

newsletter

August 2005

Welcome to the fourth newsletter of INTERCAMHS. In this issue you will find:

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INTERCAMHS and the role of Education Development Center, Inc (EDC)

Thank you to Mark Weist and the University of Maryland for the enormous amount of work and resources they have contributed towards the establishment of INTERCAMHS. In order for INTERCAMHS to become an independent global organization, the INTERCAMHS Board and Professor Weist have asked Education Development Center, Inc. (EDC) to become Secretariat of the Alliance.

EDC (<http://www.edc.org>) is an international, non-profit organization in Newton, Massachusetts. EDC's division of Health and Human Development Programs (HHD) promotes healthy behaviours and environments where people

live, learn, and work. HHD/EDC is involved in many projects in mental health promotion and prevention of disorders for young people and their families (<http://www.hhd.org>). Since 1997, HHD/EDC has been a WHO Collaborating Centre to Promote Health through Schools and Communities.

In its new role as Secretariat, HHD/EDC is working with INTERCAMHS to administer a member survey, expand membership, and carry out its strategic aims. One of our flagship efforts is to seek funding for a multi-country study of the use of the World Health Organization's PsychoSocial Environment Profile to assess school climate:

http://www.who.int/school_youth_health/media/en/sch_childfriendly_03.pdf

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Update on Membership Survey

In March, 2005 Intercamhs began to conduct a member survey to enable the Advisory Board to enhance the role that members can play in advancing the [eight strategic aims of Intercamhs](http://www.intercamhs.org/html/vision.html) (<http://www.intercamhs.org/html/vision.html>) and to enable members to connect with others around the world who have similar interests. Survey responses will become part of a searchable database online for all members to use. The survey results will provide information about members'

backgrounds, experiences, areas of interest, and suggestions of services that Intercamhs can offer. We envision members using the database to link with each other—making key connections to strengthen all of our efforts to promote the mental health of children and adolescents.

Of the 240 members who have completed the survey to date, close to 60% of survey respondents' work in schools. Other settings where members work include NGO's, colleges and universities, government agencies, and health centers and hospitals. According to respondents,

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the major problem that members face in their daily work is lack of funding. Other issues identified include: lack of understanding of the link between mental health and academic outcomes; and fragmentation of services. Members come from more than 30 countries including Australia, England, Ghana, Iceland, Jamaica, U.S., and Vietnam. To see more preliminary survey, please access the following URL:

http://intercamhs.edc.org/member_survey_preliminary_results.pdf

To complete the survey online, access the following URL, answer all the questions and click on the "submit survey" button at the bottom of the survey:

<http://surveys.edc.org/surveys/hhd/intercamhs.htm>

To receive a paper copy of the survey, please e-mail your request to intercamhs@edc.org

Intercamhs and GCAPP

Intercamhs and EDC have both become member organizations of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health (GCAPP

<http://www.gcappmentalhealth.org> .

GCAPP's mission is:

To serve as a catalyst, creating synergy across international organizations and borders to expand the capacity for developing, disseminating and implementing culturally tailored, effective interventions; to expand the knowledge base; and to facilitate advocacy and recognition, policy; delivery systems, training; and resources for mental health promotion and mental disorder prevention worldwide.

The GCAPP is an outgrowth and evolution of the Biennial Conference Committee (BCC)

which began in 1998 as a collaboration of the World

Federation for Mental Health, The Clifford Beers

Foundation and The Carter Center Mental Health Program for the purpose of organizing and convening the Biennial World Conference on

Promotion of Mental Health and Prevention of Mental and Behavioural Disorders. A group of invited organizations met at Dublin Castle,

Ireland, on 19 April 2005 to review

organizational aspects of the new Consortium and to examine areas for possible collaboration in the period leading up to the Fourth

International Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Problems (Norway, October 2006),

and continuing toward the next conference in 2008. Various topics were discussed, including work related to mental health promotion for

children; suicide prevention; and making collaborative projects relevant to lower income countries. On the following day the

representatives signed a letter of general support for the Consortium's goals during the opening session of a UK-Ireland mental health

promotion conference. For more information please visit:

<http://www.gcappmentalhealth.org/Home.asp>

Intercamhs looks forward to working with GCAPP to promote mental health and to decrease the incidence of mental health problems worldwide.



GCAPP members at the UK-Ireland mental health promotion conference (left to right): Maurice Mittelmark (IUHPE); Sadanand Rajkumar (WPA Prevention Section); Mark Weist (INTERCAMHS); Lyn Walker (VicHealth); Michael Murray (Clifford Beers Foundation); Thom Bornemann (Carter Center Mental Health Program); Beverly Long (WFMH); Clemens Hosman (Clifford Beers Foundation); L. Patt Franciosi (WFMH); Cheryl Vince Whitman (EDC).

Summary from Intercamhs Advisory Board meeting in Dublin, Ireland

The Intercamhs Advisory Board held a meeting in Dublin, Ireland on April 18, 2005, preceding the "Mental Health Promotion-Going from Strength to Strength Conference" hosted by The Clifford Beers Foundation (April 20th to 22nd in Dublin, Ireland <http://www.charity.demon.co.uk/dublin>). Twelve Intercamhs members (including 8 board members) presented papers and one member had a poster presentation at this conference.

Abstracts Of Presentations By Intercamhs Members

"Integrating Aspects of Education and Mental Health to Promote Healthy Development and Academic Success"

Jennifer Axelrod, Collaborative for Academic, Social, and Emotional Learning (Poster Session)

The integration of the fields of mental health and education while making intuitive sense frequently has been problematic both at the training and practice levels. Barriers to collaboration include:

- pre-service training expectations and credentialing requirements
- time
- professional jargon
- mental health services that are linked to but not located within schools
- perception that mental health and education are distinctly different fields.

In 2002, the Center for School Mental Health Assistance at the University of Maryland, Department of Psychiatry sponsored a Critical Issues Planning Session on the topic of **Bridging the Gap between Mental Health and Education: Developing an Effective Framework for the Translation of Mental Health into the Pre-K through Grade Twelve Classroom**. The focus of this meeting was on increasing understanding of the mental health training needs of teachers toward the development of recommendations and action steps to improve their preparation to address the full range of mental health and psychosocial issues routinely encountered in the classroom.

The meeting included educators with diverse backgrounds and levels of experience, faculty involved in training teachers in departments of education, school administrators at the district

and building levels, child and adolescent mental health representatives, government officials, family members, and advocates.

The discussion at the meeting highlighted the pressing need for reform in the training of and on-going supports for both mental health providers and educators.

As a result of the meeting, the **Mental Health Education Integration Consortium (MHEDIC)** was established. The members of MHEDIC work to promote the integration of the fields while improving the standards of practice within each field through an emphasis on assessment and the utilization of evidence-based strategies. This poster addressed the barriers to integration identified by MHEDIC and presented information on initiatives that promote the integration of the fields of mental health and education. Furthermore, the poster highlighted models of effective integration of mental health and education in schools and at the university level. The authors now plan to explore next steps for the field and future directions for research.

Authors: Jennifer Axelrod, Bob Burke, Joanne Cashman, Jim Koller, Ed Morris, Carl Paternite, Kay Rietz, Mark Weist

"Strengthening Young Children through School-Based Mental Health Promotion"

Chris Bale, Partnership for Children, Kingston upon Thames, Surrey (Presentation)

There is growing awareness of the key role that mental health promotion can play in developing

and strengthening children and school communities. Initiatives such as the European Network for Health Promoting Schools and the International Alliance for Child and Adolescent Mental Health and Schools (Intercamhs) are helping to change attitudes. **Yet many teachers complain about a lack of comprehensive and well-evaluated resources.**

Zippy's Friends is a school-based programme for six and seven year olds, managed by Partnership for Children, a UK-based charity. It teaches young children how to better cope with everyday adversities, and includes sessions on bullying and dealing with change and loss. It also includes training for teachers, and encourages the involvement of parents.

The principles and policies that underpin the programme were introduced. Extensive international evaluation has demonstrated that, compared to children in control groups, children in the programme show improvement in their abilities to cope with adversities, increases in co-operation, self control, assertiveness and empathy, and decreases in problem behaviours such as hyperactivity and externalising. These benefits apply equally to boys and girls and endure after the programme is completed. The key findings of the evaluation were presented.

Zippy's Friends is unusual in having been designed from the outset to be international, suitable for use with children of different abilities and cultures. More than 31,000 children have

already participated in the programme. It is now running in nine countries, including the UK, and will be launched in Ireland in September 2005.

The presentation explained how the programme is managed by local partner agencies, and how schools can apply to join. The training course for teachers was introduced, and sets of the teaching materials were available for inspection. The presentation reviewed the practical issues involved in delivering a programme in different countries, looked at the issue of cultural appropriateness, and demonstrated how different stakeholders (governments, educationalists, mental health professionals, teachers and parents) are all involved in its successful delivery.

"A Strategic and Shared Agenda to Advance Mental Health in Schools through Family and System Partnerships"

Joanne M. Cashman, The IDEA Partnership, National Association of State Directors of Special Education, Alexandria, VA, USA (Presentation)

The paper is grounded in the U.S. data describing the gap between young people who need and young people who received mental health care. **The fact that need far outstrips available resources underscores the importance of developing a shared agenda across child serving systems.**

The shared agenda makes goals explicit and brings together decision makers, practitioners and consumers to bridge the ideological and technical barriers that keep them from sharing information, resources, and accountability for outcomes.

The importance of a coordinated public health approach emphasizing broad systems enhancement, early intervention, and more intensive programs and services is emphasized. Recommendations for strategic action at local, state and national levels are presented. Approaches to meeting the mental health needs of children and adolescents are governed, in part, by the philosophical grounding and organizational structures of the multiple agencies that are charged to meet them. Without a common vocabulary and a shared agenda, these approaches develop in ways that are often separate and uninformed by each other's efforts. In 2000, these understandings prompted an initiative sponsored by the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Directors of Special Education (NASDSE) designed to stimulate cross-system dialogue between groups that exert significant influence on the services to school aged children, young people with social and emotional disturbance and their families.

With support from the IDEA Partnership, a community of 55 national organizations gathered a group of researchers, technical assistance providers, administrators, practitioners, advocacy organizations and family members to discuss ways to better join systems of education and mental health to better meet the needs of young people and families. Over 40 individuals in key roles at the federal, state, local and family level met to frame a paper that

could spawn national dialogue and help policymakers envision a shared agenda that could enable new cross-system collaboration.

Based on the recommendation in the paper, the IDEA Partnership offered small 'seed grants' to states to pursue cross-system collaboration. Nine state grants were awarded and became demonstration sites that continue to showcase the potential for improving policy and practice through expanded participation and shared vision of success.

"The Sustainability of Mentally Healthy Schools Initiatives: insights from the experiences of a coeducational secondary school in Aotearoa/New Zealand"

Pauline Dickinson, PhD Research Fellow, University of Auckland, New Zealand (Presentation)

Developing mental health promotion and education approaches requires innovation, partnerships, collaboration, and above all passion and commitment to the healthy development of young people. This presentation, based on the story of one urban secondary school in Aotearoa/New Zealand, provided background information on the Mentally Healthy Schools initiative and an overview of a range of approaches implemented to promote, educate, and support the mental health of students and staff. **The paper concluded by highlighting the key features that appear to be critical in the sustainability of school-based initiatives to promote the mental health of children and young people.**

"Omsorg (Dealing with Bereavement) - working with children and implementation of action plans towards children in loss and grief at all Danish schools"

Jes Dige & Per Boge, Danish Cancer Society, Denmark (Presentation)

There are 1.1 million children (year 0 - 18) in Denmark
Every year more than 4,000 of these children experience the loss of a parent.
Every year c. 700 Danish children die. Every year c. 4,100 Danish children learn that their mother or father has cancer

Since 1992 the Danish Cancer Society counseling office in Aalborg has run several training-groups for children between 5 and 18 years who have lost a parent from death or have a very sick parent. In the same period, they have had a group for cancer-sick children between the ages of 13 and 18 years, and a group for the siblings of the cancer-sick children ages 13-18.

Since 1999 the Danish TV2 has broadcasted five documentary programs from the training-groups in Aalborg, and ever since the first programme was launched, there has been a major focus on the need for responsible adult help to children in loss and grief. **The experience from the groups clearly shows that the children attending the groups, in many ways find help to cope with the problems connected to loss and grief, such as: loneliness, fear, guilt, sadness, isolation, vulnerability, suicidal thoughts and school trouble.** In 2004 the Danish

Cancer Society launched a DVD and a Training book, teaching social workers and psychologists how to start a training-group and how to work with the children attending the group.

"Developing a comprehensive, healthy workplace"

Michael Murray, The Clifford Beers Foundation, Stafford (Presentation)

Although the past thirty years has undoubtedly seen significant workplace health improvements in respect of the physical and toxic hazards associated with work, the psychosocial demands of work have only recently received similar study and attention even though stress is recognized as increasingly important.

The most significant research on stress, health and performance has concentrated upon two paradigms:

i) Demand/Control Model

High Demand- Having too much to do, in too short a time, over a long period coupled with

Low Control- Not having enough influence over the way your job is done on a day to day basis and

ii) Effort/Reward Imbalance

High Effort- Having to expend too much energy over too long a period, coupled with

Low Reward- Not receiving adequate feedback on performance i.e. recognition for work well done

This research illustrates the empirically verified position that too much demand coupled with too little job control and too much effort coupled with too little reward are stressors complicit in the production of a range of differing types of injury

and illness. These range from the common cold to cancers and include a range of different injuries including back problems and repetitive strains.

It is also important to recognize that the research underpinning both models highlights that the amount of stress required to produce harmful outcomes is increasingly quantifiable and measurable and can be compared. When employees score at the high ends of the scales that measure these factors it has been found that the employees are more likely to suffer a wide range of adverse health outcomes such as cardiovascular disease, immune disorders, anxiety, and depression. For example:

- Significantly higher rates of anxiety, depression and demoralization
- Significantly higher levels of alcohol and prescription/over the counter drug use
- Significantly higher susceptibility to a wide range of infectious diseases

The presentation discussed this research and application.

"Strengthening Partnerships for School-Based Mental Health Programs and Services in the United States"

Carl Paternite & Mark Weist (Presentation)

This paper offered a "status report" and recommendations for strengthening partnerships for School-Based Mental Health (SBMH) programs and services in the United States. Critical research-to-practice service

delivery, training, and policy issues in the field of SBMH were addressed, incorporating lessons learned from the international SBMH community. The recommendations offered were an outgrowth of a commissioned report on SBMH Services being completed for the National Academies of Science Institute of Medicine by Weist, Paternite & Adelsheim (January, 2005).

Recent reports and U.S. federal initiatives have drawn attention to the importance of effective SBMH programs and services. Reports by the U.S. Surgeon General in 1999 and 2000 both highlighted the youth mental health crisis and the critical importance of school-based approaches in improved mental health care. Effective partnerships among researchers, families, providers and school personnel are essential ingredients for such an improvement (Knitzer, 1997, 2000). More recently, the final report of the President's New Freedom Commission on Mental Health (2003) highlighted unmet needs and barriers to care, including fragmentation and gaps in care for children and lack of a national priority for mental health and suicide prevention.

The commission's goals and recommendations all clearly support a conclusion that SBMH is key to the transformation of how mental health services are delivered to children. The growing focus on SBMH in the U.S. also has been prompted by increased attention to the mandates of the 2002 Elementary and Secondary Education Act (No Child Left Behind) and the Individuals with Disabilities Education Act (IDEA). SBMH is a new and tenuously

supported field, and needs were identified that fall into at least four domains:

- 1) Improved understanding of the components of SBMH services that are necessary for effectiveness and improved tracking of progress in SBMH at the national, state and local levels;
- 2) Enhanced public policy, advocacy and resource enhancement;
- 3) Enhanced cross-discipline communication, collaboration, and training; and
- 4) Increased attention to quality assessment and improvement and empirically supported practice.

"Expanded school mental health" (Weist, 1997) was recommended as a framework that incorporates key elements for success of SBMH programs and services. These elements include: a) a partnership between schools and community programs and agencies, building on services and activities already existing in schools, b) a commitment to a full continuum of mental health promotion, prevention, early intervention and treatment, and c) services for all youth, including those in general and special education in schools.

"Mind Matters: Mental Health Promotion Resource for Secondary Schools -Strategic Approach and First Results of a German-Swiss Pilot in 32 Schools"

Peter Paulus, University of Lueneburg, Germany (Presentation)

First of all, a systematic overview was presented over different types of strategies

of mental health promotion in and with schools. **It was shown that setting-based approaches are the most successful ones.** Examples of how they work and what their guiding principles are will be given.

"Mind Matters' an Australian resource for secondary schools was presented as an outstanding model of good practice in universal school mental health promotion. It addressed pupils, teachers and parents as well. It focused on teaching and learning, on school culture and community. Topics included (a) mapping and managing mental health in schools, (b) schoolbased response to preventing self-harm and suicide, (c) communication, (d) stress and coping, (e) bullying and harassment, (f) loss and grief and (g) working with diversity for well-being (www.curriculum.edc.au/mindmatters).

It was developed in the late nineties, disseminated to all Australian secondary schools and has been successfully evaluated since then. The whole package of 8 booklets has been translated and adopted for use in the German and Swiss school system (www.mindmatters-schule.de).

It is now piloted in 32 schools in Germany and Switzerland in a one year period. The design of the evaluation study and first results will be presented. Problems of transferring teaching material into another cultural context were also discussed.

Using the positive results as a starting point it was argued that a European version of that program would be a great step forward in raising

the quality in mental health promotion in and with schools in Europe. **But it should be extended and upgraded to a "MindMattersEurope (MME)" program.** MME is based on MindMatters but would integrate evidence based materials that have been developed in projects on school mental health promotion in the European countries. A lot of good resources exist but little is known about them and often cannot be used due to language problems. A package of peer reviewed and translated material would be of great help to take the next step in school mental health promotion: From models of good practice to practice of good models all over Europe!

"Peer support for migrant primary school children"

Fiona Pienaar, University of Auckland & Manukau Institute of Technology, New Zealand (Presentation)

This paper presented the findings from a study that investigated the experiences of both migrant and New Zealand national children at primary school level and ascertained the level of peer support they were experiencing.

The paper documents some of the events and situations that they find stressful as well as highlights some of the individual ways they assimilate into a multi-cultural environment. **In particular it examines the issues of friendships, cultural and language difficulties for both groups, and the presence of prejudice and stereotyping.** Additionally, the paper draws

attention to the children's perceptions of what interventions are needed to support their mental health. Finally, a case was presented for improved preparation and mental health support for both children and teachers as they adapt to today's multi-cultural classrooms and a program that was trialed in one primary school following the initial research will be discussed.

"Strengthening School Communities through Partnerships"

Louise Rowling, School of Policy and Practice, University of Sydney, Australia (Presentation)

Partnerships are essential for improving mental health in school communities, not only for sharing experiences but also for strengthening systems and building models of good practice and for sustaining action.

A mantra for action in the health field is Think globally Act locally. **For INTERCAMHS, a reversal of this statement to Think locally Act globally.** We come from diverse countries and perspectives. We have our own local knowledge, but we are endeavoring to pool that knowledge, share and synthesize it for global action. This necessitates partnerships.

Health sectors across the world have already strengthened their relationships with education systems and schools through the development of health promoting schools and the programme has been widely evaluated. This work needs to be built upon by the mental health sector.

For partnerships to be successful the differing priorities of systems and organizations need to be acknowledged and common goals established. Mental health professionals acting alone will not enhance learning or strengthen schools. There needs to be a sense of working for the sustainability of school based mental health not a sole focus on solving student problems. Sustainability must be considered at the beginning of interactions with schools. At the heart of sustainability is building the capacity and confidence in stakeholders, utilizing their different strengths and priorities and celebrating the diversity of perspectives, not operating solely to implement standard interventions. Part of this capacity building is learning how to collaborate. Learning the language of your partners is essential.

This can be achieved by developing a structure so that through our combined voices, we can influence political agenda. A challenge we all face is strengthening our capacity to hear the voices of those in less resourced countries. The presentation outlined steps in this process.

"Schools' Psycho-Social Environment: A New Tool from the World Health Organization for Assessment and Planning"

Cheryl Vince Whitman, Education Development Center, Newton, MA, USA (Presentation)

A growing body of research illustrates the very powerful connection between the psycho-social environment of a school and students' feelings of connectedness. Selected research studies

around the world have found that a positive school environment and students' connection to school does reduce risk behaviors and improve academic achievement. This paper presented a brief synthesis of the research on this important relationship. It then proceeded to describe a new diagnostic tool, "The Psycho-Social Environment (PSE) Profile," developed by the World Health

Organization's Technical Information Series on School Health. The purpose of the PSE Profile is to provide education personnel with data they can collect, discuss and use to:

- Raise awareness among school staff and others about the qualities of a school's psycho-social environment, with information to make positive changes;
- Examine periodically the social-emotional support perceived among sub-groups or in different types of schools;
- Monitor characteristics of the psycho-social environment and make structural changes to the way education is organized or practiced at the district or national levels;
- Monitor effects of changes that are introduced.

The PSE Profile provides a simple tool with survey questions to examine 7 "Quality Areas" concerning the degree to which a school:

- Provides a friendly, rewarding and supportive atmosphere;
- Supports cooperation and active learning;
- Forbids physical punishment and violence;
- Does not tolerate bullying and harassment;
- Values the development of creative activities
- Connects school and home life;
- Promotes equal opportunity and participation.

In conclusion, there is now consideration of how this tool will be used across countries and cultures to improve school climate for learning and

healthy student development and teacher satisfaction.

INTERCAMHS Regional Seminar at Australian Health Promotion Association Conference

Creating Supportive Environments

The 15th National Health Promotion Conference was held in Canberra, Australia from 13-16 March. This conference attracted approximately 500 delegates from around Australia and the SouthWest Pacific region.

A seminar hosted by INTERCAMHS during this conference was attended by approximately 40 delegates. **Associate Professor Louise Rowling**, President of INTERCAMHS, set the context for the workshop by providing a brief overview of INTERCAMHS, how and why it was established, its role, management structure and how people interested in child and adolescent mental health and schools could become members.

Louise encouraged delegates to consider the following issues for discussion:

- What are examples of successful practice and what can we learn from these?
- Are there some generic principles and processes that can be identified to guide exchange of programs and information?
- Is school based mental health research design and implementation culturally bound and therefore not amenable to wider dissemination?
- Does the concept of a 'model program' provide direction for future action?

Following the workshop overview, there were three brief presentations. **Vicky Kasunic**, SchoolLink Coordinator, Sydney South West

Area Health Service (Western Zone) focused on principles for action when creating a supportive environment for school-based mental health promotion. The second presentation by **Danielle Maloney**, President, Australian Health Promoting Schools Association described how creating a supportive environment for mental health interventions impacted on effectiveness of those interventions. **Professor Helen Christensen**, Director of the Centre for Mental Health Research at the Australian National University described how a web-based resource 'MoodGYM' created a wider supportive environment for mental health promotion.

The presentations stimulated a great deal of discussion and debate. The workshop concluded by identifying some generic principles that could guide action. The delegates overwhelmingly supported the principle of participation of young people in all phases of program design, delivery and evaluation. Other principles that were identified were the establishment of partnerships and ensuring programs link with existing structures to maximise sustainability. A lively discussion occurred on the innovative 'MoodGYM' the internet based program for depressed young people.

Upcoming Mental Health Conferences

European Congress: "From Parents to Children: The impact of parental mental illness on their children"
Athens, Greece, September 23-25, 2005

We still have to learn a great deal on how psychosocial deviance in children and adolescents does or does not develop as a result of parental illness. Early recognition and treatment of problem children is essential. What is the role of prevention and how can it be achieved? How can a healthy spouse, the quality of parenting or the family interaction influence the development or not of problems in the child? Can primary health care providers help by screening, educating, supporting and referring parents to mental health professionals?

<http://www.parentsonchildren.gr>

American Academy of Child and Adolescent Psychiatry (AACAP) and Council of the Academy of Child and Adolescent Psychiatry (CACAP)
Toronto, Canada
October 18-23, 2005

The AACAP Annual Meeting is the world's largest annual scientific and educational gathering of child and adolescent psychiatrists. Over 3,000 mental health professionals attend the conference each year, which features 175 scientific/educational sessions, 250 scientific poster presentations, and an 80-vendor exhibit hall.

The 10th Annual Conference on Advancing School-Based Mental Health
"Effective School Mental Health Practice: Building a Shared Agenda with Schools, Communities and Families"
Cleveland, Ohio, USA, October 27 - 29, 2005

In partnership of University of Maryland Center for School Mental Health Assistance, IDEA Partnership of the National Association of State Directors of Special Education, & Ohio Mental Health Network for School Success
http://csmha.umaryland.edu/annl_conf.html

Tenth International Health Summer School
School of Public Health Queensland University of Technology
Brisbane, Australia
November 21-25, 2005

The Tenth International Health Summer School will be held from 21-25 November 2005 at the School of Public Health, Queensland University of

For information on additional upcoming conferences, visit the Intercamhs website, conference section:

<http://www.intercamhs.org/html/conferences.htm>

Technology (QUT), Brisbane, Australia. The Summer School offers short courses, workshops and conferences on a range of important public health issues. **This year, Intercamhs Advisory Board member, Professor Katherine Weare of the University of Southampton, will provide the keynote address.** Her recent publications include 'Promoting Mental, Emotional and Social Health: A Whole School Approach' (Routledge), 'Developing the Emotionally Literate School' (Sage) and a report to the Department for Education and Skills on 'What Works in Promoting Children's Emotional and Social Competence'.

For more information

Visit our website - www.intercamhs.org - to find out more about Intercamhs.

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We need your feedback!!

Please let us know what you would like to see added or changed in future newsletters.

We welcome your ideas and feedback on how to make the newsletter more useful to

you and other members of Intercamhs.

Ideas should be emailed to intercamhs@edc.org

www.intercamhs.org

