# CONTENTS

## FEATURE ARTICLES

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>WHAT HAPPENS IN THE BRAIN WHEN DEPRESSION AND ALCOHOL USE DISORDER CO-OCCUR AND WHAT DOES IT MEAN FOR PSYCHOLOGICAL TREATMENT?</td>
<td>DR SALLY HUNT</td>
</tr>
<tr>
<td>7</td>
<td>THE BRAIN GAMES STUDY</td>
<td>DR LOUISE MEWTON</td>
</tr>
<tr>
<td>10</td>
<td>APPROACHING PERSONALISED MEDICINE IN ADDICTION TREATMENT: IDENTIFYING GENETIC TARGETS FOR THE TREATMENT OF ALCOHOL USE DISORDERS</td>
<td>DR KIRSTEN MORLEY</td>
</tr>
<tr>
<td>13</td>
<td>BINGE DRINKING AND THE ADOLESCENT BRAIN</td>
<td>PROFESSOR MAREE TEESSON</td>
</tr>
</tbody>
</table>

## REGULAR SECTIONS

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>RESOURCES FOR THE PUBLIC, PROFESSIONALS AND RESEARCHERS</td>
</tr>
<tr>
<td>17</td>
<td>SPOTLIGHT ON... A/PROF TIM SLADE</td>
</tr>
<tr>
<td>20</td>
<td>THE LATEST NEWS</td>
</tr>
<tr>
<td>23</td>
<td>UPCOMING CONFERENCES</td>
</tr>
<tr>
<td>24</td>
<td>PUBLICATIONS</td>
</tr>
<tr>
<td>25</td>
<td>OUR PEOPLE</td>
</tr>
</tbody>
</table>
More and more, the importance of neuroscience in mental health and substance use research is being recognised. It is through neuroscience that we are learning about the areas of the brain that are damaged through substance use and the brain structures that are associated with depression and anxiety. It is through neuroscience that we are learning about how our brains react when we face conditions of severe threat or stress. We are also learning crucial information about how the brain develops in childhood, adolescence, and young adulthood, and that the brain is not fully developed until the age of 25. This knowledge might help explain why so many mental and substance use disorders have their onset during these formative years. We have an exciting range of neuroscience-based projects underway within the Centre of Research Excellence in Mental Health and Substance Use (CREMS). In this edition of the CREMS newsletter, our researchers explain how neuroscience is informing their work.

Clinical Psychologist and postdoctoral researcher, Dr Sally Hunt, opens this edition by explaining what actually happens in the brain when two very common illnesses, depression and alcohol use disorder, co-occur. Dr Louise Mewton then introduces her Brain Games Study, which is evaluating the use of internet-delivered smart games (“brain games”) for the prevention of mental health and substance use disorders. Dr Kirsten Morley provides an overview of genetic targets for the treatment of alcohol use disorders and how this can lead to more personalised medicine in addiction treatment. Finally, our Centre Director, Professor Maree Teesson, describes the effects of binge-drinking on the developing adolescent brain.

Funded in 2012 by the Australian National Health and Medical Research Council, the Centre of Research Excellence in Mental Health and Substance Use aims to increase the knowledge base regarding the effective prevention and treatment of comorbid mental health and substance use disorders. The research centre is a world first, bringing together the largest concentration of internationally recognised comorbidity researchers from around the world.

The CREMS newsletter is just one of the ways you can learn more about our work. Connect with us on Facebook, Twitter and via our website to keep up to date with the latest research in comorbid mental health and substance use.

This issue of the CREMS Newsletter was edited by Louise Mewton and Matthew Sunderland.
What Happens in the Brain when Depression and Alcohol Use Disorder Co-occur...

and what does it mean for psychological treatment?

Most adults have experienced the foggy thinking and disinhibition that comes with drinking too much alcohol and decades of research agree that acute intoxication affects the brain in a variety of ways. The area of the brain that is affected by alcohol intoxication is used for planning, organising and making wise decisions. It also has a role in inhibiting behaviour which is why people can have trouble stopping or holding back from inappropriate actions when they’re intoxicated. Collectively these tasks of the brain are called executive functions.

It has been estimated that around 50 to 80% of people with longer term hazardous use of alcohol experience moderate to severe cognitive impairments in brain functions such as executive functions and memory (Bates, Voelbel, Buckman, Labouvie, & Barry, 2005; Fein, Bachman, Fisher, & Davenport, 1990). The particular areas of memory that are affected are new learning, storage and recollection of recent information as well as more complex memory processes like remembering to carry out future plans such as keeping an appointment (known as prospective memory, Australian Institute of Health and Welfare, 2014).
Depression is also common, it’s estimated 4.1% of Australians are clinically depressed each year (Slade, Johnston, Oakley Browne, Andrews, & Whiteford, 2009), and during a depressive episode, people often report difficulties involving concentration and memory, attention, executive function, processing speed and visuospatial function (Burt, Zembar, & Niederehe, 1995).

Given that depression and alcohol use disorders both have similar negative effects on brain function, research has recently turned to focus on what happens when both conditions occur at the same time, and what effect this could have on the use of psychological treatments such as Cognitive Behaviour Therapy (CBT).

CBT is a therapy that relies on the client’s ability to think about their own thoughts, feelings and behaviours and to challenge their assumptions and unhelpful thoughts. You would think that being depressed and drinking alcohol at hazardous levels might get in the way of using CBT strategies and yet CBT is one of the most effective psychological treatments for these problems (Karasu, Gelenberg, Merriam, & Wang, 2000; Kleber et al., 2006).

To make sense of this conundrum I asked participants in a randomised controlled trial of CBT for co-occurring alcohol misuse and depression to take part in neuropsychological testing of their cognitive functions. 167 different participants who all had moderate to severe depressive symptoms and hazardous use of alcohol completed a broad range of neuropsychological tests. Surprisingly, we found that they were performing in the average range on these tests and weren’t noticeably different from the general population (Hunt, Baker, Michie, & Kavanagh, 2009).

To look at the impact of this comorbidity on their use of the CBT intervention, we re-assessed their symptoms of depression and alcohol use at the end of treatment. Overall, participants reported an improvement in depressive symptoms and a reduction in alcohol intake after a 10-week CBT program, however greater reduction in depressive symptoms was predicted by better baseline performance on one of the executive function tests called Matrix Reasoning. Matrix Reasoning measures your ability to solve visual puzzles and general intellectual ability. None of the cognitive functions that we assessed were predictors of reduction in alcohol use from baseline to the end of treatment. What this means is that despite heavy levels of alcohol use and moderate to severe depressive symptoms, these participants understood and made use of the CBT treatment that was offered to them and those with better executive function measured by Matrix Reasoning had even greater reduction in depression.

The most encouraging part of this research is that it gives clinicians confidence that clients with significant alcohol use and depression are capable of using psychological treatments with a strong evidence base such as CBT. My research found no reason to hold back these treatments and indeed demonstrated that they are effective in people with co-occurring alcohol misuse and depression.

“The most encouraging part of this research is that it gives clinicians confidence that clients with significant alcohol use and depression are capable of using psychological treatments with a strong evidence base such as CBT”
References:


For a lot of kids, being a teenager is hard work. Your body is changing and your emotions can be out of control. At the same time, your chances of developing a mental illness are high. By the age of 17, nearly half of all teenagers have experienced a mental illness (Merikangas et al. 2010). That equates to 1.5 million Australian adolescents. Some of these adolescents may recover completely after an episode of mental illness; others may have repeated episodes of illness with relatively stable periods in between. Still others live with symptoms of mental illness every day. These symptoms can be mild, moderate, or serious and cause severe disability.

Why is this happening? Research shows massive changes in our brains during adolescence – our brains are not fully developed until about the age of 25 (Giedd, Keshavan, and Paus 2008). In particular, changes are occurring in the frontal areas of the brain. These areas are responsible for executive functioning – or our ability to judge, plan and strategise. The late development of the frontal areas of the brain leads to
characteristic adolescent behaviours – so things like novelty-seeking, risk-taking and high sociability. In most cases, these behaviours are adaptive, promoting successful adult development and independence. But in some cases, it appears that the delayed maturation of this area of the brain leads to the development of mental illnesses. The frontal areas of the brain have been implicated in a range of mental illnesses (Goodkind et al. 2015), and impairments in executive functioning are a feature of mood disorders, anxiety, schizophrenia and bipolar disorder (Etkin, Gyurak, and O’Hara 2013).

How can our growing understanding of the brain be used to prevent mental illness? Can we step in before a mental illness develops and re-wire the brain to prevent the illness from ever happening? That’s what the Brain Games Study has been designed to find out. We want to see whether we can use brain games to strengthen the frontal lobes in teenagers at risk of developing a mental illness.

Brain games focusing on executive functioning have been used with some success in people already experiencing a mental illness. So they’ve been shown to reduce risky drinking in people with alcohol use disorders, improve symptoms associated with depression and enhance the employment opportunities of people with schizophrenia (Keshavan et al. 2014). But how do these games perform as a prevention strategy? Can they prevent the onset of mental illness, before it has the chance to cause disability, as well as serious educational, social and occupational harm? This is what the Brain Games Study aims to discover.

Click to watch Dr Louise Mewton providing a brief overview of the Brain Games Study
The Brain Games Study will focus on teenagers experiencing emotional and behavioural problems that put them at risk for developing a mental illness. These teenagers will be put into two different brain training groups. One group – the experimental group – will play brain games focusing on improving executive functioning. The other group – the control group – will play brain games that do not have executive functioning training potential, so tasks that focus on general knowledge, for example. The brain training programs for both groups will be internet-delivered. The participants will complete assessments and play the games in the comfort of their own homes. We will then follow up these adolescents for 12 months. At the end of the study we will see whether those teenagers who played the games focusing on executive functioning are less likely to experience risk factors associated with mental illness when compared with those teenagers playing the control games.

We have just started recruiting 16 and 17 year olds for the Brain Games Study and applications are open through our website (thebraingames.org.au). We hope to find that brain games are a useful addition to our small but growing armamentarium of available mental illness prevention strategies.

References:


Approaching Personalised Medicine In Addiction Treatment: Identifying genetic targets for the treatment of alcohol use disorders

Personalised medicine is an evolving trend in health whereby the best care comes from tailoring it for each individual patient and their genetic make-up. By examining factors that distinguish which patients benefit from a treatment from those who do not, we can help target treatment with enhanced accuracy compared to what is currently possible. The personalised approach may also be used to predict development of side effects so we can avoid exposing patients to drugs likely to cause toxicity.

Patients with alcohol use disorders are a heterogeneous group with diverse mechanisms that drive the maintenance of the addiction as well as different responses to medication. However, the medications currently approved for use in Australia for the management of alcohol dependence have limited efficacy and the existing research does not adequately address why these medications work so well in some people but fail in others. Personalised medicine seeks to address this problem and allow better medicine selection for patients based on their individual genetic makeup and other coexisting conditions.

Dr Kirsten Morley is a Senior Research Fellow in the CREMS Treatment stream. Her research focuses on developing novel strategies for the treatment of alcohol dependence, integrating both pharmacological and psychosocial frameworks. She has led a series of randomised controlled clinical trials that have directed clinical practice and influenced policy.
suggest fewer than 3% of these individuals are dispensed alcohol pharmacotherapies. The reasons why these medications are under-utilised are complex but one reason may be a lack of confidence in efficacy and a difficulty in tailoring which medication will benefit each individual patient.

Naltrexone works by blocking opioid receptors in the brain to reduce cravings and the alcohol-induced ‘high’. Studies find only a moderate, although statistically reliable, effect in reducing heavy drinking (Rosner et al., 2010). Naltrexone binds most tightly to the mu-opioid receptor. Several studies have found that naltrexone works best in people who carry a specific mutation in the gene that codes for the mu-opioid receptor (Chamorro et al., 2012). These studies indicate that by accounting for this genetic variation, we can prevent relapse in heavy drinkers treated with naltrexone. However, this result requires further study given that the most recent high quality trial failed to reproduce this important finding (Oslin et al., 2015).

Topiramate is an anti-epilepsy drug that, among other actions, blocks glutamate activity. It has shown some promise in reducing alcohol consumption in heavy drinkers (Johnson et al., 2010). Professor Henry Kranzler, the director of the Centre for Studies of Addiction at the University of Pennsylvania, has made a major advance with the demonstration that a mutation in a type of glutamate receptor (the GluK1 subunit of the kainite receptor) improves both the efficacy and tolerability of topiramate (Kranzler et al., 2014). A favourable therapeutic index for topiramate in the treatment of alcohol dependence was only observed for individuals with that particular genetic variation.

Studies of other medications used to treat alcohol use disorder, such as acamprosate and ondansetron, have also yielded promising findings of genetic moderation of treatment response. Acamprosate response has been linked to mutations of a gene (GATA4) possibly involved in the regulation of withdrawal and stress while odansetron response has been linked to mutations on the serotonin transporter (5-HTT) which influences the levels of serotonin. Indeed, personalised medicine looks to be the future of addiction treatment. However, although evidence is building, much translational work remains before these findings can guide clinical practice.

In an exciting novel research direction for CREMS, I, Prof Paul Haber, along with others in the CREMS team (Prof Maree Teesson and A/Prof Andrew Baillie) will team up with Prof Henry Kranzler to make major contributions to the field with our upcoming NHMRC funded clinical trial. We will be investigating whether genetic mutations influence the efficacy and tolerability of treatment with topiramate versus naltrexone. Participants will be genotyped before treatment problems. We believe this new approach combined with emerging new medicines will transform the way in which alcohol disorders are treated.

There are currently two pharmacotherapies indicated for alcohol use disorder listed on the pharmaceutical benefit scheme (PBS): naltrexone and acamprosate. Approximately 3.9% of the Australian population suffers from alcohol dependence (Teesson et al., 2010) yet our data
The project will facilitate transformation to a targeted personalised medicine approach, and we hope it will change the way we treat alcohol problems.

References


Binge Drinking and the Adolescent Brain

Adolescents and adults respond differently to the effects of alcohol. Adolescents are more sensitive to the rewarding effects of alcohol, and less sensitive to alcohol’s depressant effects, or the slowing down of the nervous system that adults experience in response to drinking (Spear 2002). This is why adolescents are able to drink high quantities of alcohol in a pattern called binge drinking. What effect does underage drinking have on the developing brain? An alarming 19-23% of adolescents have binge-drunk in the last week, and this proportion is increasing in young females (Degenhardt et al. 2013). 13% of all deaths in young Australians are a direct result of alcohol use, with alcohol use patterns in the young becoming more extreme.

Adolescence is also a critical period for brain development, with active rewiring of circuitry that is necessary for successful development of ‘adult’ adaptive behaviour (Crews, He, and Hodge 2007). Binge drinking during adolescence is a deep concern, given that alcohol can interfere with the development...
In particular, there is very little scientific evidence on the effects of early binge drinking. Researchers from the US have found that a pattern of intermittent drinking, similar to binge-drinking, in adolescence is associated with changes in the hippocampus which plays an important role in memory (Risher et al. 2015). These researchers have suggested that this might be why alcohol leads to problems with memory and, in adolescents in particular, black outs. More persistent forms of alcohol abuse in teenagers have been associated with changes in brain volume too. Drinking before the age of 15 has been linked to a thinner prefrontal cortex (Bellis et al. 2005). It’s not yet clear, however, if such changes are a consequence of adolescent alcohol exposure, or if they represent pre-existing differences that make some people more vulnerable to alcohol abuse. Only carefully designed longitudinal studies would be able to tease these associations apart.

CREMS researchers are collaborating with researchers at NeuRA, UNSW (Professor Lindy Rae and Dr Lucette Cysique) and the University of California Berkley (Professor Roland Henry) to conduct a study of the effects of binge drinking on the adolescent brain. Using magnetic resonance imaging (MRI), we aim to uncover what happens in a teenager’s brain of important circuits in the brain. The available evidence in animals suggests that adolescents are more sensitive to alcohol-induced brain damage which can contribute to future compulsive alcohol seeking and other impulsive behavioural problems (Vargas et al. 2014). In humans, international researchers have begun to investigate the impact of adolescent drinking on brain structure and connectivity but we still know very little about how exposure to alcohol in adolescence affects brain development, or about the long-term effects on behaviour.

An alarming 19-23% of adolescents have binge-drunk in the last week, and this proportion is increasing in young females.”
when binge drinking occurs. We will then identify the neurocognitive consequences of binge drinking, such as whether it affects memory, the ability to recognise emotions on other people’s faces, or the ability to inhibit impulses. The structural and functional effects of binge drinking on the brain are also under examination.

Our preliminary data in 49 adolescents show significant cognitive and structural deficits in binge drinkers compared to controls, as well as gender specific responses to binge drinking. Our study is ongoing, and we need more data to confirm our findings, especially longitudinal data to sort out issues of cause and effect.

References


RESOURCES
FOR THE PUBLIC, PROFESSIONALS AND RESEARCHERS

Clearing the cloud
Clearing the Cloud is a portal which contains all our proven and new online prevention and treatment programs. Improve your health with effective prevention and treatment programs. You can also sign up to be part of our current treatment research trials.

COPE Treatment manual
COPE is an integrated treatment for PTSD and substance use disorder. Patients can experience substantial reductions in both PTSD symptoms and substance use severity. Therapist guide available [here](#).

Methamphetamine fact sheet
Download the Methamphetamine Fact Sheet to find out more about methamphetamines, the effects, the risks, and the impact on mental health the use of these drugs may have.

Mental Health Case for Action
The NHMRC and members of CREMS have released a Case for Action detailing a roadmap for translating e-mental health services for depression into practice. The full Case for Action can be accessed [online](#).
Spotlight on…

A/PROF TIM SLADE

A/Prof Tim Slade is the Director of Epidemiological Research at CREMS. His expertise lies in the epidemiology and classification of mental health and substance use disorders where he focuses not only on the cross-sectional epidemiology of mental and substance use disorders but also on examination of the longitudinal and developmental course of mental and substance use disorders, with the particular aim of identifying the patterns of and risk factors for the emergence of these highly prevalent and disabling disorders.

“I normally shun the spotlight, but I don’t mind being the platform”

-Kay Yow

Firstly, I need to admit something. I’m not a big fan of the spotlight. Attention makes me somewhat uncomfortable. I’ve always tended toward the introverted end of the spectrum, preferring to blend in rather than stand out. So, when the editors of this newsletter contacted me, saying “we thought you’d be perfect to be our Spotlight on…”, to be honest, I hesitated. Don’t get me wrong – I’m passionate about what I do and I believe strongly in the power of the scientific research method to provide insights into many of life’s important, unanswered questions. But the spotlight is just not for me.

I have always had a strong desire to understand why the world is the way it is and ever since my early days at high school I knew I wanted to apply this passion for scientific discovery to the field of human behaviour. After completing my undergraduate psychology degree at UNSW (which included an honours year inflicting rats with innumerable “insults” in the form of electric shocks, anxiety-producing drug injections and ultimately death in order to extract their brains and study them under the microscope) I took up what I thought would be a one-year research assistant position at the Clinical...
“I decided to embark on a Master’s degree in biostatistics, an endeavour I found richly rewarding if not a little “brain hurty” at times.”

Research Unit for Anxiety and Depression (CRUfAD), UNSW, based at St Vincent’s Hospital, Sydney. Eleven years later I came away with a deep appreciation of the vital role that psychiatric epidemiology, as a scientific discipline, plays in understanding the distribution and determinants of mental and substance use disorders at a population level. My leadership roles in the Australian National Surveys of Mental Health and Wellbeing (NSMHWB) afforded me the opportunity to provide estimates of the prevalence of mental and substance use disorders and to demonstrate that while mental and substance use disorders are associated with significant disability the rates of service use for these disorders are alarmingly low. Fundamentally, though, these data are about providing a basis from which to act, whether that be in the form of policy, further research or the design and implementation of prevention and/or treatment programs. The power of information like this is enormous. Until we had these national surveys we knew little about the extent, distribution and impact of mental and substance use disorders within the Australian population. The influence of this work has been far-reaching and while it was carried out almost ten years ago it is still having a significant impact to this day.

During the course of my role leading the NSMHWB I came to realise the untapped potential of epidemiological data in answering unresolved issues in the classification of mental and substance use disorders and this became the focal point for my PhD research, which I completed on a part-time basis (while working full-time). Classification is the cornerstone of medical science. Without a valid and reliable classification system our ability to understand, identify, prevent and treat mental disorders is significantly limited. My PhD research made extensive use of data from epidemiological samples affording me the ability to address classic debates in the classification of psychiatric disorders from a fresh and novel perspective. I was able to examine whether mental and substance use disorders should be treated as categorical or dimensional constructs, whether DSM or ICD best captures the essence of the disorders, and whether the high prevalence of comorbidity among the mental and substance use disorders indicates the existence of higher level “governing principles” in the classification of mental and substance use disorder in the population. Ultimately, though, the value of this research is about strengthening the foundations for both descriptive and intervention research. If we get our classification systems right the positive flow-on effects are significant.
Not being satisfied with just two university degrees I decided to embark on a Masters degree in biostatistics, an endeavour I found richly rewarding if not a little “brain hurty” at times. As well as expanding my collection of university degrees I also, over this time period, expanded my family with the birth of my three wonderful boys. Armed with new found skills and abilities (both in regression analysis and nappy-changing) I took up a role as a senior research fellow at the National Drug and Alcohol Research Centre (NDARC) and have since had the amazing opportunity to become involved in a wide variety of interesting and rewarding research projects, tackling the challenges inherent in a diversity of research designs (cohort, case-control, RCT, data linkage) and matching these to a range of statistical analysis approaches. I see biostatistics as an integral component of the scientific process, providing a basis for rigorous and systematic evaluation of research hypotheses. Most recently I have had the pleasure of working with my fantastic colleagues and contributing biostatistical expertise to a range of projects at the NHMRC Centre of Research Excellence in Mental Health and Substance Use, NDARC, UNSW. This has been a richly rewarding experience.

By now you might be able to see a recurring theme to my research career, one of “laying the groundwork”, “strengthening the foundations” and “providing a basis”. My research has spanned almost the full spectrum of mental and substance use disorders found in the DSM and I consider myself a valuable contributor in a team effort to understand and ultimately alleviate the significant burden associated with mental and substance use disorders. While I can certainly take or leave “the spotlight”, I get immense personal and professional satisfaction from “being the platform”. 
NEWS

**NHMRC Grant Applications for 2016**

The CREMS team submitted over 20 impressive grants and fellowships over the past few months. The focus of these grants range from new medications for alcohol use disorders, to healthy lifestyle preventions for adolescents, to interventions for co-occurring anxiety and alcohol use. Every grant and fellowship written would help improve the health of so many people and we are very proud of this mammoth effort. Outcomes will be released in October/November 2016.

**Webinar on adolescent friendship networks**

Those interested in peer networks and their influences on health behaviour choices in adolescents are invited to attend a webinar on the topic to be held on Thursday 26th May at 2pm AEST. The webinar will be presented by A/Prof Tim Slade and will address ‘Friendship networks in adolescence: how do they evolve and how do they influence mental health and substance use?’. [Register here.](#)

**Webinars in 2016**

We have the following upcoming Webinars:

- November 2016 – Improving the measurement of mental and substance use disorders. Presented by Dr Matthew Sunderland.
Previous webinars are now available to watch on demand. Our last webinar was held on the 18th March and was presented by Dr Christina Marel. Dr Marel talked about predictors and patterns of long-term mental health and heroin dependence. Go to comorbidity.edu.au/training/webinars to view this video and more.

TheMHS Summer Forum

The Mental Health Services Learning Network (TheMHS) Summer Forum was held in Sydney on 18-19 February 2016. The Forum theme for this year was *Cracks in the ice? Illicit drugs and the mental health impact on our communities*. CREMS Director, Professor Maree Teesson and Senior Research Fellow, Dr Cath Chapman were co-convenors along with Dr Kevin Kellehear and Ms Vivienne Miller.

The high quality program featured distinguished invited international and local (Australian) speakers who contributed expertise from a variety of perspectives including research, clinical and lived experience. Keynote speakers included A/Prof Nicole Lee and Professor Kevin Gournay.

CREMS Co-Director, Professor Amanda Baker spoke on “Methamphetamine psychosis: overview and treatment issues”, CREMS Director of Translation, A/Prof Frances Kay-Lambkin talked on “Breaking the ice - results from recent trial of an online early intervention program for people using psychostimulants”, Professor Michael Farrell, Director of NDARC, spoke on “Moving forward from the Task Force Report, Assessing the situation and shaping responses” and CREMS Director of Prevention, Dr Nicola Newton and Research Fellow, Dr Lexine Stapinski gave an overview on “Update and future directions for the prevention of substance use and related harms among young people”.

The Forum was attended by over 230 participants from around the country and feedback was overwhelmingly positive. There were fabulous discussions throughout the two days, and great opportunities to share ideas and experiences, to learn about new research and treatments and to network with others in the mental health and alcohol and other drug sector.

To access TheMHS Resource Library, read more about the Summer Forum or learn about upcoming events please visit http://www.themhs.org/.

A/Prof Kath Mills:

A UNSW Rising Star who will change the world

Congratulations to Associate Professor Katherine Mills from the NHMRC Centre for Research Excellence in Mental Health and Substance Use who has been named one of 20 UNSW ‘rising stars who will change our world’.

Roughly one-third of Australians with substance abuse problems have a concurrent mental illness. A/Prof Mills is figuring out why, and leading world-first trials of innovative treatment programs. She has also developed a range of resources for clinicians – to help them choose optimal treatments for different patients and circumstances – and for patients, family members and the general public, to teach them how to recognise symptoms and provide information on where to go for help. These educational tools are used in Australia and internationally.
Frances Kay-Lambkin named President of the International Society for Research on Internet Interventions (ISRII)

Members of CREMS conduct a large amount of research in the online space. Our Director of Translation, Associate Professor Frances Kay-Lambkin, has just been named the President of ISRII at their 8th Scientific Meeting in Seattle. ISRII promotes the scientific study of information and communication technologies targeting behavioural, psychosocial, health and mental health outcomes. We congratulate Frances on her new role and we look forward to seeing more exciting and significant research in this space.

Did you know…?

New data presented by the Royal Australasian College of Physicians (http://www.racp.edu.au/) indicates that each year 26.9 million children view AFL, NRL and Cricket broadcasts and during this time these children will be exposed to 50.9 million instances of advertising. During the 2012 NRL State of Origin series, there were a total of 4,062 episodes of alcohol marketing totalling a duration of 198.88 minutes. Between 270,000 and 320,000 young people aged 5-17 watched these games. The numbers are sobering....

New review of volatile substance use among Aboriginal and Torres Strait Islander people

Edith Cowan University's Australian Indigenous Alcohol and Other Drugs Knowledge Centre have released a comprehensive review of Volatile Substance Use (VSU) among Aboriginal and Torres Strait Islander people. The 2011 review has been updated by Dr Christina Marel from the NHMRC Centre of Research Excellence in Mental Health and Substance Use.

VSU is an issue of concern to Aboriginal and Torres Strait Islander and non-Indigenous Australians. The purpose of the review is to provide a comprehensive synthesis of key information on VSU for people involved in Aboriginal and Torres Strait Islander health in Australia. The review noted that strategies that are consultative, empowering, public-spirited and community-based are more likely to be effective because they are tailored to the community, and are community driven and owned. Further, the sense of ownership and empowerment ensures that community members are actively engaged and involved in the response process, rather than passively on the receiving end of directive policy.

The comprehensive review can be found here.
Dr Katrina Champion’s PhD Success

Please join us in congratulating Dr Katrina Champion whose PhD thesis passed in February with no required changes. Katrina’s thesis was titled “Paying attention to prevention: An internet-based framework to address alcohol, cannabis, ecstasy and new psychoactive substance use” and she was supervised by Professor Maree Teesson and Dr Nicola Newton. Katrina continues her work in the development of novel online prevention programs for mental, substance use, and physical health conditions. We look forward to seeing more exciting work by Katrina in the future.

Congratulations Tim Slade and Cath Chapman

As part of the Christmas 2015 edition of the British Medical Journal, Dr Cath Chapman and A/Prof Tim Slade submitted a novel approach to dealing with journal rejection letters, titled “Rejection of rejection: a novel approach to overcoming barriers of publication”. We would like to inform that this letter trended number one in Altmetrics from all of UNSW. As of April 2016 it has received 3278 tweets. Read the letter here.

UPCOMING CONFERENCES

ATDC 2016 CONFERENCE - RETHINKING PREVENTION: A BROADER AGENDA
HOTEL GRAND CHANCELLOR, HOBART
12 MAY

24TH ANNUAL MEETING OF THE SOCIETY FOR PREVENTION RESEARCH (SPR)
HYATT REGENCY, SAN FRANCISCO
31 MAY

NADA CONFERENCE 2016 - INTEGRATED CARE: WORKING TOGETHER TO RESPOND TO COMPLEXITY
THE GRACE HOTEL, SYDNEY
6 JUNE

NDARC ANNUAL RESEARCH SYMPOSIUM
JOHN NILAND SCIENTIA BUILDING UNSW, SYDNEY
12 SEPTEMBER


OUR PEOPLE

CHIEF INVESTIGATORS
- Prof Maree Teesson
- Prof Amanda Baker
- A/Prof Katherine Mills
- A/Prof Frances Kay-Lambkin
- Prof Paul Haber
- A/Prof Andrew Baillie
- Prof Helen Christensen
- Prof Max Birchwood
- Prof Bonnie Spring
- Prof Kathleen Brady

ASSOCIATE INVESTIGATORS
- Ms Leonie Manns
- Mr Trevor Hazell
- Prof Robyn Richmond
- Dr Cath Chapman
- A/Prof Tim Slade
- Prof Brian Kelly
- Dr Brian Hitsman
- A/Prof Leanne Hides
- Dr Pete Kelly
- Ms Marion Downey
- Prof Michael Farrell
- Dr Glenys Dore

ADMINISTRATIVE STAFF
- Mr Christopher Pruze
- Ms Sandi Steep

SENIOR RESEARCH FELLOWS
- Dr Kerry Inder
- Dr Sharlene Kaye
- Dr Nickie Newton
- Dr Joanne Ross
- Dr Wendy Swift

RESEARCH FELLOWS
- Dr Emma Barrett
- Dr Ali Beck
- Dr Erica Crome
- Dr Christina Marel
- Dr Louise Mewton
- Dr Lexine Stapinski
- Dr Matthew Sunderland

POSTDOCTORAL RESEARCH FELLOWS
- Dr Kamran Afzali
- Dr Katrina Champion
- Dr Tonelle Handley
- Dr Kirsten Morley
- Dr Louise Thornton

RESEARCH PSYCHOLOGISTS
- Ms Kellie Cathcart
- Ms Jenny Gedes
- Ms Sally Hunt
- Ms Sarah Masters
- Ms Julia Rosenfeld
- Dr Alyna Turner

RESEARCH OFFICERS
- Ms Ivana Kihas
- Ms Siobhan Lawler
- Ms Natasha Nair
- Mr Brad Shaw
- Mr Jack Wilson

PHD CANDIDATES
- Ms Louise Birrell
- Ms Vanessa Clark
- Ms Miriam Forbes
- Ms Clara Fritchley
- Ms Katrina Hammall
- Ms Erin Kelly
- Mr Warren Logge
- Ms Samantha McCrabb
- Ms Sonja Memdovic
- Ms Katrina Prior
- Ms Mikki Subotic
- Ms Kris Tulloch

ASSOCIATE MEMBERS
- Prof Sudie Back
- Dr Lucy Burns
- Dr Danielle Florida
- Dr Julianne Hellmuth
- Prof Michelle Moulds
- Ms Jaelea Skehan