REPORT FROM THE BOARD

By Prof Kevin Gournay

The CRE has the benefit of an Executive Advisory Board to oversee the Centre’s activities. This is co-chaired by Prof Kevin Gournay and Ms Leonie Manns. In this issue, Prof Gournay reflects on the first year of the CRE.

I have had the pleasure of working with Maree Teesson since 1994 on a number of projects, making many trips to Australia from my research base at the Institute of Psychiatry, King’s College, London. In 2010 Maree told me of her plans to apply for funding so that the topic of comorbidity could be advanced through a range of initiatives. As readers will know, the Centre was eventually funded and launched in the early part of 2013.

In February 2014, I arrived in Australia for a three-week visit to the CRE. One of the principal aims of this visit was to co-chair the Executive Advisory Board with the redoubtable Leonie Manns, who I am sure you will be hearing from in future newsletters. The Board is a mechanism for providing objective oversight of the CRE’s activities and providing advice about the future. The Board comprises the chief investigators and co-opts advice from individuals from policy backgrounds, consumers and services and agencies with particular expertise.

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What did the Board Meeting of February 2014 reveal one year on?

To begin, there are 28 funded projects, running or just completed, covering a wide range of topics; everything from educational phone apps for adolescents to randomised trials of cognitive behavioural treatments and long-term follow up of heroin users. What was particularly impressive was the way in which projects had been designed to sample from across Australia and beyond and to aim for results that could be of real benefit, rather than simply residing in unread journal articles. I was much impressed by the output of research findings to the highest quality scientific journals; on the other hand, it was clear that there was a universal understanding that translation of findings into real life was a topic that required concerted action, rather than lip service.

As one of its objectives, the CRE is creating a robust infrastructure for future comorbidity research. It is pleasing to report that there are no less than twelve researchers who are undertaking postdoctoral training by formal and informal processes, while, at the same time, taking the lead on important research projects. Over the course of my visit I was impressed by the energy and enthusiasm of these ‘post-docs.’ It was also pleasing to see that the CRE had already developed firm links with those in government and it was clear that the influence of the Centre was growing.

While the CRE is clearly now beginning to establish itself as a world-class centre for comorbidity research, it is timely to remind all concerned that the CRE has completed year one, of a five year funded program. Therefore, there is a great deal still to do. The Board gave us the opportunity to consider the gaps in knowledge in this field and a number of topics were identified as priority for seeking funds. It was also clear that the capacity building for postdocs and PhD students was ‘work in progress’. Although there are encouraging initiatives in place, there is also work to be done on the topic of translating knowledge into practice and, in my opinion, a great deal of thought should be given to the training of front line staff with appropriate evidence based skills and knowledge. That said, the CRE also has a role in attempting to understand how translation fits with service structures and developing frameworks that will allow the most efficient targeting of what will always be finite resources in services to what appears to be an infinite set of problems.

The next Executive Advisory Board meets at the end of 2014, when I hope to provide another overview - remembering by that time, two years will have elapsed (perhaps just the beginning of a very long and profitable journey).

The Healthy Thinking Study

The Healthy Thinking Study is currently recruiting for a trial of web-based treatment for suicidal thoughts. If you feel this could be of interest to you or you know someone who might benefit, go to our address:

healthythinking.org.au/registration/rct/SKP
The death of Oscar winning actor Philip Seymour Hoffman from a heroin overdose and a “cocktail” of other drugs in February this year attracted frenzied media interest and hundreds of stories in print, television, radio and online.

Initial theories included conjecture that his death was caused by a batch of killer heroin and speculation that Hoffman was the tip of the iceberg of a hidden problem of functional middle class heroin users and “Hollywood Royalty”. Unusually, however, for a story that created such a media storm, the hype and guesswork was quickly replaced by more considered evidence-based pieces.

NDARC’s Professor Shane Darke gave several interviews, including to the ABC and the Sydney Morning Herald, debunking many of the myths around heroin use. A typical user he explained is in their 40s or 50s; they are likely to be long term unemployed rather than the functioning middle class; and they are most likely to have died of poly-drug use rather than a single bad batch of heroin.

But while Hoffman’s death may have given rise to better quality reporting than normal it does not herald a new wave of responsible reporting around drugs, says Professor Keith Humphrey’s, Professor of Psychiatry at Stamford University, who was interviewed several times a day in the weeks following the death.

In a piece in the Washington Post, Humphrey’s made the point that an astonishing 100 Americans die every day of opioid overdose, making it America’s leading cause of accidental death. Most of these barely rate a mention. “It may have helped that he (Hoffman) was not poor or a racial minority but a wealthy, white and beloved figure,” he told me by email from the US. “Maybe that helped keep some of the nasty stereotypes and nastiness at bay.”

Neither is Humphries optimistic that media reporting on drugs has improved.

“If anything it has gotten worse (over the past 10 years) due to the influence of the web which has been a vehicle for spreading incorrect information very rapidly.”

People, including the media, still blame heroin...
users for their problem, “I think most people recognise that people with schizophrenia for example cannot be blamed for their plight,” said Hoffman. “But I think many people still blame people for being addicted.”

Veteran Australian health journalist Sophie Scott, who reports for the ABC, agrees.

“I think some people don’t view drug and alcohol addiction as a mental illness,” says Scott. “They see it more as a choice or a moral failing and this is reflected in reporting some parts of the media.” She is quick to point out that is not the case with the ABC.

Scott says that while judgemental reporting is a reality in some sections of the media new research around treatments or trends on what people are using will always get a run.

There is nevertheless cause for optimism according to research conducted by NDARC’s Drug Policy Modelling Program. Researchers Caitlin Hughes, Kari Lancaster and Bridget Spicer reviewed nearly 5,000 articles in 11 Australian newspapers that referred to illicit drugs. They found that more than half of the articles were about criminal justice, but health and social issues featured widely.

The results of the study were published in the International Journal of Drug Policy (2011). Contrary to expectations reporting was less sensationalised than they had anticipated. “The low incidence of crisis framings, predominance of neutral tones and frequent coverage of health and social problems and the cost to society, leads us to conclude that media reporting on drug issues may be less overtly sensational, biased and narrowly framed than previously suggested.”

THE CREMS POSTDOCTORAL TRAINING PROGRAM

Creating the future leaders of mental health and substance use research

CREMS recognises that the step from PhD student to early career researcher is a huge leap in professional expectations and an integral time when career paths are being forged. The CREMS Postdoctoral Training Program was established to enhance postdoctoral researchers’ capabilities so they are better able to pursue a career in comorbidity research. The Program aim to provide members with the foundations upon which they may build their own successful programs of research.

Convened by Dr Emma Barrett and Dr Natacha Carragher, the Program currently has 12 postdoctoral members from the University of NSW, University of Newcastle, Macquarie University, Sydney University and Northwestern University in the US. Working alongside internationally recognised leaders in comorbidity research, members can access unique opportunities to enhance their research knowledge and skills, and develop their ability to manage and lead effectively. They are offered individualised support for grant applications, mentoring opportunities, and targeted training in prevention, treatment and epidemiology. Members are also invited to attend social events throughout the year, offering an important opportunity to build their professional network.

Anyone interested in undertaking postdoctoral research at CREMS may contact comorbidity@unsw.edu.au
The Translation Stream of the CRE was pleased to host a visit by A/Prof Bridgette Bewick over 3-19th February. A/Prof Bewick is a Lecturer in Health Research in the Academic Unit of Psychiatry and Behavioural Sciences at the Leeds Institute of Health Science, University of Leeds.

Her current program of research investigates the effectiveness of internet delivered social norms information and personalised feedback in reducing alcohol misuse in young people. Specifically, she has developed and evaluated ‘Unitcheck’. Unitcheck is a web-based intervention tool that utilises social norms and personalised feedback to moderate the alcohol consumption of young people. The tool is currently being trialled at a number of sites around the UK.

A/Prof Bewick has also adapted and demonstrated the benefits of “Think Aloud” methodologies in analysing how and why young people interact with her web-based interventions for alcohol use problems. Think Aloud research methods provide real-time rich verbal data about a person’s reasoning during a specific task, and have most commonly been applied to problem solving tasks to provide insight into the underlying cognitive processes behind a person’s approach to the task. The resulting insights are potentially more reliable than retrospective reporting about a task, as there is no delay in time between the cognitive process and the report of that cognitive process, and no interruptions or suggestive prompts/questions from an interviewer during completion of the task. More recently, she has shown that Think Aloud can be used to better understand a young person’s response to a web-based intervention for binge drinking, highlighting key treatment techniques with which will improve engagement with this important target group.

A/Prof Bewick was sponsored by a Visiting Fellows grant provided by the University of Newcastle, and her visit was to develop a collaboration with the translation Stream members around engagement and immersion in serious games for mental health.
Dr Frances Kay-Lambkin leads a team of computer designers and programmers, neuroscientists and behavioural researchers on a newly funded trial of the serious game SHADoW, which targets depression and binge drinking in young people. The trial, funded by the Hunter Medical Research Institute, seeks to capitalise on the popularity of gaming among young people (93% of adolescents have reported playing computer games in a 12-month period, 63% do so at least weekly) to better engage this population in conversations about their current mood and binge drinking behaviours.

We are combing behavioural methods, such as self-reporting assessments, and Think Aloud strategies with measures of affective information processing (startle reflex modulation), galvanic skin response, and EEG to evaluate the usefulness, ‘engage-ability’ and efficacy of the SHADoW game for depression and binge drinking concerns among young people.

During her visit, A/Prof Bewick trained the team in the use of Think Aloud methods, experimented with the study measurements and tools, and provided numerous research and training seminars to CRE members and other researchers in her areas of expertise. We strengthened our collaboration during her stay, and look forward to working together on this exciting piece of CRE research throughout 2014 and beyond.
I am a CREMS Postdoctoral Researcher working in the Centre of Emotional Health (CEH) at Macquarie University. As both a researcher and a clinician, I am driven to develop stronger links between research and clinical practice.

The gap between research and clinical practice is a real public health concern; with a majority of psychiatric research taking many years to become integrated in clinical practice, if at all. Throughout health professions generally, difficulties associated with accessing research literature are listed as significant barriers to implementing best practice treatment. These barriers include difficulties accessing information, insufficient skill or time to interpret information, limited support from work environments (e.g. time or resources), a perception research is not relevant to the complexity of typical presentations and beliefs that research does not account for unique therapeutic relationships or clinical experience. So what can we do to begin to resolve this problem? I believe it is to do what most businesses would do - and that is for researchers to understand more about their target market: clinicians.

I am leading a team of researchers investigating the information needs of clinicians in order to optimise the translation of research into clinical practice. Over several studies we aim to understand more about the practical aspects of how mental health clinicians engage with research, including current patterns of information consumption; as well as how practical considerations such as available time, financial costs, client load, geographical location, involvement in professional networks and specific training in interpreting research influence clinician engagement with research. In order to further tailor dissemination, we also aim to explore how professional training, attitudes towards research and preferred diagnostic and theoretical frameworks influence engagement in research across a representative sample of Australian mental health clinicians. Outcomes from these surveys will be an essential component in ensuring research advances can be quickly translated into improved mental health outcomes.

As well as focusing on the translation of research into practice, another key research focus of mine is how to improve our understanding and management of complexity in typical mental health presentations. Time and time again, population surveys around the world demonstrate that a majority of mental disorders...
co-occur. This comorbidity means that clinicians rarely treat one disorder in isolation, and instead face choices about which disorders or associated concern to prioritise to ensure the best outcome for their clients. These concerns are especially important when it comes to treating comorbidity with substance use disorders, where intoxication or withdrawal symptoms can vastly impact the efficacy of other treatments. One approach we are taking is to assess whether we can manage comorbidity by prevention. I am involved with a collaborative pilot project with an international team of experts in anxiety and substance use at the CREMS and the CEH at Macquarie University to prevent comorbidity drinking in people with significant social anxiety.

A growing body of research suggests that social anxiety can lead to secondary harmful alcohol use, as people expect that alcohol can help them cope with their anxiety in social situations. This creates a slippery slope beginning at drinking as a form of coping and leading to physical and psychological dependence on alcohol. Once this cycle of harmful drinking and social anxiety has established, it is hard to break. We are currently modifying existing social anxiety treatment programmes to deliver an early intervention for young people with an increased risk of developing harmful alcohol use. We predict that this treatment will not only help these individuals cope with the social pressures of early adulthood, but also prevent the distress and impairment associated with a secondary alcohol use disorder.
Congratulations!

Congratulations to A/Prof Tim Slade, Director of Epidemiological Research for the CRE, who was acknowledged at the recent NDARC Awards. A/Prof Slade received the Ian Webster Award for Outstanding Research Achievement. The award recognises A/Prof Slade’s outstanding leadership, grant success and research output, particularly in relation to the classification and epidemiology of mental disorders.

Dr Christina Marel, a Postdoctoral Fellow at the CRE, was presented with the Kevin Rozzoli Community Impact Award at the recent NDARC Awards. Dr Marel was recognised for her work co-ordinating the development and dissemination of a series of information booklets on co-occurring substance use and mental health conditions. Over 100,000 copies of the booklets have been distributed. Dr Marel was also acknowledged for her work co-ordinating the 11-year follow-up of the Australian Treatment Outcome Study (ATOS), a long-term study examining the natural history of heroin dependence. Congratulations Christina!

Upcoming Presentations

Dr Natacha Carragher is giving a talk at the Psychology Colloquium, through the University of Wollongong on May 28th. Her talk is entitled ‘The structure of mental disorders and the role of alcohol policy in reducing consumption’.

Care After a Suicide Attempt

We are looking for people who’ve had a suicide attempt or who care for someone who has had a suicide attempt. We invite you to take part in a research project examining people’s experience of health services following a suicide attempt. You can participate in an online survey, and interview, or both.

Click here for more information.
A/Prof Katherine Mills, Dr Emma Barrett, and Dr Christina Marel will be presenting at the College of Problems of Drug Dependence Annual Meeting, Porto Rico, USA, from June 14-16th. A/Prof Katherine Mills will be presenting on the long-term impact of PTSD on recovery from heroin dependence. Dr Emma Barrett will give a talk entitled ‘Substance use and mental health consequences of childhood trauma: an epidemiological investigation. Dr Christina Marel will speak about her research into the long-term patterns of heroin use and mental health: 11-year follow up of the Australian Treatment Outcome Study (ATOS). Prof Maree Teesson’s symposium talk will also be given. Dr Christina Marel, entitled ‘Longitudinal trajectories: New findings from the 11-year follow-up of the Australian Treatment Outcome Study’,

Prof Helen Christensen will be giving a number of presentations in the next few months. These include presentations on ‘Harnessing technology to reduce suicide risk’ at Columbia University on April 2nd and ‘Research demonstrates efficacy of online programs’ at the 2014 Mental Health in the Australian Workplace Conference. Prof Christensen is also a speaker at the Canadian Depression Research and Intervention Network Conference and the Meeting for Minds Mental Health Forum 2014.

Dr Danielle Florida will present findings from her research examining ‘third wave’ modular group psychotherapy for clients with comorbid substance use and mental health conditions at two conferences - the American Society of Addiction Medicine Conference and the Royal Australian and New Zealand College of Psychiatrists Conference.

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comorbidity.edu.au/projects-recruiting

Post of the Month
Prof Kevin Gournay delivering a keynote address at the MHS Summer Forum

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MENTORING PROGRAM - CREMS AND CHMDARN PARTNERING TO SUPPORT WORKERS IN COMMUNITY MANAGED ORGANISATIONS

CREMS and the Community Mental Health Drug and Alcohol Research Network (CMHDARN) have agreed to work in partnership to develop and implement an exciting Mentoring Program in 2014. This new initiative recognises a shared interest in improving comorbidity research and practice, as well as the commitment to maximising the translation and impact of research findings. This Mentoring Program forms part of the broader CREMS Postdoctoral Training Program and aims to ‘provide workers in community managed organisations with an interest in research with academic mentor support to develop their research knowledge and skill development’.

CREMS Postdoctoral researchers will offer support to individuals and organisations to develop their research practice, skills and knowledge. Specifically, short-term informal mentoring (3-6 months) and/or longer-term formal mentoring will be available, depending on the specific research issues. This is a unique and highly beneficial opportunity for CREMS postdocs to gain valuable mentoring experience, to increase research knowledge and skills, and enhance understanding of community managed organisations. The Mentoring Program will also facilitate the development of a collaborative research culture between CREMS and service providers to promote practice-based research.

For more information, see the CMHDARN Website.


**UPCOMING CONFERENCES**

**10-13 April 2014**
THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) CONFERENCE, FLORIDA

**11-15 May 2014**
THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS (RANZCP) CONFERENCE, PERTH

**13-15 May 2014**
MEETING FOR MINDS MENTAL HEALTH FORUM 2014, FREMANTLE

**14-19 June 2014**
THE COLLEGE ON PROBLEMS OF DRUG DEPENDENCE ANNUAL MEETING, PUERTO RICO
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- Prof Amanda Baker
- A/Prof Katherine Mills
- Dr Frances Kay-Lambkin
- Prof Paul Haber
- A/Prof Andrew Baillie
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- Dr Ali Beck
- Dr Natacha Carragher
- Dr Lexine Stapinski
- Dr Matthew Sunderland

## Postdoctoral Research Fellows
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- Dr Erica Chrome
- Dr Tonelle Handley
- Dr Christina Marel
- Dr Kirsten Morley
- Dr Louise Thornton

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- Ms Jenny Gedes
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- Ms Sally Hunt
- Ms Julia Rosenfeld
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## PhD Candidates
- Ms Louise Birrell
- Ms Katrina Champion
- Mr Mark Deady
- Ms Miriam Forbes
- Ms Katrina Hammall
- Ms Erin Kelly
- Mr Warren Logge
- Ms Sonja Memdovic
- Ms Katrina Prior
- Ms Mikki Subotic
- Ms Zoe Tonks
- Ms Kris Tulloch

## Masters Candidates
- Dr Danielle Florida

## Associate Members
- A/Prof Sudie Back
- Dr Lucy Burns
- Dr Julianne Hellmuth
- Prof Michelle Moulds
- Ms Jaelea Skehan