



WITNESS STATEMENT OF DR ALISON KENNEDY

I, Alison Kennedy, Research Fellow, of MacKellar House, Tyers Street, Hamilton, 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 the following qualifications:

- (a) a Bachelor of Behavioural Science (Honours) from La Trobe University (1994);
- (b) a postgraduate Diploma of Arts (Criminology) from the University of Melbourne (1997); and
- (c) a PhD from the University of New England (2016). My thesis was titled: 'Life, death and the experience of suicide and accidental death bereavement for Australia's rural farming families'. It was a qualitative study that investigated the impact of bereavement following suicide and/or accidental death for members of farming families. I was awarded the Chancellor's research medal for my thesis.

3 I am currently undertaking the a graduate Certificate of Higher Education Learning and Teaching at Deakin University.

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

5 I am a research fellow at Deakin University in the Faculty of Health and at the National NCFH for Farmer Health (**NCFH**). I have held this position since 2015. I have worked at the NCFH since 2010.

6 All of my work at the NCFH has a mental health focus. My primary role is as a researcher, however I have a community education role and spend about ten per cent of my time delivering community education through workshops and presentations. This education draws on findings of research and service delivery conducted at the NCFH. As part of my role, I also represent the NCFH on a range of committees and working groups, including Look Over the Farm Gate (I discuss this further below), the South West Victoria Farmer Wellbeing Network and the Great South Coast Place-based Suicide Prevention Trial Leadership Group.

What is the National Centre for Farmer Health and what does it do?

- 7 The NCFH is a non-profit organisation based in Hamilton. It is a partnership between Western District Health Service and Deakin University.
- 8 The NCFH has researchers, health professionals, educators and communications staff.
- 9 The NCFH serves farmers, farming families, agricultural workers and all farming communities in Victoria. It also serves the general rural community in the farming area, where the community's livelihood is influenced by farming. It runs mental health workshops and mental health presentations. These are attended by farmers, service providers, local government representatives and people who support farmers and farming communities. The centre has also developed a wide range of health, wellbeing and safety resources available on our website, social media platforms and eNews.
- 10 The NCFH's service delivery also includes:
- (a) Sustainable Farm Families (**SFF**). SSF is an award winning workshop-based health promotion program developed to bring better health, wellbeing and safety to people on the land, including mental health education;
 - (b) Health and Lifestyle Assessments. These involve a 20-minute health assessments with brief education and suggested follow-up. The assessments include a physical health assessment, a lifestyle survey covering health behaviours and farming practices and a mental health survey (using the K10). The assessments are offered by the NCFH at agricultural field days. The community interest in these assessments at the field days is high; and
 - (c) Agrisafe clinics. These are comprehensive face-to-face occupational health, wellbeing and safety assessments focused on identifying risk factors and preventing agriculture-related injuries by enhancing farmers' knowledge and skills. These assessments include a mental health assessment.
- 11 The NCFH's postgraduate agricultural health and medicine training provides knowledge, skills and cultural competency for rural and health professionals. The training includes an understanding of the mental health challenges faced in farming communities.
- 12 The NCFH was initially funded through the Victorian Government's Future Farming Strategy (**FFS**). The FFS aimed to develop the capacity of Victorian farm businesses to become more productive, competitive and sustainable. I understand that the NCFH's core funding now comes from the Victorian Government's commitment to 'improve quality and access to healthcare'.¹

¹ See: <https://budget.vic.gov.au/wimmera-southern-mallee>.

- 13 The NCFH's research is otherwise generally funded by external competitive grant funding or philanthropic funding. The NCFH also receives corporate funding from Rural Bank and Metal Corp.

What is the experience in rural communities of mental illness?

- 14 Metropolitan areas and rural populations experience a similar prevalence of mental illness.² However, there is a much higher rate of suicide in rural and farming populations.³
- 15 With respect to farmer suicide rates, the data used by the NCFH is primarily from Queensland and is based on the Queensland Suicide Register. Amongst the regions in Queensland, suicide rates in some areas are much higher than in other areas but it is not clear why these differences occur.
- 16 The NCFH is currently working on a project with the Victorian Coroner's Court on farming related suicide in Victoria to better understand the rates in Victoria. The project aims to:
- (a) identify and describe the profile of suicide within the context of farming life and or farming work—including farmers, farm workers, retired or former-farmers, farming family members and those identified as living on farming properties—from the 1221 non-metropolitan Victorian deaths fully coded into the Victorian Suicide Register to date;
 - (b) establish what may be distinctive about suicide within the context of farming life and/or work, by comparing the suicide deaths between the 'farming' sample and 'non-farming' rural (non-metropolitan) population; and
 - (c) increase understanding of risk factors for suicide within the context of rural farming communities through analysis of the qualitative data in the Victorian Suicide Register (detailed information provided in free text areas of the register).
- 17 The difference in suicide rates as compared between metropolitan areas and rural areas is at times explained as an access to services issue, with the suggestion that

² <https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf>

³ Queensland research has identified farmer suicide at up to twice the rate of suicide in the general population: Andersen, K., Hawgood, J., Klieve, H., Kolves, K., & De Leo, D. 'Suicide in selected occupations in Queensland: Evidence from the state suicide register' (2010) 44 *Australian and New Zealand Journal of Psychiatry* 243–249. However, there is wide variability of suicide risk across different Queensland regions for people identified by occupation as farmers: Arnautovska U, McPhedran S, De Leo, D 'A regional approach to understanding farmer suicide rates in Queensland' (2013) https://www.researchgate.net/publication/258036224_A_regional_approach_to_understanding_farmer_suicide_rates_in_Queensland. South Australian research identified rates of farming-related suicide as higher than the non-farming rural population: Burns, C, Miler, K, 'Suicide on farms in South Australia' (2008) 16 (6) *Australian Journal of Rural Health* 327: <https://www.ncbi.nlm.nih.gov/pubmed/19032203>.

people experiencing mental illness may not be able to access appropriate services in rural areas. However, farmer suicide is not dependent on the presence of mental illness.⁴ As I discuss below, situational factors can contribute to an increase in suicide rates.

What are the main risk factors for suicide in rural communities?

- 18 There are a number of risk factors which may contribute to poor mental health outcomes in rural communities.⁵
- 19 In my view, the main risk factors appear to be:
- (a) **lack of access to appropriate services.** Our research indicates that farmers are interested in their health and wellbeing when the context of engagement is right. This includes a demonstrated understanding of farming life and work by the person they are engaging with. Our research work with farmers has also identified that when farmers seek support from a health professional who is perceived as having a poor understanding of the issues farmers are faced with as part of farming life and work, this can inhibit farmers from seeking help in the future. This has been noted particularly for mental health support seeking.
 - (b) **environmental and situational factors** like unpredictable and extreme climatic conditions also play a role in poor mental health in farming communities. Farmers often have a strong connection to their land, and can draw solace from that connection. Where that connection is threatened it can cause real psychological distress. For example, the change in climate can mean that inherited and intergenerational knowledge about the environment and the running of the farm may be obsolete. This can place an added burden on young farmer's shoulders.⁶ This can be compounded if a farming family has held a particular plot for generations.
 - (c) there can be a **lack of social connection** and increased feelings of geographic and social isolation in rural communities which can contribute to poor mental health. While geographic isolation does not necessarily result in social isolation, when people don't fit the cultural norms, or perceive they don't fit the cultural

⁴ Kunde L, Kolves K, Kelly B, Reddy P, De Leo D, 'Pathways to Suicide in Australian Farmers: A Life Chart Analysis' (2017) 14 (4) *International Journal of Environmental Research and Public Health* 352: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409553/>

⁵ Kennedy, A, Maple, M, McKay, K, Brumby, S, 'Suicide and accidental death in Australia's rural farming communities: A review of the literature. Rural and Remote Health'(2014) 14(1) *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy* 2517. See also Kunde, L, Kolves, K, Kelly, B, Reddy, P, and De Leo, D, 'Pathways to suicide in Australian farmers: A life chart analysis' (2017) 14 (4) *International Journal of Environmental Research and Public Health* 352. Perceval, M, Kolves, K, Reddy, P, and De Leo, D 'Farmer suicides: A qualitative study from Australia' (2017) 67 (5) *Occupational Medicine* 383–388.

⁶ Berry, H, Hogan A, Owen J, 'Climate Change and Farmers' Mental Health: Risks and Responses' (2011) http://aph.sagepub.com/content/23/2_suppl/119S

norms, social isolation may be particularly keenly felt (for example, for people struggling with their mental health or people identifying as part of the LGBTIQ community).

- (d) **acclimatisation to risk** as a result of people working on a farm being exposed to working with animals, machinery, and motorbikes from a very young age. Such exposure can lead to higher risk of injury, accident and pain, which can have a flow on effect on poor mental health. Increased familiarity with risk can also increase risk-taking behaviour in these communities, which can impact on the prevalence of fatal suicides in these communities. Fatal suicides can also be affected by the access to means of suicide in farming communities (for example, firearms).
- (e) **alcohol misuse** can also play a role. Research by the NCFH identified that people in farming communities are more likely to drink at short term risky levels (commonly known as binge drinking).⁷ However, alcohol is often consumed in rural social settings (licensed venues, sporting clubs and private homes), and social connection and interaction is important particularly in rural communities where opportunities for social connection may be limited. Alcohol misuse has been linked with increased suicide risk.⁸
- (f) **stigma** plays a role (I discuss this further below). If someone is struggling financially in their business, there can be stigma associated with seeking help. Further, evidence from the Australian Rural Mental Health Study identified younger farmers as at particular risk of stress during tough times in farming.⁹

What role does stigma play in suicide prevention and what strategies are effective in reducing stigma in rural communities?

- 20 Based on research and service delivery experience at the NCFH, stigma associated with poor mental health is prevalent in rural communities. By reasons of the small rural community, there are entwined connections and possibly a perceived lack of confidentiality and a lack of anonymity which may act as a deterrent for persons who may otherwise seek help.

⁷ Brumby, S, Kennedy A, Chandrasekar, A 'Alcohol Consumption, Obesity, and Psychological Distress in Farming Communities—An Australian Study' (2013) 29 *The Journal of Rural Health* 311.

⁸ Darvishi, N, Farhadi, M, Haghtalab T, Poorolajal, J, 'Alcohol-Related Risk of Suicidal Ideation, Suicide Attempt, and Completed Suicide: A Meta-Analysis' (2015) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0126870>

⁹ Austin, E, Handley T, Kiem A, Rich J, Lewin, T, Askland H, Askarimarnani, S, Perkins, D, Kelly B, 'Drought-related stress among farmers: findings from the Australian Rural Mental Health Study' (2018) <https://www.mja.com.au/journal/2018/209/4/drought-related-stress-among-farmers-findings-australian-rural-mental-health>

- 21 There are two types of stigma that we have worked on at the NCFH relative to a lived experience of suicide (bereaved by suicide, attempted suicide, had thoughts of suicide, cared for someone who has attempted suicide, touched by suicide in some other way):
- (a) self-stigma is how an individual negatively perceive themselves; and
 - (b) perceived stigma, which is how you think others negatively think of you.
- 22 There is evidence that stigma is associated with an experience of suicide, inhibits people from seeking help, socially isolates people, and contributes to psychological distress.¹⁰ Therefore, interventions targeted at stigma reduction (like the Ripple Effect or the Digital Storytelling Workshop, which I discuss further below) can contribute to suicide prevention.
- 23 Current evidence suggests the best way to achieve suicide prevention is to take a “systems-based approach” which means employing a range of different interventions that each has a cumulative impact.¹¹ For example, a systems-based approach would implement a broad range of strategies like training health professionals to better understand suicide symptoms, implementing school based programs, empowering communities to have conversations and training the media on how to safely represent and report on suicide in the media. This approach is currently informing the ‘place-based suicide prevention trials’ in Victoria.

The NCFH’s research projects

The Ripple Effect

- 24 The Ripple Effect is a digital intervention project comprising a website and online survey with the focus of reducing the stigma associated with suicide within the rural and farming community. It was one of six projects funded by Beyond Blue’s Stride Initiative (Stigma Reduction Interventions: Digital Environments (**STRIDE**) Initiative). The intervention launched in July 2016. Beyond Blue published its findings in 2017.¹²
- 25 The Ripple Effect intervention was initially directed at males aged between 30 and 64 from the national farming community who had some form of lived experience of suicide, including those who:
- (a) were bereaved by suicide;

¹⁰ Kennedy, A, Versace, V, Brumby S, ‘Research protocol for a digital intervention to reduce stigma among males with a personal experience of suicide in the Australian farming community’ (2016) 16 *BMC Public Health* 1204.

¹¹ The Black Dog Institute, see <https://www.blackdoginstitute.org.au/research/lifespan>.

¹² Kennedy, A, Brumby S, Versace V, McNamara M, ‘The Ripple Effect’ (2017) see https://www.beyondblue.org.au/docs/default-source/research-project-files/stride-final-report-the-ripple-effect.pdf?sfvrsn=a385c1ea_2

- (b) had contemplated or attempted suicide;
- (c) had cared for someone who attempted suicide; or
- (d) otherwise self-identified as being touched by suicide in some other way.

26 As part of the intervention participants had to register and complete a pre-survey. The survey assessed suicide literacy, perceived stigma and self-stigma (self-stigma only for those who had contemplated or attempted suicide). The survey also asked participants to explain their experience of suicide via online postcards and set personal goals for themselves. Participants were asked to provide details of their location (postcode only), gender and the type of farming they did. The website then presented participants with material tailored to their particular circumstances. The types of material presented throughout the website included:

- (a) post cards (digitised hard copy and online postcards) written by people with lived experience of suicide;
- (b) videos of people talking about their lived experience, referred to as 'digital stories' which were obtained through the Digital Storytelling Workshop (discussed further below);
- (c) videos of health professionals and stigma experts; and
- (d) text based information about topics such as having safe conversations, seeking help, understanding other people's experiences, and improving mental wellbeing.

27 There was substantial interest in this project across rural communities. The project advertised for a steering group. There was such a large number of people keen to be involved that we appointed a 15-person steering group (including farmers with a lived experience of suicide, health and mental health professionals, industry representatives, digital designers and researchers) and created 60 community champion roles. Because of the substantial interest, we opened up the intervention more broadly to include rural men and women from farming and non-farming backgrounds. The community champions received opportunities for education and communications material, and provided key support and promotion of the project within the Australia wide community. Victoria had the greatest proportion of community champions.

28 The success of the intervention was evaluated through pre and post assessment of suicide stigma and suicide literacy, qualitative evaluation of post cards and personal goals, and a post-intervention feedback survey. The results indicated that the community the project engaged with were very literate on the issue of suicide. As a result, the intervention did not reduce stigma through increased literacy. In mental health research more generally, increasing literacy has been associated with reducing

stigma. The population participating in the Ripple Effect had very high levels of suicide literacy before even commencing the intervention (as measured by the Literacy of Suicide Scale). This made reducing stigma through increasing literacy very challenging.

- 29 However, what the project did show were behavioural indicators of stigma reduction. The behavioural indicators were identified by thematic analysis of qualitative data presented via personal goals set and post cards messages. This analysis identified people's intentions and encouragement of having conversations, seeking support, improving personal wellbeing and supporting others – all of these behaviours are good indicators for stigma reduction.
- 30 There are several things the Ripple Effect research team believe need further exploration. A challenge remains of how the Ripple Effect assesses the value of the project beyond the boundaries of the online intervention in reducing suicide stigma (including the work community champions were doing in the community), and identifying or developing tools for how that can be measured. The Ripple Effect also needs a targeted focus on young people. Despite a focus on males aged 30-64 years, approximately 20% of the participants were young people, between 18 and 30, and the project did not have content that was tailored specifically for them. This was also a population who demonstrated strong advocacy about suicide prevention and the Ripple Effect in the rural community.
- 31 In my view, a key strength of the project was that it was personalised and tailored to the farming context. In particular, once a participant logged in, they would be sent an email with a list of support services (available in their region, their state and nationally) based on their location. A further strength was the inclusion of personal stories from people within the farming community affected by suicide. In my view it was a sophisticated platform.
- 32 One limitation of the project, and online interventions more generally in the rural context, is that there are still parts in Victoria where internet connectivity is limited or unavailable. We worked to accommodate these access issues as much as we could. For example:
- (a) we made hard copy post cards available so that people without internet connection could participate (these were then scanned and included as website content);
 - (b) we made sure that the website was adaptive and able to be viewed in lower resolution;
 - (c) we made the digital videos (from health professionals and stigma experts) available in full text so that at least people could read the transcript of the video even if internet connectivity did not allow someone to view it; and

- (d) we made the website mobile friendly, so people were able to have access whichever device was available (phone, tablet, laptop or desktop computer).

Digital Storytelling Workshop

- 33 The Digital Storytelling Workshop was conducted during the development of the Ripple Effect project. Participants from the farming community (with a lived experience of suicide) attended a 3-day facilitated and supported workshop where they were able to create their own digital story using narrative, images and music of their choice. The workshop participants were asked to explain their experience and story, including what had helped them through that and what had helped reduce the stigma.
- 34 As with the Ripple Effect, the aim of the workshop was to reduce the stigma associated with suicide. It was evaluated through post-workshop survey feedback from the workshop participants. The feedback showed increased understanding of suicide stigma and an increased understanding of other people's experience of suicide and suicide stigma. Participants also felt able to express their emotions without judgement from others and believed it was important to tell their story among other people who understood farming life and work. All but one participant felt more confident to have conversations about suicide following the workshop. Additional qualitative feedback reported participants' increased willingness to talk about their experience, reduced levels of guilt, and increased social connection. This feedback indicates a reduction in suicide stigma.
- 35 The workshop was funded by a donation from the Geelong Gentleman's Lunch. The Geelong Gentleman's Lunch is a group that organises a lunch once a year to raise money for men's health, particularly mental health. My understanding is that many of the attendees are men from farming communities or have some connection to farming.

Look over the farm gate

- 36 The campaign 'Look over the farm gate' was developed in 2015 in response to the drought in northern and central Victoria. It is funded by the Victorian Government and coordinated by the Victorian Farmers Federation in partnership with the NCFH, the Royal Flying Doctor Service, Agriculture Victoria, Country Fire Authority and the Country Women's Association.
- 37 The campaign provides grants¹³ for community social events (which need to have a mental health element) and training for locals to recognise and respond to distress within the community. The idea behind the campaign was to encourage farming people

¹³ See <https://lookoverthefarmgate.org.au/>

to look after their own wellbeing and to ensure that their neighbours were doing okay (by looking over the farm gate) during tough times.

- 38 The campaign has ebbed and flowed in response to certain crises. For example, the campaign was extended to dairy areas when the cuts to the milk price happened in (commencing April 2016). It was also extended to those affected by the St Patrick's Day fires in March 2018. It currently extends into all drought affected areas.
- 39 The campaign has a number of components, including financial grants for events, and workshops. The NCFH has delivered around 24 interactive workshops across Victoria providing education, understanding, skills and confidence around supporting mental wellbeing in farming communities during these particularly tough times.
- 40 The workshops provide education for people in the community including assisting with managing and responding to stress, managing conversations with people in distress, and educating people on the resources that are available. They are also focussed on educating people on self-care.
- 41 The NCFH developed a booklet called 'Managing stress on the farm' (originally to accompany the workshop). The booklet has proven to be very popular independently of the workshops. The NCFH has distributed almost 30,000 hard copies since December 2015. We have also now included the booklet in digital format on the 'Support' page of our Farmer Health website (www.farmerhealth.org.au/support). The support page has had 3000 unique visits (although not everyone may have accessed the booklet).

Great South Coast Leadership Program

- 42 In 2017, I was part of the project team that led the Great South Coast Community Leadership Program Community Project titled "Connecting with Mental Health Carers in the Great South Coast". The aim of the project was to identify and document the stories and needs of mental health carers from the Great South Coast region through the completion of surveys. 52 surveys were received over five local government areas.
- 43 The project identified that carers are time poor, under physical and mental health strain themselves, and experiencing their own personal loss as a result of their caring role. It also found that carers find it challenging to navigate the complex services roadmap, including the difficulty of navigating the 'red tape' to access services that are available. Finally, the program highlighted the value of informal and peer-support networks and the need for carers to have an empathic outlet to talk about their experiences.¹⁴

¹⁴ Connecting with Mental Health Carers in the Great South Coast (2017) https://www.lgsc.org.au/wp-content/uploads/2017/08/Connecting_with_Mental_Health_Carers_web18.pdf

What do successful prevention strategies look like?

- 44 The work with the Ripple Effect shows that increasing suicide literacy among farming community members would not necessarily reduce the stigma associated with suicide because the literacy in these communities is already high.
- 45 As a result of the risk factors for suicide in rural communities that I have identified above, it appears the decision making pathway to suicide for farmers can in some cases be quite rapid. This is particularly concerning given that farmers have access to fatal means. There needs to be interventions that can intervene in a rapid way.
- 46 In my opinion, the Rural Alive and Well program in Tasmania is a good example of a community intervention focused on suicide prevention. Rural Alive and Well is a non-profit organisation that helps individuals, families and communities through mental health issues with a focus on suicide prevention. I understand that they have support workers who are not mental health professionals but are people in the community that could call people for a chat, and connect people to resources where they can.

What more can be done to prevent suicide?

- 47 As I mentioned above, in my view, it seems the best way to achieve suicide prevention is to take a “systems-based approach” - employing a range of different interventions that each has a small, but cumulative impact.
- 48 In my opinion, more should be done to try to change the way that people think. People need to prioritise their health, including their mental health. This is a key focus of the NCFH’s education and service delivery programs, reinforcing the message that a healthy farming business is dependent on having healthy farmers. Farmers seem to put up with injury so long as they can still actively farm, and it is only when they are unable to work that they seek help.
- 49 The delivery of mental health services through different models should be considered. Services in general are shrinking in rural communities and this is unlikely to change in any significant way while farms grow in size, mechanisation of farming increases and rural farming populations decline. There are proportionally less mental health professionals (including psychiatrists, psychologists and mental health nurses) in rural areas than metropolitan areas.¹⁵
- 50 In my opinion, face to face clinical mental health services should be supplemented by digital and peer based support services as required. Not everyone at risk of suicide has a mental illness and thoughts of suicide can often be transient. Training community

¹⁵ See Mental Health Services in Australia: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce>

members (who have an existing understanding of farming life and work) with skills to enable supportive conversations and direction to appropriate resources (whether that be mental health services, financial counselling, legal advice, social connection) could alleviate psychological distress in the farming community.

- 51 Mental health professionals working in rural communities need adequate training and education regarding the particular needs of rural communities (particularly farmers). There needs to be sufficient supports in place to attract and maintain a strong workforce in rural communities. Health services also have a responsibility to ensure culturally competent staff are delivering high quality services.
- 52 In my experience, there are a lot of service providers in rural communities that become 'accidental counsellors', for example, the milk tank driver who sees a huge number of farmers. Often this is the person who bears the brunt of what a farmer is experiencing. These service providers should be trained and empowered to manage these conversations and to direct the farmer to appropriate resources.
- 53 Finally, Telehealth (the video conferencing service) has value but in my opinion is best suited as a supplementary service to face-to-face interactions. The importance of building trust and rapport through face-to-face interaction cannot be understated. Further, representatives of Telehealth need to ensure they are delivering advice and services that demonstrate an understanding of the needs and pressures of people in rural communities.

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print name Alison Kennedy

date 10/7/2019



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



ATTACHMENT AK-1

This is the attachment marked 'AK-1' referred to in the witness statement of Alison Kennedy dated 10 July 2019.

ALISON JANE KENNEDY

PERSONAL DETAILS

Name: Alison Jane Kennedy

ACADEMIC QUALIFICATIONS

2017: Currently enrolled in 'Graduate Certificate of Higher Education Learning and Teaching' Deakin University, AUST.

2012 – 2016: PhD candidate, Collaborative Research Network, School of Health, University of New England, AUST.

'Life, death and the experience of suicide and accidental death bereavement for Australia's rural farming families' (accepted March 2016) (mixed methods).

1996 – 1997: Post Graduate Diploma Arts (Criminology) University of Melbourne, AUST.

1991 – 1994: Bachelor of Behavioural Science (Honours) LaTrobe University, Bundoora, AUST.

SUMMARY OF PROFESSIONAL POSITIONS

7/2015 – current: Research Fellow, Deakin University/National Centre for Farmer Health (NCFH), AUST.

Duties: Design, development and management of research projects (as Chief Investigator or Senior Investigator), writing grant applications; liaising with funding bodies; completing ethics applications; recruitment and coordination of Steering Groups; preparation of meeting documents; research and development of online content; preparation and delivery of presentation materials for conferences, funding bodies, and stakeholders; development of— and adherence to—long-range timelines and deliverable schedules; participant recruitment; maintaining the accuracy and currency of mental health material on the Farmer Health website; engaging with government, media, agricultural industry and community on issues relating to farmer health, wellbeing and safety; developing and contributing to (international and Australian) collaborative partnerships with researchers, industry and community; developing and delivering community mental health training programs; sessional lecturing for postgraduate agricultural health training; supervision of junior research staff and research students.

2015 - 2018: Acting Director at NCFH during periods of leave by the Director.

2014 – 2016: Research Assistant, Deakin University/NCFH/Western District Health Service (WDHS), AUST.

Duties: Drafting and reviewing papers for peer-reviewed publication and conference presentation, preparation of written grant applications, planning and development of a video 'pitch' for a grant application, preparation of NEAF ethics application, preparation of sponsorship application.

2012 – 12/2014: Publication Coordinator and Co-editor of 'Sowing the Seeds of Farmer Health', a collection of research papers from the 2012 National Centre for Farmer Health Conference, Deakin University/NCFH, AUST.

Duties: Coordinating the reviewing and editing schedule, reviewing and editing of manuscripts, drafting of supplementary material, compiling the final document in preparation for printing, coordinating the book launch.

2010 – 2014: Data management, Western District Health Service, AUST

2010 – 2014: Research Assistant for Australian Research Council Linkage Grant - Implementation and evaluation of a program to reduce alcohol and related problems among farm men and women, Deakin University/NCFH, AUST.

Duties: Development and delivery of health professional training material, coordination of data collection, qualitative interviewing and data analysis, drafting of peer reviewed journal publications and conference presentations, presentation of conference papers.

2008 – 2009: Sleep Centre Manager, Hamilton Sleep Disorders Clinic, Hamilton, Victoria, AUST.

2004 – 2006: Sleep Technician, Hamilton Sleep Disorders Clinic, Hamilton, Victoria, AUST.

RESEARCH AND SERVICE RESPONSIBILITIES

2019: Expert witness for the Victorian Royal Commission into Mental Health Services

2019 – Present: Member of the Great South Coast Place-Based Suicide Prevention Trial Leadership Group

2019: Judge of the Suicide Prevention Australia LiFE Awards for excellence in suicide prevention

2018-19: Deakin University Academic Study Placement (8/52 at University of Kentucky, USA and Australian Institute for Suicide Research and Prevention)

2018: Facilitator at the Great South Coast Regional Assembly

2017: Deakin University Health Industry Leadership Program (3 months)

2016 - 2017: LGSC Community Leadership Program (12 months)

2016 – Present: Member of the Regional Farmer Health and Wellbeing Committee/Farmer Health Leadership Group.

2015 – Present: Member of the Look Over the Farm Gate Committee.

2015 – Present: Community/Service Provider education on rural/farmer mental health

2015: Co-ordination of the 'Stewards of the Soil' national photography competition.

2011 – Present: Sessional online lecturing for Agricultural Health and Medicine HMF-702, Deakin University.

2013: Mentor position in the Girl Power program, Southern Grampians Adult Education, Hamilton.

2012: Coordination of the 'Celebrating Rural Life' international photography competition.

2012: Assisted in the running of the 'Sowing the Seeds of Farmer Health' National Centre for Farmer Health Conference.

PUBLICATIONS

Kennedy, A., Brumby, S., Versace, V. and Brumby-Rendell, T. (under review). The Ripple Effect: A Digital Intervention to Reduce Suicide Stigma Among Farming Men. Submitted 05/2019.

Kennedy, A., Maple, M., McKay, K. and Brumby, S. (2019). Suicide and accidental death for Australia's farming families: How context influences individual response. OMEGA – Journal of Death and Dying, published online. Available at <https://doi.org/10.1177%2F0030222819854920>.

Khan, N., **Kennedy, A.**, Cotton, J., and Brumby, S. (2019). A Pest to Mental Health? Exploring the Link between Exposure to Agrichemicals in Farmers and Psychological Distress. International Journal of

Environmental Research and Public Health, 16(8): 1327. Available at <https://doi.org/10.3390/ijerph16081327>.

Dreier, M., Ludwig, J., Harter, M., von dem Knesebeck, O., Baumgardt, J., Bock, T., Dirmaier, J., **Kennedy, A.**, Brumby, S. and Liebherz, S. (2019). Development and evaluation of e-mental health interventions to reduce stigmatization of suicidality – a study protocol. BMC Psychiatry 19:152. Available at <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-019-2137-0>.

Kennedy, Alison; Brumby, Susan; Versace, Vincent and Brumby-Rendell, Tristan (2018). Online assessment of suicide stigma, literacy and effect in Australia's rural farming community. BMC Public Health, 18:846. Available at <https://bmcp public health.biomedcentral.com/articles/10.1186/s12889-018-5750-9>.

Kennedy, Alison; Versace, Vincent & Brumby, Susan (2016). A digital intervention to reduce stigma among males with a personal experience of suicide in the Australian farming community. BMC Public Health 16:1204. Available at <https://bmcp public health.biomedcentral.com/articles/10.1186/s12889-016-3874-3>.

Todd, Bianca; Brumby, Susan & **Kennedy, Alison** (2015). Pulling people, places, pages and pathologies together through farmer health. Refereed paper presented at The National Rural Health Alliance Conference, Darwin, Australia, 24-27 May, 2015.

Brumby, Susan; **Kennedy, Alison** & Todd, Bianca (Eds.) (2015). Sowing the Seeds of Farmer Health. Ballarat, Victoria: VURRN Press.

Kennedy, A., Maple, M., McKay, K., & Brumby, S. (2014). Suicide and accidental death in Australia's rural farming communities: a review of the literature, Rural and Remote Health (online), 14(2517).

Kennedy, Alison; Mellor, David; McCabe, Marita; Ricciardelli, Lina; Brumby, Susan; Head, Alexandra & Mercer-Grant, Cate (2013). Training and Experience of Nurses Responding to Alcohol Misuse in Rural Communities, Public Health Nursing, 30(4), 332-342.

Brumby, Susan; **Kennedy, Alison** & Chandrasekara, Ananda (2013). Alcohol Consumption, Obesity, and Psychological Distress in Farming Communities - An Australian Study, Journal of Rural Health, 29(2), 1-9.

Mellor, David; McCabe, Marita; Ricciardelli, Lina A; Brumby, Susan; Head, Alexander; Mercer-Grant, Catherine & **Kennedy, Alison** (2013). Evaluation of an alcohol intervention training program for nurses in rural Australia, Journal of Research in Nursing, 18(6), 561-575.

Brumby SA, **Kennedy AJ**, Mellor D, McCabe MP, Ricciardelli LA, Head A, Mercer-Grant C (2011). Alcohol Intervention Training Program (AITP): A response to alcohol misuse in the farming community. BMC Public Health, 11(242), 1-6.

INVITED CONFERENCE PRESENTATIONS

Kennedy, A. (2019). Digital Storytelling in Rural Suicide Prevention. Practice-Based Suicide Prevention Targeting Men and Women in Farming Occupations (National Conference), Adelaide, AUST, 20 May.

Kennedy, A. (2019). Look Over the Farm Gate. Practice-Based Suicide Prevention Targeting Men and Women in Farming Occupations (National Conference), Adelaide, AUST, 20 May.

Kennedy, A. (2018). Encouraging understanding and a broader focus on farmer health, wellbeing and safety. Deakin University School of Medicine Day, Waurin Ponds, AUST, 11 October.

Kennedy, A. (2018). Loddon Suicide Prevention Forum. Inglewood, AUST, 30 August.

Kennedy, A. (2018). Making a Difference to Farmers' Lives. 90th Country Womens Association Victorian State Conference, Melbourne, AUST, 31 May-2 June.

Thorp, A., Indig, D. and **Kennedy, A.** (2017). Overcoming digital barriers: results of *beyondblue* research into stigma reduction using digital interventions. Symposium presentation for 8th International Together Against Stigma Conference 2017, Copenhagen, DENMARK, 20-22 September.

Thorp, A., Indig, D., Nickerson, A., Mann, C., **Kennedy, A.**, Hawk, C. and Hedley, B. (2017). Overcoming digital barriers: results of *beyondblue* research into stigma reduction using digital interventions. Panel presentation for 18th International Mental Health Conference 2017, Gold Coast, AUST, 21-23 August.

Kennedy, A. (2017). The Ripple Effect: Inspiring suicide stigma reduction across rural Australia. Keynote Presentation for Rural Remote Social Work Conference 2017, Albury, AUST, 20-21 July.

Kennedy, A. and Brumby, S. (2016). Reducing suicide stigma: The ripple has started. Western Alliance Symposium 2016, Warrnambool, AUST, 8-9 September.

CONFERENCE PRESENTATIONS (Last 5 years)

Kennedy, A. and Brumby, S. (accepted, 2019). The use of digital storytelling as a means of communicating and learning from lived experience. International Association of Suicide Prevention 2019 World Congress, Derry/Londonderry, N IRELAND, September 2019.

Kennedy, A., Cerel, J., Brown, M., Watts, J. and Kheibari, A. (accepted, 2019). Improving understanding of farmer suicide using the United States National Violent Deaths Reporting System, 2003-2016. International Association of Suicide Prevention 2019 World Congress, Derry/Londonderry, N IRELAND, September 2019.

Kennedy, A., Brumby, S., Dwyer, J., Adams, J. and Rahman, A. (accepted, 2019). AgSPACE: Agricultural Suicide Prevention through Analysis of Coronial Evidence. International Association of Suicide Prevention 2019 World Congress, Derry/Londonderry, N IRELAND, September 2019.

Kennedy, A. and Brumby, S. (accepted, 2019). The Ripple Effect—Changing the landscape of suicide stigma assessment in farming communities. International Association of Suicide Prevention 2019 World Congress, Derry/Londonderry, N IRELAND, September 2019.

Kennedy, A. (2019). The Ripple Effect: An innovative digital intervention reducing suicide stigma in the Australian farming community (Alternative Showing: New Technology) IUHPE 23rd World Conference on Health Promotion, Rotorua, NZ, 7-11 April.

Kennedy, A. (2019). The Ripple Effect: Digital Intervention Reducing Suicide Stigma in the Australian Farming Community. Rural Innovations Changing Healthcare (RICH Forum). Online, 20 March. Available at: <https://www.aci.health.nsw.gov.au/resources/rural-health/rural-innovation-changing-healthcare-forums/rich-2019>.

Kennedy, A. and Brumby, S. (2018). From Inside the Farm Gate: Innovative engagement in building rural health and wellbeing. 3rd National Centre for Farmer Health Conference, Hamilton, AUST, September.

Kennedy, A. and Brumby, S. (2018). The Ripple Effect. 3rd National Centre for Farmer Health Conference, Hamilton, AUST, September.

Kennedy, A. (2018). From Inside the Farm Gate: Rural Women's Stories of Thriving and Surviving. Thriving Women Conference, Adelaide, AUST, 19-20 February.

Kennedy, A. and Brumby, S. (2017). Engaging with the Australian Farming Community for Improving Mental Wellbeing. 39th Annual Society for Mental Health Research Conference, Canberra, AUST, 6-8 December.

Kennedy, A. and Brumby, S. (2016). The Ripple Effect: Understanding culture and responding to

suicide stigma in Australian farmers. 4th International One Health Congress & 6th Biennial Congress of the International Association for Ecology and Health, Melbourne, AUST, 3-7 December.

Kennedy, A. and Brumby, S. (2016). The Ripple Effect: An innovative digital response to reducing suicide stigma among farming men. Rural and Remote Mental Health Symposium, Kingscliff, AUST, 2-4 November.

Kennedy, A. and Brumby, S. (2016). Look Over the Farm Gate Workshops: Supporting the social and emotional wellbeing of rural farming communities during tough times. Rural and Remote Mental Health Symposium, Kingscliff, AUST, 2-4 November.

Kennedy, A. and Brumby, S. (2016). Narrating the lived experience of suicide: Reducing stigma through digital storytelling. Australian Suicide Prevention Conference, Canberra, AUST, 24-27 July.

Kennedy, A., Brumby, S., Whitty, T., Haren, S., Koerner, D. & Fairleigh, A. (2015). Understanding and responding to self- perceived suicide stigma in Australian male farmers. Rural and Remote Mental Health Symposium, Creswick, AUST, 26-28 October.

Kennedy, A., Maple, M., McKay, K. & Brumby, S (2015). Exploring the impact of bereavement on Australian farming family members after suicide and accidental death. Australian Suicide Prevention Conference, Hobart, AUST, 26-29 July.

Kennedy, A., Brumby, S., Whitty, T., Haren, D., Koerner, D. & Fairleigh, A. (2015). Understanding and responding to self- perceived suicide stigma in Australian male farmers—An innovative approach. Australian Suicide Prevention Conference, Hobart, AUST, 26-29 July.

Kennedy, A., Maple, M., McKay, K. & Brumby, S. (2015). Exploring the impact of bereavement on Australian farming family members after suicide and accidental death. World Congress of the International Association for Suicide Prevention, Montreal, CANADA, 16-20 June.

Kennedy, A., Brumby, S., Whitty, T., Haren, D., Koerner, D. & Fairleigh, A. (2015) (Poster). Understanding and responding to self-perceived suicide stigma in Australian male farmers—An innovative approach. The World Congress of the International Association for Suicide Prevention, Montreal, CANADA, 16-20 June.

Kennedy, A., Maple, M., McKay, K. & Brumby, S. (2015). Understanding help-seeking and support after suicide and accidental death in farming communities. The National Rural Health Conference, Darwin, AUST, 24-27 May.

AWARDS AND SCHOLARSHIPS

2018: Suicide Prevention Australia Emerging/Early Career Researcher LiFE Award.

2017: Leadership Great South Coast – South West Community Foundation Scholarship

2016: Chancellors Research Medal, University of New England, AUST.

2012 – 2016: Collaborative Research Network PhD Scholarship, University of New England, AUST.

2013: American Association of Suicidology ‘Seeking Hope’ Dissertation Grant.

PROFESSIONAL MEMBERSHIPS

Suicide Prevention Australia

Society for Mental Health Research

Australian and New Zealand Mental Health Association

University of Melbourne Alumni

La Trobe University Alumni
National Rural Law and Justice Alliance
REVIEWER OF SCHOLARLY ARTICLES

The Journal of Rural Health
SSM – Population Health
American Journal of Men’s Health
Journal of Health Psychology
Expert Review of Pharmacoeconomics and Outcomes Research
Rural and Remote Health
Medical Journal of Australia