

General

Overall, you have produced a clear and engaging discussion of the way in which a health program was designed and implemented to counter a particular health issue in the community. Your writing was fluent, and the language throughout was strong.

In terms of your conclusion, you might revise some of the phrasing to make this paragraph stand out more. Currently, you have described some of the key focuses of your analysis, but it sounds more like you are just listing the steps, which doesn't demonstrate your own analysis.

For example, for the first line, you might say – ‘The health promotion program Victory over Depression was developed as an alternative approach to respond to some of the issues surrounding mental health in rural areas.’ So to improve the conclusion, you might just provide more details in your sentences – rather than just saying that it was ‘developed for women suffering from depression’, you could be more descriptive; rather than saying that it was ‘a health promotion program’, you might emphasise what sort of program it was – was it a traditional approach to countering mental problems, or was it special, in that it involved collaboration among multiple groups/shareholders? So while the content in this paragraph is good, you might rephrase some sentences to make it more eye-catching.

Conclusion

A health promotion program called “victory over depression” was developed for women suffering from depression in rural areas. Use of health promotion planning cycle enabled a program to be created that can assist in improving the quality of life of women in rural areas. Based upon community assessment, it was decided to address depression to improve the quality of life of women in rural areas. The planning involved developing aim, objectives and different strategies. The plan was implemented and later evaluated. The aim of the program was achieved as the participants of the program reported of having reduced depressive symptoms and improved quality of life.

For a government act of legislation, you would normally place them in italics. For example, when you wrote: Domestic and Family Violence Protection Act 2012, it would be in italics instead.

Grammar/Punctuation

Something that you might look at to improve the fluency of your writing is the application of parallel verb structures. For example:

It is an ongoing cycle so it may also require **redesigning and reimplementation** of the program along with evaluation of action or outcome of the program (Talbot & Verrinder, 2013).

Parallel verb structures refer to the consistent conjugation of verbs on either side of a conjunction (and/or). If you use a structure for the initial verb that has the preposition 'to' before the verb, or if the verb is an 'ing' verb, you would make the following verb the same. So rather than 'redesigning and reimplementation', as above, you would need to change it so that both use 'ing' – 'it may also require that the program be redesigned and reimplemented'. Given that the use of 'ing' for the second verb wouldn't work very smoothly, you might need to alter the structure of the sentence entirely for better fluency.

Another point to consider would be to ensure all spellings are in Australian English rather than US, as this may be a requirement for your institution.

Referencing

Your in-text referencing is overwhelmingly strong! Each reference is completed correctly using the proper format and containing the right elements. One thing that you might look at is the position of the reference bracket in your sentences. This is not a major problem, but for example:

The program will offer free transport for the participants in order to increase the access and safety (Gottwald & Goodman-Brown, 2012) of the women

In this sentence, you have placed the reference in the middle of your writing. It is generally better to place this after a punctuation mark. In this sentence, what you say before the reference relates to the information after (of the women), so you might place it after this instead, which would make more sense in the context of the sentence.

Introduction

Domestic violence which refers to the act of violent behaviours used by one person in a relationship to control the other remains a profound problem in Australia (Parliament of Australia, 2011). [For a better structure, you might introduce the problem 'Domestic violence is still a problem...', and then define it in the following sentence. Otherwise, the opening line is too complicated] Victims of domestic violence may suffer physical, emotional or psychological harm which may further result in death (Parliament of Australia, 2011). The statistics of depression **is** [Check verb conjugation for plural] alarming and even more amongst the aboriginal women in rural areas.

According to the Domestic and Family Violence Protection Act 2012, domestic violence is a violation of human rights which should not be accepted in any community

(Department of Communities, Child Safety and Disability Services, 2016). This paper will develop a health promotion program using Health promotion planning cycle (Talbot & Verrinder, 2013) that can be delivered by a rural nurse to assist Aboriginal women who are suffering depression due to domestic violence.

Health promotion planning cycle

Health promotion planning cycle is a valuable planning model that provides a systematic method to develop a health promotion program (Talbot & Verrinder, 2013). The key aspects of the cycle are community assessment, designing a program, implementation of program and process evaluation (Talbot & Verrinder, 2013). It is an ongoing cycle so it may also require **redesigning and reimplementation** [Parallel verb structures] of the program along with evaluation of action or outcome of the program (Talbot & Verrinder, 2013).

Community assessment

Community assessment of people facing domestic violence revealed that majority of the victims are women who are abused mainly by their partners (Australia Bureau Statistics, 2014). Women who are the victims of domestic violence suffer from health issues like depression, post-traumatic stress disorder, drug and alcohol abuse and physical injuries. In 2009, depression was the major contributor to economic burden in Australia, [with] 18% of female depression being associated with domestic violence (Department of Social Services, 2012). The victims who reported domestic violence over three years from July 2011 to June 2014, 31% of victims experienced mental health issue[s], 13% stated that they experienced drug and alcohol use and 10% of victims experienced both (Australian Institute of Health and Welfare, 2014). [A word/phrase to link this with the previous information would help – ‘Further/while..’]

15.5% of people had domestic violence as their main issue to seek mental health assistance (Australian Institute of Health and Welfare, 2013). In the last 12 months it was observed that indigenous women are five times more likely to experience physical violence compared to non-indigenous women (Department of social service, 2015). Indigenous women and girls are 25 to 33 times more likely to be seek immediate medical attention due to domestic violence compared to other Australian women and girls (Department of social service, 2015).

Justification and rational

The mental health disorders affect **their** [For clarity, you might repeat who the subject is – ‘Mental health disorders will affect the everyday lives of women etc.’] everyday life which impacts their social determinants of health which delivers them with poor quality of life (Bewley & Welch, 2014). Indigenous women who live in rural areas are socially disadvantaged due to [Be more specific – ‘a lack’ or ‘the lack’] lack of health services, employment opportunities and social networks. Moreover, depression can affect their capability to build and continue relationships which further causes social isolation and limited social support (Bewley & Welch, 2014). Their ability to pursue goals may also be affected along with reduced capability to perform routine tasks due to confusion, disorientation and forgetfulness aroused from depression (Bewley & Welch, 2014). Also[,] the general practitioners deliver fewer mental health services per capita in rural areas. This alteration could signify completely untreated mental health problems or reduced follow-up consultations (Ellis & Philip 2010). Thus a health promotion program called “Victory over depression” will be developed to empower Aboriginal women who are suffering depression in rural areas.

Strengths and Weakness of the program

Table 1. Strengths and weakness

| Strengths | Weakness |
|--|--|
| <ul style="list-style-type: none"> • linked to community organization so that program can be referred to the clients by the organization • Morbidity and mortality rates will be reduced • Women will be empowered and supported to live improved quality of life • There will be an increase in awareness among the communities regarding the program to assist them with depression • The program will offer training courses to the volunteers who would like to participate in the programs. • Transport service will be provided to the participants. | <ul style="list-style-type: none"> • Difficulty in finding clients • Challenging to hire qualified and competent staff who would prefer to work in rural areas • The offered hours of the program may be inadequate for some clients, making it difficult to access the program. • Client’s safety may be compromised and [they] may be unwilling to participate due to fear of the perpetrator if suffering domestic violence • Conflicts may arise between stakeholders in regards to roles and responsibilities • Program may not have enough funds to process implementation • Planning in regards to cost may be inaccurate, making it hard to successfully implement. |

(Barraclough, Longman, & Barclay, 2015)

Designing a program

Goal and objectives

Table 2. Goal and objectives

| | |
|--------------------|--|
| Goal | The mission of the “Victory over depression” program is to improve quality of life of Aboriginal women suffering depression in rural areas of Australia. |
| Objective 1 | The program will be able to attract many women in rural areas to participate in the program to overcome depression. |
| Objective 2 | By week 1, client who have [Check wording here – refer to either ‘a client’ or ‘clients’] suffered domestic violence, will be assessed and |

| | |
|--------------------|---|
| | early intervention plan will be created (Dutton, James, Langhorne, & Kelley, 2015). |
| Objective 3 | By week 2, client will demonstrate understanding of the coping and self-management strategies with emotions related to depression (Dutton, James, Langhorne, & Kelley, 2015). |
| Objective 4 | A reduction in depressive symptoms will be reported by clients by week 3 after participating in the program (Dutton, James, Langhorne, & Kelley, 2015). |

Strategies for objective 1

The program requires **to** [Check wording mistake and flow of writing] a thorough planning. The **key stakeholders of the program are politicians, bureaucrats, health professionals and social workers.** [Why are they the key stakeholders? As they are the ones that are funding/designing the program?] The stakeholders need to appoint a project manager and make a plan of the project and identify the roles and responsibilities of every individual (Pervical, O'Donoghue, Lin, Tsey & Bailie, 2016). They will also require written permission from council (Pervical, O'Donoghue, Lin, Tsey & Bailie, 2016). The board of directors will be elected and they will build a plan of required resources and staff (Pervical, O'Donoghue, Lin, Tsey & Bailie, 2016). Policies and procedures will be **build** [Check verb conjugation/tense] which needs to be agreed by each stakeholder. The role of board of directors and politicians will include sending proposals for funding to different organizations and government (Fertman & Allensworth, 2010). After the fund[ing – Check for further missing suffixes throughout] is available, they will plan the budget of the program including the information regarding locations and the rent of the venue (Fertman & Allensworth, 2010). To increase the access to program the stakeholder's decision will be to provide free access to the program for the participants (Gottwald & Goodman-Brown, 2012). The human

resource team will hire staff like marketing manager, marketing assistants, nurses, general practitioner, psychiatrist, therapy assistants, technicians and cleaners. The marketing team will be responsible for attracting more women to access the program (Gottwald & Goodman-Brown, 2012). Their strategies will include developing an attractive slogan like “Increase awareness, fight depression” and getting it printed on hoardings, posters, staff t-shirts (Gottwald & Goodman-Brown, 2012). They will also create a brochure in order to promote the program which will have clear information about the program along with the date of commencement, address and timings (Gottwald & Goodman-Brown, 2012). The brochures will be distributed at community centers, clinics, churches and other organizations to attain people’s attention. An awareness program will be held at community centers to provide information (Gottwald & Goodman-Brown, 2012) regarding the program to gain victory over depression. Free lunch will be provided for the people who attend the awareness program. The program will offer free transport for the participants in order to increase the access and safety (Gottwald & Goodman-Brown, 2012) of the women. So the human resource team will need to arrange bus services with experienced drivers.

Strategies for objective 2

It includes assessment of the client’s condition on commencement and offering referrals. Correct diagnosis is required to intervene the conditions (Schueller, Kwasny, Dear, Titov, & Mohr, 2015). Thus tools like ‘Patient health questionnaire’ will be used to diagnose depression which has nine criteria and it classifies current symptoms of the client on scale zero to four (Schueller, Kwasny, Dear, Titov, & Mohr, 2015). The rational for using assessment tool is that the women in need of extra support or those who require in depth assessment will be identified early and appropriate referral options

will be offered (Schueller, Kwasny, Dear, Titov, & Mohr, 2015). Based upon the physical condition and the socioeconomic factors, the client should be referred to appropriate health professional (Schueller, Kwasny, Dear, Titov, & Mohr, 2015). If any sort of violence is present, the client can be referred to domestic violence center and housing department. This requires increasing partnership between appropriate stakeholders and the different organizations and related programs (Fertman & Allensworth, 2010). Board of directors will arrange meeting between the key stakeholders and different organization to increase the support and build a tie between them.

Strategies for objective 3

Clients will be offered counselling services and psychotherapy treatment sessions. Psychotherapy like cognitive behavior therapy (CBT) is highly recommended in management of depression for women suffering domestic violence (Tirado-Muñoz, Gilchrist, Farré, Hegarty, & Torrens, 2014). It requires a client to attend six to twenty sessions with the health professionals. This sessions are time limited and focuses on client's current problem (Bauer et al., 2013). Psychotherapy involves a learning process where the client is taught about the skills that help to overcome depressive symptoms. The session also emphasizes on the client education regarding depression (Bauer et al., 2013). This will further require resources like books and brochures. Nurse will need to monitor client with the use of resources provided to them and may also require assistance to understand the coping strategies (Renaud, Dobson, Drapeau, 2014). The option of interpreters should be offered to the clients whose first language is not English (Marino, 2015). Human resource team will need to hire interpreters for this service.

Strategies for objective 4

Client will be offered physical activity sessions. Physical activity will help to improve their sleep patterns (Erikson & Gard, 2011). It will also interrupt with the negative thoughts which make depression worse (Erikson & Gard, 2011). Literature suggests that exercise was moderately helpful in treating depression (Erikson & Gard, 2011). An experienced trainer with knowledge and skills will be required to conduct the physical activity sessions (Erikson & Gard, 2011). Non mental health based staff will require extra training regarding mental health conditions in order to increase awareness and knowledge in the provision of care (Pervical, O'Donoghue, Lin, Tsey & Bailie, 2016). Appropriate training session should be developed for the staff regarding mental health conditions which can be conducted by nurse however the content should be reviewed by the stakeholders (Pervical, O'Donoghue, Lin, Tsey & Bailie, 2016). Patient health questionnaire will be used again to compare scores and the client should be able to self-report reduction in depressive symptoms (Schueller, Kwasny, Dear, Titov, & Mohr, 2015).

Implementation

The plan of “Victory over depression” program is ready to be implemented. Table 3 describes the implementation process which includes the roles of each stakeholder involved in the program, their strategies to achieve their objectives and the time frame. Government and rural funding organization which is a nonprofit organization have accepted the proposal to sponsor the program “Victory over depression” and have provided total fund of one million Australian dollars. The estimated cost of program is described in table 4.

Table 3. Implementation of program “Victory over depression”.

| Intervention | Activities | Personnel | Time frame |
|---|---|---|------------|
| Meeting among stakeholders | <p>Identify roles and responsibilities</p> <p>Appoint project manager Elect board of directors</p> <p>Identify scope of program</p> | All stakeholders | 2 days |
| Develop program plan | <p>Develop program policies and procedures</p> <p>Apply for council permission</p> <p>Conduct research about the locations and the rent of venue</p> | Board of directors | 3 weeks |
| Find sponsorship | <p>Send proposals to government and other Organizations</p> | Board of directors and politicians | 2 weeks |
| Buy resources (government and rural funding organization offered sponsorship of total 1 million AUD) | <p>Plan the budget of the program</p> <p>Develop a list of resources required for the program For example, uniforms, books, electronic media, equipment for physical exercise, access to clean water, stationary, telephones, tea, coffee and similar.</p> <p>Offer job advertisement in media offering</p> | Project manager and human resource team | 5 days |

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|--|--|---------------------|---------|
| | good salary to attract people to work in rural areas. | | |
| Hire staff | Select experienced staff such as more nurses, Physiatrist, General Practitioner Therapy Assistants Language interpreter Cleaners Drivers | Human resource team | 2 weeks |
| Staff training | Provide mental health conditions training to non-mental health based staff | Nurses | 2 days |
| Social Marketing | Develop slogan “Increase awareness. Fight depression”. Print slogan on staff T shirts and posters Develop and print brochures and distribute them at community centers, churches and other rural organization Conduct awareness programs among rural population Provide free lunch to attract more audience. | Marketing team | 2 weeks |
| Increase partnership with different organizations | Arrange meetings of stakeholders and other organizations | Board of directors | 5 days |

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|--|---|----------------|--------|
| Transport arrangements for the staff and participants | Arrange a bus to pick up and drop off the participant safely. | Human Resource | 2 days |
|--|---|----------------|--------|

(Fertman & Allensworth, 2010)

Table 4. Estimated cost of the program

| Task | Estimated price | Estimated total cost of program | Hourly rate (if applicable) |
|---------------------------------|------------------------|--|--|
| Salary | | 550K | |
| Board of directors | 69,120 | | \$72 |
| Project manager | 67,200 | | \$70 |
| Human Resources | 59,520 | | \$62 |
| Marketing Manager | 62,400 | | \$65 |
| Marketing Assistants | 24,960 | | \$26 |
| General Practitioner | 51,840 | | \$54 |
| Psychiatrist | 67,200 | | \$70 |
| Nurses | 32,640 | | \$34 |
| Therapy assistants | 21,120 | | \$22 |
| Technicians | 19,200 | | \$20 |
| Cleaners | 22,080 | | \$23 |
| Bus drivers | 25,920 | | \$27 |
| Extra salary | 26,800 | | ("Australia Salary Survey - Average Salary in Australia PayScale", 2016) |
| Resources | 20,000 | 400K | |
| Uniforms | 10,000 | | |
| Books | 10,000 | | |
| Electronic media | 25,000 | | |
| Equipment for physical Exercise | | | |
| Access to clean water | 2,000 | | |
| Stationary | 5,000 | | |
| Telephones | 5,000 | | |
| Computer | 50,000 | | |
| Software | 2,000 | | |
| Networking | 3,000 | | |
| Tea, coffee | 1,000 | | |
| Electricity bills | 30,000 | | |
| Security | 15,000 | | |
| | 20,000 | | |

| | | | |
|--------------------------------|--------|-------------|--|
| Transport for participants | 50,000 | | |
| Transport for staff | 2,000 | | |
| Extra resource | | | |
| Marketing | | 50K | |
| Posters | 10,000 | | |
| Printing on T-shirts | 5,000 | | |
| Brochure printing | 5,000 | | |
| Brochure distributing | 5,000 | | |
| Awareness program arrangements | 10,000 | | |
| Venue | 5,000 | | |
| Lunch | 10,000 | | |
| Meetings | | 10K | |
| Arrangements | 5,000 | | |
| Venue | 5,000 | | |
| Total | | 900K | |

Evaluation

Process

Key stakeholders were identified for the program and upon meeting the board of directors were selected. [Revise order – ‘were selected upon..’] All the members were aware of their role and responsibilities. The human resource reported [Revise] that there were very low amount of job applications as people were least interested in working in rural areas. However they were successful in selecting appropriate worker for each designated role. The awareness program held in community center were attended by 50 people and among them five women participated in the program. Approximately 5,000 brochures were distributed to the people from different places. 55 women arrived to the program to participate after reading the brochure. Those women referred the program to other women in their family and so 15 other women joined the program later on. 10 women participated after reading the hoardings and posters in the areas. Thus total 85 women [Check phrasing – ‘a total of’ or ‘in total, 85...’] participated in the program.

More women may be attracted to participate if more awareness programs are held.

Participants were asked to provide feedback by filling a form which is described in table

3. [An article is needed for the word ‘majority’ – was it ‘the majority’ or was it ‘a majority’?] Majority of the participants described that the program was relevant and they were satisfied. However few participants found the timing were not very flexible. This program had paid attention to the smaller details like how will the participants will travel making the program accessible (Bartholomew, Fernandez, Gottlieb, Kok & Parcel, 2010). Resources and equipment were ready to use [Do you mean ‘to be used’?] as the technicians were hired to look after those details and troubleshoot the problems.

Table 3. Feedback questionnaire

| | Yes | No | Neither Yes nor No |
|--|-----|----|--------------------|
| Is the participant satisfied with the program? | | | |
| Does the participant feel comfortable in the environment? | | | |
| Do the participant feel listened to or understood | | | |
| Are the staff approachable and friendly? | | | |
| Was it easy to access to the program? | | | |
| Did the content in the brochure had clear timing, date of commencement and address of the program? | | | |
| Was the content of the program similar to the plan created in week 1? | | | |
| Did the participant require to make any adjustments? If no then specify _____ | | | |
| Was the content culturally appropriate? | | | |
| Was the participant offered an interpreter? | | | |
| Was the timing of the sessions appropriate? | | | |
| Were the resources of good quality? | | | |
| Did the participant feel the positive difference after attending the program? | | | |

(Fertman & Allensworth, 2010)

Impact

All objectives were met within the time frame (Bartholomew, Fernandez, Gottlieb, Kok & Parcel, 2010). The estimated cost plan was accurate (Bartholomew, Fernandez, Gottlieb, Kok & Parcel, 2010) and the program was successful in providing victory to women over depression. Women reported that the coping strategies were very beneficial in reducing the depressive thoughts. Women also reported they felt more confident after the completion of the program.

Outcome

The aim of the program was achieved after conducting a research on the women who participated in the program (Bartholomew, Fernandez, Gottlieb, Kok & Parcel, 2010). The aim of conducting **follow up** [Clarify phrase – was there a ‘follow up study’? If so, state this here for clarity] was to ensure the long term effects of the program on the participants. All the participants were followed up and a short survey was carried on how they felt (Bartholomew, Fernandez, Gottlieb, Kok & Parcel, 2010). [Article needed here] Majority of the participants reported of having improved quality of life as they have built up self confidence in themselves. The participants referred the program “victory over depression” among their community to raise awareness regarding the benefits of joining the program.

Conclusion

A health promotion program called “victory over depression” was developed for women suffering from depression in rural areas. Use of health promotion planning cycle enabled a program to be created that can assist in improving the quality of life of women in rural areas. Based upon community assessment, it was decided to address depression to improve the quality of life of women in rural areas. The planning involved

developing aim, objectives and different strategies. The plan was implemented and later evaluated. The aim of the program was achieved as the participants of the program reported of having reduced depressive symptoms and improved quality of life.

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