

Editorial

I have spent the last few days interviewing people with enduring mental illness in rural Victoria. Listening to stories of inequity, isolation and stigma has been hard and emotionally exhausting. An amazingly resilient woman told me she had called a service in desperation about 18 months ago and was promised someone would call her back. She is still waiting. Her attitude, that there is always someone worse off and that she just needed to get on with life, was inspiring. Melanie Harris and coauthors write of the disconnect between services, interventions, and care for people with mental illness. Their work on change-management models and tools to support practice-change in community mental health was interesting after the last few days.

The people I spoke with last week were in very small towns or out on farms. They talked about how much they depended on friends within the community to keep them well. This resonated strongly as I read the article by Cheng *et al.* about the importance of community engagement for refugees from Afghanistan. Promoting community engagement is a feature of health policy in most countries, but how this is enacted at a grass-roots level remains challenging.

Continuing the theme of mental health, Enticott *et al.* challenge understandings of mental health issues among people from refugee groups. Their work reinforces the importance of robust methods of interpreting data. In a systematic review, Bellamy *et al.* describe the difficulties that resettled refugees have accessing medication and pharmacy services. The topic of vulnerable populations continues with the work of Byrne *et al.* who identify the unmet health needs of people with intellectual disability.

In this issue there are also some interesting articles that present important insights for those working with infants. Ayton *et al.* recommend dedicated infant-feeding consultations, after exploring opportunities to engage with mums about breastfeeding at immunisation sessions. The focus on infant nutrition continues in the article by Hegedus and Mullin. They suggest that parents may not be receiving the best professional support for best practice infant feeding.

Suzanne Cosh and coauthors address the issue of smoking in Aboriginal Australian young people and identify key motivators for smoking cessation. The rich qualitative data presented by O'Mullan *et al.* reinforce the need for positive interactions between general practitioners and women, and Elizabeth Halcomb and colleagues describe the importance of great

communication between consumers and New Zealand practice nurses.

From a workforce perspective, Hussainy *et al.* make recommendations for professional development of pharmacists, after identifying that knowledge and skill is not always optimal in relation to the emergency contraceptive pill. As an educator, I was interested in the article by Seaman *et al.* who identified the benefits of interprofessional learning within a residential care facility. I am not sure that we always do such a great job in universities preparing students to practice in an interprofessional way.

The importance of capturing the experiences of people who use primary health services for the management of back pain is the focus of Carey *et al.* who argue for improvements in the provision of self-management advice. McKinn and colleagues describe strategies for the recruitment of general practitioners as participants in research and provide useful information about the cost and effectiveness of these strategies. For those working in community health services, the article by Roussy and Livingstone will be of interest, as they discuss systematic service planning.

I currently have a doctoral student exploring critical health literacy, so found the article about this by Faruqi *et al.* particularly interesting. Similarly, I am currently working on a great project on digital literacies for health professionals and was really interested in the work of Chi-Wai Lui and colleagues on internet use among people with diabetes. In our work, it is clear that consumer use of digital technologies is often way ahead of health professionals. After all, most of us turn to Google to seek information on our own health concerns, but health services are often lagging behind. One of the most thought provoking things I have read in our project was about BYOD – staff bringing their own devices to work due to restrictions on what they were allowed to use and access at work. There are a multitude of debates about digital technology and healthcare, but as one of the people we interviewed pointed out, people of all ages turn to the internet for health information and advice, and we have babies to older people engaging with all sorts of material and in all sorts of ways via their iPads. Whether you are reading this edition in print or on a digital device we hope that you enjoy!

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