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EXECUTIVE SUMMARY

The NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS) was officially launched on 30 January 2013, by the then Health Minister, the Hon Tanya Plibersek, and the then Minister for Mental Health and Ageing, the Hon Mark Butler. The launch was attended by over 100 clinicians, consumers, policy makers and researchers; and the continued support and enthusiasm we have received from the substance use and mental health fields both nationally and internationally has been incredible. Our membership has grown significantly, comprising 77 academics, researchers, postdoctoral and postgraduate students, clinicians from around the world. Most exciting is the number of postdoctoral researchers and postgraduate students who have been attracted to the CREMS, who will be trained to become the leading substance use and mental health researchers of the future.

The CREMS has made excellent progress toward achieving its key objectives during its inaugural year, having exceeded targets on most performance indicators (Table 1). There were 23 current projects, and eight projects completed, represent over $16.3M in funding in addition to our NHMRC centre funding. These projects involve multidisciplinary collaborations across member organisations and research streams. We have the privilege of collaborating with world class clinicians, services providers, and educators in our research and translation activities, and there are currently over 10,000 people engaged in our research programs.

In 2013 CREMS members published 162 scientific articles in peer-reviewed journals and six book chapters, and their work was cited on 174 occasions. Significant contributions to policy documents include a review of the literature commissioned by the National Mental Health Commission for its annual report card, and a review of the literature to inform the development of the NSW Mental Health Commission’s Strategic Plan.

A major focus of the CREMS is ensuring that knowledge gained from this research is translated not just to the scientific community, but to stakeholders and the general public more broadly. In August, we held our first annual conference in Melbourne in conjunction with The Mental Health Services Conference (TheMHS) which attracts over 1,000 mental health clinicians, managers, consumers, carers, researchers, educators and policy makers every year. Our work was presented on 124 occasions at other national and international conferences and we held a number of training workshops and webinars for clinicians.

Our website, social media and quarterly newsletters have also proved to be an important mechanism for disseminating our research to the field and wider community, as well as engaging with our partner organisations. The CREMS website, www.comorbidity.edu.au, was launched in December 2012 and received close to 25,000 hits during 2013. Our online resources have been well received and their reach is rapidly increasing. Our work has also been broadcast to the wider community through television, radio, print and online media.

In sum, 2013 has been a very successful year for the CREMS. The high quality of our research and innovation is evidenced by our grant success, and the achievements of our members and partner organisations have been recognised through the receipt of a number of awards, scholarships and prizes. We have introduced several exciting initiatives so that we may continue to attract and train the highest quality researchers and conducting cutting-edge research in the field. We look forward to furthering this success in 2014 and beyond.
Table 1. Summary of progress towards achieving key objectives

<table>
<thead>
<tr>
<th>Key objectives and progress indicators</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Generate Knowledge</td>
<td>✓</td>
</tr>
<tr>
<td>‣ An average of 20 ongoing research projects and 10 completed projects a year</td>
<td>✓</td>
</tr>
<tr>
<td>‣ An average of 5 systematic reviews each year</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 40 peer-reviewed journal articles published or in press</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 200 citations of CREMS publications</td>
<td>In progress</td>
</tr>
<tr>
<td>2. Ensure translation of research knowledge</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ Three annual training workshops in comorbidity attended by 500 clinicians</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ 20 webinars for clinical researchers</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ Citations in policy documents</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ Contribution to 5 major policy documents</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ Projects which respond to stakeholder interests</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ An average of 50 references to CREMS work in print and electronic media</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>‣ Over 1,000 hits annually on the CREMS website</td>
<td>✓ In progress</td>
</tr>
<tr>
<td>3. Train future research leaders</td>
<td>✓</td>
</tr>
<tr>
<td>‣ Minimum of 13 new clinical researchers:</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 1 FTE senior post-doctoral research fellow/coordinator</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 1 FTE early career clinical researcher</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 5 x 0.5 FTE early career clinical researchers</td>
<td>✓</td>
</tr>
<tr>
<td>‣ 6 PhD students</td>
<td>✓</td>
</tr>
<tr>
<td>4. Facilitate collaboration</td>
<td>✓</td>
</tr>
<tr>
<td>‣ An average of 8 collaborative projects with other national and significant state organisations</td>
<td>✓</td>
</tr>
<tr>
<td>‣ An average of 2 collaborative projects with other international organisations each year</td>
<td>✓</td>
</tr>
</tbody>
</table>
INTRODUCTION

ABOUT US

Mental and substance use disorders represent two of Australia’s most prevalent and burdensome health conditions. Close to one-half of adult Australians experience a mental or substance use disorder during their lifetime, and 25% of these cases are comorbid. One in five persons are affected each year, representing more than three million Australians.

Mental and substance use disorders are associated with markedly reduced life expectancy (20 – 30 years less than their non-disorder peers), with the last 10 years of life spent living with chronic illnesses. Worldwide, mental and substance use disorders account for more years of life lost due to disability than any other communicable or non-communicable disease, accounting for 23% of the non-fatal burden. Furthermore, between 1990 and 2010, the burden attributable to mental and substance use disorders increased by 38%, making the prevention and treatment of these disorders a “public health priority”. Of particular concern are young Australians (aged 15 – 24 years), for whom the top 10 causes of burden of disease are dominated by mental and substance use disorders. These disorders typically have their onset during this age bracket and tend to reoccur throughout a person’s life. Once comorbid conditions have been established, each disorder serves to maintain and exacerbate the other, often leading to a chronic course of illness.

Despite the high prevalence, burden and disability associated with comorbid mental and substance use disorder, our understanding of, and ability to successfully prevent and treat, these disabling disorders is limited by a lack of evidence.

Funded in November 2012 by the Australian National Health and Medical Research Council (NHMRC), our Centre of Research Excellence in Mental Health and Substance Use (CREMS) aims to build much needed research capacity in this area. The CREMS represents a world first, bringing together the largest concentration of nationally and internationally recognised comorbidity researchers. Specifically, the CREMS brings together leading research academics from four Australian universities (University of New South Wales; University of Newcastle; University of Sydney; and Macquarie University) and three international universities (University of Birmingham, United Kingdom; Northwestern University Medical School, United States; and the Medical University of South Carolina, United States).

The CREMS was officially launched on 30 January 2013, by the then Health Minister, the Hon Tanya Plibersek, and the then Minster for Mental Health and Ageing, the Hon Mark Butler. The launch was attended by over 100 clinicians, consumers, policy makers and researchers.
OBJECTIVES

The CREMS aims to generate new research to increase the knowledge base regarding the effective prevention and treatment of comorbid mental health and substance use disorders. These aims will be achieved via three main research streams focusing on the prevention, treatment, and epidemiology of comorbid mental health and substance use disorders. Our research is not, however, limited to these domains. We also conduct projects in the areas of nosology, neuropsychiatry, and translational research.

In addition to making the findings of our research available in the scientific literature, an integral component of the CREMS is the translation of these research findings into educational curricula, training programs and clinical resources, as well as resources for the general public (Figure 1).

Figure 1. CREMS Objectives

OUR RESEARCH

The CREMS aims to generate new research to increase the knowledge base regarding the effective prevention and treatment of comorbid mental health and substance use disorders. These aims are achieved via three research streams focusing on the prevention, treatment, and epidemiology of comorbid mental health and substance use disorders. Projects underway and completed during 2013 are described in more detail for each stream later in this report.
Prevention

Anxiety, depressive and substance use disorders account for three-quarters of the disability attributed to mental disorders. The peak of this disability occurs in those 15-24 years old and corresponds with the typical period of onset of these problems. Critically, anxiety, depression and substance use disorders share common risk factors.

To reduce the occurrence and cost of such disorders, preventative interventions need to begin early, before the problems begin to cause disability, and vocational, educational and social harm. To date, the focus of our research has been on developing and evaluating universal internet-based programs to prevent substance use and related harms in adolescents. Our most recent trial involves combining these universal programs with selective personality-targeted interventions with an aim of maximising outcomes for both high- and low-risk youth.

Treatment

One in every two people will develop a mental health or substance use disorder during their lifetime. Our treatment research aims to develop and evaluate the efficacy of novel interventions to treat these disorders as well as their combination. Our research thus far has focused on the testing of psychotherapies and pharmacotherapies for individuals who have both a substance use disorder and the most common mental disorders including anxiety, depressive and psychotic disorders.

Epidemiology

Epidemiological studies of mental health and substance use disorders are vital to understanding the size and nature of the health challenges posed by these disorders. Our epidemiology stream aims to carry out epidemiological studies (both cross-sectional and longitudinal) examining the prevalence, correlates, and natural history of mental health and substance use disorders. We also aim to carry out studies to refine and improve the ways in which mental health and substance use disorders are diagnosed and classified. In order to understand the distribution and impact of mental health and substance use disorders, we use innovative data analysis techniques to undertake secondary analysis of existing epidemiological data sets, such as the Australian National Surveys of Mental Health and Wellbeing.

TRANSLATION

A fundamental goal of the CREMS is the dissemination and translation of research findings across all three streams of research. As depicted in Figure 1, our research is translated via four main mechanisms:

- Publications and presentations for scientific audiences;
- Workshops and training for professionals working in substance use, mental health, and related fields;
- The development of evidence-based resources for the public and professionals; and
- Contributions to public policy.

Our translational activities in 2013 have spanned all four of these domains and are detailed throughout this report.
MEMBER ORGANISATIONS

The CREMS brings together leading research academics from four Australian universities and three international universities.

University of New South Wales
University of Newcastle
University of Sydney
Macquarie University

University of Birmingham
Northwestern University
Medical University of South Carolina

AFFILIATED ORGANISATIONS

In addition to the seven member universities that founded the CREMS, a number of organisations are affiliated with us through active collaborations on CREMS projects. In 2013 these included:

Australian Centre for Posttraumatic Mental Health
Black Dog Institute
Centre for Youth Substance Abuse Research
Community Mental Health Drug and Alcohol Research Network
Headspace: Australia's National Youth Mental Health Foundation
Hunter Institute of Mental Health
Institute of Health and Biomedical Innovation
National Drug and Alcohol Research Centre
Northern Sydney Drug & Alcohol Service
Queensland University of Technology
Royal Prince Alfred Hospital
The Mental Health Services
University of Wollongong

GOVERNANCE STRUCTURE

The CREMS is led by Prof Maree Teesson (Director) and Prof Amanda Baker (Co-Director), and is overseen by an Executive Advisory Board (Figure 2). The Board comprises all 10 CREMS Chief Investigators (see Table 1) and is chaired by Prof Kevin Gournay (Kings College London) and Ms Leonie Manns (Consumer Advocate). In 2014, a post-doctoral representative will also be appointed to the Board.

Figure 2. CREMS Governance Structure
The Board makes decisions regarding the prioritisation and implementation of research and the administration of funds, and ensures that the key objectives of the CREMS are being met. In 2013, the Executive appointed a number of mid-career CREMS academics to oversee the development of the Prevention, Treatment and Epidemiology Streams: Dr Nicola Newton, Director of Prevention Research; Dr Katherine Mills, Director of Treatment Research (Clinical); Dr Frances Kay-Lambkin, Director of Treatment Research (e-health); and A/Prof Tim Slade, Director of Epidemiology Research. Dr Katherine Mills was also appointed as the CREMS Program Director, responsible for coordinating activities and making everyday operational decisions.

OUR PEOPLE

During its inaugural year, the CREMS had 77 members (Table 2) from multidisciplinary fields at varying stages of their research career. Membership is open to any researcher who is actively collaborating on any of our research projects or programs. A small team of research and administrative staff also provide support for the functioning of the CREMS.

Table 2. CREMS members

<table>
<thead>
<tr>
<th>Chief Investigators</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Prof Maree Teesson, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Amanda Baker, <strong>University of Newcastle</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Katherine Mills, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Frances Kay-Lambkin, <strong>University of New South Wales &amp; University of Newcastle</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Paul Haber, <strong>University of Sydney</strong></td>
<td></td>
</tr>
<tr>
<td>A/Prof Andrew Baillie, <strong>Macquarie University</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Helen Christensen, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Max Birchwood, <strong>University of Birmingham</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Bonnie Spring, <strong>Northwestern University</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Kathleen Brady, <strong>Medical University of South Carolina</strong></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associate Investigators</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Leonie Manns, <strong>Consumer Advocate</strong></td>
<td></td>
</tr>
<tr>
<td>Mr Trevor Hazell, <strong>University of Newcastle</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Robyn Richmond, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Cath Chapman, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>A/Prof Tim Slade, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Brian Kelly, <strong>University of Newcastle</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Brian Hitsman, <strong>Northwestern University</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Leanne Hides, <strong>Queensland University of Technology</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Pete Kelly, <strong>University of Wollongong</strong></td>
<td></td>
</tr>
<tr>
<td>Ms Marion Downey, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Prof Michael Farrell, <strong>University of New South Wales</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Glenys Dore, <strong>Northern Sydney Drug and Alcohol Service</strong></td>
<td></td>
</tr>
</tbody>
</table>
Table 2. CREMS members (continued)

<table>
<thead>
<tr>
<th>Senior Research Fellows</th>
<th>Research Fellows</th>
<th>Postdoctoral Research Fellows</th>
<th>Doctoral Candidates</th>
<th>Masters Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Kerry Inder, <em>University of Newcastle</em></td>
<td>Dr Emma Barrett, <em>University of New South Wales</em></td>
<td>Dr Heather Buchan, <em>University of New South Wales</em></td>
<td>Ms Louise Birrell, <em>University of New South Wales</em></td>
<td>Ms Kellie Cathcart, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Dr Sharlene Kaye, <em>University of New South Wales</em></td>
<td>Dr Ali Beck, <em>University of Newcastle</em></td>
<td>Dr Erica Chrome, <em>Macquarie University</em></td>
<td>Ms Katrina Champion, <em>University of New South Wales</em></td>
<td>Dr Danielle Florida, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Dr Nicola Newton, <em>University of New South Wales</em></td>
<td>Dr Natacha Carragher, <em>University of New South Wales</em></td>
<td>Dr Tonelle Handley, <em>University of New South Wales</em></td>
<td>Mr Mark Deady, <em>University of New South Wales</em></td>
<td>Ms Valerie Huens, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Dr Joanne Ross, <em>University of New South Wales</em></td>
<td>Dr Kerry Inder, <em>University of Newcastle</em></td>
<td>Dr Christina Marel, <em>University of New South Wales</em></td>
<td>Ms Miriam Forbes, <em>Macquarie University</em></td>
<td>Ms Anne Marie DeSouza, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Dr Wendy Swift, <em>University of New South Wales</em></td>
<td>Dr Lexine Stapinski, <em>University of New South Wales</em></td>
<td>Dr Kirsten Morley, <em>University of Sydney</em></td>
<td>Dr Andrew Gardner, <em>University of Newcastle</em></td>
<td></td>
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</table>
Table 2. CREMS members (continued)

<table>
<thead>
<tr>
<th>Research Psychologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Philippa Ewer, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Jenny Geddes, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Ms Joanne Gilsenan, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Sally Hunt, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Ms Julia Rosenfeld, <em>University of New South Wales</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Xanthe Larkin, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Eva Louise, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Natasha Nair, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Dayle Raftery, <em>University of Newcastle</em></td>
</tr>
<tr>
<td>Mr Bill Reda, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Mr Daniel Rodriguez, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Joanne White, <em>University of New South Wales</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associate Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/Prof Sudie Back, <em>Medical University of South Carolina</em></td>
</tr>
<tr>
<td>A/Prof Lucy Burns, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Dr Julianne Hellmuth, <em>Medical University of South Carolina</em></td>
</tr>
<tr>
<td>Prof Michelle Moulds, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Jaelea Skehan, <em>Hunter Institute of Mental Health</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Jasmin Bartlett, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Stephanie O’Donnell, <em>University of New South Wales</em></td>
</tr>
<tr>
<td>Ms Sandi Steep, <em>University of New South Wales</em></td>
</tr>
</tbody>
</table>
**KEY OBJECTIVES**

The CREMS has four key objectives with corresponding performance indicators. Table 3 outlines these objectives and indicators, and provides a summary of our progress towards achieving these aims.

*Table 3. Key objectives and performance indicators*

<table>
<thead>
<tr>
<th>Key objectives and progress indicators</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td><strong>5. Generate knowledge</strong></td>
<td></td>
</tr>
<tr>
<td>- An average of 20 ongoing research projects and 10 completed projects a year</td>
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<td><strong>6. Ensure translation of research knowledge</strong></td>
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<td>- Three annual training workshops in comorbidity attended by 500 clinicians</td>
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<td><strong>7. Train future research leaders</strong></td>
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<td>- Minimum of 13 new clinical researchers:</td>
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</tr>
<tr>
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</tr>
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</table>
1. GENERATE KNOWLEDGE

Performance indicators:
- An average of 20 ongoing research projects and 10 completed projects a year
- An average of 5 systematic reviews each year
- 40 peer-reviewed journal articles published or in press
- 200 citations of CRE publications

CURRENT AND COMPLETED PROJECTS

During 2013, 23 projects were ongoing and eight were completed across all of our research streams. In addition to our three main streams of prevention, treatment, and epidemiology, our research has also started expanding into the areas of translational and neuropsychiatric research.

Prevention

Table 4 provides a summary of ongoing and completed prevention projects. A brief description of each of these projects follows the table.

Table 4. Summary of Prevention Projects

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
<th>Grant Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAP study - Combining effective universal and targeted approaches to drug prevention</td>
<td>Nicola Newton, Maree Teesson, Tim Slade, Patricia Conrod, Katrina Champion, Erin Kelly, Julia Rosenfeld, Natasha Nair</td>
<td>NHMRC</td>
<td>$723,665</td>
</tr>
<tr>
<td>Climate Schools Combined (CSC) study: Internet-based prevention for anxiety, depression and substance use in young Australians</td>
<td>Maree Teesson, Nicola Newton, Tim Slade, Cath Chapman, Gavin Andrews, Louise Birrell, Zoe Tonks, Steve Allsop, Nyanda McBride</td>
<td>NHMRC</td>
<td>$1,709,987</td>
</tr>
</tbody>
</table>
Table 4. Summary of Prevention Projects (continued)

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
<th>Grant Funding</th>
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<tr>
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<tr>
<td>🌟 Climate Schools Interactive (CSI) study: A cluster randomised controlled trial of the internet-based Climate Schools: Ecstasy &amp; Emerging Drugs Module</td>
<td>Katrina Champion, Nicola Newton, Maree Teesson</td>
<td>NHMRC</td>
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<td>🌟 Development of an online portal of drug education resources for school communities</td>
<td>Lexine Stapinski, Nicola Newton, Daniel Rodriguez, Maree Teesson, Nyanda McBride, Steve Allsop, Bill Reda</td>
<td>AGDH</td>
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<td>🌟 Illicit drug resources for teachers, students and parents</td>
<td>Nicola Newton, Maree Teesson, Tim Slade, Wendy Swift, Frances Kay-Lambkin, Daniel Rodriguez</td>
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<td>🌟 Feasibility of the Climate Schools program in the United Kingdom</td>
<td>Nicola Newton, Maree Teesson</td>
<td>UNSW</td>
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The CAP Study – Combining effective universal and targeted approaches to drug prevention

**Project Members**

Dr Nicola Newton, Prof Maree Teesson, A/Prof Tim Slade, Prof Patricia Conrod

**Description**

The aim of the CAP (Climate and Preventure) study is to trial a comprehensive approach to preventing substance use and related harms in adolescents by combining effective ‘universal’ and ‘targeted’ school-based prevention programs. The CAP intervention builds on our unique success in this area through developing the effective universal internet-based Climate Schools program, and the selective personality-targeted Preventure program.
The Climate Schools Combined (CSC) study: Internet-based prevention for anxiety, depression and substance use in young Australians

Project members
Prof Maree Teesson, Dr Nicola Newton, A/Prof Tim Slade, Dr Cath Chapman, Prof Gavin Andrews, Prof Steve Allsop, Dr Nyanda McBride, Ms Louise Birrell, Ms Zoe Tonks

Description
Anxiety, depressive and substance use disorders account for three quarters of the disability attributed to mental disorders. Moreover, research indicates that these disorders are often comorbid, share common risk factors and interact. The peak of these disorders occurs in those aged 15-24 years old, which also corresponds with the typical period of onset. It is therefore important that effective preventative interventions begin early, before patterns of mental health and substance use disorder symptoms are established and begin to cause disability, as well as vocational, educational and social harm.

An array of preventative interventions for these disorders currently exists; however, the effectiveness of these programs is contentious. Furthermore, interventions are typically designed to target a single disorder at one time and there are few effective preventive programs which concurrently target these common disorders. The current study aims to address this gap by evaluating an integrative approach known as the CLIMATE Schools Combined (CSC) intervention, which includes the evidence-based ‘universal’ CLIMATE Schools Substance Use course and the ‘universal’ CLIMATE Schools Mental Health course. It is anticipated that this integrative approach will be more effective in reducing problems and symptoms associated with substance use and mental health disorders compared to the stand-alone interventions and usual school-based health education. The CSC study will be the first trial, internationally, to develop an integrative model for dissemination in schools across Australia.

The CSI (Climate Schools Interactive) study: A cluster randomised controlled trial of the internet-based Climate Schools: Ecstasy & Emerging Drugs Module

Project members
Ms Katrina Champion, Dr Nicola Newton, Prof Maree Teesson

Description
The aim of the CSI (Climate Schools Interactive) Study is to evaluate the Climate Schools: Ecstasy & Emerging Drugs module, an online school-based prevention program designed to educate adolescents about the harms associated with illicit drug use. The program is undergoing further development in 2013 to ensure that the content is up-to-date and relevant to teenagers today, to increase the level of interactivity between students and the program, and to incorporate educational content about the harms associated with Emerging Psychoactive Substances. The course will be trialled among Year 10 students in 2014 through a cluster randomised controlled trial. This study will be the first trial of an internet-based prevention program dedicated specifically to the prevention of ecstasy and emerging drugs.
Development of an online portal of drug education resources for school communities

Project members
Dr Lexine Stapinski, Dr Nicola Newton, Mr Dan Rodriguez, Prof Maree Teesson, Dr Nyanda McBride, Prof Steve Allsop

Description
Providing young people with accurate, up-to-date information and support is the best way to prevent the harms associated with drug and alcohol use. The Department of Health has identified the need for an online portal to help school communities access evidence-based information and drug prevention programs. With input from teachers, parents and students across Australia, we are compiling drug education resources that are engaging, interactive, and proven to improve student wellbeing.

Feasibility of the Climate Schools program in the United Kingdom

Project members
Dr Nicola Newton, Prof Maree Teesson, Prof Patricia Conrod

Description
The aim of this study was to examine the feasibility and acceptability of the universal internet-based Climate Schools program in the United Kingdom. Climate Schools is an evidence-based prevention course, aimed at reducing alcohol and cannabis use and consists of two sets of six lessons delivered approximately six months apart. 322 students were recruited from Year 9 classes at two secondary schools in London and were assessed at baseline and immediately following the full intervention on their levels of alcohol and cannabis use, as well as related knowledge, harms, and attitudes. Results from this feasibility trial were promising and evaluations from teachers and students were extremely positive. Internet-based drug prevention is therefore feasible and acceptable for use in the United Kingdom. A full evaluation trial of the Climate Schools program is now needed.

Illicit drug resources for teachers, students and parents

Project members
Dr Nicola Newton, Prof Maree Teesson, A/Prof Tim Slade, Dr Wendy Swift, Dr Frances Kay-Lambkin

Description
The aim of this project is to develop, test and deliver an illicit drugs resource package for use by teachers, parents, and students in Years 9-11. The package will complement the 2012-13 phase of the National Drugs Campaign and be made available on the campaign website and in hard copy to requesting high schools. The package will include booklets on illicit drugs and related harms for teachers, parents, and students, as well as an interactive game for students.
## Treatment

Table 5 provides a summary of ongoing and completed treatment projects. A brief description of each of these projects follows the table.

*Table 5. Summary of Treatment Projects*

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
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</tr>
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<tbody>
<tr>
<td><strong>Ongoing</strong></td>
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<tr>
<td><a href="#">A Randomized controlled trial of N-acetylcysteine for drug relapse prevention</a></td>
<td>Peter Kalivas &amp; Sudie Back (Co-Principal Investigators)</td>
<td>US Dept of Defense</td>
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<td><a href="#">Australian longitudinal study of heroin dependence: An 11 year prospective cohort study of mortality, abstinence, criminality and psychiatric comorbidity among heroin users</a></td>
<td>Maree Teesson, Katherine Mills, Joanne Ross, Tim Slade, Shane Darke, Michael Lynskey, Lucy Burns, Christina Marel, Sonja Memedovic, Philippa Ewer, Joanne White</td>
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<td><a href="#">Buspirone treatment for marijuana dependence</a></td>
<td>Aimee McRae-Clark (Principle Investigator), Kathleen Brady (Co-investigator)</td>
<td>NIH/NIDA</td>
<td>US$1,599,483</td>
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<td><a href="#">The DEAL Project: an online intervention for comorbid depression and alcohol use in young people</a></td>
<td>Mark Deady, Maree Teesson, Frances Kay-Lambkin, Katherine Mills</td>
<td>UNSW</td>
<td>$78,000</td>
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<td><a href="#">Eating as Treatment (EAT): A stepped wedge, randomised controlled trial of a health behaviour change intervention provided by dietitians to improve nutrition in head and neck cancer patients undergoing radiotherapy</a></td>
<td>Amanda Baker, Gregory Carter, Judith Bauer, Luke Wolfenden, Chris Wratten, Alison Beck, Ben Britton</td>
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**Table 5. Summary of Treatment Projects (continued)**

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<tr>
<td>✪ Efficacy of behavioural activation therapy (Activate) in treating depression among dependent illicit drug users</td>
<td>Joanne Ross, Maree Teesson, Katherine Mills, Sharlene Kaye, Kathleen Brady, Glenys Dore, Carl Lejeuz, Katrina Prior, Xanthe Larkin, Joanne Gilsenan, Philippa Ewer</td>
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<td>Paul Haber, Andrew Baillie, Kirsten Morley, Warren Logge</td>
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<td>✪ Integrated treatment of OEF/OIF veterans with PTSD and substance use disorders</td>
<td>Sudie Back (Principal Investigator)</td>
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<td>✪ Healthy lifestyle intervention for cardiovascular disease risk reduction among people with psychotic disorders</td>
<td>Amanda Baker, Robyn Richmond, David Castle, Frances Kay-Lambkin, Jayashri Kulkarni, Jill Williams</td>
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<td>✪ Healthy Lifestyles LITE</td>
<td>Amanda Baker, Frances Kay-Lambkin, Pete Kelly, Bonnie Spring, Clare Collins, Robin Callister</td>
<td>University of Newcastle</td>
<td>$20,000</td>
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<td>✪ Randomised clinical trial of internet-based treatment for binge drinking and depression in young Australians</td>
<td>Frances Kay-Lambkin, Amanda Baker, Maree Teesson, Kathleen Brady, Terry Lewin</td>
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<td>✪ Randomised controlled trial of treatment for alcohol use problems and social phobia</td>
<td>Andrew Baillie, Maree Teesson, Paul Haber, Claudia Sannibale, Ronald Rapee, Lexine Stapinski, Mikki Subotic</td>
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Table 5. Summary of Treatment Projects (continued)

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<td>Leanne Hides, Amanda Baker, Helen Stain, Christopher Jackson, Rhoshel Lenroot, Georgie Paulik, Patrick McElduff, Luke Wolfenden</td>
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<td>Katherine Mills, Maree Teesson, Amanda Baker, Frances Kay-Lambkin, Glenys Dore, Claudia Sannibale</td>
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<td>Katherine Mills, Maree Teesson, Amanda Baker, Kathleen Brady, Claudia Sannibale, Sally Hopwood, Sudie Back</td>
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<td><img src="schema" alt="Group schema therapy for the treatment of co-occurring depression and opioid dependence" /></td>
<td>Joanne Ross, Katherine Mills, Sharlene Kaye, Frances Kay-Lambkin, Glenys Dore, Mark Deady</td>
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<td><img src="single" alt="Single-focussed versus integrated cognitive behaviour therapy for co-occurring depression and alcohol use problems" /></td>
<td>Helen Stain, Christopher Jackson, Leanne Hides, Rhoshel Lenroot, Georgie Paulik, Amanda Baker, Patrick McElduff, Luke Wolfenden</td>
<td>NHMRC</td>
<td>$777,500</td>
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</table>
A brief intervention for traumatised clients of alcohol and other drug treatment services

**Project members**
Dr Katherine Mills, Prof Maree Teesson, Prof Amanda Baker, Dr Frances Kay-Lambkin, Dr Glenys Dore, Dr Claudia Sannibale

**Description**
Trauma exposure and post-traumatic stress disorder (PTSD) are highly prevalent among clients of alcohol and other drug (AOD) treatment services. There is expert agreement that to improve the outcomes of individuals with substance use disorders (SUD) who have experienced trauma, AOD treatment services need to incorporate trauma-specific interventions. There are, however, very few evidence-based treatment options for AOD clients who have experienced trauma and/or have PTSD. Those that do exist possess a number of characteristics that inhibit their ability to be implemented in AOD services: they tend to be lengthy, treatment retention is relatively poor, and they require extensive training and clinical supervision. For these reasons, many AOD clinicians are not able, or willing, to implement these interventions in clinical practice. A brief intervention for trauma-related symptoms may be more attractive, feasible and sustainable to both clients and AOD workers. Brief interventions are less time and resource intensive, and they may be applied across a variety of settings, by a range of clinicians, with minimal training. The present study sought to pilot test, in an uncontrolled trial, the feasibility of a brief intervention for traumatised clients of AOD treatment services. The study findings provide preliminary evidence that brief psychoeducation for traumatised clients of AOD services is safe and appears to have some benefit in relation to PTSD symptoms. Severity of PTSD symptoms significantly decreased from baseline to one-week follow up and these reductions were retained through to the three-month follow up. However, while PTSD symptoms decreased, patients were still experiencing symptoms at severe levels. There was also no change in relation to post traumatic cognitions, and initial improvements in substance use were not maintained. Thus, the brief intervention may best be conceptualised as a “stepping stone” to further trauma treatment. Further research examining the brief intervention in the context of stepped-care approaches to treatment may be beneficial.

The Australian Treatment Outcome Study

**Project members**
Prof Maree Teesson, Dr Katherine Mills, Dr Joanne Ross, A/Prof Tim Slade, Prof Shane Darke, Prof Michael Lynskey, Dr Lucy Burns

**Description**
Heroin dependence is remarkably persistent, and in many cases it is a lifelong condition with a high mortality rate. Yet, the natural history of heroin dependence has rarely been studied. The Australian Treatment Outcome Study (ATOS) is a landmark Australian cohort study examining outcomes from heroin dependence. There were 615 participants recruited to the study in 2001-2002 and followed up over three years. The 11-year follow-up commenced in 2012, making it one of the longest and most comprehensive prospective follow-ups of Australian heroin users. An 11-year follow-up presents the unique opportunity to examine: Mortality rates, remission rates, criminal histories and levels of
psychopathology; as well as predictive factors of long term remission, mortality, criminality and the health service utilisation associated with heroin use careers.

**Buspirone treatment for marijuana dependence**

*Project members*

A/Prof Aimee McRae-Clark (Principle Investigator), Prof Kathleen Brady (Co-investigator)

*Description*

Marijuana is the most commonly used illicit drug, yet few clinical trials have evaluated pharmacotherapy treatments for marijuana dependence. This study will evaluate the efficacy of buspirone for reducing marijuana use in marijuana-dependent adults. A contingency management intervention and motivational enhancement therapy will be incorporated to encourage study engagement and retention. It is hypothesised that buspirone combined with motivational enhancement therapy and contingency management will reduce the percent of marijuana-positive urine drug screen results in marijuana-dependent individuals as compared to a placebo treatment combined with motivational enhancement therapy and contingency management.

**The Deal Project**

*Project members*

Mr Mark Deady, Prof Maree Teesson, Dr Frances Kay-Lambkin, Dr Katherine Mills

*Description*

Depression and alcohol misuse represent two of the major causes of disease burden in young people today. These conditions frequently co-occur and this co-occurrence is associated with increased risks and poorer outcomes than either disorder in isolation. Integrated treatments have been shown to be effective. However, there remains a significant gap between those in need of treatment and those receiving it, particularly in young people. The increased availability of Internet-based programs to complement health care presents a unique opportunity in the treatment of these conditions. The DEAL project program is the first online intervention aimed to specifically treat depression and alcohol use in young adults. The program is currently recruiting young people aged 18-25 who are currently depressed and use alcohol to cope.

**D-Cycloserine facilitation of cocaine-cue extinction**

*Project members*

Prof Kathleen Brady (Principle Investigator)

*Description*

Cocaine dependence remains a serious problem in the United States today and in spite of two decades of intense research, efficacious pharmacotherapeutic treatments have not been identified. Cocaine-associated environmental cues can elicit drug craving and exposure to cocaine-related cues is likely to be involved in relapse. Emerging data supports the role of glutamate in extinction learning. D-cycloserine (DCS), a partial glutamate agonist, facilitates extinction of associative learning in animal models of fear-
conditioning and clinical studies of exposure treatment for anxiety disorders. A recent study demonstrated DCS acceleration of extinction of cocaine-induced conditioned place preference in rats (Botreau et al., 2006). Exploration of DCS in facilitating extinction of response to drug-related cues in humans is needed. This study extended these innovative and promising findings from the basic science arena and anxiety disorders field in a proof of concept investigation of DCS facilitation of extinction of response to cocaine-related cues in a human laboratory paradigm. In addition, to examine the neural substrates of extinction learning, a sub-set of individuals that were willing and eligible underwent fMRI scanning procedures before and after the extinction protocol.

**Eating as Treatment (EAT): A stepped wedge, randomised controlled trial of a health behaviour change intervention provided by dietitians to improve nutrition in head and neck cancer patients undergoing radiotherapy**

*Project members*

Prof Amanda Baker, Gregory Carter, Judith Bauer, Luke Wolfenden, Chris Wratten, Alison Beck, Ben Britton

*Description*

Maintenance of adequate nutrition in head and neck cancer patients is challenging. The rigours of radiation treatment and the burden of the malignancy make it difficult for head and neck cancer patients to maintain sufficient nutrition. In addition, they have higher levels of mental illness such as depression and anxiety and also higher levels of substance dependence, including alcohol misuse. It is therefore surprising that health behaviour interventions designed to improve nutritional status these patients have not been evaluated. This trial aims to build on promising pilot data to evaluate for the first time a dietitian delivered health behaviour intervention (Eating As Treatment; EAT) to improve nutritional status among head and neck cancer patients.

**Efficacy of behavioural activation therapy (Activate) in treating depression among dependent illicit drug users**

*Project members*

Dr Joanne Ross, Prof Maree Teesson, Dr Katherine Mills, Dr Sharlene Kaye, Prof Kathleen Brady, Dr Glenys Dore, Prof Carl Lejeux

*Description*

Drug dependence is a chronic relapsing condition, associated with high levels of psychopathology. On entry to drug and alcohol treatment approximately 25% of heroin users and 40% of methamphetamine users meet criteria for major depression, and this comorbidity has been linked to poorer treatment outcomes. Despite this, the development and assessment of behavioural interventions for depression among illicit drug users has received little empirical attention. One treatment approach that has shown promise among residential rehabilitation clients in the United States is Behavioural Activation Therapy for Depression (BATD-R; Lejuez et al., 2011). BATD-R is a structured treatment that aims to activate clients in specific ways that will increase rewarding experiences in their lives. BATD-R is more time efficient and less complex than most other treatments for depression. The current study seeks to
examine the feasibility of using BATD-R among depressed opioid replacement therapy and residential rehabilitation clients.

**Efficacy and biobehavioural basis of Baclofen in treatment of alcoholic liver disease**

*Project members*

Prof Paul Haber, A/Prof Andrew Baillie, Dr Kirsten Morley, Mr Warren Logge

*Description*

This is a double-blind randomised placebo-controlled study investigating the efficacy of baclofen for the treatment of alcohol dependence in patients with alcoholic liver disease. Medications will be given for 12 weeks, with a further six months follow-up. Both male and female participants will be recruited to this study. Trial patients will be randomised to one of three treatment groups: (1) baclofen 30mg/day (10 mg t.i.d), (2) baclofen 75mg/day (25 mg t.i.d) or (3) Placebo (3 matched tabs/day).

**Group schema therapy for the treatment of co-occurring depression and opioid dependence**

*Project members*

Dr Joanne Ross, Dr Katherine Mills, Dr Sharlene Kaye, Dr Frances Kay-Lambkin, Dr Glenys Dore, Mr Mark Deady

*Description*

Heroin dependence is a chronic relapsing condition, associated with high levels of psychopathology. On entry to treatment approximately one quarter of heroin users meet criteria for Major Depression (MD). While cognitive behavioural therapy has the greatest evidence base for the treatment of MD, it makes several assumptions that do not hold true for clients with chronic problems, such as long term drug dependence, and chronic depression. Schema therapy significantly expands on traditional cognitive behavioural treatments, and appears well suited to clients with chronic psychological disorders who have been difficult to treat. It places greater emphasis on exploring the childhood and adolescent origins of psychological problems, and on maladaptive coping styles. This study aims to pilot test, in a small, randomised controlled trial, the feasibility of a group intervention for chronically depressed, opioid dependent clients of AOD treatment services.

**Healthy Lifestyle intervention for cardiovascular disease risk reduction among people with psychotic disorders**

*Project members*

Prof Amanda Baker, Prof Robyn Richmond, Dr Frances Kay-Lambkin, Prof Jayashri Kulkarni, A/Prof Jill Williams

*Description*

The project aims to test the effectiveness of a multi-component Healthy Lifestyles intervention to promote smoking cessation and reduce cardiovascular (CVD) risk among people with psychosis in a randomised controlled trial, recruiting subjects from three Australian cities. The Healthy Lifestyles intervention consists of nicotine replacement therapy plus eight weekly, three fortnightly and six
monthly motivational interviewing/cognitive-behavioural counselling sessions over nine months. The control condition consists of nicotine replacement therapy plus one face to face session followed by seven weekly, three fortnightly and six monthly 10 minute telephone sessions focusing on smoking cessation and use of nicotine replacement therapy.

**Healthy Lifestyles LITE**

**Project members**

Prof Amanda Baker, Dr Frances Kay-Lambkin, Dr Pete Kelly, Prof Bonnie Spring, Dr Clare Collins, Prof Robin Callister

**Description**

Interventions for CVD risk behaviours among people with severe mental disorders are rare and often focus on only one risk behaviour. This project addresses the inequities in cardiac health between the general community and those with severe mental disorders. In this study, we will evaluate a low-intensity, telephone-delivered health behaviour intervention, with potentially broad reach into the mental health client population. Building upon our existing novel research in which we have evaluated an intervention to modify multiple CVD risk behaviours among smokers with severe mental disorders, we will evaluate the efficacy of a Low-Intensity Telephone-delivered intervention (Healthy Lifestyles LITE) that focuses on five specific CVD risk behaviours: smoking, high-saturated-fat diet, low-fibre diet, physical inactivity, and high level of alcohol consumption. The two primary outcomes will be an overall healthy lifestyle behaviour score (a pooled z-score reflecting the five specific CVD risk behaviours which are the basis of eligibility for entrance into the study) and C-reactive protein, a biomedical marker of CVD risk.

**Integrated exposure based therapy for co-occurring post traumatic stress disorder and substance dependence: A randomised controlled trial**

**Project members**

Dr Katherine Mills, Prof Maree Teesson, Prof Amanda Baker, Prof Kathleen Brady, Dr Claudia Sannibale, Ms Sally Hopwood, A/Prof Sudie Back

**Description**

There has long been concern that exposure therapy for PTSD may be inappropriate for patients with co-occurring substance dependence. This study was the first randomised controlled trials to examine the efficacy of an integrated exposure-based therapy for PTSD and SD called Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). Contrary to popular belief, participants randomised to receive the exposure based intervention did not demonstrate poorer substance use outcomes relative to the treatment as usual control group. On the contrary, compared to individuals randomised to receive usual treatment for substance dependence alone, individuals randomised to receive COPE in addition to usual treatment for substance dependence demonstrated significantly greater reductions in PTSD symptom severity without exacerbating substance use. The complex trauma, substance use and psychiatric presentations commonly found among individuals with PTSD and substance dependence should not be a deterrent to providing trauma-focused treatment.
Integrated treatment of OEF/OIF veterans with PTSD and substance use disorders

**Project members**
A/Prof Sudie Back (Principal Investigator)

**Description**
As a result of sustained operations in Afghanistan and Iraq, there are an increasing number of United States military personnel and Veterans at risk of developing both SUD and PTSD. If left untreated, individuals with SUD and/or PTSD are at risk for other mental health problems (e.g., depression), suicidal ideation and attempts, physical health problems, reduced resiliency, lost productivity, and family/relationship impairment. While mental health services are in place for United States military personnel, substantial gaps in the treatment of co-occurring SUD and PTSD exist and there is little scientific evidence available to guide the provision of care. The proposed study directly addresses this knowledge gap by testing the feasibility and preliminary efficacy of an integrative behavioural intervention for the treatment of co-occurring SUD and PTSD modified for use among United States military personnel (including National Guard and Reservists) who have served in Operation Enduring Freedom and/or Operation Iraqi Freedom (OEF/OIF). The intervention, called "Concurrent Treatment with Prolonged exposure" or "COPE," represents a novel treatment that integrates cognitive-behavioural therapy for SUD with prolonged exposure therapy for PTSD. In earlier studies with civilians, COPE has demonstrated efficacy in reducing alcohol and drug use severity, PTSD symptoms, and associated mental health problems (e.g. depression, anxiety). In this hybrid Stage Ib/Stage II study, we will (1) use a manualised, well-tolerated, behavioural treatment for SUD and PTSD (COPE); (2) employ a two-arm randomised between-groups experimental design (COPE versus a modified treatment-as usual); and (3) examine standardised, repeated dependent measures of clinical outcomes and process variables at five time points (pre-, mid-, and post-treatment; three- and six-month follow-up). The findings of this study will provide empirical evidence to inform policies and programs to better serve the needs of United States military personnel, Veterans, and their families.

Randomised clinical trial of internet-based treatment for binge drinking and depression in young Australians

**Project members**
Dr Frances Kay-Lambkin, Prof Amanda Baker, Prof Maree Teesson, Prof Kathleen Brady, Mr Terry Lewin

**Description**
In the developed world, two major modifiable disease burdens are Depression and alcohol use. Efficacious treatments for these conditions are available, and if implemented widely in clinical practice, could significantly impact on the burden of illness. However, treatment rates for people with alcohol use problems and depression are unacceptably low, and when treatment seeking does occur, needs are not being met. This is particularly true for young people, who are notoriously more difficult to engage and retain in traditional treatment services than adults. Given the significant costs of alcohol misuse and depression on the global community, and the observation that depressed mood and alcohol misuse in the form of binge drinking peaks in young adulthood, this is unacceptable. Intervening early in the development of mood and alcohol use disorders is essential if we are to have any hope of modifying the disease burden produced by these conditions. Effective, relevant and engaging interventions for
depressed mood and binge drinking in young people are urgently required. This study will address this important gap in evidence and service provision. We will directly target young people with comorbid depression and binge drinking behaviours and, for the first time, evaluate an internet-based psychological treatment program, augmented with peer-driven social networking. This program can easily be translated into primary care, clinical and real world settings for use by young people experiencing these conditions. Via this study, we aim to demonstrate that:

1) Young people will engage with and benefit from web-based treatments that target depressed mood and binge drinking; and
2) There will be additional benefits of peer-led social influence on engagement and mood and binge drinking outcomes for young people, when offered in conjunction with a web-based treatment for depressed mood and binge drinking.

**Randomised controlled trial of treatment for alcohol use problems and social phobia**

*Project members*
A/Prof Andrew Baillie, Prof Maree Teesson, Prof Paul Haber, Dr Claudia Sannibale, Prof Ronald Rapee, Dr Lexine Stapinksi

*Description*
Randomised controlled trial of combined cognitive behavioural therapy (CBT) for alcohol use problems and social phobia. For comorbid alcohol use and social anxiety disorders, does combined CBT do better than CBT for alcohol alone in improving symptoms of either anxiety or alcohol or quality of life?

**Single-focussed versus integrated cognitive behaviour therapy for co-occurring depression and alcohol use problems**

*Project members*
Dr Helen Stain, Dr Christopher Jackson, Dr Leanne Hides, Professor Rhoshel Lenroot, Dr Georgie Paulik, Prof Amanda Baker, Dr Patrick McElduff, Dr Wolfenden

*Description*
This study proposed a large-scale randomised controlled trial of CBT for people with co-occurring depression and alcohol use problems. This study was significant, because it was one of the first to explore effective treatment approaches among people with co-occurring depressive and alcohol use problems. Resolution of these issues will better inform the treatment choices of clinicians practicing in both mental health and alcohol/other drug settings. Importantly, this will potentially improve the match between treatment and people with depression and substance use problems, a clinically prevalent population encountered in community settings.
Social well-being and engaged living (SWEL) intervention for Australian youth at risk of mental health and other adverse outcomes

Project members
Dr Leanne Hides, Prof Amanda Baker, Dr Helen Stain, Dr Christopher Jackson, Prof Rhoshel Lenroot, Dr Georgie Paulik, Dr Patrick McElduff, Dr Luke Wolfenden

Description
Adolescence is a period of rapid physical, emotional and social growth. Young people are faced with significant developmental challenges including the establishment of a stable identity, mastery of personal relationships and the achievement of major educational and vocational goals. Many young people lack the socio-emotional skills necessary to successfully negotiate the transition through adolescence, and are at increased risk of disengaging from education, family and community. Once disengaged, youth are at risk of a range of adverse outcomes such as reduced social and community participation in young adulthood and beyond. Much of this social disadvantage could be avoided if disengaged youth had access to effective prevention and early intervention programs. This is the first clinical trial to investigate the efficacy of a telephone delivered intervention for improving the social engagement and emotional well-being of disengaged rural and urban youth. There will be 294 youth aged 12-25 years randomised to receive either (1) eight sessions of Social Well-being and Engaged Living intervention (SWEL), (2) eight sessions of Befriending, or (3) Single Session Psycho-Education. We will engage with the Aboriginal communities in our catchment regions through consultation and collaboration; employment and training of Aboriginal youth liaison officers; consultation, and liaison and education with Aboriginal key workers in the community for referral of disengaged youth. Our unique intervention aims to foster positive social and emotional skills in adolescents, to decrease the risk of adverse outcomes and promote health enhancing lifestyles. It will facilitate the resumption of education, training or employment and enhance the social inclusion of disengaged youth. Our clinical trial will increase access to effective early intervention for disengaged urban and rural youth to improve the mental health and well-being of all young Australians.
Epidemiology

Table 6 provides a summary of ongoing and completed epidemiology projects. A brief description of each of these projects follows the table.

Table 6. Summary of Epidemiology Projects

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
<th>Grant funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007 National Survey of Mental Health and Wellbeing (NSMHWB)</td>
<td>Tim Slade, Amy Johnston, Cath Chapman, Maree Teesson, Katherine Mills</td>
<td>AGDH</td>
<td>$425,000</td>
</tr>
<tr>
<td>Diagnosing major depression in older Australian adults: Is there evidence for age-related bias?</td>
<td>Matt Sunderland, Natacha Carragher, Philip Batterham, Heather Buchan, Tim Slade, Eva Louie</td>
<td>NHMRC</td>
<td>$197,845</td>
</tr>
<tr>
<td><strong>Completed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol use disorders in young adults: “Youthful epidemic” or diagnostic bias?</td>
<td>Tim Slade, Maree Teesson, Robert Kruger, Louise Mewton</td>
<td>NHMRC</td>
<td>$198,874</td>
</tr>
<tr>
<td>Secondary traumatic stress among alcohol and other drug workers</td>
<td>Katherine Mills, Maree Teesson, Philippa Ewer, Claudia Sannibale, Ann Roche</td>
<td>UNSW</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

2007 National Survey of Mental Health and Wellbeing (NSMHWB)

Project members

A/Prof Tim Slade, Ms Amy Johnston, Dr Cath Chapman, Prof Maree Teesson, Dr Katherine Mills

Description

The 2007 NSMHWB was conducted to provide updated evidence on the prevalence of mental illness in the Australian population, the amount of associated disability, comorbidity of mental disorders and comorbidity of mental disorders and chronic physical conditions, and the use of health services by people with mental disorders. The 2007 NSMHWB is a general household survey of the adult population aged 16-85 years, which was conducted by the Australian Bureau of Statistics from August to December.
2007. This project aims to disseminate the findings of the 2007 NSMHWB regarding the prevalence and impact of mental and substance use disorders.

**Alcohol use disorders in young adults: "Youthful epidemic" or diagnostic bias?**

*Project Members*

A/Prof Tim Slade, Prof Maree Teesson, Prof Bob Kruger, Dr Louise Mewton

*Description*

Epidemiological studies show that one in five Australians aged 18-24 are diagnosed as having an alcohol use disorder. However, there is evidence to suggest that young adults may interpret the diagnostic criteria differently to older adults. The current study aimed to validate the alcohol use disorder criteria in younger populations through the use of novel cognitive interviewing techniques. Results showed that while young adults understand some of the alcohol use disorder diagnostic criteria as intended (e.g., tolerance), other criteria are misinterpreted, resulting in an over-estimation of the prevalence of alcohol use disorders in this age group.

**Diagnosing major depression in older Australian adults: Is there evidence for age-related bias?**

*Project members*

Dr Matthew Sunderland, Dr Natacha Carragher, Dr Heather Buchan, A/Prof Tim Slade

*Description*

Epidemiological studies have consistently indicated that the prevalence of depression decreases with increasing age. Researchers have debated whether this finding is a real age-dependent decline or an artefact of sampling and assessment. This study seeks to use statistical methods and cognitive interviewing to investigate the potential for age-related bias in the criteria for major depression. The study will make recommendations to improve the diagnostic methods used diagnose and treat major depression in old age.

**Secondary traumatic stress among alcohol and other drug workers**

*Project members*

Dr Katherine Mills, Prof Maree Teesson, Ms Philippa Ewer, Dr Claudia Sannibale, Prof Ann Roche

*Description*

There is a growing literature documenting the high prevalence of trauma exposure and PTSD among people with AOD use disorders. Indeed, in this population, trauma exposure is almost universal and up to one-third of this group has current PTSD. Studies have shown that individuals who are involved in the assessment and treatment of traumatised clients may be at risk of secondary traumatic stress (STS), which is described as particular behaviours, emotions and stress that result from helping or wanting to help traumatised individuals. STS has been referred to as an occupational hazard for those working with trauma survivors; however, limited research has been conducted in the area. To our knowledge only one United States study has examined STS among the AOD workforce. It found that 19% of the AOD workers...
assessed met criteria for current STS. While STS has been explored among the AOD workforce in the United States, the degree to which it is suffered by AOD workers in Australia is unknown. The aims of the study are to address two research questions: (1) What is the prevalence of STS among AOD workers in Australia?; and (2) What factors are associated with the presence of STS and its severity (e.g., professional experience and training; a personal history of trauma exposure and PTSD)?

**Translational**

*Table 7. Summary of Translational Projects*

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
<th>Grant funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How do we translate research investments into clinical outcomes in Australian mental health services?</strong></td>
<td>Erica Crome, Andrew Baillie, Tim Slade, Matt Sunderland, Frances Kay-Lambkin</td>
<td>Macquarie University</td>
<td>$49,948</td>
</tr>
</tbody>
</table>

**How do we translate research investments into clinical outcomes in Australian mental health services?**

*Project members*

Dr Erica Crome, A/Prof Andrew Baillie, A/Prof Tim Slade, Dr Matthew Sunderland, Dr Frances Kay-Lambkin

*Description*

Whilst there is growing evidence about the barriers to evidence-based practice in mental health treatment, we understand little about what information clinicians actually use, or their ongoing information needs. This project aims to broaden the typical focus on individual professions and barriers to implementation, and develop an understanding of the information needs of all mental health clinicians in Australia to optimise the dissemination of research into clinical practice.
Neuropsychiatric

Table 8. Summary of Neuropsychiatric Projects

<table>
<thead>
<tr>
<th>Project name</th>
<th>Investigators</th>
<th>Funding Body</th>
<th>Grant funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>💫 Binge drinking and the adolescent frontal lobe</td>
<td>Maree Teesson, Lucie Swaffield, Caroline Rae, Roland Henry, Louise Mewton</td>
<td>NDARC</td>
<td>$22,000</td>
</tr>
<tr>
<td>💫 The impact of real-time fMRI feedback on response to nicotine cues</td>
<td>Mark George &amp; Kathleen Brady (Co-Principal Investigators)</td>
<td>NIH/NIDA</td>
<td>US$2,059,558</td>
</tr>
</tbody>
</table>

**Binge drinking and the adolescent frontal lobe**

*Project members*

Prof Maree Teesson, Ms Lucie Swaffield, Prof Caroline Rae, Prof Roland Henry, Dr Louise Mewton

*Description*

Adolescence is a critical period for brain development, with active rewiring of circuitry that is necessary in successful development of “adult” adaptive patterns of behaviour, such as the frontal lobe and its connections. Binge drinking practices may interfere with the development of these important circuits. The available evidence supports the hypothesis that heavy adolescent alcohol consumption disrupts cortical development and promotes continued impulsive behaviour, alcohol abuse and risk of alcohol dependence. However, there are few studies of the brain particularly targeted to binge drinking effects in adolescent humans and none examining the crucial development of connectivity in relation to cognition.

**The impact of real-time fMRI feedback on response to nicotine cues**

*Project members*

Prof Mark George and Prof Kathleen Brady (Co-Principal Investigators)

*Description*

Nicotine dependence is the leading preventable cause of mortality in the world today. Cue-induced craving is likely to play an important role in relapse. The neural correlates of smoking cue-induced craving and extinction have been elucidated using fMRI. Recent advances make it possible to utilise real-time fMRI (rtfMRI) feedback to modify behaviour, cognitions and regional brain activity. The purpose of this study is to develop the imaging parameters, brain-computer interface, and standardised procedures for using rtfMRI with visual feedback to help nicotine-dependent individuals decrease craving when
presented with smoking cues. The exploratory nature of this study requires a phased approach. Phase 1 will focus on the development of the technology and study paradigm. In order to proceed to Phase 2, there must be convincing evidence that a substantial proportion of nicotine-dependent individuals can manipulate brain activity in critical brain regions associated with smoking cue-induced craving based on rtfMRI visual feedback. If this is established, a controlled comparison and duration of effect will be explored in Phase 2. This project will set the stage for clinical trials investigating a very innovative approach to the treatment of nicotine dependence and other substance use disorders. The study will provide critical information about optimal techniques, durability and “transferability” of the effects to situations outside of the scanner. The findings of this study can be used to inform the design of a clinical trial to investigate the use of rtfMRI neuromodulation training in smoking cessation.

**FUTURE PROJECTS: GRANT DEVELOPMENT PROGRAM**

The CREMS Grant Development Program was established in 2013 to support the generation of innovative new research projects and foster collaboration across CREMS institutions and research streams. The program consists of a *Grant Development Workshop* and a *Response to Reviewers Workshop*.

The aim of the *Grant Development Workshop* is to (1) present NHMRC grant proposals that are planned for submission in the following year to CREMS colleagues for feedback; and (2) assist junior researchers and academics to learn about the process of developing a grant application and the reviews process it will undergo. The aim of the *Response to Reviewers Workshop* is to discuss and provide strategies with CREMS colleagues in preparing responses to NHMRC grant reviews.

All CREMS academics, postdoctoral fellows, postgraduate students, and research staff are encouraged to attend, regardless of whether they are submitting a grant, and no matter what level of grant writing experience they have. The workshops provide a fantastic opportunity to learn skills that are essential for all researchers. The objective is to provide critical and constructive feedback with the aim of improving the grants overall score and ultimately improve its chance of success.

**Grant Development Workshop**

The first CREMS Grant Development Workshop was held over two days, on 12-13 December 2013, at UNSW. The workshop brought together a team of 20 researchers from UNSW, Macquarie University, the University of Newcastle, and Sydney University, in a fun and collaborative environment to discuss future grant applications and strategies for submission.

Day 1 consisted of a grant review process modelled on that used by NHMRC Grant Review Panels. Each grant was assigned two spokespersons to provide comprehensive feedback to the authors and guide group discussions. The attending members reviewed seven grant applications in total that showcased the full range of research conducted at the CREMS. Day 2 involved less formal group discussions of four new and emerging grant ideas as well as grant submission strategies and presentations from the UNSW Research Strategy Office. The two day grant development workshop was highly successful and provided a valuable opportunity to receive comprehensive feedback and learn from the team’s collective experiences with obtaining competitive research funding.
Response to Reviewers Workshop

This half-day workshop was held in July following the receipt of NHMRC reviewers comments. Approximately 20 members attended and provided constructive feedback, in a fun and supportive environment, to assist and strategise responses to the reviewers comments. Eleven project grants were reviewed.

PUBLICATIONS

More than 160 peer-reviewed journal articles were published by CREMS members in 2013 (including nine systematic reviews), in addition to six book chapters.

Peer-reviewed journal articles


44. Christensen, H., & Mackinnon, A.J. (2013). Review: computerised CBT improves adult depression in the short-term, but its effect may have been overestimated previously. *Evidence Based Mental Health Online* 16(4): 119.


90. **Hunt, G., Cleary, M., Morley, K.C., Sitharthan, R., & Siegfried, N.** (2013). Psychosocial interventions for people with both severe mental illness and substance misuse. *Cochrane Database of Systematic Reviews 10:* CD001088


144. Teesson, M., Newton, N., Slade, T., Chapman, C., Allsop, S., Hides, L., McBride, N., Mewton, L.,


Self-Report Scale (ASRS) as a screener for adult ADHD in treatment seeking substance use disorder patients. *Drug and Alcohol Dependence*, Advance online publication, 1-10.


**Book chapters**


CITATIONS

Based on analysis of data from Thomson Reuters Web of Science®, articles published since by the CREMS Chief Investigators alone since it was funded were cited 174 times in 2013.
2. ENSURE TRANSLATION OF RESEARCH KNOWLEDGE

Performance indicators:
- Three annual training workshops in comorbidity attended by 500 clinicians
- 20 webinars for clinical researchers
- Citations in policy documents
- Contribution to 5 major policy documents
- Projects which respond to stakeholder interests
- An average of 50 references to CRE work in print and electronic media
- Over 1,000 hits annually on CRE website

WORKSHOPS
- **Baker, A., & Kelly, P.** *Evidence-based treatment of comorbidity: Mental health, substance use, and physical health.* Australian Psychological Society, Newcastle, NSW.

WEBINARS

CITATIONS IN POLICY DOCUMENTS
- **Christensen, H., Petrie, K., & Batterham, P.** (2013). The past, present and future of mental health research. In Mendoza, J., Bresnan, A., Rosenberg, S., Elson, A., Gilbert, Y., Long, P.,

CONTRIBUTIONS TO POLICY DOCUMENTS

During 2013, the CREMS made invited contributions to the development of two policy documents:


Maree Teesson led a review on opportunities for innovative prevention and treatment of mental health and substance use disorders to help inform the development of the NSW Mental Health Commission’s Strategic Plan for Mental Health in NSW. The Draft Strategic Plan for Mental Health in NSW is due to be published in 2014.


COMMITTEE MEMBERSHIP

American Heart Association, Behavior Committee; Bonnie Spring
American Psychological Association Committee on Evidence-Based Treatment Guidelines Advisory Steering Committee; Bonnie Spring
Australasian Society for Psychiatric Research Executive Committee; Frances Kay-Lambkin
Centre for Brain and Mental Health Priority Research Centre Centre Management Committee,, University of Newcastle; Frances Kay-Lambkin
Clinical Translational Research Center (CTRC) Executive Committee, MUSC; Kathleen Brady
Community Mental Health Drug and Alcohol Research Network Steering Committee; Katherine Mills
Department of Psychiatry and Behavioral Sciences Educational Steering Committee, MUSC; Kathleen Brady
Department of Psychiatry Management Committee, MUSC; Kathleen Brady
Evaluation of behavioural risk factors in stroke survivors Steering Committee, University of Newcastle; Alyna Turner
Liaison Committee on Medical Education (LCME), MUSC; Sudie Back
Music therapy to improve communication post-stroke Steering Committee, University of Newcastle; Alyna Turner
National Drug and Alcohol Research Centre Senior Advisory Committee, UNSW; Katherine Mills, Maree Teesson, Tim Slade
Neuroscience Institute Executive Committee, MUSC; Kathleen Brady
NHMRC Early Career Research Fellowship Review Panel; Katherine Mills, Tim Slade
NHMRC Health Care Committee (HCC); Maree Teesson
NSW Institute of Psychiatry (IoP) Transition Committee; Maree Teesson
NSW Mental Health Commission, Maree Teesson
QLD Forensic Mental Health, Project Reference Group, improving the understanding and treatment of post traumatic stress disorder among incarcerated Aboriginal and Torres Strait Islander women
School of Medicine and Public Health Research Management Committee, University of Newcastle; Amanda Baker, Frances Kay-Lambkin
Substance Abuse Fellowship Committee, Department of Psychiatry and Behavioral Sciences, MUSC; Kathleen Brady

PROJECTS RESPONDING TO STAKEHOLDER INTERESTS

A partnership was also formed with the Community Mental Health Drug and Alcohol Research Network (CMHDARN) to develop a mentoring program to commence in 2014. CMHDARN is a joint initiative of the NSW Network of Alcohol and Drug Agencies and the Mental Health Coordinating Council. It aims to build the research capacity of community mental health and alcohol and other drug organisations. The partnership provides the opportunity for CREMS postdoctoral researchers to provide short-term mentoring in research to individuals and organisations working in the sector. This initiative gives members the opportunity to gain experience in mentoring others, as well as build their own links with community services, and be involved in stakeholder driven research.

MEDIA

- Carragher, N. Cider. ABC News Adelaide, 22nd January.
- Chapman, C. Australia’s biggest boozers drinking even more. Radio New Zealand News, 4th September.
- Chapman, C. Australia’s heaviest drinkers are drinking more, study finds. The Guardian, 4th September.
- Chapman, C. Australia’s heaviest drinkers drinking more, drinking habits gender gap disappearing. Australian Food News, 4th September.
- Chapman, C. Heavy boozers drink rest under table. AAP, 4th September.
- Chapman, C. Heavy drinkers hit bottle harder in last decade. ABC Radio AM, 4th September.
- Chapman, C. More women graduating to the bar. The Australian, 4th September.
- Deady, M. The DEAL Project. 612 Brisbane Drive Show, 16th September.
- Deady, M. The web may be key to youth alcoholism and depression. APN Newsdesk, 17th September.
Deady, M. New hope for young people who drink to mask negative feelings. Medical Xpress, 1st October.

Dore, G. Involuntary Drug & Alcohol Treatment. ABC, July.


Kaye, S. Students using stimulants in bid for better grades. The Sun Herald, 10th March.

Mills, K., & Newton, N. The boy who was too hard to treat. The Global Mail, 20th August.


Slade, T. Cannabis disorders less likely to be diagnosed / Changes to diagnosis of cannabis use disorders. The Sydney Morning Herald, 2nd June.

Slade, T. Mentioned in Data from University of New South Wales Advance Knowledge in Mental Health. Mental Health Weekly Digest, 13th May.

Slade, T. Taking to the bottle too often? It’s My Health, 22nd February.

Swift, W. Cannabis in Australia has become more potent. Ballarat Courier, 26th July.

Swift, W. Cannabis potency. 2UE, 25th July.

Swift, W. Cannabis potency discussion with Paul Murray. 6PR, 25th July.

Swift, W. Concern as Aussie cannabis gains potency. AAP, 25th July.


Swift, W. Local pot highly potent strong stuff. mX Sydney, 25th July.

Swift, W. Neighbours at risk as cannabis growers hook up elaborate hydroponic systems and manipulate power supply / How to detect a drug house. The Sunday Mail, 27th July.

Swift, W. Outdoor dope theory goes up in smoke. ABC News Online, 26th July.

Swift, W. Potency of Northern Rivers cannabis sparks mental health fears / mental health fears over super-strong Northern Rivers dope. The Northern Star, 27th July.

Swift, W. Potent Aussie pot is a health threat to users. The Daily Telegraph, 26th July.

Swift, W. The straight dope: marijuana in NSW is among strongest in the world. Sydney Morning Herald, 26th July.

Teesson, M. $5m for mental health research. Transforming the Nation, 6th February.

Teesson, M. Alcohol abuse for women at younger age / Women abusing alcohol at younger age. AAP, 7th August.

Teesson, M. CAP study + CRE. 2UE 954 Dicko and Sarah, 4th February.

Teesson, M. CAP study explanation + CRE launch. 702 ABC Sydney Drive with Richard Glover, 31st January.

Teesson, M. Centres of research excellence to focus on mental health. Nursing Careers Allied Health, 7th February.


Teesson, M. Kids to be ’profiled’. Ten News, 31st January.


Teesson, M. New England North West woman (sic) at risk of alcohol problems. The Northern Daily Leader, 8th February.


Teesson, M. Mentioned in Research Centres to Target Substance Use and Suicide. Pro Bono News, 31st January.

Teesson, M. Women abusing alcohol at younger age. AAP, 6th February.

Teesson, M. Women now abusing alcohol at similar levels to men. The Sydney Morning Herald, 7th February.

CREMS. *Opinion: Centres take lead on suicide prevention* in the Newcastle Herald, 15th February.

CREMS. *Research centre hopes to help reduce suicide toll* in ABC News, 31st January.

**CREMS WEBSITE**

The CREMS website [www.comorbidity.edu.au](http://www.comorbidity.edu.au) was launched in December 2012, and in December 2013 received HONcode certification by the Health on the Net (HON) Foundation. HONcode certification is an ethical standard aimed at offering quality health information. To obtain certification, the website undergoes a thorough evaluation to ensure it meets the HONcode guidelines. There HON Foundation undertakes continuous surveillance and a systematic biennial review of HONcode certified websites to ensure compliance with these guidelines.

The CREMS monitors the website’s performance via quarterly reports generated based on data from Google Analytics. Following are the main findings from these reports.

**How many people visit the website?**

In 2013 there were 24,932 views of the site made by 4,384 unique visitors over 6,802 visits. There were spikes in traffic that coincided with the launch of the CREMS, the National Drug and Alcohol Research Centre (NDARC) annual symposium and the release of the fourth newsletter (Figure 2). Quarter 3 had the most traffic – 1,356 people visited the website, generating 2,030 visits and 8,635 page views. (Note this period coincided with the temporary appointment of a Project Officer who was able to dedicate time to maintaining the website and increasing our online and social media profile.)

**Where do visitors to the website come from?**

The majority of visits to the website originated in Australia (79%), followed by the United Kingdom and United States (6% and 5% respectively), and New Zealand (2%). The remaining 8% of visits originated from India, Canada, Ireland, Spain and Germany.

55% of the traffic to the website was the result of web searches, 26% came directly to the site (by typing in the address or using bookmarks or email links), and the remaining came from links in other websites (Figure 3). Partner sites generated 874 visits. These included the NDARC site (333), Dual Diagnosis (274 visitors), Med UNSW site (28), Research UNSW (27), ADIN (22), CHM research network (14), CREMSI (11), VAADA (10), Honcode (8), and Mensline (8). 4% of traffic came from social media (Twitter, 218 visits and Facebook, 84 visits).

**How engaged were visitors with the website?**

On average, users visited 3.67 pages per visit and stayed on the site for 3 minutes, 50 seconds per visit. Our bounce rate (i.e., single page visits) was 48% and 53% of visits lasted between 0 and 10 seconds. 36.7% of visitors were returning visitors to the website.
What are the most popular pages?

The Home, Resources and the About Us pages were the most trafficked pages. Overall, 20% of all page views were of the Home page (4,746), 6% were of the Resources pages (1,539), and 4% were of the About Us page (1,019).
Outbound traffic

Visitors clicked on the outbound links provided on our website (e.g., 'Clearing the Cloud' or links to our partner organisations) 1,199 times in 2013.

CLIMATE SCHOOLS WEBSITE

Climate Schools provides health education courses which aim to empower high school students to gain knowledge about their health and wellbeing. The courses are based on realistic cartoon scenarios about teenagers and are designed to impart education about the use of AOD, the responsible consumption of alcohol, and ways to reduce alcohol- and drug-related harms. The class and homework activities are designed to reinforce the material taught in the cartoon and encourage students to process and apply the preventative messages in preparation for possible future experiences. There are currently three modules available: Alcohol Module, Alcohol & Cannabis Module, and Psychostimulant & Cannabis Module. All three modules have been redeveloped by Natasha Nair, Nicola Newton and Maree Teesson. All content is available free-of-charge to schools across Australia.

The Climate Schools (Australia) website (www.climateschools.com.au) currently has 90 schools registered which utilise the resources as a teaching aid in their classrooms. A further 21 organisations which support young people are registered on our website and recommend the programs to the local schools they work with. Teaching staff at schools across Australia can sign up to use the Climate Schools program for free by visiting https://www.climateschools.com.au/register-your-school.

The Climate Schools (Australia) website was launched with a new design in November 2012, which was followed by the launch of the updated Alcohol Module in December 2013. The updated Alcohol & Cannabis and Psychostimulant & Cannabis Modules are due to launch in 2014. In 2014, the website will be updated to a HTML5 format which will allow all content to be viewed on tablet and mobile devices, in addition to desktops and laptops.

In 2013, there were 44,585 views of the website made by 3,755 unique visitors over 6,112 visits. There were significant spikes in traffic that coincided with a Climate Schools seminar series delivered by Professor Maree Teesson and Dr Nicola Newton at the Principals Australia Institute.

The Climate Schools courses are also available to use in the United Kingdom (www.climateschools.co.uk) and the United States of America (www.climateschools.com). These websites are due to launch with a new design in 2015.

OTHER DISSEMINATION ACTIVITIES

Newsletter

The CREMS releases a quarterly newsletter to provide regular updates on the progress of the CRE. In addition to feature articles written by CREMS members, each newsletter includes sections outlining the latest CREMS news, new projects and publications, upcoming seminars, workshops and events.

Four newsletters were issued between December 2012 to December 2013.
Over 250 people subscribe to the newsletter, including academics, researchers, clinicians and other professionals, policy makers and members of the general public.

There were 325 recorded downloads of the newsletters. To be picked up by analytics, however, the download has to be accessed through the website, not by clicking on a link in an email that takes a visitor directly to the download address. For this reason, analytics does not pick up all views of the newsletter. We know however, that there were over 1,200 views of the newsletter pages linked to the website during the year.

Social media

CREMS joined Facebook and Twitter on 23 February 2013.

Our Facebook page has 54 likes, predominantly women aged 25-34 years (Figure 4).

@comorbidity has generated 450 tweets, has 361 followers and is followed by 10 lists. One hundred and seventeen of our tweets have been retweeted. Thirty-three tweets have been ‘favoured’ by people that have seen them (the higher this number, the more we are seen as a valuable source of information). We have retweeted 113 times (the higher the number, the more we interact with others).
### Tweets most retweeted

**Comorbidity @CREComorbidity** March 11, 2013, 4:44 pm via web

Have a look at these great online resources bit.ly/ZsQ6nb, put together by our leading experts #mentalhealth #research

**Comorbidity @CREComorbidity** March 8, 2013, 2:42 pm via web

Check out what’s happening at our Centre of Research Excellence in mental health and substance use! comorbidity.edu.au

**Comorbidity @CREComorbidity** August 7, 2013, 12:45 pm via Tweet Button

CREMS’ Dr Katherine Mills speaks in this article: “Alcohol Use, PTSD Improve with Naltrexone” medpagetoday.com/Psychiatry/Anx…

**Comorbidity @CREComorbidity** August 20, 2013, 5:09 pm via Twitter for iPad

Evidence shows that trauma and PTSD tend to come before Substance Use disorders - Dr Kath Mills #comorbidity #CREMSconference

**Comorbidity @CREComorbidity** February 15, 2013, 10:55 am via web

Centre for Research Excellence in Mental Health and Substance Use was recently launched! Subscribe to our newsletter! tinyurl.com/bxdt6b

### Tweets most favorited

**Comorbidity @CREComorbidity** February 22, 2013, 4:45 pm via Mobile Web (M5)

Check out this great resource for mental health practitioners goo.gl/w0Ztr Jackie Curtis at the #MHS Summer Forum #mentalhealth

**Comorbidity @CREComorbidity** September 13, 2013, 3:38 pm via web

1 in 10 Australian adults consume alcohol at levels risky for liver disease. USyd new treatment trial recruiting now comorbidity.edu.au/projects-recru…

**Comorbidity @CREComorbidity** July 2, 2013, 5:42 pm via web

The effect of a web-based #depression intervention on #suicide ideation: secondary outcome from a RCT bmjopen.bmj.com/content/3/6/e0…

**Comorbidity @CREComorbidity** March 27, 2013, 12:36 pm via web

Looking for evidence that therapy works well.blogs.nytimes.com/2013/03/25/loo…

**Comorbidity @CREComorbidity** February 22, 2013, 3:56 pm via Photos on iOS

What an AWESOME presentation from Janelle Abbot! #theMHS #mental health #happydance http://t.co/h81f9zCaQY
First annual conference

In August 2013, the CRE held the first CREMS National Conference in conjunction with The Mental Health Services Conference in Melbourne. The conference featured a full-day program designed to provide insight into ‘What’s New in the Treatment of Comorbidity’. The conference brought together 33 registrants comprising service providers, clinicians and consumers.

National and international conference presentations


2. Back, S.E. PTSD and co-occurring substance use disorders: Advances in treatment. Invited presentation at the Laboratory of Clinical and Translational Studies (LCTS) National Institute on Alcohol Abuse and Alcoholism (NIAAA), Bethesda, April.


4. Baker, A. Helping people with a mental illness live healthy lives. Presented at the Physical and Mental Health Interface Conference, St Vincent’s Hospital, Melbourne, November.

5. Baker, A. Smoking and Healthy Lifestyle Interventions in Psychosis. Presented at the Centre of Research Excellence in Mental Health and Substance Use National Conference, The Mental Health Services Conference of Australia and New Zealand (TheMHS), Melbourne, 20 August.


27. **Champion, K., Newton, N., Teesson, M., Barrett, E.L., & Slade, T.** *A cross validation trial of the internet-based Climate Schools: Alcohol and Cannabis course.* Presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium. Sydney, 4 September.

28. **Champion, K.E., Newton, N.C., & Teesson, M.** *The CSI (Climate Schools Interactive) Study: Protocol of a cluster randomised controlled trial of the Climate Schools: Ecstasy & Emerging Drugs Module.* Poster presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium. Sydney, 4 September.


30. **Chapman, C., Slade, T., Hunt, C., & Teesson, M.** *Delay to seek treatment for alcohol use disorders in Australia.* Poster presented at The 14th International Congress of the International Federation for Psychiatric Epidemiology (IFPE), Leipzig, Germany, 5-8 June.


32. **Christensen, H.** *Anxiety disorders – Internet interventions.* Invited presentation at the 7th World Congress of Behavioural and Cognitive Therapies, Lima, 22-25 July.

33. **Christensen, H.** *E-health interventions with suicidal outcome data: A review of online treatment and prevention trials.* Invited presentation at the 2013 World Congress on Suicide, Montreal, 10-13 June.

34. **Christensen, H.** *Limitations and possibilities for the prevention of common mental health disorders in young people.* Invited presentation at the 3rd Meeting of the Global Consortium for Depression Prevention, Pittsburgh, 28-29 October.


36. **Christensen, H.** *The roles of suicide literacy and suicide stigma in help seeking attitudes and intentions.* Presented at the 44th Annual American Association of Suicidology Conference, Hilton Austin, 24-27 April.

37. **Christensen, H.** *Suicide ideation in response to depression and anxiety e-health interventions.* NMHRC Centre for Research and Excellence in Suicide Prevention (CRESP) Conference, The Mental Health Services Conference (TheMHS), Melbourne, 20 August.

38. **Christensen, H.** *Suicide prevention using the internet.* Invited presentation at the Royal Australian and New Zealand College of Psychiatrists New Zealand Conference 2013, Auckland, 16-18 September.
41. Degenhardt, L., O’Loughlin, C., Swift, W., Romaniuk, H., Coffey, C., Hall, W. & Patton, G. The natural history of binge drinking from adolescence to young adulthood. Presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.
42. Dore, G. Buprenorphine/Naloxone Film Implementation in Australia: The Northern Sydney Local Health District Experience. Invited presentation at the International Society on Addiction Medicine (ISAM) conference: Managing Addiction through Evidence Based Medical & Psychosocial Interventions, Kuala Lumpur, 21-23 November.
44. Dore, G. Question, what question?! How to evaluate the new Involuntary Drug & Alcohol Treatment Program (IDAT) in NSW. Presented at the Mental Health Drug & Alcohol Research Conference (Northern Sydney LHD), 31 July.

55. **Hunt, S., Baker, A., & Michie, P.** *12-month follow-up of neurocognitive profiles of people with comorbid depression and alcohol use.* Poster presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.


57. **Kay-Lambkin, F.J.** *Computerized cognitive behavioural therapy for depression and addiction in primary care.* Invited presentation at St Francis Medical Center Grand Rounds, Trenton, New Jersey, 13 May.


59. **Kay-Lambkin, F.J.** *Internet-delivered cognitive behaviour therapy for mental health problems: The future or just part of the solution?* Invited presentation at Yale University Psychiatry Grand Rounds, Yale University, New Haven, Connecticut, 10 May.

60. **Kay-Lambkin, F.J.** *Internet interventions for comorbidity.* Invited presentation at the Centre of Research Excellence in Mental Health and Substance Use National Conference, The Mental Health Services Conference of Australia and New Zealand (TheMHS), Melbourne, 20 August.

61. **Kay-Lambkin, F.J.** *It’s worth a try...Computerized psychological treatments for depression, alcohol/other drug use and related lifestyle issues.* Invited presentation at Preventive Medicine, Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University, Chicago, 15 May.

62. **Kay-Lambkin, F.J.** *Joining the dots – Comorbidity, complexity and partnerships, innovation in practice.* Invited presentation at the Australian Winter School, Limited Resources, Unlimited Ideas, Brisbane, 17 July.


65. **Kaye, S.** *Continuous performance test in ADHD and SUD patients (CASP) study.* Presented at the III International Congress on Dual Disorders: Addictions and other Mental Disorders, Barcelona, 23-26 October.

66. **Kaye, S.** *Discussion of harm reduction & cognitive enhancement.* Presented at the Neuroethics Down-Under Conference, Brisbane, 4 October.


68. **Kelly, E., Newton, N., Barrett, E.L., Teesson, M., Slade, T., & Conrod, P.** *Secondary effects of a personality-targeted substance misuse prevention intervention: Does the Preventure program influence bullying among Australian adolescents?* Presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.
69. **Kelly, E., Teesson, M., Newton, N.C., Slade, T., & Conrod, P.** *Bullies, victims and bully-victims: Should we care more about the bullies?* Poster presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.


71. **Killeen, T., & Back, S.E.** *Special considerations in treating comorbid Combat PTSD and SUDs with exposure-based interventions.* Presented at the annual meeting of the American Psychological Association, Honolulu, 31 July – 4 August.


75. **Leone, D., Santalucia, Y., Carragher, N., Kyriazopoulos, H., Draper, B., Shanley, C., Gallagher-Thompson, D., Thompson, L.W., Chen, L., & Mollina, A.** *Global and local partnerships: Delivering dementia services to and advocating for culturally and linguistically diverse (CALD) carers of people living with dementia.* Presented at the Federation of Ethnic Communities Council (FECCA) 2013 Conference, Gold Coast, 7-8 November.

76. **Marel C., Mills K., Darke S., Ross J., Slade T., Burns L., & Teesson M.** *Static and dynamic predictors of criminal involvement among people with heroin dependence: Findings from a 3-year study.* Poster presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.


90. Rodriguez, D., Newton, N.C., & Teesson, M. Developing an online game on illicit drugs and related harms. Poster presented at the National Drug and Alcohol Research Centre Annual Symposium, Sydney, 4 September.


92. Ross, J., Darke, S., & Deady, M. Administration of the SAK Suicide Screener. Australasian Therapeutic Communities Alliance, Gold Coast, 14-18 October.

93. Ross, J., Darke, S., & Deady, M. The Suicide Assessment Kit (SAK). Presented at the Australasian Therapeutic Communities Alliance, Gold Coast, 14-18 October.

94. Sahlem, G., Uhde, T.W., Strachan, M., Back, S.E., Simpson, A.N., & Ancoli-Israel, S. Effects of dawn simulation on sleep in first year medical students. Presented at the Annual Sleep meeting, Baltimore, 1-5 June.


98. **Slade, T., Chapman, C., Swift, W., Tonks, Z., & Teesson, M.** *International trends over time in the prevalence and harms of alcohol and cannabis use: what is the evidence for the closing gender gap?* Presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.

99. **Slade, T., Chapman, C., & Teesson, M.** *The impact of sex and birth cohort on the transition from alcohol use to DSM-IV alcohol use disorders: Results of the 2007 National Survey of Mental Health and Wellbeing.* Presented at The 14th International Congress of the International Federation for Psychiatric Epidemiology (IFPE), Leipzig, Germany, 5-8 June.

100. **Slade, T., McEvoy, P.M., Chapman, C., Grove, R., & Teesson, M.** *Comorbidity and temporal ordering of anxiety, mood and substance use disorders in the Australian general population: Which come first and what does this tell us?* Poster presented at The 14th International Congress of the International Federation for Psychiatric Epidemiology (IFPE), Leipzig, Germany, 5-8 June.


102. **Sunderland, M.** *Change across ten year age bands in the level of internalizing psychopathology amongst the Australian general population.* Presented at the International Federation of Psychiatric Epidemiology (IFPE) 2013 Conference, Leipzig, 5-8 June.

103. **Sunderland, S., Slade, T., Carragher, N., Batterham, P., & Buchan, H.** *Change across ten year age bands in the level of internalizing psychopathology amongst the Australian general population.* Poster presented at the 14th International Congress of the International Federation of Psychiatric Epidemiology (IFPE), Leipzig, 5-8 June.

104. **Sunderland, M., Slade, T., & Krueger, R.F.** *Examining the unique contribution of specific DSM-IV substance use disorders, over and above general externalizing psychopathology, when predicting anxiety disorders, affective disorders, suicidality, and psychosis.* Presented at the National Drug and Alcohol Research Centre (NDARC) Annual Symposium, Sydney, 4 September.

105. **Sunderland, M., Slade, T., & Krueger, R.F.** *Examining the shared and unique relationships among DSM-IV substance use and mental health disorders.* Presented at the Australasian Society for Psychiatric Research (ASPR) Conference, Melbourne, 4-6 December.


107. **Swift, W.** *Cannabis potency.* Presented at the NSW Drug Squad, NSW Police Headquarters, Sydney, 27 March.


110. **Teesson, M., Chapman, C., Slade, T., & Newton, N.** *Are we losing our young women to alcohol and drugs?* Presented at the Centre of Research Excellence in Mental Health and Substance Use National Conference, The Mental Health Services Conference of Australia and New Zealand (TheMHS), Melbourne, 20 August.


113. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Darwin, 24 October.

114. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Brisbane, 25 October.

115. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Perth, 31 October.

116. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Adelaide, 1 November.

117. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Sydney, 5 November.

118. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Canberra, 15 November.

119. **Teesson, M., & Newton, N.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Melbourne, 28 November.

120. **Teesson, M., Newton, N., & Stapinski, L.** *Kids and Alcohol: How schools can help reduce the harm.* Invited seminar presented at the Principals Australia Institute, Hobart, 27 November.


123. **Turner, A.** *Better Health Choices: A Telephone Intervention Addressing Diet and Physical Inactivity in People Diagnosed with Psychotic Disorders.* Presented at the Australian Society for Psychiatric Research (ASPR), Melbourne, 4-6 December.

3. TRAIN FUTURE RESEARCH LEADERS

Performance indicators:

- Minimum of 13 new clinical researchers:
  - 1 FTE senior post-doctoral research fellow/coordinator
  - 1 FTE early career clinical researcher
  - 5 x 0.5 FTE early career clinical researchers
  - 6 PhD students

The CREMS is dedicated to building research capacity in mental health and substance use, and represents a unique opportunity for students and clinicians interested in pursuing research across the areas of mental health and drug and alcohol disorders. The CREMS aims to attract and train high quality higher degree research students (e.g., Masters and PhD level) and post-doctoral researchers to be the future of mental health and substance use research.

During our inaugural year a number of research positions were supported by the CREMS. However, as a result of our profile and success in obtaining competitive research funding, fellowships, and scholarships, we are able to provide training to a far broader range of early career researchers. We are fortunate to have 13 postdoctoral researchers and 11 postgraduate students undergoing training within the CREMS. As highlighted in Table 9, these positions have been funded from a range of sources including NHMRC, Australian government and university scholarships.

POSTDOCTORAL RESEARCHERS

The CREMS aims to provide postdoctoral researchers with world class training in the prevention, treatment and epidemiology of mental health and substance use disorders. In 2013, we developed and launched our Postdoctoral Training Program. The Program, co-ordinated by Dr Emma Barrett and Dr Natacha Carragher, aims to provide early career researchers with the foundations upon which they may build their own successful programs of research.

Members receive training in a variety of methodologies used to undertake research across each stream. In addition, researchers are provided with opportunities to develop their leadership and management skills. The Postdoctoral Training Program is delivered through a series of monthly seminars and workshops tailored specifically to the needs of its members, formal and informal mentoring from senior academics, and participation in the CREMS Grant Development Program, described earlier in this report.
**POSTGRADUATE STUDENTS**

Table 8 provides a summary of the postgraduate students currently being supervised by CREMS academics, the topics of their research theses, and source of funding for their studies.

*Table 9: CREMS postgraduate students*

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Supervisors</th>
<th>Topic</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Katrina Champion</td>
<td>Maree Teesson, Nicola Newton</td>
<td>Internet-based substance use prevention for Australian adolescents</td>
<td>NHMRC Postgraduate Scholarship</td>
</tr>
<tr>
<td>Mr Mark Deady</td>
<td>Maree Teesson, Frances Kay-Lambkin, Katherine Mills</td>
<td>Youth Depression and Alcohol Misuse: An Internet-based Intervention</td>
<td>NDARC PhD Scholarship</td>
</tr>
<tr>
<td>Ms Miriam Forbes</td>
<td>Andrew Baillie, Carolyn Schniering</td>
<td>Understanding the latent variable relationships between sexual dysfunctions and depressive and anxiety disorders</td>
<td>Australian Postgraduate Award (APA)</td>
</tr>
<tr>
<td>Ms Katrina Hamall</td>
<td>Frances Kay-Lambkin, Kerry Inder, Todd Heard</td>
<td>Improving the wellbeing and resilience of families living with childhood chronic illness: An examination of the effectiveness and acceptability of the CHiRP program</td>
<td>University of Newcastle, Hunter Institute of Mental Health</td>
</tr>
<tr>
<td>Ms Sally Hunt</td>
<td>Amanda Baker, Pat Michie</td>
<td>Neurocognitive profiles of people with comorbid depression and alcohol misuse</td>
<td>University of Newcastle</td>
</tr>
<tr>
<td>Ms Erin Kelly</td>
<td>Maree Teesson, Nicola Newton, Lexine Stapinski</td>
<td>Bullying and substance use in Adolescents: risks and responses</td>
<td>NDARC PhD Scholarship</td>
</tr>
</tbody>
</table>
### Table 9: CREMS postgraduate students (continued)

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Supervisors</th>
<th>Topic</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PhD</strong></td>
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</tr>
<tr>
<td>Ms Erin Kelly</td>
<td>Maree Teesson, Nicola Newton, Lexine Stapinski</td>
<td>Bullying and substance use in Adolescents: risks and responses</td>
<td>NDARC PhD Scholarship</td>
</tr>
<tr>
<td>Mr Warren Logge</td>
<td>Andrew Baillie, Paul Haber</td>
<td>The “thinking behind drinking”“ what role does executive functioning have in progression to, and maintenance of alcohol use disorders</td>
<td>Macquarie University Research Excellence Scholarship</td>
</tr>
<tr>
<td>Ms Sonja Memedovic</td>
<td>Joanne Ross, Tim Slade, Maree Teesson</td>
<td>Depression in people with opioid dependence</td>
<td>APA, Brain Sciences UNSW</td>
</tr>
<tr>
<td>Ms Mikki Subotic</td>
<td>Andrew Baillie, Lexine Stapinski, Jennifer Cornish</td>
<td>Investigating the role of reward drive, rash impulsivity and drinking behavior in the relationship between social phobia and alcohol use</td>
<td>Macquarie University Research Excellence Scholarship</td>
</tr>
<tr>
<td>Ms Kathryn Woodcock</td>
<td>Frances Kay-Lambkin, Maree Teesson, Amanda Baker, Kath Mills, Peter Stanwell</td>
<td>Managing comorbid substance use and trauma in Australian veterans and their partners: Assessing the acceptability and effectiveness of internet-delivered psychological support programs</td>
<td>NDARC PhD Scholarship</td>
</tr>
<tr>
<td><strong>Masters by Research</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dr Danielle Florida</td>
<td>Katherine Mills, Paul Haber</td>
<td>Third wave group psychotherapies in clients with comorbid substance use and mental health disorders</td>
<td>N/A</td>
</tr>
</tbody>
</table>
4. FACILITATE COLLABORATION

Performance indicators:

- An average of 8 collaborative projects with other national and significant state organisations
- An average of 2 collaborative projects with other international organisations each year

Eight of the 23 projects underway in 2013 involved collaborations with other significant national and state organisations, and five involved collaborations with other significant international organisations.

Collaborations with national and state organisations external to the CREMS included:

- Australian National University (ANU), Canberra, ACT
- Calvary Mater Hospital, Newcastle, NSW
- Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW
- Monash University, Melbourne, VIC
- National Drug Research Institute (NDRI), Curtin University, Perth, WA
- Neuroscience Research Australia, Sydney, NSW
- University of Queensland, Brisbane, QLD

Collaborations with international organisations external to the CREMS (i.e., in addition to those with the University of Birmingham, Northwestern University and the Medical University of Carolina) included:

- Kings College London, England
- Rutgers Robert Wood Johnson Medical School, USA
- University of California, USA
- University of Maryland, USA
- University of Minnesota, USA
- University of Montreal, Canada
RECOGNITION AND INDICATORS OF ESTEEM

Several CREMS members received awards, scholarships and honours during 2013 in recognition of their outstanding research efforts:

- **Dr Emma Barrett** was awarded the UNSW Ian Potter Travel Grant funding and the NDARC Kevin Rozzoli Community Impact Award for 2012
- **Ms Louise Birrell** was awarded an Australian Rotary Health David Henning Memorial Scholarship and an Australian Postgraduate Award to commence a PhD in 2014
- **Dr Lucy Burns** was promoted to Associate Professor
- **Ms Katrina Champion** was awarded UNSW Postgraduate Research Support Scheme funding
- **Prof Helen Christensen** was awarded the Australasian Society for Psychiatric Research Founders Medal
- **Mr Mark Deady** was acknowledged on the UNSW Dean’s List for 2013 and was awarded UNSW Postgraduate Research Support Scheme funding
- **Ms Miriam Forbes** was awarded a Macquarie University Post-Graduate Research Fund grant
- **Prof Paul Haber** was awarded the Australasian Professional Society on Alcohol and other Drugs Senior Scientist Award
- **Dr Frances Kay-Lambkin** was awarded the UNSW Ian Webster Award for Outstanding Research Achievement and was elected as a Director for the 2014 International Society for Research on Internet Interventions (ISRII) Board of Directors
- **Ms Erin Kelly** was awarded the UNSW Research Excellence Award
- **Dr Christina Marel** received the National Drug and Alcohol Research Centre Kevin Rozzoli Community Impact Award
- **Ms Sonja Memedovic** was awarded UNSW Postgraduate Research Support Scheme funding
- **Dr Katherine Mills** was promoted to Associate Professor
- **Ms Katrina Prior** was awarded an Australian Rotary Health Ian Scott Scholarship and an Australian Postgraduate Award to commence a PhD in 2014
- **A/Prof Tim Slade** received the National Drug and Alcohol Research Centre Ian Webster Award for Research Achievement
- **Prof Maree Teesson** received the UNSW Medicine Dean’s Award for Outstanding Achievement
- **Ms Zoe Tonks** was awarded an Australian Rotary Health Ian Scott Scholarship to commence a PhD in 2014