

YIRRA KOORL

looking forward

YOUR WELLBEING AND PREVENTION UPDATE FOR THE WHEATBELT - APRIL 2026

Holyoake's Community Wellbeing Program: Strengthening Mental Health Literacy Across Regional WA

Holyoake is proud to deliver the Community Wellbeing Program, an important initiative funded through the Australian Government's Sheep Industry Transition Assistance Package, administered by the Department of Primary Industries and Regional Development.

Through this program, Holyoake is providing free, high-quality training and education designed to strengthen the capability, confidence and connectedness of individuals, businesses and regional communities across the Wheatbelt, Goldfields, Midwest, Great Southern & Southwest regions of WA.

As a long standing, trusted provider of evidence based mental health services, Holyoake brings a holistic, non-judgemental approach to every aspect of their work. Through this initiative, the aim is to support communities to navigate change, uncertainty and cumulative pressures, particularly those working within or alongside agriculture, agribusiness and rural industries.

The program's three free workshops; Standard Mental Health First Aid (2 days), Accidental Counsellor (1 day), and AgriBalance+ (1 day), provide practical, easy to apply tools for recognising distress, having supportive conversations and guiding someone towards appropriate professional help.

These workshops are delivered by Holyoake's Specialist Training Coordinator, Jo Drayton, who brings more than 25

years of experience in mental health, wellbeing and suicide prevention, along with a lived understanding of farming and rural communities. Jo's training approach blends evidence informed practice with compassion, genuine local insight, making learning relatable, practical and immediately useful.

"I welcome the opportunity to liaise and collaborate with key stakeholders and community members to determine which workshop will be the most suitable and beneficial for communities identified through the CWP. If your community, or a community you believe would benefit from this initiative, is not listed on the training schedule, please contact myself to discuss options.

I look forward to supporting communities through the delivery of these workshops in meaningful ways to builds skills, confidence, connection and wellbeing across our rural agricultural communities."

- Jo Drayton



Holyoake's Training and Education initiative has been strategically designed to operate as a flexible, community driven, responsive model that has capacity to be adaptable to emerging needs, shifting pressures and community priorities across the regions. The program complements existing services such as Rural Aid, the Blue Tree Project and Rural West, along with other place-based support services, to strengthen the overall network of support available across Western Australia. Holyoake will ensure that each workshop responds to local needs and provides participants with the skills to strengthen the wellbeing and resilience of their families and communities, enabling them to stay connected and feel supported through change.



editorial

Welcome to the first edition of Yirra Koorl for 2026!

As we head into the Djeran season, we will see a break in the hot weather with the season bringing in cooler nights that once again bring a dewy presence for us to discover in the early mornings.

Djeran is a time of red flowers especially from the red flowering gum (*Corimbia ficifolia*), as well as the smaller and more petite flowers of the Summer Flame (*Beaufortia aestiva*). As you travel around, you may also notice the red 'rust' and seed cones forming on the male and female Sheoaks (*Allocasuarina fraseriana*). Banksias start to display their flowers, ensuring that there are nectar food sources for the many small mammals and birds that rely upon them.

As we move from the warmer, longer days, into the cooler season, it is a timely reminder, to focus on things that make you feel safe, connected and give you a sense of belonging. It's important to remain focused on maintaining healthy lifestyle choices and ensuring you are fueling your body with nutrients, in preparation for the cold of the Makuru season.



Spotlighting the Team

We are pleased to introduce (and reintroduce) the Team leading prevention across the Wheatbelt region. Holyoake's Wheatbelt Prevention Team brings together expertise across alcohol and other drugs, suicide prevention and aftercare support to strengthen community wellbeing and deliver coordinated, evidence-based support across the region.

JO DRAYTON - Specialist Training Coordinator



Previously Wheatbelt Suicide Prevention Coordinator for the last 9 years, Jo has moved into the Specialist Training Coordinator role as part of the Community Wellbeing Program's Training and Education component until 30 June 2027. In this new position, Jo will deliver a range of training opportunities across five regions of Western Australia, supporting individuals and communities to build skills and capacity as part of the Sheep Industry Transition Assistance Package.

CWP WORKSHOPS

[Accidental Counsellor workshop – KOJONUP – 20th March](#)

[AgriBalance+ workshop – KATANNING – 9th April](#)

[Accidental Counsellor workshop – PINGRUP – 10th April](#)

[AgriBalance+ workshop – KULIN – 14th April](#)

[Accidental Counsellor workshop – KELLERBERRIN – 23rd April](#)

[AgriBalance+ workshop – PINGRUP – 29th May](#)

[Accidental Counsellor workshop – NORTHAM – 17th June](#)

[AgriBalance+ workshop – WELLSTEAD – 30th July](#)

Spotlighting the Team

TANYA SERVAAS

- Wheatbelt Suicide Prevention Coordinator

Tanya has stepped into the Wheatbelt Suicide Prevention Coordinator role, having previously been a Counsellor with Holyoake for 2 years. She is passionate about mental health, wellbeing and self-care and enabling people to be the best version of themselves. Tanya works closely with stakeholders and communities to deliver Suicide Prevention, Mental Health and Wellbeing initiatives, education, postvention and capacity building activities across the Wheatbelt, to align with local needs and best practice.



JEN SCASH-COWCHER

- Aftercare Coordinator

Jen supports individuals and families through her role as Aftercare Coordinator, having previously been a Counsellor with Holyoake for 3 years. She works alongside people who have experienced a suicide attempt or suicidal crisis, providing compassionate, practical support to promote recovery and connection to services. Jen's work is central to ensuring continuity of care and strengthening protective supports within the community.



JORDYN DRAYTON-HALL

- Wheatbelt Suicide Prevention Officer

While Jordyn is not new to the team, she has recently stepped into the role of Wheatbelt Suicide Prevention Officer, working closely alongside Tanya. In this position, Jordyn supports the coordination and delivery of suicide prevention initiatives, training, and community engagement activities. Her work focuses on building local capacity and ensuring communities are equipped with the skills and confidence to respond to and support people in distress.



JESS DANIELS

- Wheatbelt Alcohol and Other Drug Coordinator

Jess continues in her role as Wheatbelt Alcohol and Other Drug Coordinator, supporting communities to reduce harm associated with alcohol and other drug use. Jess works closely with stakeholders and communities to deliver AOD prevention initiatives, education, and capacity-building activities across the region, ensuring initiatives align with local needs and best practice. Her ongoing leadership ensures a strong, collaborative approach to AOD prevention in the Wheatbelt.



If you would like to spotlight any of your services in the next Yirra Koorl, get in touch:

jordyn.draytonhall@holyoake.org.au

Contact details:

Jen Scash-Cowcher - jscashcowcher@holyoake.org.au

Jess Daniels - jdaniels@holyoake.org.au

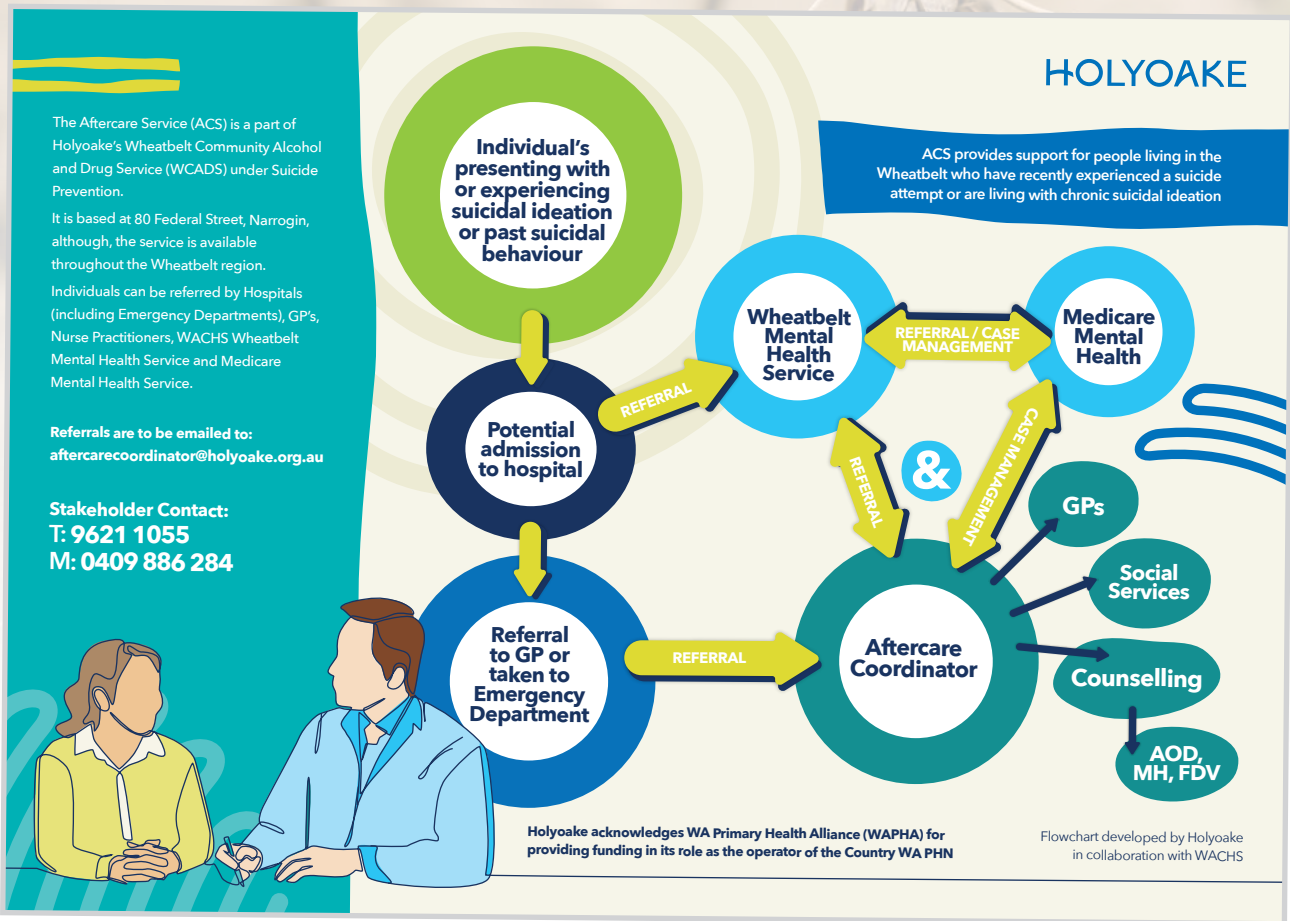
Jo Drayton - jdrayton@holyoake.org.au

Jordyn Drayton - jordyn.draytonhall@holyoake.org.au

Tanya Servaas - tservaas@holyoake.org.au

Together, the Wheatbelt Prevention Team is committed to fostering safe, connected, and resilient communities across the region. Staff are encouraged to reach out to the team to learn more about available support, training opportunities, and ways to collaborate.

New Aftercare Service Model Launched



Holyoake, in partnership with the WA Primary Health Alliance, provides the ACCS to support individuals who are:

- Experiencing chronic **suicidal ideation**, or
- recovery following a **suicide attempt**.

The service aims to reduce suicide risk, enhance continuity of care, and support clients to stay connected with health, mental health, AOD, and community supports.

About the Aftercare Service (ACS)

The Aftercare Service offers intensive care coordination and warm referrals, advocacy and wrap-around support addressing social determinants of health including:

- Support to attend medical, legal, housing, financial, and social service appointments
- Implementation and monitoring of hospital discharge plans
- Regular suicide risk assessment and collaborative safety planning

The ACS is open to Adults (18+) and mature minors who are of mild to moderate risk presentations. Referrals are accepted from GPs, Nurse Practitioners, hospitals (including EDs), WACHS Wheatbelt Mental Health Service, and Medicare Mental Health providers.

Referrals can be emailed to:
aftercarecoordinator@holyoake.org.au

For enquiries, I can be contacted directly on **0409 886 284**.



Jen Scash-Cowcher, Holyoake's new After Care Coordinator, has lived and worked in the Wheatbelt for many years as part of a local farming family. Jen brings a deep

understanding of the unique challenges within our regional communities and the issues they face. In her previous role as a Counsellor and Court Diversion Officer with WCADS, Jen supported individuals experiencing complex alcohol and other drug concerns, co-occurring mental health challenges, and suicidal ideation.

Face-to-Face Training available in the Wheatbelt

Mental Health First Aid ☐ Adults	2 Days	https://mhfa.com.au/courses
☐ Youth	2 Days	https://mhfa.com.au/courses
☐ Older Adults	2 Days	https://mhfa.com.au/courses
☐ Aboriginal	2 Days	https://mhfa.com.au/courses
☐ Custom Mental Health Workshop for Teens		
Blended Online Mental Health First Aid Regional Course	Online & 2x ½ Days	https://www.mifwa.org.au/event/blended-online-mental-health-first-aid/
Gatekeeper Suicide Prevention Training for professionals, first responders and paraprofessionals	2 Days	https://www.mhc.wa.gov.au/training-and-events/suicide-prevention-training/
Applied Suicide Intervention Skills Training (ASIST) for community members and volunteers	2 Days	https://www.livingworks.com.au/programs/asist/
safeTALK suicide awareness training for community members and volunteers	½ Day	https://www.livingworks.com.au/programs/safetalk/
Strong Spirit Strong Minds - Ways of Working with Aboriginal People training	2 Days	https://www.mhc.wa.gov.au/training-and-events/strong-spirit-strong-mind-aboriginal-programs/ways-of-working-with-aboriginal-people/
Volatile Substance Use (VSU) and Incident Reporting Program	1-2 hours	Presented by the WCADS AOD Prevention Officer. School presentations will be conducted in collaboration with Road Safety & Drug Education (SDERA) Branch representatives. Topics include: what is a volatile substance; effects and harms of VSU; prevalence of use; harm minimization strategies; Incident Reporting Program; and coordination of community responses.
Rural Minds training - mental health training with modules on risk and protective factors for rural communities	½ Day	https://www.rrmh.com.au/programs/rural-minds/
Distress and Why Mental Health and Wellbeing Matters (delivered by Regional Men's Health Initiative)	1 Hour	https://regionalmenshealth.com.au/
Talk to a Mate (delivered by Regional Men's Health Initiative)	1 Hour	https://regionalmenshealth.com.au/
Looking after Your Mates - Suicide Awareness (delivered by Regional Men's Health Initiative)	1 Hour	https://regionalmenshealth.com.au/



Deadly Thinking – social and emotional wellbeing training for professionals, paraprofessionals, and communities	1 Day	https://www.rrmh.com.au/programs/deadly-thinking/
Staying SAFE with SOLID yarning – suicide prevention yarning for communities	½ Day	
DV (Domestic Violence) Alert Training	2 Days	https://www.dvalert.org.au/
Accidental Counsellor	1 Day	Facilitated by the Wheatbelt Suicide Prevention Coordinator.
Workplace Wellbeing & Professional Selfcare Workshop	½ Day to Full Day	<p>Developed and delivered by Wheatbelt Suicide Prevention Coordinator – select from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Literacy – Stress, Anxiety, Depression and Situational Crisis <input type="checkbox"/> Introduction to Suicide Prevention <input type="checkbox"/> De-Briefing <input type="checkbox"/> Professional Self Care Tips and Strategies <input type="checkbox"/> Language, Communication and De-Escalation Skills <input type="checkbox"/> Navigating Change and Uncertainty – with Clients and Organisations <input type="checkbox"/> Mentally Healthy Workplace <input type="checkbox"/> Burnout / Compassion Fatigue <input type="checkbox"/> Emotional Intelligence within the Workplace <input type="checkbox"/> Mental Toughness and its impact on Productivity <input type="checkbox"/> Development of a Workplace Wellbeing Strategy / Strategic Plan
Valuable Conversations: For reducing the impact of alcohol use during child-bearing years	2 days	Fetal Alcohol Spectrum Disorder (FASD) training (mhc.wa.gov.au)
FASD (Fetal Alcohol Spectrum Disorder) prevention with communities	1 day	Fetal Alcohol Spectrum Disorder (FASD) training (mhc.wa.gov.au)

***Please note this training is subject to facilitator availability and funding.**

Mental Health and Wellbeing: Training Opportunities Jan-Jun 2026



Through generous funding from the WA Primary Health Alliance (WAPHA), Holyoake will be offering FREE mental health literacy & suicide awareness training in the Wheatbelt in 2026.

Accidental Counsellor

The Accidental Counsellor Workshop is a practical training program designed to equip individuals who may unexpectedly find themselves in a helping or supportive role with essential communication and counselling skills. The workshop teaches participants how to recognise when someone is in distress, respond with empathy and confidence, and refer them to appropriate professional support. Through interactive discussions and scenario-based learning, participants develop the ability to remain calm, listen effectively, and provide immediate, compassionate assistance without taking on the role of a professional counsellor.

Training Dates:

- [Merredin - 21st April](#)
- [Northam - 16th June](#)
- [Jurien Bay - 18th June](#)

Older Person Mental Health First Aid

The Older Person Mental Health First Aid course is an evidence-based training program designed to help adults support older people experiencing mental health problems, crisis, or distress. Developed by Mental Health First Aid Australia, the course builds participants' understanding of mental health challenges that can affect older adults, such as depression, anxiety, dementia, and delirium. It provides practical strategies for offering initial assistance and encouraging professional help, while promoting empathy, respect, and reduced stigma. The course empowers participants to confidently support the mental health and wellbeing of older people in their families, workplaces, and communities.

Training Dates:

- [Older Person MHFA - Narrogin - 12th & 13th May](#)

Youth Mental health First Aid

The Youth Mental Health First Aid course is an evidence-based training program that teaches adults how to recognise and respond to signs of mental health problems in young people aged 12-18. Developed by Mental Health First Aid Australia, the course provides participants with practical skills to offer initial support to adolescents experiencing mental health challenges, crises, or distress until professional help is available or the crisis resolves. Through interactive learning, participants gain confidence in approaching and assisting young people, fostering early intervention and promoting better mental health outcomes in schools, families, and communities.

Training Dates:

- [Youth MHFA - Northam - 25th & 26th May](#)



Mental Health Commission: Alcohol and Other Drug Training

The Mental Health Commission Alcohol and Other Drug (AOD) training is offered free of charge to professionals working in not-for-profit and government organisations within the mental health and alcohol and other drug sectors. All sessions are delivered by experienced alcohol and other drug clinicians and trainers.

To register -

[Alcohol and Drug Training](#)

[Youth Sector Training](#)

ST340: PREVENTING RELAPSE AND SUPPORTING BEHAVIOUR CHANGE OVER TIME (1 Day)



Target audience: People who work with people who use alcohol and other drugs.

Training details: Maintaining behaviour change over time can be complex and challenging. Even when decisions to change are made with the best of intentions, many everyday resolutions to change behaviours, such as getting fit, eating healthier foods, or reducing alcohol use, are not maintained. Resolution breakdown is common, and a normal part of any change process. Understanding this helps dispel the myth that lapses and relapses are unique to changing alcohol and other drug-related behaviours.

This training aims to assist and develop skills and confidence in order to support clients in maintaining alcohol and other drug-related behaviour change over time by:

- developing an understanding of why behaviour change can be difficult to maintain
- learning strategies that best support the change process and how to implement them.

Registrations close: 5 May

Course start date: 26 May

ST334: AOD SKILLS FOUNDATION (1 Day)



Target audience: For those whose role supports brief alcohol and other drug interventions.

Training details: Learn how to maximise the impact of your interventions when you only have a limited period of time with clients who may be using alcohol and other drugs. This one-day introductory course will best suit clinicians/workers whose primary role does not include counselling-oriented alcohol and other drug-related therapeutic interventions (e.g. nurses, support workers, case managers).

In this workshop, participants will:

- examine personal attitudes and values and how they can impact on client work

- explore the concept of harm minimisation
- explore how to structure meaningful and respectful conversations with clients around harm reduction
- learn how to conduct an effective brief intervention for mild to moderate alcohol and other drug use, including the use of screening tools
- develop an understanding of behaviour change and how to support clients at different points in this process.

Registration close: 14 May

Course start date: 4 June

Mental Health Commission: Alcohol and Other Drug Training cont...

ST341: VALUABLE CONVERSATIONS FOR REDUCING THE IMPACT OF ALCOHOL USE IN CHILD-BEARING YEARS (2 Days)

Target audience: People employed as Social workers, counsellors, nurses/midwives or similar with clients of childbearing age.

Training details: This two-day training event is designed to increase confidence in delivering FASD prevention advice and information.

The training covers:

- reflective practice as a tool to improve working with community members
- trauma informed care and practice to reduce shame and stigma around prenatal alcohol exposure and FASD

- Motivational Interviewing to support non-judgmental service delivery for behaviour change
- FASD prevention using best practice for alcohol harm reduction and prevention
- brief interventions to bring together new knowledge and skills to practice.

*Please note this training does not provide information on FASD diagnosis or treatment.

Registration close: 20 May

Course start date: 10 June

ST351: WORKING WITH YOUNG PEOPLE WITH CO-OCCURRING MENTAL HEALTH AND ALCOHOL AND OTHER DRUG ISSUES (1 Day)

Target audience: Those working with young people experiencing alcohol and other drug and/or mental health issues.

Training details: This workshop provides an overview of the issues relevant to working with young people with alcohol and other drug and mental health issues. Participants will learn about prevalence, developmental considerations, common presentations in young people, and best practice approaches and guidelines. Participants will have the opportunity to practice developing case formulations for young people with co-occurring mental health and alcohol and other drug issues. At the end of this session, participants will be able to:

- define co-occurring mental health and alcohol and other drug issues
- outline prevalence for young people
- discuss developmental considerations
- discuss screening and assessment for young people
- describe common presentations in young people
- discuss best practice when providing services to young people with co-occurring mental health and alcohol and other drug issues
- practice case formulation for young people.

Registrations close: 28 May

Course start date: 18 June

KA058: FETAL ALCOHOL SPECTRUM DISORDER (FASD) PREVENTION WITH COMMUNITIES WORKSHOP (1 Day)

This one-day workshop is designed to strengthen communities to deliver FASD prevention. The workshop content:

- introduces FASD for stakeholders
- outlines FASD prevention
- identifies possible community and/or regional FASD prevention activities

- explains the Commission's FASD Prevention Funding Program (workshop completion is a funding program requirement)
- aims to build a local FASD prevention network.

Registrations close: 15 July

Course start date: 5 August



Mental Health Commission: Alcohol and Other Drug Training cont...



ST333: AOD SKILLS FOR COUNSELLORS (2 Days)

Target audience: For people in a counselling role who are new to supporting people with their alcohol and other drug use.

Training details: Enhancing therapeutic skills and foundational alcohol and other drug knowledge to effectively engage and support people who use alcohol and other drugs. This two-day training is tailored to counselling settings.

In this workshop participants will:

- examine factors that impact on client engagement such as: attitudes and values, trauma informed care and practice, stigma and co-occurring disorders

- learn how to use models and frameworks to assess alcohol and other drug use
- develop a targeted, effective intervention based on a care plan using a case formulation and a harm reduction approach
- learn how to support clients in the prevention and management of relapse and recovery.

Registrations close: 21 July

Course start date: 11 August

ST353: HARM REDUCTION AND SUSTAINED BEHAVIOUR CHANGE WITH YOUNG PEOPLE (1 Day)



Target audience: For those working with young people who use alcohol and other drugs.

Training details: This workshop provides an overview on harm reduction approaches and the principles of sustained behaviour change. Participants will learn skills to assist them in supporting young people to reduce the harms of their alcohol and other drug use and engage in lasting behaviour change where a young person has identified a need for change.

At the end of this session, participants will be able to:

- define harm reduction

- utilise the hierarchy of harm to assist young people in reducing the risks of their alcohol and other drug use
- use Zinberg's Model to assist young people to identify potential harm reduction strategies
- define sustained behaviour change
- describe the principles of effective decision making
- utilise Kwasnicka's model to assist young people to develop strategies to sustain behaviour change.

Registrations close: 23 July

Course start date: 13 August

ST338: WORKING WITH CLIENTS WITH COOCCURRING AOD AND MENTAL HEALTH ISSUES



Target audience: Clinical and support workers in the alcohol and other drug specialist sector who have limited experience working with people with co-occurring alcohol and other drug and mental health issues.

Please note: It is presumed that participants of this training have foundation knowledge and skills for working with people who use alcohol and other drugs. This training is most suitable for alcohol and other drug workers who have limited experience working with people with co-occurring alcohol and other drug and mental health issues.

Training details: This training will provide further knowledge and skills to support alcohol and other drug specialist sector workers to more accurately identify, and where appropriate

address the needs of people presenting with co-occurring mental health and alcohol and other drug issues.

The topics covered will include:

- co-occurring AOD and mental health issues and their prevalence
- guiding principles for working with people presenting with co-occurring issues
- strategies for responding to co-occurring issues
- best-practice approaches including models of care to support better outcomes for clients.

Registrations close: 29 July

Course start date: 19 August

WA Mental Health Conference 2026

Join us at WA's flagship mental health conference

18-19 August 2026 | Pan Pacific Perth

REGISTER NOW

The theme of the 2026 WA Mental Health Conference is *Towards wellbeing: Taking control in the face of change*. This theme will be examined right across the lifespan, by exploring several different contexts, which covered by the following streams.

1. INDIVIDUALS & FAMILIES

Individual control and resilience in the face of uncertainty

In this stream, abstracts will explore how an internal locus of control and/or optimism can empower individuals to take action to enhance their mental health and wellbeing. For example, presentation or workshop topics could include internal locus of control; exploring the term resilience; navigating the grieving process; or regulation and somatic practice in everyday life.

2. CARERS & WORKERS

Supporting resilient, healthy communities

In this stream, abstracts will examine how supporters and/or practitioners can assist people to take control and/or maintain a sense of optimism, when circumstances have limited their ability to do so. For example, presentation or workshop topics could include supporting people seeking family and domestic violence, legal, and/or financial support; parenting children and/or adolescents with mental health challenges; addressing mental health challenges in ageing; or wellbeing and pain management, chronic illness, and/or preventative health.

3. ORGANISATIONS & WORKPLACES

Taking control of our wellbeing at work and leading resilient organisations

In this stream, abstracts will examine how employees, managers, and/or leaders can exercise control over wellbeing in the workplace and/or lead organisations in the face of uncertainty. For example, presentation or workshop topics could include psychosocial duty of care at work and/or school; managing psychosocial hazards to support employee and/or student wellbeing; mentally healthy cultures in the workplace and/or classroom; or vicarious trauma in the workplace.

4. POLICIES & SYSTEMS

Advocating for policies and systems that sustain wellbeing

In this stream, abstracts will examine how we can influence change to protect mental health and wellbeing, as well as the wellbeing benefits that come from advocating to improve our circumstances. For example, presentation or workshop topics could include the mental health benefits of finding your voice to affect change; or how to advocate for yourself and/or others.

Across two thought-provoking days, the Conference will explore opportunities across the lifespan to take back control, and support ourselves and others, to recover from challenges and chart a course for the future.

More info: [WA Mental Health Conference Landing Page](#)



AOD Training Opportunities



Merredin Exclusive! - Valuable Conversations Training'

Valuable Conversations training is coming to **Merredin on 23 and 24 June 2026**. This is the first time this training has been offered in Merredin, after previously being held in Northam and Narrogin, and we are excited for the Merredin community to benefit from this opportunity.

As this type of training only occurs every two years in the Wheatbelt, we would greatly appreciate your support in promoting this event.

Please:

- Share this information with anyone you think would be interested in attending.
- Print and display the attached poster in your workplace, community spaces, or anywhere around town to help spread the word.

About the training: This free two-day workshop focuses on building skills and confidence in having valuable, meaningful conversations to support **FASD (Fetal Alcohol Spectrum Disorder) prevention**.

Participants will learn about:

- Reflective practice
- Trauma-informed care
- Motivational interviewing
- FASD-specific prevention approaches
- Resources for brief interventions

Spaces are limited, so please **register as soon as possible** and pop the dates in your calendar.

[FASD prevention workshops and training events - Semester 1, 2026 - Fill in form](#)

If you have any questions, please contact: FASDprevention@mhc.wa.gov.au

Positive Choices: Tobacco and Vaping Industry tactics revealed in new webinar

Vaping has become a major public health issue in Australia among young people. Although the tobacco and vaping industry promotes e-cigarettes as tools to help adults quit smoking, the evidence shows that these products are aggressively designed and marketed to appeal to youth. These tactics are not new. They closely mirror long-standing strategies used by the tobacco industry for decades to attract new generations of consumers.

This webinar will unpack the evidence on how both the tobacco and vaping industries interfere with public health efforts. It will explore how these industries use sophisticated, calculated tactics to undermine tobacco control, shape public narratives, delay regulation, and position themselves as partners in "harm reduction" while simultaneously expanding their market among young people. The same playbook of manipulation, misinformation, and political lobbying is now being redeployed in the vaping context.

Date: Wednesday 29 April

Time: 12.00pm - 1pm AEST

Delivery: via Zoom

Cost: Free

To register:

[Positive Choices - New image, same tactics - tobacco and vaping industry strategies to promote youth vaping](#)

FREE WEBINAR:
New image, same tactics:
tobacco and vaping industry strategies to promote youth vaping

Wednesday 29th April
12pm AEST

Presented by
Dr Christina Watts

Positive Choices

Grant Opportunities – Healthway Funding in WA



2026 Healthy Schools Program

NOW OPEN



Healthway offers a range of grants to support community projects, health promotion activities, and research that help people live healthier lives across Western Australia. Their funding supports organisations that align with strategic health priorities like healthy eating, active living, mental wellbeing, and alcohol and tobacco prevention.

Funding available:

- **Healthy Partnerships Grants**
Support for sport, arts, racing and community groups to deliver programs that promote health and create healthy environments.
- **Creating Healthy Spaces**
Funding for local sport and recreation centres and clubs to improve healthy food and drink options in their settings.

- **Healthy Communities Grants**
For health promotion activities and community projects, including the Healthy Schools Program for school health initiatives.
- **Health Promotion Research Grants**
Scholarships, fellowships and research funding supporting health promotion evidence and innovation. Applications are often open all year round, with specific rounds for some types of funding. Organisations are encouraged to contact Healthway for guidance on eligibility and how to apply.

Learn more and apply: <https://www.healthway.wa.gov.au/our-funding/>

CBH – Grass Roots Community Grants



The CBH Grass Roots Community Grants program provides funding to support local projects in Western Australia's grain-growing regions.

Grants of up to \$10,000 are available for community events, while small-scale infrastructure projects can receive up to \$20,000. Projects must align with CBH's community values and be completed within 12 months.

Applications open twice a year, in August and February, with eligibility criteria for schools and shires.

More information and applications can be accessed via the following link: [CBH Grass Roots Community Grants](#).



Optus Stadium Alcohol Policy Update

A major change to alcohol rules at Optus Stadium is coming in time for the 2026 AFL season. From 21 March 2026, full-strength beer will be available for purchase in general admission areas, not just in corporate boxes as before. This brings the venue in line with other major Australian stadiums and gives fans more drink choices during footy, cricket, concerts and other big events.

However, this change has sparked debate around whether it's appropriate when families and children attend games.

In the past, Optus Stadium has been a successful case study for how full-strength alcohol isn't necessary to watch sport. This feels like a major step back from a decision that was originally made by the Labor Cook Government in 2017.



Source: PerthNow – Major alcohol policy change coming to Optus Stadium in time for AFL season.

Australian Open tops all Grant Slams in Alcohol Sponsorships



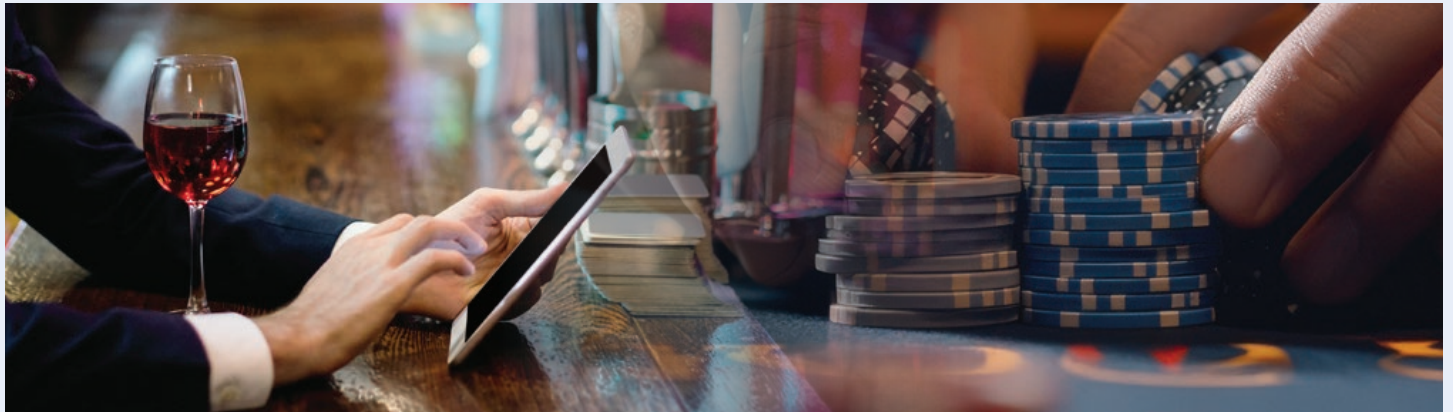
A recent piece from the Foundation for Alcohol Research and Education highlights that the Australian Open has more alcohol sponsors than any other Grand Slam event, with eight major alcohol partnerships supporting the tournament each year. This level of industry involvement means alcohol branding appears extensively across courtside advertising, hospitality precincts and broadcast content, exposing millions of tennis fans, including young viewers, to pervasive alcohol marketing. The article notes that this saturation effectively links alcohol with sport and social enjoyment in the minds of spectators.

FARE's blog points out that children and families make up a substantial portion of the event's audience, and research consistently shows that early exposure to alcohol advertising is linked with earlier initiation and higher levels of drinking later in life. It argues that existing advertising rules allow alcohol ads in sports broadcasts at times when children are likely watching, creating a regulatory gap that needs addressing.

Read more from FARE here: <https://fare.org.au/australian-open-alcohol-sponsors/>



Political Donations from Alcohol and Gambling Industries Increase in Election Year



New analysis reported by the Foundation for Alcohol Research and Education shows political donations from alcohol and gambling companies and their lobby groups more than doubled in the 2024-25 financial year, reaching over \$5 million in the lead-up to the federal election.

Public health advocates have raised concerns that increased industry donations during election periods may influence policy decisions and delay reforms aimed at reducing alcohol and gambling-related harm. Calls have been renewed for stronger regulation of political donations to better protect public health interests.

Novel Dissociatives Increasingly Detected in Australia's Drug Market

An article from the Alcohol and Drug Foundation reports growing detection of novel dissociatives in Australia's unregulated drug supply. These substances, often sold as ketamine, are part of the broader group of new psychoactive substances (NPS) and are designed to mimic the effects of known drugs while avoiding legal controls. Drug checking services have identified a range of these compounds, some of which may be more potent and have unpredictable effects compared to ketamine.

Because many novel dissociatives are newly developed, there is limited research on their short- and long-term health impacts. The article notes that people may be unaware they are consuming these substances, increasing the risk of unexpected or severe harms.

Read more from the Alcohol and Drug Foundation here:
<https://adf.org.au/insights/exploring-novel-dissociatives/>

"Healthy" Alcohol? Why the Marketing Trend Matters for Youth Health

A new article from Cancer Council WA highlights a concerning shift in how alcohol is being marketed to younger Australians, especially Gen Z, using so-called "healthier" claims like *low sugar, low carb or natural*.

This tactic, known as "health washing," is designed to make alcohol products appear less harmful and appeal to young people who are increasingly focused on health and wellbeing.

Research shows that marketing claims can create a "health halo," leading people to believe these drinks are healthier or less risky than they really are – despite any amount of alcohol increasing the risk of harm.

Experts warn this could undo positive trends in reduced alcohol use among young people and suggests that prioritising young people's wellbeing should come before industry profits.

Read more here: ['Healthy' alcohol? Push to end Gen Z marketing trend - Cancer Council WA](#)



Study Finds Cutting Alcohol Could Prevent Thousands of Cancer Deaths



New research led by La Trobe University shows that if the average annual alcohol consumption per person in Australia dropped by just one litre, deaths from several major alcohol-related cancers could be significantly reduced. The study examined over 70 years of national data on alcohol intake, tobacco use, health spending, and cancer mortality rates.

Key findings include:

- A one-litre reduction in alcohol consumption was linked with 3.6% fewer male and 3.4% fewer female upper aerodigestive tract (mouth, throat and oesophagus) cancer deaths.
- Male liver cancer deaths could fall by about 3.9% with reduced drinking levels.
- Colorectal cancer deaths could decrease by 1.2% in men and 0.7% in women.
- Female breast cancer deaths might drop by around 2.3%.

The benefits were strongest among older adults, reflecting the long-term effects of alcohol on cancer risk. The authors suggest that proven public health measures, like higher alcohol taxes, tighter availability controls, and advertising restrictions, could help achieve these reductions and lower cancer mortality across the population.

Are Pregnancy Warning Labels Working?

Recent reporting from ABC News has highlighted concerns about the effectiveness of Australia's pregnancy warning labels on alcohol products. While warning labels are now mandatory, research suggests that not all products are consistently displaying them, and many are positioned on the back of packaging where visibility is reduced.

The science remains clear, there is no safe amount of alcohol during pregnancy. Alcohol crosses the placenta and can directly affect foetal brain development. Prenatal alcohol exposure is associated with increased risk of miscarriage, low birthweight and premature birth, and can contribute to Fetal Alcohol Spectrum Disorder (FASD). Public health experts have raised concerns that inconsistent labelling and low visibility may limit the impact of these warnings. Clear, prominent labels are considered an important tool in supporting informed decision-making and reducing preventable harm.

Rising GHB Harms in Australia

A new Australian study from the National Drug and Alcohol Research Centre (NDARC) shows alarming increases in harms linked to gamma-hydroxybutyrate (GHB), also known as "G", "juice" or "fantasy".

- Deaths and hospitalisations rising: GHB-related deaths have grown ten-fold since 2013, and hospitalisations have more than tripled over the same period.
- Use remains relatively low overall, but even occasional use carries high risk because the gap between a "desired" and an overdose dose is very small.
- Mixing with other depressants like alcohol or ketamine greatly increases the risk of respiratory depression and loss of consciousness.
- Researchers say improved prevention, treatment and harm reduction messaging is urgently needed to prevent further harm.

For more information visit:

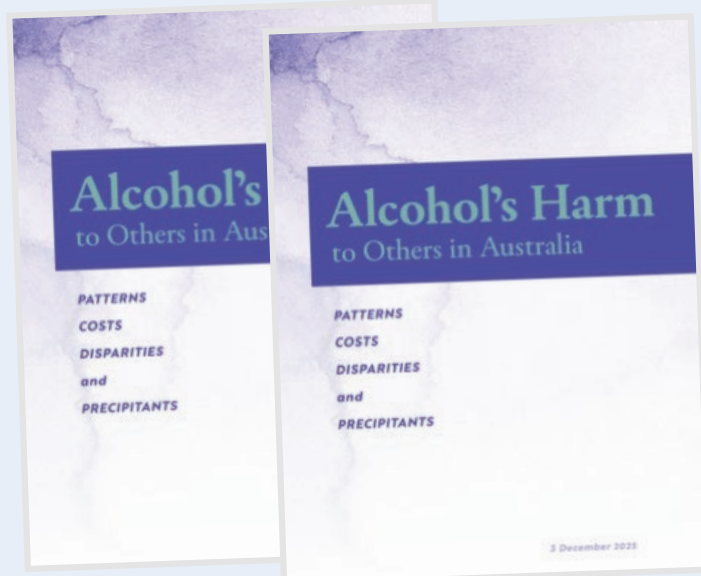
[Rising hospitalisations and deaths from GHB across nation 'a cause for alarm', NDARC study shows](#)

New Report Reveals Widespread Harm from Others' Drinking

A recent study by La Trobe University and Central Queensland University, in collaboration with several health and research organisations including FARE, Monash Health, and the Australian Institute of Family Studies, highlights the significant impact of alcohol on people other than the drinker.

The report, *Alcohol's Harm to Others in Australia: Patterns, Costs, Disparities and Precipitants*, shows:

- Nearly half of Australians experience negative effects from someone else's drinking.
- Alcohol is linked to up to 47% of police-reported family and domestic violence cases, highlighting the need for urgent action.
- Around 17% of children are harmed by another person's alcohol use, with alcohol involved in up to 5% of child protection intakes and 13% of court cases.
- Over half of women who experienced physical or sexual assault between 2011-2021 reported that alcohol contributed to the latest incident.



The report calls on governments to implement alcohol screening in family violence and child protection cases, limit alcohol outlet density and trading hours in high-risk areas, and regulate online and home delivery sales to reduce late-night access.

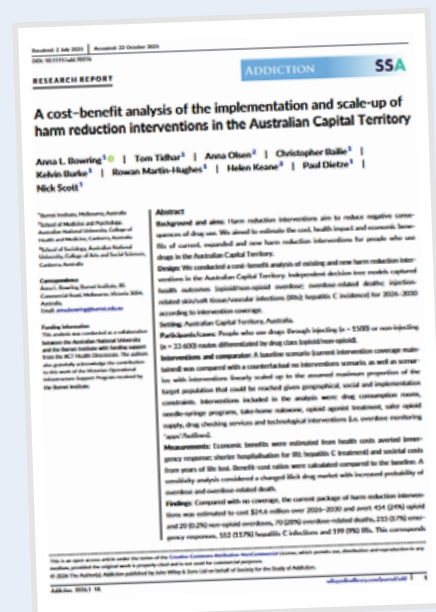
Every \$1 on Harm Reduction Could Return \$10 Across Australia

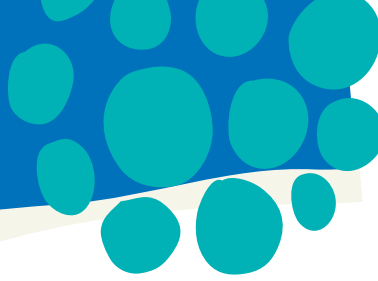
A recent study shows that expanding harm reduction services for people who use drugs, including takehome naloxone, needle syringe programs, and opioid agonist treatment, could deliver massive health, social, and economic benefits nationwide.

Researchers found that for every \$1 invested, Australian communities could gain over \$10 in societal benefits, thanks to fewer overdoses, reduced healthcare demand, and broader social gains.

The study also highlights that even with rising risks from more potent drugs, scaling up harm reduction remains highly cost-effective and life-saving. Sustained investment in these evidence-based services is crucial for reducing drug-related harms and improving community wellbeing across Australia.

Read more information here: [A cost-benefit analysis of the implementation and scale-up of harm reduction interventions in the Australian Capital Territory - Bowring - Addiction - Wiley Online Library](#)





Health Service Improvements to save Aussies 1.9bn.

Cheaper Medicines, 1800MEDICARE and more mental health support for Australians

Cheaper Medicines

From January, general patients will now pay no more than \$25 per PBS script. The last time PBS medicines cost no more than \$25 was 2004 – more than 20 years ago.

This is a more than 20 per cent cut in the maximum cost of PBS medicines and will save Australians over \$200 million each year.

Pensioners and concession cardholders will continue to benefit from the freeze to the cost of their PBS medicines, with the cost frozen at its current level of \$7.70 until 2030.

This builds on action we've already taken to deliver cost of living relief through Cheaper Medicines, including:

- More free and cheaper medicines, sooner, with a 25 per cent reduction in the number of scripts a concessional patient must fill before the PBS Safety Net kicks in – (July 2022)
- The largest cut to the cost of medicines in the history of the PBS, with the maximum cost of a general script falling from \$42.50 to \$30 in January 2023 and now to \$25 in January 2026
- 60-day prescriptions saving time and money for millions of Australians with an ongoing health condition, now covering more than 300 medicines – (from September 2023)
- Freezing the cost of PBS medicines, with co-payments not rising with inflation for all Australians for the first time in 25 years – (January 2025)

These measures have combined to save Australians more than \$1.9 billion on cheaper medicines through the PBS from January 2023 to 30 November 2025.

1800MEDICARE

Australians will have even better access to free health advice as 1800MEDICARE launches today, delivering on the Albanese Government's election commitment.

Whether you need expert health advice or reassurance, the registered nurses at 1800MEDICARE will be there 24/7, to provide advice and refer you to the health service you need, whether that's your regular GP, the local hospital or a Medicare Urgent Care Clinic.

If you need urgent GP care that can't wait for your regular GP to be available, the triage nurses can connect you to a free telehealth session with a 1800MEDICARE GP via phone or video, available all weekend and weeknights between 6pm and 8am.

On your phone and in the comfort of your home, a 1800MEDICARE GP will provide the free care you need, like an emergency prescription for your regular medication, or treatment for an illness or injury.

It is expected that around 250,000 Australians will avoid an unnecessary trip to a hospital emergency department each year due to the health advice and services provided by 1800MEDICARE. This includes up to 130,000 free urgent telehealth GP services each year by the end of the decade.

From 1 January, people can call 1800MEDICARE (1800 633 422), visit [medicare.gov.au/1800](https://www.medicare.gov.au/1800) or download the new 1800MEDICARE app to access services.

Medicare Mental Health Check In

The Albanese Government's Medicare Mental Health Check In is now online, giving easy and free access to early support for Australians experiencing mild mental health challenges.

In time, it is expected to help more than 150,000 people each year.

From 1 January, people can call 1800MEDICARE (1800 633 422), visit [medicare.gov.au/1800](https://www.medicare.gov.au/1800) or download the new 1800MEDICARE app to access services.



Online platform to map child and youth wellbeing across Australia

– Australian Child and Youth Wellbeing Atlas



The Australian Child and Youth Wellbeing Atlas have released a tool to spotlight health and wellbeing data on young Australians, providing insights for researchers, service providers, government agencies and communities to improve outcomes nationwide.

There is capacity to pull data from Statistical Area Level 3 and also Local Government Areas (LGA's). Visit [Australian Child and Youth Wellbeing Atlas](#) and click on the Data Snapshot tab, enter the domains and click 'create report'.

De-identified data is provided on:

- Health
- Participation
- Early Child Development
- Material Basics
- Education

The online platform can be accessed via the following link:

[Australian Child and Youth Wellbeing Atlas](#)

The user guide can be accessed via the following link: [Australian Child and Youth Wellbeing Atlas Platform User Guide](#)

Flourish Australia: How to improve your mental health with a social media detox

Article by Flourish Australia

A recent study found that limiting social media use reduced anxiety symptoms by 16.1% and depression symptoms by 24.8%. Flourish Australia has compiled practical tips to help people take a break from social media and improve wellbeing.

Tips for taking a social media detox

If you feel like a break from social media could benefit your mental health, here are some tips for how to get started.

- **Establish clear boundaries**

Set designated times for checking social media each day, rather than allowing continual access. Creating predictable boundaries helps reduce distraction and supports healthier digital habits.

- **Remove unnecessary prompts**

Temporarily deleting apps or relocating them from your home screen can minimise impulsive checking. Even small reductions in convenience can significantly curb habitual use.

- **Plan positive alternatives**

A social media break is more sustainable when paired with constructive substitutes, such as reading, outdoor activity, creative hobbies or connecting in person.

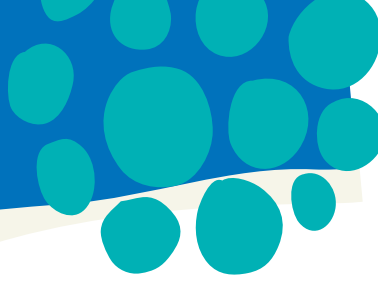


- **Use built-in device tools**

Features such as screen-time limits, focus modes and do-not-disturb settings can automate boundaries and reduce reliance on willpower alone.

- **Set an intention for the detox**

Framing the break as an opportunity to improve wellbeing – for example to improve sleep, enhance concentration or support emotional rest – can increase motivation and make it easier to recognise the benefits over time.



Are our males experiencing a loneliness epidemic?



Article by Healthy Male

The “male loneliness epidemic” is a term used to describe significant and growing rates of isolation and lack of connection among men. It’s a lightning rod topic but is there data to back up its validity? And what’s really to blame?

The social isolation measures that helped to save thousands of lives during the COVID-19 pandemic made us realise how important the company of friends and family is. The number of Australians who report feeling lonely went from one in four pre-COVID to one in two amid lockdowns.

Loneliness isn’t just about having people around you. You can be alone and not feel lonely at all, or you can be surrounded by people and still feel lonely.

The experience also reminds us of the negative effect that loneliness can have on our health and wellbeing. Strong and supportive relationships are linked to lower rates of anxiety and depression, higher self-esteem, greater empathy, a stronger immune system, and a longer life. Lack of social connection can have a greater impact on health than obesity and smoking.

Firstly, how do we measure loneliness?

When researchers want to measure loneliness in a group of people, they simply ask them. Asking how much someone agrees with the statement, “I often feel very lonely” on a scale from one to seven provides a valid measure of whether someone is lonely. Another common measurement comes from responses to three questions about how often someone feels left out, isolated or lacks companionship. These measures are about the feeling of loneliness, regardless of how much social contact someone has.

Loneliness in Australia has been measured for the last 25 years by the yearly HILDA (Household, Income Labour and Dynamics) survey. These studies show that between 14-20% of Australian males (and 17-23% of females) aged over 15 years were lonely between 2001-2021, averaging at about 17% overall.

The prevalence of loneliness in males and females didn’t change a lot between 2001 and 2021 but our population grew by four million people over that time. In 2001, there were about 15.6 million people aged over 15 years; in 2021 there were 20.7 million. When you do the maths, that’s about one million more lonely people over the 20-year period.

When you break down the data by age group you can see that the prevalence of loneliness has changed in different ways for people of different ages. Loneliness has gradually decreased in older Australians but increased in younger people in recent years; especially during the COVID-19 pandemic.

Age-related differences in the prevalence of loneliness are well established. Healthy Male’s ‘What’s in the Way?’ survey of 1200 Australian men (which was done just as COVID vaccines were being rolled out) showed that loneliness was more prevalent in younger than older men, consistent with HILDA data.

A recent analysis of HILDA data shows in greater detail how age, life events and other factors interact to affect loneliness in Australian males.

- At all ages, strong social relationships (with a partner and friends) and satisfaction with your neighbourhood, protect against loneliness, whereas men with disability or recent relationship breakdown were lonelier

- Job security, employment, and living arrangements were only associated with loneliness at certain ages.
- Among men aged 15-24 and 65 and older, the death of a close friend was associated with increased loneliness
- Using a single question to measure loneliness, the highest rates are in young adulthood and middle age, whereas the three-question measure showed the highest prevalence in midlife.

So, are men experiencing a loneliness epidemic?

The HILDA data makes it look like females are lonelier than males. HILDA data also suggest that life satisfaction is (slightly) higher in females than males. The higher prevalence of loneliness in females might be because men are less likely to admit feeling lonely. The HILDA survey measures loneliness using the single "I often feel very lonely" statement. For males, when you use the three-question measurement you find higher rates of loneliness than for the single question. This might also explain why recent measures of loneliness using the single question detect higher rates of loneliness in young males: maybe they're now more willing to say they feel lonely.

It's not surprising that you get different results when you use different measurement techniques, or when you use the same measurement in different groups of people. This makes comparisons between different measures and different groups of people difficult.

We can't know for sure if these apparent differences are 'real' or just an artefact of a measurement technique that has a gender bias.

All of these survey findings reflect the range of life experiences of Australian men, and their variable effects on loneliness. Perhaps it's a sign of the times that we're so aware of loneliness and the stress it causes, given other stresses like the increasing cost of living, effects of social media and the like

Another thing that has increased awareness of loneliness is our increasing understanding of the links between loneliness, social isolation and poor health, prompting the US Surgeon General to declare an "epidemic of loneliness". While the data say that the prevalence of loneliness hasn't changed drastically over the last 25 years, we are certainly more willing to talk about it and more aware of its effects; and that's a good thing.

Greater Together: Griefline grows impact and reach through merger with SANE

SANE

GL GRIEFLINE

Article by SANE

Not-for-profits unite to ensure Australians can continue to access dedicated support for grief and loss within a comprehensive range of digital and telephone support for their mental health.

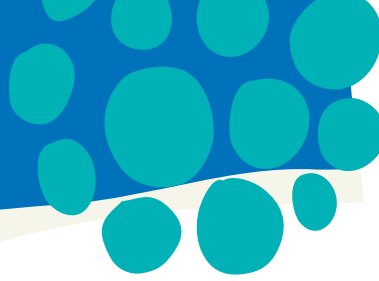
Australia's leading digital mental health provider for complex mental health support, SANE is pleased to announce this merger will bring Griefline's extensive services, history and expertise into SANE- strengthening the delivery of critical services relied upon by Australians.

Griefline's seasoned expertise in grief, loss, and bereavement represents an important new way to reach Australians who might otherwise miss out on essential mental health support - many of whom are impacted by grief as part of their mental health recovery journey.

The merger sees Griefline's essential support become part of SANE's sector-leading digital psychosocial services, with Griefline CEO Kate Cahill remaining in an advisory capacity to support the transition period.

SANE and Griefline share close strategic alignment, with both organisations guided by compassion and lived experience at the heart of all they do to deliver support services and advocacy for their communities for nearly 40 years. In joining forces, the move supports the government's objectives to streamline the digital mental health sector, helping reduce duplication and increase efficiency while strengthening national capacity to deliver high-quality, accessible mental health support.

SANE is committed to maintaining Griefline services, supporting all Griefline staff who are transferring to SANE and supporting the incredible Griefline volunteers who are an integral part of the support Griefline provides to continue into the future.



Life in Mind: Relationships and resilience for LGBTIQ+ mental health

Article by Life in Mind

Healthy relationships are powerful determinants of mental health – and for LGBTQA+ people, they can mean the difference between distress and wellbeing. LGBTQA+ people experience higher rates of mental health concerns and suicidal thoughts as a result of social and systemic marginalisation, discrimination and exclusion that often accompany living in a world that is set up for cisgender and heterosexual people and communities.

This article draws on findings from the Rainbow Realities report to explore how relationships shape LGBTQA+ mental health and suicide prevention. The LGBTQA+ acronym is used here because the national datasets analysed in Rainbow Realities included too few intersex participants to report.

Connection as protection

Social and community connection is one of the five key social factors that shape health (known as social determinants of health). Rainbow Realities highlights that positive relationships, with romantic partners, family, friends, colleagues and the broader LGBTQA+ community, strongly support wellbeing across the community.

LGBTQA+ young people and Gay, Bisexual or Queer (GBQ+) cisgender men with supportive families were more likely to access mental health support. In contrast, those who faced discrimination or exclusion in the past year were much more likely to report high psychological distress. Strengthening community connection and relationships is therefore a vital form of suicide prevention.

When relationships cause harm

Many LGBTQA+ people face rejection, stigma or violence in their relationships. Alarmingly, over 73% of more than 6,500 LGBTQA+ Australians reported experiencing family violence. Almost half of Lesbian, Bisexual and Queer (LBQ+) women and over half of GBQ+ cisgender men had experienced intimate partner violence.

For Bi+ cisgender women (people attracted to more than one gender), the risks are especially high: 67% have experienced sexual assault in their lifetime, most often by

cisgender male partners. Recent abuse was strongly linked to distress and suicidal ideation and attempts.

People living with disability, those from culturally and linguistically diverse backgrounds, and people without university education are also at higher risk – yet are less likely to report violence or feel supported when they do. These findings highlight the need for inclusive, culturally safe and LGBTIQ-affirming family and sexual violence support services that recognise diverse relationships and avoid heteronormative assumptions.

Community and healthcare relationships

About 70% of Trans and Gender Diverse (TGD) adults reported connecting with the LGBTQA+ community in the past year. Limited TGD-specific spaces and being a minority within the broader community contribute to this gap. Those who did connect reported lower distress and greater wellbeing.

Relationships with healthcare providers are also protective. Having a regular GP, accessing LGBTIQ+ specific mental health care and engaging with community-controlled services increased the likelihood of seeking help, reporting violence and feeling safe. These trusted relationships offer continuity and validation – both essential for recovery and resilience.

To prevent suicide and promote wellbeing, we must invest personal and systemic relationships. This includes:

- FDV services that support diverse family structures and relationship patterns.
- Training mental health services to recognise and respond to non-heterosexual sexual abuse.
- Supporting mainstream providers to deliver inclusive, culturally competent care
- Strengthening community capacity to support LGBTIQ+ people experiencing relationship abuse.
- Investing in community events and spaces that foster positive relationships and belonging.

Orygen: Over half of Australians exposed to self-harm and suicide-related content on social media

Article by Orygen

The extent to which Australians are exposed to, and create, social media content about self-harm and suicide has been quantified for the first time in a new study from Orygen, which found young people (15 to 25) were four times more likely to encounter this kind of content than older age groups. The study, published in BMC Public Health, analysed survey responses from 3,549 people and found over half had been exposed to self-harm and suicide-related content, despite the fact fewer than 1 in 5 people (19 per cent) had actively searched for it. Across all age groups 63 per cent of people said that seeing this kind of content worsened their mood. The survey also revealed that some people engaged in self-harm as a result of seeing the content, and this was also more common in young people.

Lead author and Head of Suicide Prevention at Orygen, Professor Jo Robinson, said it was concerning how many young people were seeing potentially distressing or harmful posts without seeking them out.

"Our findings show that not only are the majority of young people online exposed to self-harm and suicide-related content, most find it distressing and an important minority find it harmful. We urgently need to take action here, but simply restricting access to under 16s doesn't adequately address this issue," Professor Robinson said.

"On their 16th birthday, if young people are suddenly exposed to self-harm and suicide content on social media, how do we expect them to navigate it?"

"We've always advocated for more regulation of social media platforms and better education - because while a ban on under 16s sounds like an easy solution, it risks letting these big tech companies off the hook, and leaves anyone over the age of 16 to fend for themselves."

The study also explored the extent to which social media is used to seek support for self-harm and suicide.

"Young people in particular were more likely to seek help through social media, with many citing the fact it was free and accessible, and allowed them to seek help without feeling like a burden to others," Professor Robinson said.

"A small but important group also sought help online because they couldn't access professional help offline, and it's concerning that social media restrictions potentially take



away this avenue for support for young people."

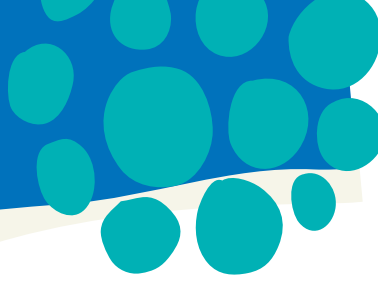
"At the same time these restrictions shift focus away from the platforms whose algorithms serve up this content to potentially vulnerable young people aged 16 to 25."

"We also need to provide offline supports to young people who currently look to social media for information and connection, educate young people and their families about how to talk safely about self-harm and suicide, and work to make online spaces safer for everyone."

More about the study:

- The study analysed data from 3,549 individuals (895 young people and 2,654 adults).
- 51.6 per cent had been exposed to self-harm or suicide-related content on social media.
- Young people with a lived experience of suicidal ideation, self-harm and/or suicide had greater odds of exposure compared to those who did not.
- The study was also the first in Australia to quantify the extent to which people found the safety strategies used by social media platforms helpful - finding young people and those with lived experience were more likely to find strategies such as content warnings, educational content and inclusion of helplines useful.
- Orygen's Suicide Prevention team have developed the #chatsafe resources to support young people, educators, parents and carers to talk openly and safely about self-harm and suicide.

Resources can be accessed via the following link: [How to talk safely online about self-harm and suicide](#)



New research from Orygen finds Gen Z more likely to report suicidal thoughts than older generations



Young Australians aged 16 to 25 are experiencing suicidal thoughts, self-harm, and suicide attempts at significantly higher rates – and at earlier ages – than previous generations, a landmark national study published today in the Australian & New Zealand Journal of Psychiatry has found. The study, led by Dr Katrina Witt from Orygen and The University of Melbourne, analysed data from over 14,700 Australians, and found Gen Z were over four times more likely to report suicidal thoughts, up to five times more likely to report suicidal plans, and almost three times more likely to report attempting suicide than other generations. Dr Witt, who co-authored the study with Professor Patrick McGorry and other Orygen leaders, said the new findings reinforced the evidence that early intervention is critical to addressing the youth mental health crisis.

“This is one of the largest and most comprehensive generational analyses of suicide-related behaviours in Australia to date, and we’re not just seeing more young people report these thoughts and behaviours, we’re seeing suicidal ideation emerge at a much younger age,” Dr Witt said.

“Gen Z reported the highest rates of suicidal thoughts, planning, self-harm and attempts before the age of 25, and these concerning results tell us we urgently need more tailored mental health policies and supports that reflect the unique risks and experiences of this particular generation.

“This is why the field of youth mental health was established – because we know adolescence and early adulthood are high-risk periods for the emergence of mental ill-health, as well as self-harm and suicidal ideation, so we need to intervene early.”

The study found that risk factors differed by generation. Exposure to suicide in others (e.g. peers or family), as well as witnessing family violence were strong risk factors for Gen Z, while older generations were more at risk due to childhood sexual abuse, substance use and untreated mental health conditions.

“While it’s positive that some of these risk factors have lowered for Gen Z, we’re still seeing increased – and earlier – onset of these suicide-related behaviours in young people, so we need to consider age-specific suicide prevention strategies and earlier screening in childhood to identify these risks,” Dr Witt said.

“We also need to better understand the impacts of social media on young people and the role it might play in the risk of suicidal behaviours – as well as how these platforms might be used as tool to support young people who are struggling.

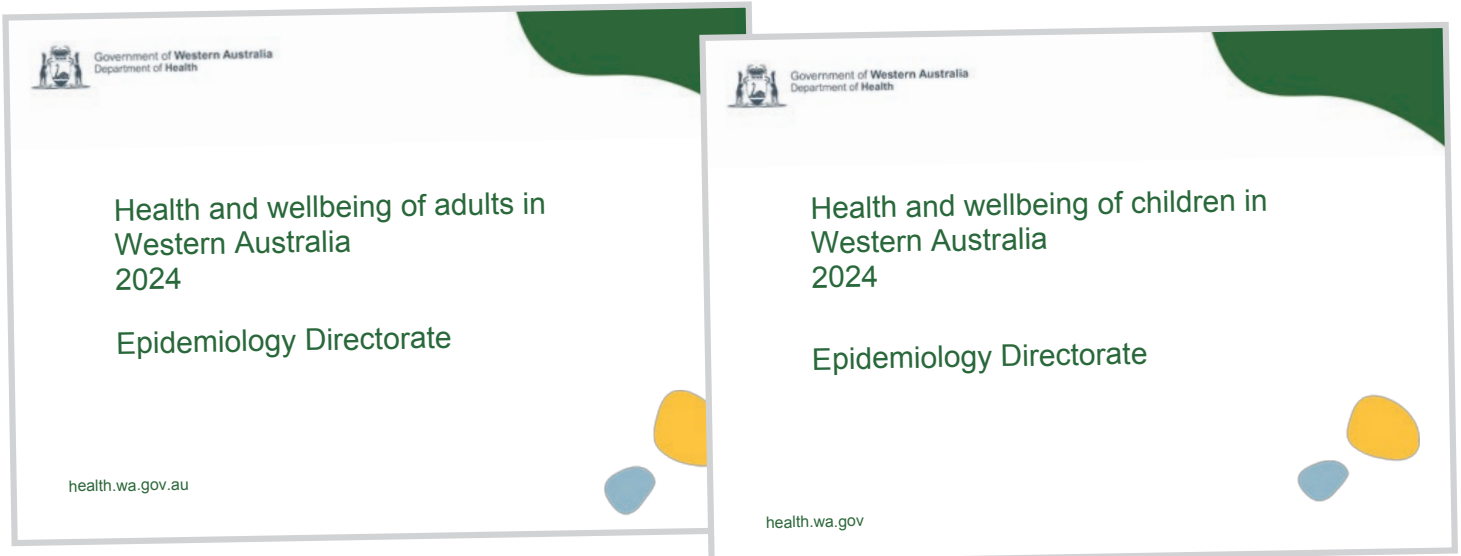
“As well as developing more programs aimed at supporting the mental health of Gen Z, it’s important we evaluate the impact of policies that restrict those under 16 from accessing social media – policies that potentially protecting them from harmful content but also potentially cutting them off from vital support.”

The data, from the National Study of Mental Health and Wellbeing between 2020-2022, also found that across generations suicidal thoughts were reported by 17.3 per cent of respondents, suicidal plans by close to 8 per cent, self-harm by 9.2 per cent, and suicide attempts by 5.1 per cent.

Overall, almost one-in-five (19.8 per cent) reported experiencing either suicidal ideation, self-harm and/or suicide attempt.



WA Health: Health and Wellbeing of Adults in Western Australia & Health and Wellbeing of Children in Western Australia Reports



The WA Health and Wellbeing of Adults and Children reports describe the findings from the 2024 Health and Wellbeing Surveillance System, providing the health sector and the public with important information about various aspects of the health and wellbeing of West Australians.

Key findings (adults):

- Less than half of adults (47.6%) self-reported their health status as excellent or very good.
- More than one in six adults (21.7%) experienced high or very high levels of psychological distress.
- One in twelve adults (8%) had seriously thought about ending their own life in the past 12 months.
- Almost one in twenty-five adults (3.7%) reported self-harm, without the intention of ending their own life in the past 12 months.
- More than one in three adults (36.4%) reported drinking at levels that put them at risk of harm from alcohol related disease or injury. Males were almost twice as likely as females to report drinking at levels that put them at risk of harm from alcohol related disease or injury (45.9% compared with 27.3%).

Key findings (children):

- More than half of children (54.1%) were reported by parents/carers as having experienced some degree of trouble with emotions, concentration, behaviour or getting on with people, with one in six children (18.5%) reported having had 'quite a lot of trouble' or 'very much' trouble.
- Of the 54.1% children reported as having any degree of trouble with emotions, concentration, behaviour or getting on with people, 46.8% of these children were reported to receive special help or treatment.
- Approximately 16.5% of children were reported to have ever been treated for an emotional or mental health condition.
- Approximately an eighth of children (12.4%) were reported to live with a disability that impacts the family. Of those children, 40.5% of parents/carers reported there was a 'big impact' or a 'very big impact' on the family.

The full reports can be accessed via the following links:

[Health and Wellbeing of Adults in Western Australia 2024](#)

[Health and Wellbeing of Children in Western Australia 2024](#)



eSafety Commissioner: Supporting children experiencing domestic and family violence

Children in domestic and family violence situations can experience tech-based abuse in different ways. Every child needs to be supported based on their individual situation.

Recognising tech-based abuse of children and young people - What is tech-based abuse?

Tech-based abuse (also known as technology-facilitated abuse) is when someone uses a digital device or online platform to harm another person. This includes using it to establish or keep coercive control over the person.

Tech-based abuse is often part of domestic and family violence, and our research found more than a quarter of domestic and family violence cases (27%) involved children and young people who are experiencing it.

Who is most likely to use tech-based abuse against the child?

Children or young people might experience abuse from a parent or carer, someone their parent is dating, another family member or someone else sharing the home with the child or young person. In some cases, young people may also experience tech-based abuse within their own romantic or sexual relationships.

What does the abuse look like?

Tech-based abuse may include threats and intimidation, harassment, monitoring, stalking, the creation of fake online accounts, and the removal of access to devices or the online platforms and services that the child uses to connect with others.

The child can be affected in multiple ways, as direct victims of tactics such as tracking, monitoring and harassment, and where tactics can be used to manipulate the child in a way that also abuses their parent or carer. Seeing or experiencing tech-based abuse directed at a parent or carer will increase their level of trauma. The behaviours may intentionally or unintentionally contribute to coercive control of the child.

Warning signs or 'red flags'

Tech-based abuse won't look the same for every child or young person, so identifying the warning signs can be difficult. The child might be receiving repetitive or harassing phone calls, voicemails, or messages over long periods or showing concern about revealing their location online or one of their parents' locations.

Note: Children and young people experiencing domestic and family violence may also be at risk of sexual abuse. This can happen online to any child at any age, but there are things we can do to protect them. Find out more about child sexual abuse online.

Online safety resources to support children

It's important to remember that children and young people who have experienced tech-based domestic violence are victim-survivors. While it's often best for the child to stay connected online where possible, their safety and wellbeing is the main priority and needs to be taken into consideration when dealing with tech-based abuse.

Support workers need to be prepared to help the child collect evidence of the abuse and report it where appropriate, with a plan put in place for the child or young person's ongoing safety.

The eSafety resources can help you talk about the child's experiences with them and their family, identify risks and work with children and young people to improve online safety.

Link to:

[My Tech Safety Plan – a step by step guide](#)

Further information can be sourced via: [Supporting children experiencing domestic and family violence | eSafety Commissioner](#)





Mission Australia: Youth Survey 2025 Findings



In 2025, over 17,000 young people aged 14-19 participated in the Mission Australia Youth Survey, offering a powerful snapshot of their experiences, challenges and hopes for the future.

The most important issue in Australia today for young people continued to be the cost of living - mentioned by 64% of respondents. Concern about cost of living has doubled over the past two years and, in 2025, reached the highest level recorded for any issue since the question was first asked in 2010. Mental health (29%), climate change

and the environment (27%) and housing and homelessness (25%) also ranked highly as national concerns.

Despite these challenges, young people expressed strong hopes for the future, with career goals, meaningful relationships and financial stability topping their aspirations. While many reported positive views about themselves and their lives, concerns about mental health, financial stress and discrimination persist.

The findings highlight the complex realities facing young people and the importance of creating a future where every young person feels supported, included and empowered to reach their potential.

Key Stats:

- Most important issue in Australia today - Cost of living 64%
- The top 4 national issues:
 - Cost of living (64%)
 - Mental health (29%)
 - Climate change and the environment (27%) and,
 - Housing and homelessness (25%)

The full report can be accessed via the following link: [Youth Survey 2025 - Western Australia Results](#)

ADF: Supporting the prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD) – A Guide for Healthcare Workers

In December, the ADF published the *Supporting the prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD) – A Guide for Healthcare Workers*.

As a healthcare professional, you can play a vital role in preventing FASD and supporting people and families affected by FASD. This guide provides information, tools, and practical tips to better equip you to recognise and respond to FASD in your work.

The guide can be accessed via the following link:

[Supporting the prevention and diagnosis of Fetal Alcohol Spectrum Disorder \(FASD\) – A Guide for Healthcare Workers](#)





Australasian College for Emergency Medicine: Trends in Mental Health Presentations to Australian Emergency Departments



The 'Still Waiting' Report from the Australasian College for Emergency Medicine's (ACEM) shows increasing crisis-driven presentations and reduced access to community supports, contributing to long waits and high pressure on emergency departments.

EDs are open 24 hours a day and are often the first, and sometimes only, point

of care for people needing urgent mental health care. From acute distress to severe and complex psychiatric conditions, EDs see the full spectrum of need. This frontline role gives EDs unique insight into the systemic gaps in mental health care and the wider social supports needed to promote recovery.

ACEM has been documenting these challenges for almost a decade. In 2018, 'The Long Wait' report revealed that people presenting to EDs with mental health conditions experienced significantly longer waits to be seen, treated and discharged than other patients. In 2020, 'Nowhere Else to Go' report highlighted how systemic failures were leaving people requiring mental health care 'stuck' in EDs and made clear recommendations for reform.

Seven years on from 'The Long Wait' Report, ACEM's new report, 'Still Waiting', shows these problems have only deepened. Data trends from 2016-17 to 2023-24 reveal:

- Rising demand: Mental health-related presentations to EDs are increasing, particularly among Aboriginal and Torres Strait Islander peoples and those aged 65 years and over.
- Greater complexity and acuity: ED presentations are increasingly urgent and complex, with more patients needing mental health care arriving by ambulance, triaged as high acuity (Australasian Triage Scale 1-3), and more likely to require hospital admission compared with other ED patients.

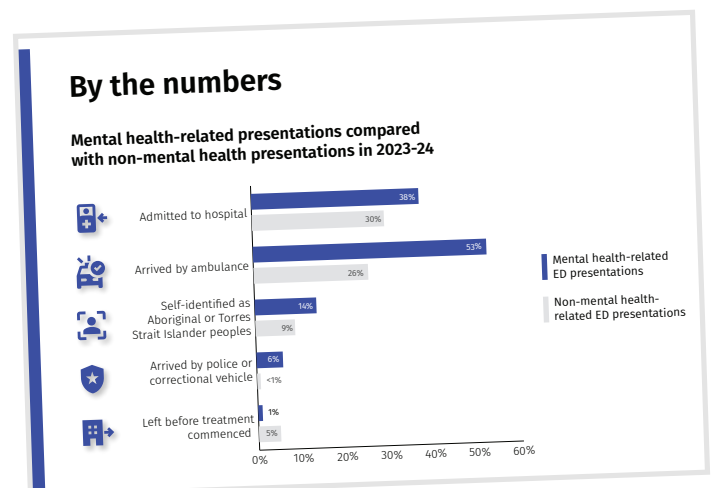
- Excessively long waits for admission: Length of stay in EDs continues to worsen. In 2023-24, 10 per cent of patients with a mental health diagnosis waited more than 23 hours for an inpatient bed.
- Beyond access block: Excessive waiting times in EDs are affecting not only admitted patients but also those who were discharged without admission, highlighting broader system failures beyond hospital bed access block.

Despite repeated recommendations from ACEM and the broader health sector in the face of these ever-increasing problems, federal, state and territory governments have made limited progress towards reform. The latest data makes clear that demand now far outstrips the resources and services available.

While increased presentations may reflect positive trends such as reduced stigma and greater help-seeking, they may also reflect major gaps in accessible, community-based care. EDs are not designed or resourced to provide diagnoses or long-term recovery support. Yet for too many people in crisis, the ED remains the only option, not because it is the right place for care, but because no appropriate alternatives exist.

The full report can be accessed via the following link:

[Still Waiting Report](#)





Australian Human Rights Commission's The Age Barrier: Older Adults' Experiences of Discrimination in Health Care Report



In Australia, many older adults said they felt dismissed, invisible, or left out of decisions about their care. These experiences undermine dignity and independence and can cause emotional distress. Over time, they may also lead people to withdraw from health services altogether.

Challenging the idea that distress is 'normal' in ageing. A recurring theme in the report was the attribution of mental health symptoms to ageing rather than recognising treatable conditions. For example, depression and suicidal ideation in older adults are often misinterpreted as "normal" aspects of ageing, resulting in underdiagnosis and inadequate treatment. This therapeutic nihilism – where interventions are deemed futile because of age – reinforces stereotypes and denies older people access to appropriate mental health support.

Behavioural and health implications for older adults

The report highlights how repeated exposure to ageist attitudes can lead to internalised ageism, in which older individuals come to adopt negative stereotypes about ageing. This self-directed bias, in turn, influences their behaviour and health decisions. This can include avoiding mental health care or accepting poor treatment as inevitable. Participants described feelings of frustration, diminished self-worth, and fear of seeking help, sometimes choosing not to call an ambulance or skipping appointments due to the fear of being dismissed.

The full report can be accessed via the following link: [The Age Barrier: Older Adult's Experiences of Ageism in Healthcare](#)

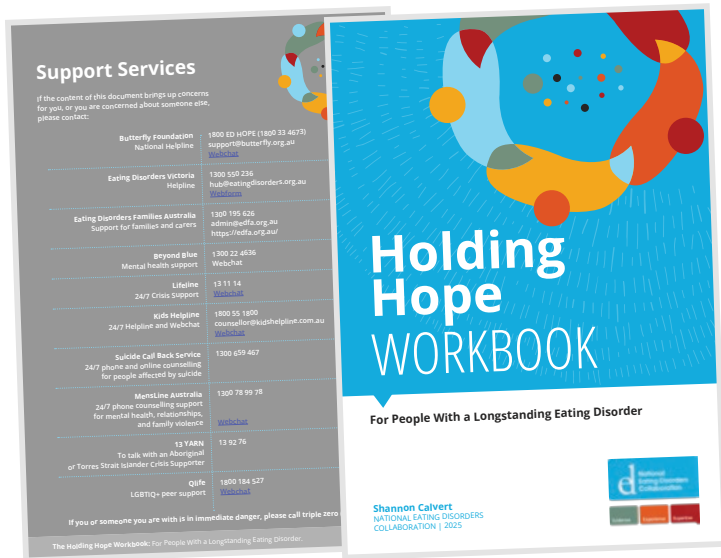
The Australian Human Rights Commission's The Age Barrier: Older Adults' Experiences of Discrimination in Health Care report reveals that older adults continue to face dismissive or incorrect assumptions in health care, with clear impacts on mental health, help-seeking and overall wellbeing. The report finds that depression, distress and suicidal ideation are often treated as "normal ageing", contributing to underdiagnosis and missed opportunities for appropriate support.

How ageism impacts mental health and wellbeing

There is a strong link between ageism and mental health, and its impact goes well beyond physical health care. The report shows that when older adults experience ageist attitudes, their mental health often suffers. This can lead to increased anxiety and depression, and even a shorter life expectancy. The World Health Organisation estimates that millions of depression cases globally are linked to ageism.



NEDC: Holding Hope Guide & Workbooks



Holding Hope was created from a deep commitment to addressing unmet needs within the community. Standard evidence-based treatments are not effective for everyone at every stage of illness. For people experiencing longstanding eating disorders, a holistic, flexible, and personalised care approach that honours lived experiences and empowers individuals, families, and those who provide care is required.

The Holding Hope Guide is a compassionate and reflective resource created to support ethical, person-centred care for individuals living with longstanding eating disorders. Rather than offering a clinical protocol or prescriptive treatment pathway, it serves as a thoughtful companion to professional care, especially in situations where conventional approaches may no longer be effective or appropriate.

The Holding Hope Workbook Series

Supporting the guide, the Holding Hope workbook series consists of 3 separate workbooks, each written for a particular audience in mind: The workforce; Carers and supports; and, People who have a long-standing eating disorder.

Each workbook is trauma-informed, relationally focussed, and adaptable, designed not for rigid completion but for

thoughtful use. While rooted in the context of longstanding eating disorder care, their relevance extends to broader areas of health and complex care. They are living resources meant to evolve with the needs of individuals, teams, and communities.

Holding Hope Workbook: For the Workforce

This workbook is a thoughtful companion for clinicians, peer workers, service leaders, and multidisciplinary teams. It invites professionals to pause and reflect on their roles, values, and biases when supporting individuals with longstanding eating disorders.

Access the workforce workbook here: [Holding Hope Workbook for Workers](#)

Holding Hope Workbook: For People Who Care For, Love or Support Someone

This workbook is designed for carers, family members, and supporters - those who walk alongside someone navigating a non-recovery-focused journey. It acknowledges the emotional weight and complexity of caregiving, offering tools for reflection, communication, and sustainable support.

Access the workbook for carers here: [Holding Hope Workbook for Carers](#)

Holding Hope Workbook: For People with a Longstanding Eating Disorder

This workbook is a gentle, empowering resource for individuals living with longstanding eating disorders. It offers a space for self-reflection, storytelling, and exploration of personal values and definitions of well-being, especially outside conventional recovery frameworks.

Access the workbook for people with a longstanding eating disorder here: [Holding Hope Workbook for Consumers](#)

The Holding Hope series was co-produced with Shannon Calvert, a Lived Experience Educator and subject matter expert, whose leadership ensured the resources reflect the diverse voices and needs of both the sector and the broader community.



New Thriving Kids Model released

The Australian Government has released Thriving Kids Advisory Group Final Report, model to deliver developmental, and disability supports for children outside the NDIS.

The proposed model focuses on four key areas:

- earlier identification of developmental concerns,
- greater access to advice and information,
- stronger support for families,
- and targeted services delivered in natural settings through state and territory systems.

Bilateral agreements with states and territories are expected to be finalised this month, ahead of phased implementation from October 2026.

The full report can be accessed via the following link:

[Thriving Kids Advisory Group Final Report](#)

Thriving Kids Model | Support in the environments where children live, learn and play
Supports for children 8 and under with developmental delay and/or autism with low to moderate support needs

Identification of potential delay
There are many different people who may identify developmental delay or identify that support is needed.

Intake points: multiple entry pathways
Linked closely to state-based intake points.

More self-directed soft entry points
Online and digital points to help people find supports (e.g. knowledge).

More active entry points
Commissioned providers and relevant private providers with relevant professionals (allied health, GP, child and family nurse, early childhood practitioner etc) offering assessment of need based on function and matching child to appropriate supports. May also undertake periodic reviews to understand if needs have changed.

Enablers
National Digital Child Health Record
Resources, training and support to upskill those working with children, including workforce in ECC/ECCEs.

Child and family level of need for support
Low need | Low to moderate need | Moderate need | Significant permanent disability

Best-Practice Universal Supports and Information
Aimed at empowering parent led approaches and shifting developmental trajectory. Can be accessed with Targeted Supports.

Best-Practice Targeted Supports
Aimed at shifting developmental trajectory. Aligned health (including low cost assistive technology) and more individualised capacity building delivered by allied health professionals and early childhood educators working in/outside of the child, the family and how they interact in their environments (e.g. ECC/ECCEs, education).

Delivered through multi and group and 1:1 delivery in person and virtually (includes MBS GP and allied health services as an option). May be in community-based hubs, delivered in natural settings (e.g. ECC/ECCE, home, school).

Lower support needs:
• One form of intervention (e.g. group or individual occupational therapy sessions)
• Single interdisciplinary approaches to build capacity and capability

Moderate support needs:
Multiple forms of intervention (e.g. speech pathology, OT and physiotherapy).
Transdisciplinary key worker approaches to provide 1:1 support and facilitate connections across collaborative teams, providing child and family capacity building and connection with other required supports.

Family can order or request at any point. The Thriving Kids model adapts to changing needs—providing the right support, at the right time, without barriers.

Thriving Kids stopped model of support

National Disability Insurance Scheme
for children with significant and permanent disability.

Australian Government: Digital ID Handbook now available

The long-awaited [Digital ID Handbook](#) has now been published on the Digital ID website and is available to the public.

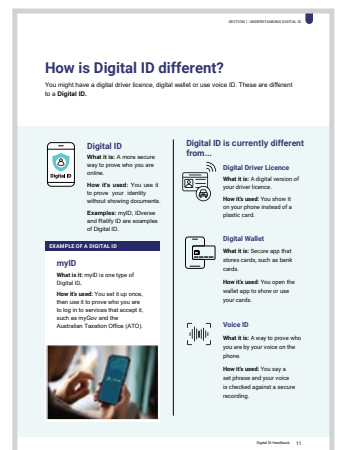
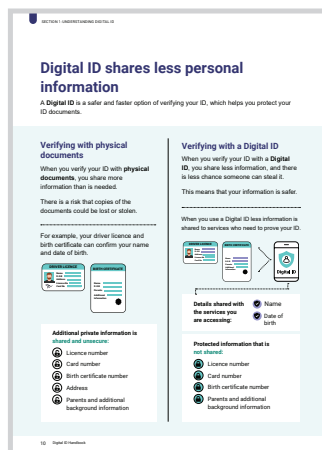
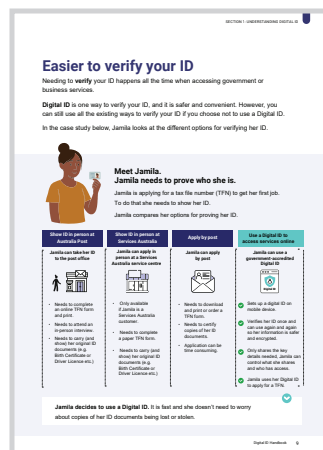
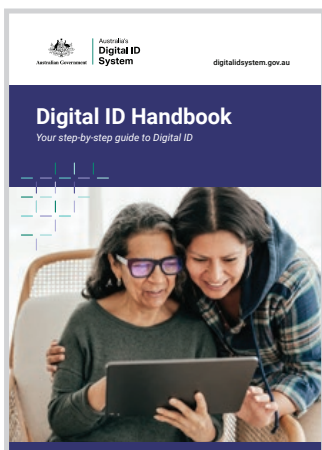
Digital ID can help make verifying who you are online easier and safer. You can use your Digital ID in a range of situations in your daily life - to access community services, open a bank account or complete a tax return.

You can read the guide in order or jump to a section that most interests you. At the end of the book, there is a glossary or list of words that might be new or harder to understand about Digital ID. Words in the glossary are bolded in this handbook. You can find the words in alphabetical order in

the glossary (page 36). Throughout this guide you will find a number of videos included that you can view by scanning the QR code, with subtitles (activated by hovering your pointer over the video and selecting the “Subtitles/ closed captions (CC)” icon located on the menu options that appear on the bottom of the video.)

This Digital ID Handbook will help you understand how to get and use a Digital ID.

More information and the latest news and handbook updates, visit www.digitalidsystem.gov.au.





S-Check App: Track & Understand Methamphetamine Use

A new app called S-Check has launched to help people track their methamphetamine use and understand how it's affecting their health and wellbeing. The free smartphone tool lets users:

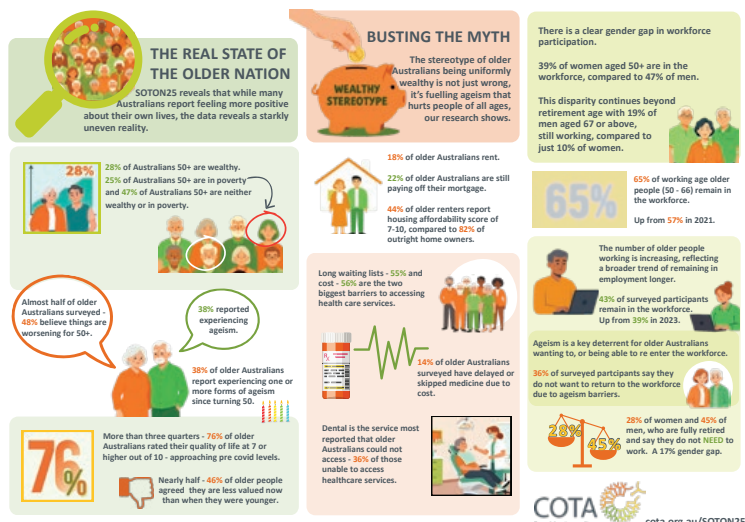
- Log their use over time (including mood and sleep)
- Complete self-assessments across psychological, physical, social and cognitive health
- Receive tailored tips and links to support services based on their responses

Developed by researchers from the National Centre for Clinical Research on Emerging Drugs and the Stimulant Treatment Program at St Vincent's Hospital Sydney, the app is designed to support people in reflecting on their use and encourage help-seeking earlier.

Get the app: Available for iOS and Android via the official S-Check website.



COTA: State Of The Older Nation (SOTON) 2025 Report



The Council on the Ageing (COTA) has released its State of the Older Nation 2025 report, providing a national snapshot of the challenges older Australians face as they age - particularly around access to health care, affordability and service availability.

The report shows that cost and long waiting lists are now the biggest barriers to health care, with long waits most pronounced outside major cities. One in four older Australians lives in poverty, with higher risk among renters, women, people with disability and those living in regional and remote areas. More than a third of older people seeking aged care report major difficulty accessing services, while 14% delayed or skipped medicines due to cost - rising to 23% among those experiencing poverty.

For rural and remote communities, these challenges are

magnified by distance, workforce shortages and thinner service markets. Limited access to health professionals, fewer aged care providers and higher out-of-pocket costs mean older people outside cities often face longer delays and fewer choices.

The report also highlights ongoing social isolation and loneliness among older Australians, particularly where access to services, transport and digital support is limited.

As Australia's population ages, the findings reinforce the importance of designing health, aged care and community services that work for people regardless of postcode.

Equitable access to timely, affordable care close to home must remain a national priority.

The full report can be accessed via the following link: [State of the Older Nation \(SOTON\) 2025 Report](https://www.cota.org.au/SOTON25)



Updated Alcohol, Drug and Mental Health Support Resources

The Mental Health Commission has refreshed its promotional resources for Alcohol, Drug and Mental Health Support Services (ADMHSS).

Community organisations can order **free posters, flyers and brochures** to promote:

- Alcohol and Drug Support Line
- Parent and Family Support Line
- Here For You

These resources are suitable for workplaces, schools, community centres and events.

To order: Visit [Promotional Resources | ADMHSS](#)



Free Evidence-Based Webinars Available

The Matilda Centre has launched a series of free, evidence-based webinars focusing on co-occurring alcohol and other drug (AOD) and mental health issues. These webinars are designed to build skills and understanding for health and community workers, clinicians and anyone interested in evidence-informed practice.

Topics include:

- Anxiety and alcohol use

- Psychosis and substance use
- Trauma-informed care in AOD settings
- Neurodiversity and substance use
- Motivational interviewing and other clinical skills

The full list of on-demand webinars can be accessed anytime online, and new live sessions are regularly added.

Learn more & register: Visit the Comorbidity Guidelines webinar library here: [Comorbidity Guidelines Webinars](#)

COMORBIDITY GUIDELINES

<p>62 MINS</p> <p>Anxiety and alcohol use: what clinicians need to know</p>	<p>60 MINS</p> <p>Psychosis and substance use: what clinicians need to know</p>	<p>60 MINS</p> <p>Implementing evidence-based practices: what AOD managers and workers need to know</p>	<p>85 MINS</p> <p>Motivational Interviewing: guiding clients to make beneficial changes</p>
<p>62 MINS</p> <p>Building comorbidity capacity in AOD services: what works?</p>	<p>60 MINS</p> <p>Shared decision making in mental health treatment: what clinicians need to know</p>	<p>62 MINS</p> <p>Multiple health behaviour change: perspectives from the field</p>	<p>60 MINS</p> <p>Trauma-informed care in AOD settings: what clinicians need to know</p>



Welcome to Narrogin Event



In February, Holyoake's Wheatbelt Prevention Team attended the 'Welcome to Narrogin' event hosting over 70 stallholders, activities and food. The event provided

an opportunity for new and existing residents to connect with local services, community groups, sporting clubs, and education providers, showcasing the wide range of opportunities available in the region.

The Wheatbelt Prevention Team had a great time engaging with stakeholders and community members, sharing information on Holyoake's services available to the community.

"Back to YOUR Future" Program a Success in Northam

The "Back to YOUR Future" program returned to Northam in January, with the Northam Local Drug Action Team (LDAT) coordinating a series of activities in the lead-up to the new school year. The program was designed to provide safe, healthy and supportive opportunities for young people, helping to strengthen social connection and ease the transition back to school.

Across the month, activities included:

- Cooking classes
- Pilates sessions
- A parent information session
- Pool party

- Movie day
- The annual Back to School event

More than 100 young people took part across the activities, with families and friends, creating positive spaces for connection and community involvement. The Northam LDAT hopes the program has been beneficial for local young people and looks forward to continuing this important work. Planning is already underway for the Annual Year 6 Health, Wellbeing and Resiliency Forums, scheduled to commence in June 2026, pending funding support.



Wow factor for Wagin Woolorama – 6 - 7 March

Across the two days of the Wagin Woolorama, 6 - 7 March, Holyoake's Prevention team had many conversations with community members and enjoyed catching up with a range of stakeholders from various industries who attend the event each year.

Located in the Lifestyle Pavilion at sites 323 and 324, the Holyoake stall featured a range of alcohol and other drug (AOD), mental health, and suicide prevention resources and merchandise. Event goers were

treated to an exclusive as Jo Drayton, Specialist Training Coordinator, showcases the new Community Wellbeing Program, aimed specifically to Woolorama individuals and communities to build skills and capacity as part of the Sheep Industry Transition Assistance Package. The opportunity couldn't be more perfect to highlight the training opportunities available during the event.

With temperatures reaching the high 30s, it was a very hot couple of days, but invaluable to Holyoake to engage

with the community and share information about the supports and programs available to promote health, safety, wellbeing, and connection.





	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
JANUARY	1			2			
	3			4			
	5			6			
	8			9			
	10			11			
	12			13			
	15			16			
FEBRUARY	1			2			
	3			4			
	5			6			
	7			8			
	9			10			
	11			12			
	13			14			
MARCH	1			2			
	3			4			
	5			6			
	7			8			
	9			10			
	11			12			
	13			14			
APRIL	1			2			
	3			4			
	5			6			
	7			8			
	9			10			
	11			12			
	13			14			
MAY	1			2			
	3			4			
	5			6			
	7			8			
	9			10			
	11			12			
	13			14			
JUNE	1			2			
	3			4			
	5			6			
	7			8			
	9			10			
	11			12			
	13			14			

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AWARENESS DAY:							
DATE:							
Febfast			21	22	23	24	25
International Family Drug Support Day					30	31	
International Women's Day					8	9	10
National Day of Women Living with HIV					9	10	11
Harmony Week					16 - 22	23	24
National Drug & Alcohol Facts Week					17 - 23	24	25
National Close the Gap Day					19	20	21
International Day of Happiness					20	21	22
Neighbour Every Day					29	30	31
World Bipolar Day					30	31	
Rail R U OK? Day					23	24	25
World Health Day					7	8	9
WA Youth Week					10 - 16	17	18
World Day for Safety & Health at Work					28	29	30
Pay it Forward Day					28	29	30
International Day Against Homophobia, Biphobia and Transphobia					17	18	19
Australia's Biggest Morning Tea					21	22	23
World Schizophrenia Awareness Day					24	25	26
National Sorry Day					26	27	28
National Reconciliation Week					27	28	29
Wear White to Work Day					29	30	31
World No Tobacco Day					31		
Pride Month					June		
Men's Health Week					15 - 21	22	23
World Drug Day					26	27	28

events & awareness dates

contd...



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
JULY			1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	AWARENESS DAY:			DATE:		
	27	Dry July			July		
		NAIDOC Week			5 - 12 July 2026		
		World Hepatitis Day			28 July 2026		
AUGUST				6	7	12 August 2026	9
				13	14	17 - 21 August 2026	16
				20	21	20 August 2026	23
				27	28	TBA	30
						7 - 11 September 2026	
				3	4	9 September 2026	15
SEPTEMBER				11	18	10 September 2026	
				17	25	10 September 2026	
				24	30	2 October 2026	
				1	2	TBA	4
				8	9	10 October 2026	11
OCTOBER				15	16	TBA	17
				22	23	November	25
				29	30	19 November 2026	
						3 December 2026	
NOVEMBER				5	6	10 December 2026	
				12	13		15
				19	20		22
DECEMBER				26	27		29

SAVE THE DATE:
WA Mental Health Conference 2026

Join us at WA's flagship mental health conference
18-19 August 2026 | Pan Pacific Perth

REGISTER NOW

The theme of the 2026 WA Mental Health Conference is **Towards wellbeing: Taking control in the face of change**. This theme will be examined right across the lifespan, by exploring several different contexts, which covered by the following streams.

1. INDIVIDUALS & FAMILIES

Individual control and resilience in the face of uncertainty

2. CARERS & WORKERS

Supporting resilient, healthy communities

3. ORGANISATIONS & WORKPLACES

Taking control of our wellbeing at work and leading resilient organisations

4. POLICIES & SYSTEMS

Advocating for policies and systems that sustain wellbeing

er from challenges and chart a course for the future.

More info: [WA Mental Health Conference Landing Page](#)

Gidget Foundation Australia: Free perinatal mental health training for workers



Gidget Foundation Australia offers an online introduction to perinatal mental health concerns, covering risk factors and principles of safe, person-centred care. What does this course cover?

- **Introduction to perinatal mental health**
Understand the definition and the factors that impact perinatal mental health
- **Common perinatal mental health conditions**
Learn the 'who, what, when, why and how' of common perinatal mental health conditions
- **Perinatal mental health considerations for different groups**

Understand how and why perinatal mental health challenges can be exacerbated for particular groups

Further information can be accessed via: [HP101 - Perinatal Mental Health Overview](#)

HealthInfoNet: New resources for First Nations LGBTQIA+SB communities

The Australian Indigenous HealthInfoNet has launched a new collection of 180+ resources supporting culturally safe care, mental health, and wellbeing for Aboriginal and Torres Strait Islander people who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual, as well as sisters and brotherboys.

Resources can be accessed via the following link: [HealthInfoNet - LGBTQIA+SB](#)

Rail R U OK? - 23 April 2026

We all go through life's ups and downs. Often, the best people to spot the signs someone might be struggling, are the people closest to them.

That's why the R U OK? message is so effective in the workplace. It's the subtle changes in someone's behaviour that can indicate they might be going through a difficult time.

Rail R U OK? is a movement that aims to empower rail workers to identify the signs that someone might not be OK and offer guidance on how to support them, any day of the year.

Rail R U OK? is a collaboration between TrackSAFE and R U OK?

[How to ask R U OK?: A practical guide for the rail industry](#)

Additional resources can be accessed via: [Rail R U OK?](#)





National Suicide Prevention Conference 2026

Hosted by Suicide Prevention Australia, this year's National Suicide Prevention Conference will be held 28 - 30 April 2026 at the International Convention Centre in Sydney. NSPC26 provides a powerful platform for advancing best practice and driving collective action. The conference brings together the brightest minds and the latest research and innovations to help save more lives. This year's conference theme is **United Voices, Brighter Futures** to inspire authentic collaboration, courageous conversations and lasting change.

Keynote speakers include:

- **Dr Dan Reidenberg**
Managing Director of the National Council for Suicide Prevention, Co-Chair, IASP Media and Suicide Task Force, and Chair, American Psychotherapy Association Advisory Board.
- **Professor Sarah Hetrick**
Professor of Youth Mental Health in Department of Psychological Medicine and Co-Director of Te Ata Hāpara Suicide Prevention Research Centre, University of Auckland.
- **Professor Paul Yip**
Professor, Chair of Population Health and Director of HKJC Centre for Suicide Research and Prevention, The University of Hong Kong.
- **Professor Ian Hickie AO**
Professor of Psychiatry and Co-Director of Health and Policy, Brain and Mind Centre, University of Sydney.

The program has been carefully curated to support knowledge sharing, reflection and collaboration across sectors and lived experience.

Program streams include:

- Lived Experience
- Training
- Policy
- Suicide Prevention Research Fund
- Populations at increased risk of suicide
- First Nations
- Digital
- Trauma

More information can be found via the SPA website: [National Suicide Prevention Conference 2026](#)

National Reconciliation Week: 2026 Theme Announced



The theme for 2026 National Reconciliation Week 27 - 3 June is **All In**, a call for all Australians to commit wholeheartedly to reconciliation every single day. **All In** makes clear that reconciliation is not a spectator sport and that all of us must step away from the sidelines and take action to make change. The theme also reminds us that reconciliation and advancing Aboriginal and Torres Strait Islander peoples' rights isn't a passive activity, and it is not solely the responsibility of First Nations people, who have carried the weight of championing, explaining and acting for far too long.

Reconciliation will not happen by itself, and it will not happen without all of us.

More information and resources can be accessed via the following link: [National Reconciliation Week](#)

13YARN welcomes Federal funding to expand culturally safe crisis support for Aboriginal and Torres Strait Islander People

13YARN, the first national crisis support line for Aboriginal and Torres Strait Islander people who are feeling overwhelmed or having difficulty coping, will establish a new text message service thanks to a \$13.9 million investment from the Albanese Government. The service, which will complement the existing 24/7 line [13 92 76], will be developed in partnership under joint governance and leadership with Gayaa Dhuwi (Proud Spirit Australia), a founding partner of 13YARN, expanding access to culturally safe crisis support for Aboriginal and Torres Strait Islander people.

About 13YARN

13YARN offer a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter who can provide crisis support 24 hours a day, 7 days a week. 13YARN empowers our community with the opportunity to yarn without judgement and provide a culturally safe space to speak about their needs, worries or concerns. Gayaa Dhuwi, the national peak body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention, is a founding partner of 13YARN.



SAVE THE DATE: APSAD Conference 2026



Storytelling Shapes Us: Community, Clinical, Research, Healing
Esplanade Hotel Fremantle by Rydges, Walyalup,
on the lands of the Whadjuk Noongar people, WA, Australia
8-11 November 2026

The Australasian Professional Society on Alcohol and other Drugs (APSAD) is holding its 2026 annual conference, bringing together professionals, researchers, community leaders and people with lived experience from across Australia and beyond. The event is centred around the theme "Storytelling Shapes Us: Community, Clinical, Research, Healing."

Dates: 8-11 November 2026

Venue: Esplanade Hotel Walyalup, Fremantle, Western Australia (on Whadjuk Noongar country)

This major conference in the alcohol and other drugs sector offers opportunities to:

- Share new research and practice insights

- Learn from experts and peers
- Build connections across sectors
- Explore clinical, community and policy approaches

Important dates:

- Abstract submissions open: March 2026
- Registration opens: March 2026
- Abstract deadline: 27 April 2026

Whether you work in prevention, treatment, research or community services, APSAD 2026 is an important chance to engage with the latest developments in the field.

To find out more: <https://www.apsadconference.com.au/>

SAVE THE DATE: Preventive Health Conference 2026



Preventive Health Conference 2026
'Sustaining Prevention'

Tuesday 5 to Thursday 7 May 2026

Hotel Grand Chancellor Hobart, Nipaluna Country/Hobart, Tasmania

The Preventive Health Conference 2026 will bring together public health professionals, researchers, policy makers and community leaders from across Australia to explore how prevention can be strengthened and sustained into the future. Hosted by the Public Health Association of Australia, the conference runs from 5-7 May 2026 in Hobart (also accessible online via a live Plenary Hub).

Under the theme "Sustaining Prevention", delegates will discuss how to embed long-term prevention systems in health and other sectors, share ideas and evidence, and build collaborations that help communities stay healthier for longer. Topics include building sustainable systems, translating evidence into action, leveraging technology and addressing commercial determinants of health.

YIRRA KOORL

looking forward

support services

Emergency: 000

Alcohol & Drug Support Line:

1800 198 024 (24 hours)

Parent & Family Drug Support Line:

1800 653 203 (24 hours)

Rural Link: 1800 552 002 (24 hours)

Mental Health Emergency

Response Line: 1300 555 788

www.mentalhealth.wa.gov.au

QLife: 1800 184 527 (24 hours)

www.qlife.org.au

Suicide Call Back Line: 1300 659 467

www.suicidcallbackservice.org.au

LifeLine: 13 11 14 (24 hours)

www.lifelinewa.org.au

Text Service: 0477 13 11 14

Grief, Loss & Separation

Free Counselling – 9261 4444

Beyond Blue: 1300 224 636

www.beyondblue.org.au

Kids Helpline: 1800 551 800 (24 hours)

www.kidshelpline.com.au

Headspace (9am – 1am EST):

1800 650 890

www.headspace.org.au

Samaritans Crisis Line: 135 247

The Salvation Army: 1300 363 622

Reachout: www.reachout.com

Crisis Care (Child Protection

& Family Support): 1800 199 008

Mensline: 1300 789 978 (24 hours)

www.mensline.org.au

Grief Line (midday - 3am EST):

1300 845 745 www.griefline.org.au

National Alcohol and

Other Drug Hotline: 1800 250 015

PANDA

(Perinatal Anxiety & Depression

Australia National Helpline:

1300 726 306

Mon-Fri – 9.00am - 7.30pm (AEST)

www.panda.org.au

SANE Helpline: 1800 18 SANE (7263)

www.sane.org

Elder Abuse Helpline WA:

1300 724 679

Narrogin & Upper Great Southern

Domestic Violence Helpline:

1800 007 570

Wheatbelt Domestic Violence

Helpline: 1800 353 122

Women's Domestic Violence

Helpline: 1800 007 339

Men's Domestic Violence Helpline:

1800 000 599

Meth Helpline: 1800 874 878 (24 hours)

1800 RESPECT:

1800 737 732 (24 hours)

www.1800respect.org.au

Suicide Bereavement Service:

0474 076 849

Sexual Assault Referral Centre:

1800 199 888

HealthDirect: 1800 022 222

www.healthdirect.gov.au

WACHS Wheatbelt Mental Health

Service: 9621 0999

Butterfly Foundation: 1800 334 673

(Eating Disorders & Body Image)

www.butterfly.org.au

Gambling Help: 1800 858 858

Here for You Helpline: 1800 437 348

13 YARN: 13 92 76 (24 hours)

www.13yarn.org.au

HOLYOAKE

Whenever you're ready.

subscription, queries and submission information

Northam: 9621 1055

Victoria Park: 9416 4444

Narrogin: 9621 1055

Midland: 9274 7055

Merredin: 9621 1055

Freecall: 1800 447 172

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