

1. Briefly describe your research

The main focus of my research is consumer leadership across the mental health sector. I have a strong reputation for quality, high impact outputs in two interrelated streams: 1) challenging barriers to consumer leadership through reducing stigma and tokenism, 2) improving uptake of consumer leadership in mental health by demonstrating the value brought to the sector by consumers in decision-making roles, and 3) the role of allies in supporting, advocating for, and facilitating consumer leadership in mental health.

Challenging Barriers to Consumer Leadership

Despite policy requirements that consumers be involved in all levels of mental health services, there are several barriers (such as power imbalances, stigma, and paternalism) to consumers' ability to take part in decision-making leadership of the sector. 'Consumer representative' roles are some of the most common ways in which health organisations involve consumers. However, findings from one of my recent papers (#7 in my CV, below) suggest that restricting involvement to 'representation' limits the power consumers have to make meaningful decisions and improve service offerings. Another of my papers (#10) calls for flatter power structures that incorporate consumers meaningfully into hierarchies of decision-making.

Improving Uptake of Consumer Leadership

Given the aforementioned barriers to consumer leadership, another related stream of my research examines how organisations should improve their current consumer leadership and partnerships. For example, one of my recent works (#5) calls for consumers' knowledge to be valued in order to allow that knowledge to improve the relevance of mental health services

I also call for greater consumer leadership in mental health research. A paper written by a team of 4 consumer researchers and 4 other mental health researchers (including myself) (#3) serves as evidence that co-produced research improves understandings of mental health as well as research practices.

The Role of Allies in Consumer Leadership

The last stream of my research explores how allies (non-consumers who can advocate for and support consumer leadership) can help to overcome power imbalances within the sector. For example, the first paper explicitly about allies to the consumer movement (#5) outlines how allies need to challenge and not reproduce power imbalances. Further research in this stream is currently under review and is anticipated to make a significant mark on current understandings of such allyship.

2. Describe your research with an emphasis on Innovation, Best Practice, or Excellence

My research demonstrates **excellence** in output, impact, and ‘walking the walk’ of consumer leadership.

Output & Impact

Having received my PhD in 03/2015, my track-record demonstrates research excellence through:

- 23 peer-reviewed articles (9 first-authored, 1 co-first authored) and 1 chapter;
- 36 research presentations (including keynote and plenary, 12 invited, and 20 international);
- Over \$30,000 in research funding;
- Supervision of Honours (5 completed), Masters (5 completed) and PhD (4 current, 1 submitted, 1 as primary supervisor) students;
- 122 citations, h-index of 7, ResearchGate score of 20.84; and
- Research papers in the top 10% of publications of all time in terms of social media impact as measured by Altmetric.

Walking the Walk

I believe advocating for consumer leadership is vital. My research also demonstrates excellence in partnerships with consumer researchers and groups through:

- All papers co-produced with or lead by consumer researchers;
- Collaboration with consumers on research funding applications;
- Teaching other health professionals about the importance of consumer leadership;
- Supervision of students who identify as consumer researchers or as having lived experience of mental distress; and
- Translating theory into practice as elected board member of the ACT Mental Health Consumer Network.

3. Summarise the potential contribution to and/or implications for society.

The contribution that improved consumer leadership can make to the mental health sector is immense. Current practices within mental health often overemphasise biological dimensions of mental ill health, ignoring sociocultural and psychological elements. Such imbalanced care raises concerns about treatment efficacy and safety. For example, Australian mental healthcare has been criticised for more involuntary treatment than other jurisdictions, suggesting a need for more holistic, consumer-focused care.

Consumer leadership provides one way to help alleviate concerns about healthcare system inadequacies. Mental health services that draw on consumer leadership have been shown to understand inequity, and provide responsible care. Those who seek help from mental health organisations with consumer leadership report receiving services that better meet consumer needs. Further, consumer leadership actively challenges mental health stigma, facilitating other consumers' empowerment.

Consumer leadership also benefits the health system through improved service innovation, accountability, and quality of care. These benefits are one of the key reasons that consumer leadership has been considered integral to the success of mental health services for more than a decade. Further, mental health organisations benefit from the knowledge and experience that consumer leaders have of the health system, and improved public reputation and credibility.

4. Describe any contribution by Mental Health consumers/persons with lived experience other than as subjects (e.g. reference group, researcher)

My research is conducted in collaboration with consumer academics. The initial systematic literature review for this work was conducted with Dr Sarah Gordon. Several publications from my overall research programme on consumer leadership have been conducted with Ms Julia Bocking. Both collaborators are employed (in NZ and Australia, respectively) in dedicated consumer academic roles.

I am passionate not only about consumer leadership in mental health as a research topic, but also as a way of conducting research. One of my publications (#4) discusses how non-consumer mental health professionals who truly appreciate consumer collaboration benefit from the value consumer knowledge can bring. This is certainly the experience of my research – where consumer perspectives and collaborations bring so much knowledge to the table that others could not. Several of my publications have been entirely consumer-led, and other publications have been co-produced by consumer researchers and other mental health researchers. I supervise current consumer academic PhD students, and co-supervise PhD students with consumer academics.

Further, I regularly attend the annual Service Users in Academia symposium – attended mostly by service users and some allies. My research has benefitted greatly from feedback from and discussion with consumer academics following these presentations.

5. Curriculum Vitae

Brett Scholz

Current Appointments

Research Fellow SYNERGY: Nursing and Midwifery Research Centre The University of Canberra and ACT Health	2015-current
Elected Board Member ACT Mental Health Consumer Network	2017-current
Chief Research Officer Spur	2011-current

Professional and Academic Experience

Visiting Research Fellow The University of Surrey, UK	2015
Lecturer in Psychology The University of Canberra, Australia	2013 – 2014

Education

Doctor of Philosophy (awarded 9 Mar 2015) The University of Adelaide, Australia	2015
Bachelor of Health Science (Honours) in Psychology The University of Adelaide, Australia	2008
Bachelor of Arts in Psychology and Japanese The University of Adelaide, Australia	2007
Ministry of Education, Culture, Sports, Science and Technology Scholar Educational Psychology, Naruto University of Education, Japan	2005

Competitive Grants

2017 ACT Health Research Grant for a Summer Scholar <i>Partnerships between consumers and mental health organisations</i>	AUD\$2,500
Queensland Health Mental Health Alcohol and Other Drugs Branch Consultancy <i>Alignment & transition between adolescent & adult mental health services</i>	AUD\$279,000
University of Canberra Faculty of Health Research Support Grant <i>Attendance at the conference of the International Society for Critical Health Psychology</i>	AUD\$2,500
2016 University of Canberra Faculty of Health Research Grant	AUD\$4,894
University of Canberra Health Research Institute Grant	AUD\$19,482
University of Canberra Faculty of Health Research Support Grant	AUD\$2,500
University of Canberra Health Research Institute Grant	AUD\$4,091
University of Canberra Faculty of Health Research Grant	AUD\$5,000

2013
University of Canberra, Faculty of Health Travel Grants AUD\$2,000

2010
Walter and Dorothy Duncan Trust Travel Grant AUD\$850

Other Scholarships, Awards and Recognitions

2016
ATLAS.ti and International Institute of Qualitative Methodology Commendation for Top 3 PhD Dissertation

2015
University of Canberra Deputy Vice Chancellor (Education) Award Citation
Outstanding Contributions to Student Learning - Innovation

2014
University of Canberra Commendation for Teaching Excellence

2013
beyondblue Auspice Agreement AUD\$22,114

2009-2013
Discipline of Psychiatry Divisional Scholarship AUD\$70,000

2007
Life membership of the Golden Key Society

2004-2005
Monbukagakusho Japanese Government Award JPY¥1,350,000

Selected Publications

(full publication list available at www.researchgate.net/profile/Brett_Scholz)

* denotes an HDR candidate or research student under my supervision

1. Happell, B., Gordon, S, Bocking, J., Ellis, P., Roper, C., Liggins, J., **Scholz, B.** & Platania-Phung, C. (accepted 10th April 2018). "Chipping away": Non-consumer researcher perspectives on barriers to collaborating with consumers in mental health research, *Journal of Mental Health*. (Impact factor [IF] = 1.941)
2. Happell, B., Liggins, J., Gordon, S, Ellis, P., *Bocking, J., Platania-Phung, C. & **Scholz, B.** (accepted 22nd Feb 2018). Turning the tables: Power relations between consumer researchers and other mental health researchers. *Issues in Mental Health Nursing*. (Impact factor [IF] = 0.867)
3. Happell, B., Liggins, J., Gordon, S, Ellis, P., *Bocking, J., Platania-Phung, C. & **Scholz, B.** (accepted 15th Feb 2018). How did I not see that? Perspectives of non-consumer mental health researchers on the benefits of collaborative research with consumers. *International Journal of Mental Health Nursing*. (IF = 1.869)
4. **Scholz, B.**, *Bocking, J., & Happell, B. (2018) Improving exchange with consumers within mental health organisations: Recognising mental ill health experience as a "sneaky, special degree". *International Journal of Mental Health Nursing*, 27(1), 227-235. (IF = 1.869)
5. Happell, B., & **Scholz, B.** (2018). Doing what we can but knowing our place: Being an ally to promote consumer leadership in mental health. *International Journal of Mental Health Nursing*, 27(1), 440-447. (IF = 1.869)

6. *Larkings, J., Brown, P., & **Scholz, B.** (accepted 24 OCT 17). "It's often liberating": Consumers discuss causal beliefs in the treatment process. *Journal of Mental Health*. (IF = 1.941)
7. **Scholz, B.**, *Stewart, S.J., *Bocking, J., & Happell, B. (accepted 28 AUG 17). Rhetoric of representation: The disempowerment and empowerment of consumer leaders. *Health Promotion International*. DOI: 10.1093/heapro/dax070 (IF = 1.722)
8. *Bocking, J., Ewart, S., Happell, B., Platania-Phung, C., Stanton, R., & **Scholz, B.** (accepted 22 AUG 17). "Here if you need me": Exploring peer support to enhance access to physical health care. *Journal of Mental Health*. (IF = 1.941)
9. *Larkings, J., Brown, P., & **Scholz, B.** (accepted 21 FEB 17). "Why am I like this?": Consumers discuss their causal beliefs and stigma. *International Journal of Mental Health*. (IF = 0.261)
10. **Scholz, B.**, *Bocking, J., & Happell, B., (2017). Breaking through the glass ceiling: Consumers in mental health organisations' hierarchies. *Issues in Mental Health Nursing*, 38(5), 374-380. (IF = 0.867)
11. Ewart, S., Happell, B., *Bocking, J., Platania-Phung, C., Stanton, R., & **Scholz, B.** (2017). Social and material aspects of life and their impact on the physical health of people diagnosed with mental illness. *Health Expectations*, 20(5), 984-991. (IF = 1.669)
12. **Scholz, B.**, Crabb, S., & Wittert, G.W. (2017). "Males don't wanna bring anything up to their doctor": Men's discourses of depression, *Qualitative Health Research*, 27(5), 727-737. (IF = 2.036)
13. Happell, B., Ewart, S.B., Platania-Phung, C., *Bocking, J., **Scholz, B.**, & Stanton, R. (2016). What physical health means to me: Perspectives of people with mental illness. *Issues in Mental Health Nursing*. (IF = 0.867)
14. **Scholz, B.**, Gordon, S., & Happell, B. (2016). Consumers in mental health service leadership: A systematic review. *International Journal of Mental Health Nursing*, 37(12), 934-941. (IF = 1.869)
15. **Scholz, B.**, *Bocking, J., & Happell, B. (2016). How do consumer leaders co-create value in mental health organisations? *Australian Health Review*, 41(5), 505-510. (IF = 1.343)
16. *Eguiragaray, I., **Scholz, B.**, & Giorgi, C. (2016). Sympathy, shame, and few solutions: Media portrayals of alcohol consumption during pregnancy, *Midwifery*, 40(9), 49-54. (Co-first authored) (IF = 1.948)
17. Happell, B., Webster, S., Platania-Phung, C., Bocking, J., Griffiths, K., **Scholz, B.**, & Stanton, R. (2016). Embedding a physical health nurse consultant within mental health services: Consumers' perspectives. *International Journal of Mental Health Nursing*, 25(4), 377-384. (IF = 1.869)
18. *Ford, S.P., **Scholz, B.**, & Lu, V.N. (2015). Social Shedding: Identification and Health of Men's Sheds Users, *Health Psychology*, 34(7), 775-778. (IF = 3.458)
19. **Scholz, B.**, Crabb, S., & Wittert, G.W. (2014). 'We've got to break down the shame': Portrayals of men's depression, *Qualitative Health Research*, 24(12), 1648-1657. (IF = 2.036)
20. **Scholz, B.**, Crabb, S., & Wittert, G.W. (2013). Development of men's depressive symptoms: A systematic review of prospective cohort studies, *Journal of Men's Health*, 10(3), 91-103. (IF = 0.542)

Selected Keynote and Invited Presentations

1. **Scholz, B.** (2017) Making evidence great again. 12th September, Keynote Speech at the Inaugural ACT Mental Health Symposium, Canberra, Australia.
2. **Scholz, B.** (2017) actuALLY: Challenging health psychologists to meaningfully ally with those they research. 11th July, Plenary Talk at the Conference of the International Society of Critical Health Psychology, Loughborough University, Loughborough, UK.
3. **Scholz, B.** (2015) The haters gonna hate, hate, hate, hate, hate: How stigma is reproduced, and when to challenge it. 18th May, International Day Against Homophobia and Transphobia Seminar, The University of Surrey, UK.
4. **Scholz, B.** (2012) Depression: A balancing act, New Insights into Men's Health Forum, 16th November, The University of Adelaide and The Freemasons Foundation Centre for Men's Health, Adelaide, Australia.
5. **Scholz, B.** (2010) Preliminary findings from a review of men's health, Department of Psychiatry Research Seminar, 1st February, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong.

Selected Media Coverage

- ABC Radio (2016) Afternoons with Laura Tchilinguirian. 14 June.
- Träger, E-M. (2015) Männergruppen halten gesund (Maintaining Men's Health). *Psychologie Heute* (Germany), June 26.
- Alarcon, M. (2015) La (in)visible depresión masculine (Men's (In)visible Depression). *El Mercurio* (Chile), January 20.
- Roberts, L. (2014) The cruel irony of a man of laughter who died so sad. *The Daily Telegraph*, August 14.
- Zheng, M. (2013) 調查顯示數百萬澳大利亞人因工作壓力而失眠 (Work pressure and insomnia), 寰球時報(Global Times)(China), September 9.
- Sharma, L. (2013) Tips to reduce work-related stress. *Top News* (UAE), August 5.

Supervision

Current PhD Candidates

Ms Josie Larkings: Consumers' and mental health professionals' causal beliefs of mental ill health (PhD Submitted March 2018)

Mr Joshua Bishop: Reducing the hold of anxiety on LGBT lives

Ms Julia Bocking: Maximising mental health consumer consultancy in Australia

Ms Karen Demmery: Importance of family connection in healing trauma

Mr Steve Goldsmith: Consumer perspectives on integrated treatment of co-occurring mental health and substance use disorders

Current Research Project Supervision

Masters: 1 student, psychology

Honours: 1 student, psychology

Research Mentorships: 1 student supported by ACT Health Research Office

Completed Research Project Supervision

Masters: 5 students, psychology

Honours: 5 students, psychology

Research Mentorships: 2 students from ANU Internship Programmes

6. Referees

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