes incredibly nervous, trembles, blushes and seems like he might vomit if he has to answer a question or speak in front of his workmates. John is quite talkative with his close relatives, but becomes quiet if anyone he doesn't know well is present. He never answers the phone and he refuses to attend social gatherings. He knows his fears are unreasonable but he can't seem to control them and this really upsets him.

Jenny is a 30-year old who lives alone. Since moving to a new town last year she has become even more shy than usual and has made only one friend. She would really like to make more friends but is scared that she'll do or say something embarrassing when she's around others. Although Jenny's work is OK she rarely says a word in meetings and becomes incredibly nervous, trembles, blushes and seems like she might vomit if she has to answer a question or speak in front of her workmates. Jenny is quite talkative with her close relatives, but becomes quiet if anyone she doesn't know well is present. She never answers the phone and she refuses to attend social gatherings. She knows her fears are unreasonable but she can't seem to control them and this really upsets her.

### PTSD

John is a 30-year-old who lives with his wife. Recently his sleep has been disturbed and he has been having vivid nightmares. He has been increasingly irritable, and can't understand why. He has also been jumpy, on edge and tending to avoid going out, even to see friends. Previously he had been highly sociable. These things started happening around two months ago. John owns a newsagent shop with his wife and has found work difficult since a man armed with a knife attempted to rob the cash register while he was working four months ago. He sees the intruder's face clearly in his nightmares. He refuses to talk about what happened and his wife says she feels that he is shutting her out.

Jenny is a 30-year who lives with her husband. Recently her sleep has been disturbed and she has been having vivid nightmares. She has been increasingly irritable, and can't understand why. She has also been jumpy, on edge and tending to avoid going out, even to see friends. Previously she had been highly sociable. These things started happening around two months ago. Jenny owns a newsagent shop with her husband and has found work difficult since a man armed with a knife attempted to rob the cash register while she was working four months ago. She sees the intruder's face clearly in her nightmares. She refuses to talk about what happened and her husband says he feels that she is shutting him out.