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Risk factors are the individual characteristics, variables, or hazards that increase the likelihood of an individual developing a disorder, in comparison to the random general population. As the exposure to risk factors increases, so does the likelihood of developing substance-misuse problems.

In this issue of the CREMS Newsletter, we explore our efforts to identify, understand and mitigate the risk factors that lead to co-occurring mental health and substance use disorders. Dr Nicola Newton opens this issue, explaining the three main categories of risk factors implicated in the development of substance use disorders. We then hear from A/Prof Tim Slade, who discusses how the behaviour of a teenager’s friends can be a influential risk factor for adolescent alcohol use, and Dr Rosemary Kingston, who has been exploring how rumination and repetitive negative thinking can lead to mental health difficulties. Finally, Prof Max Birchwood reflects on the positive impact of the Early Intervention in Psychosis program in the UK and discusses how future programs might improve on weaknesses identified in the current approach.

We conclude the issue with our regular sections, including the latest news, events and publications from the CREMS team as well as our Spotlight On section, this issue featuring the Director of the Hunter Institute of Mental Health, Ms Jaelea Skehan.

ABOUT

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

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

This issue of the CREMS Newsletter was edited by Ms Stephanie O’Donnell, Dr Cath Chapman and A/Prof Katherine Mills.
Risk factors refer to individual characteristics, variables, or hazards that increase the likelihood of an individual developing a disorder, in comparison to the random general population. As the exposure to risk factors increases, so does the likelihood of developing substance-misuse problems. Protective factors are factors that reduce the likelihood of developing problem behaviour, by mediating or moderating the effect of exposure to risk factors.

There are numerous risk and protective factors that have been implicated in the development of substance use. They can be divided into three main categories: 1) genetic, 2) individual and 3) environmental/contextual factors.

Genetics factors play an important part in determining vulnerability to drug seeking and addictive behaviour. Evidence, including twin studies,
RISK FACTORS

GENETIC FACTORS
Predispositions to drug use and addictive behaviours

INDIVIDUAL FACTORS
Characteristics within individuals and their interpersonal environments

ENVIRONMENTAL or CONTEXTUAL FACTORS
Broad societal and cultural factors

has shown robust genetic components in alcohol, cannabis, opiate, cocaine, and tobacco addictions, suggesting that a genetic predisposition to substance use problems and addictions are probable\(^2\,^4\).

The individual and interpersonal factors that influence drug use are associated with personality, attitudes, beliefs and early childhood characteristics. There are four personality traits associated with early-onset substance misuse, including Sensation Seeking, Impulsivity, Anxiety Sensitivity and Hopelessness\(^5\). These traits represent personality-specific motivational pathways to substance misuse, and are also associated with specific drug use profiles and patterns of non-addictive psychopathology\(^5\,^6\).

The internalising traits of Hopelessness and Anxiety Sensitivity have been associated with alcohol consumption for coping purposes. Individuals with high levels of Hopelessness have been found to use substances for self-medication of depression symptoms or the numbing of painful memories, and are at heightened risk for depressive disorders\(^3\). Anxiety Sensitivity refers to a fear of anxiety-related physical sensations due to an unrealistic expectation that they could lead to loss of physical or mental control or other “catastrophic” consequences, and is associated with substance use to dampen feelings of anxiety.

Individuals with high levels of Anxiety Sensitivity are also at increased risk for anxiety disorders. Impulsivity, on the other hand, is associated with disinhibition over a range of behaviours, including antisocial tendencies, problem drinking and polysubstance use. It is the personality trait most consistently associated with alcohol use disorders, and has been associated with early drug experimentation, and severity of drug use. Lastly,
Sensation Seeking is related to risk-taking behaviours in general, including heavy alcohol use for enhancement or social motives, and is thought to be associated with early onset substance use as a thrill seeking activity. Interestingly, Sensation Seeking is not associated with conduct problems or any other form of psychopathology independent of substance use.

Environmental and contextual factors also play a role in influencing drug use. Of these factors, social influence is recognised as having a notably strong effect in determining behaviours in adolescents, including drug initiation. In particular, the perception of drug use as a “normal” behaviour, as well as the social acceptability and permissiveness, are good predictors of prevalence of use. The major environmental factors which influence drug use pertain to peers, family and society.
Whatever perspective we take, it is clear that there is still much work needed to improve our understanding of risk factors for mental and substance use disorders. It is a complex task, but it is critical if we are to improve timing and targeting of our prevention programs - a particular passion of mine! Here at CREMS we are lucky to have a number of talented and committed researchers working together to tackle these issues. We have a long way to go, but it is definitely a journey worth making.

References

ONLINE SURVEY: The training and support needs of practitioners who work with young people with co-occurring mental health and alcohol or other drug conditions

The co-occurrence of mental health and substance use problems presents unique challenges to service providers, but at the same time, little is known about the perspectives of people who work with young people experiencing these co-occurring problems. We hope that this survey will assist us in identifying the training and support needs of people working in this very important area.

PARTICIPANTS REQUIRED: Any service providers working in drug and alcohol or mental health settings, who work with young people

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Survey link: www.surveys.unsw.edu.au/f/160769/10f2/
Amongst the myriad risk factors associated with adolescent alcohol use, characteristics of one’s friends appear to exert a strong influence, particularly as adolescents reach the teenage years. It has long been known that adolescents whose friends drink alcohol report higher levels of alcohol use themselves compared to adolescents whose friends do not drink. Up until recently much of this research has been based on reports from adolescents about the attitudes they think their friends hold and the types of behaviours they think their friends are carrying out. A body of research is emerging, however, that examines the social networks inherent in adolescent friendships to explore the dynamic interplay between friendship and behaviour with the aim of answering important questions regarding the origins of peer effects.

There are two competing theoretical explanations as to how friends exert such a strong effect on each other’s alcohol use. Selection-based theories suggest that adolescents choose friends who have similar alcohol use behaviour to their own. Influence-based theories on the other hand posit that the decision to use alcohol is predicted by the alcohol use behaviour of one’s existing friends. Social networking methods have recently been used to disentangle selection from influence effects with mixed results. While selection effects seem to exert a strong influence, both selection and influence contribute to the relationship between friendship and risky alcohol use behaviours. Much research is still needed to understand the relative importance of selection and influence effects in the spread of alcohol attitudes and behaviours through peer networks.

In an exciting new research direction for CREMS I, along with others in the CREMS team (Dr Cath Chapman, Ms Beth Turner, Mr Brad Shaw, Dr Nicola Newton, Ms Louise Birrell, Ms Zoe T onks, Dr Louise Mewton and Prof Maree T eesson), have been collecting friendship networks data from adolescents participating in the Climate Schools A/Prof Tim Slade leads the CREMS epidemiology stream of research. His research focuses on not only the cross-sectional epidemiology of mental and substance use disorders, but also on the examination of the longitudinal and development course of these disorders, with the particular aim of identifying the patterns of, and risk factors for, the emergence of comorbidity.
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Uncovering the mechanisms by which the onset of drinking behaviours as well as the experience of an array of adolescent-relevant attitudes and behaviours diffuse through peer networks holds great promise for not only understanding the etiology of peer impacts but also for identifying individuals strategically positioned in a friendship network - so-called “key players”, who hold greater sway over their peers’ behaviour. It is likely that these key players will exist in different locations in the network depending on whether we are considering, for example, alcohol use or depression or some other adolescent behaviour. Once identified, however, these key players could form the basis of targeted prevention programs that capitalise on the social influence model to alter risky or unhealthy behaviours at a population level. Watch this space and we’ll keep you posted!
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References

WHAT IS THE BEST WAY TO MEASURE ANXIETY IN PEOPLE AGED 60 AND OVER?

At the Centre for Emotional Health, we’re trying to find out which questions are best to assess anxiety in people over 60. If you’re over 60 and have experienced symptoms of anxiety, you can help us by filling out some brief questionnaires online, or we can post them to you to complete at home.

PARTICIPANTS REQUIRED: Australians aged 60 years or over
RESEARCHERS: Dr Miri Forbes, Dr Viviana Wuthrich
CONTACT: miri.forbes@mq.edu.au or (02) 9850 9163
Survey link: https://mqedu.qualtrics.com/SE/?SID=SV_9popTFwXsgpAKTX

CENTRE FOR EMOTIONAL HEALTH
WHY DO PEOPLE WORRY AND RUMINATE?

Understanding repetitive negative thinking as a risk factor for mental health difficulties.

Most people can identify with the experience of ruminating and dwelling on thoughts and situations from time to time. For many people, these thoughts may have a negative impact on mood and be perceived as unconstructive, but for others, this habitual repetitive negative thinking (RNT) can lead to mental health problems, such as depression and anxiety disorders. Researchers have proposed that RNT is a transdiagnostic process – one that causally contributes to the development and maintenance of a range of disorders\(^1,2\). The tendency towards rumination and worry emerges early in adolescence, and once established, the trait remains relatively stable across the lifespan. Therefore, due to the negative outcomes associated with habitual ruminating and worrying, there is a need to understand how and why people develop these tendencies.

DR ROSEMARY KINGSTON

Dr Rosemary Kingston is a Postdoctoral Research Fellow with the University of New South Wales and CREMS. Rosemary is currently working on revising the national guidelines on the management of co-occurring mental health and substance use conditions.
The paradox of why people persist with rumination despite its unconstructive consequences for mood and mental health was the focus of my PhD, conducted in the Psychology department at the University of Exeter, UK. With the supervision of Prof Edward Watkins and Dr Heather O’Mahen, I conducted a series of cross-sectional, longitudinal, and experimental studies, with the aim of identifying risk factors for rumination: What factors cause rumination, and what factors keep people ruminating once they have begun?

A large longitudinal study, conducted online with participants from around the UK, aimed to explore the relationship between rumination, worry, and a broad range of theoretically linked risk factors (e.g., aversive early life and parenting experiences, cognitive factors, intrapersonal factors). Metacognitive beliefs about rumination – which refer to beliefs about the advantages and disadvantages about this kind of thinking (e.g., “ruminating helps me to find meaning in life”, “rumination helps me to understand past mistakes”) – were a particularly strong predictor of rumination, even after controlling for other powerful factors, including neuroticism, and symptoms of depression and anxiety.

After finding that metacognitive beliefs about rumination were correlated and prospectively associated with rumination, I aimed to explore whether metacognitive beliefs were causally implicated in engagement in rumination by means of several controlled experimental studies. After developing a method of manipulating metacognitive beliefs about rumination in the lab, and working with my colleagues on developing a dynamic, real-time measure of ruminative thinking, I was able to demonstrate that individuals manipulated to have positive metacognitive beliefs about rumination engaged in significantly more rumination after exposure to a stressful task. Whilst this finding may seem intuitive, this had not previously been tested experimentally, despite there being psychological therapies in use which are, in part, based on this premise.
Most people can identify with the experience of ruminating and dwelling on thoughts and situations from time to time. For many people, these thoughts may have a negative impact on mood and be perceived as unconstructive, but for others, this habitual repetitive negative thinking (RNT) can lead to mental health problems, such as depression and anxiety disorders. Researchers have proposed that RNT is a transdiagnostic process – one that causally contributes to the development and maintenance of a range of disorders. The tendency towards rumination and worry emerges early in adolescence, and once established, the trait remains relatively stable across the lifespan. Therefore, due to the negative outcomes associated with habitual ruminating and worrying, there is a need to understand how and why people develop these tendencies.

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Following on from this, I was also interested in what keeps people ruminating once they have begun. Since rumination is often experienced as aversive, and anecdotally, people frequently express a desire to not “think so much”, I was interested in the question of what factors might motivate or reinforce people to keep habitually ruminating. I developed an experimental task in which participants were primed to think about a difficult interpersonal situation in one of two ways: either in an abstract, ruminative mode, or a concrete, problem-solving mode which was phenomenologically inconsistent with rumination. This design allowed me to see what outcomes were specific to ruminative thinking, rather than just general thinking about a problem per se.

Rumination did not differ from concrete thinking in terms of gaining insight or understanding, and in fact, concrete thinking lead to superior outcomes in terms of feeling confident and in control of the problematic situation. However, participants randomly allocated to ruminate reported having significantly more justification for avoiding dealing with the aversive situation. Therefore, it is possible that “rumination serves to build a case that the individual is facing a hopelessly uncontrollable situation and so he or she is not able to take action to overcome the situation.”

The reasons for why some people become and remain “ruminators” or “worriers” are undoubtedly complex and multifaceted. These thinking habits are developed in childhood and are forged over a lifetime, and it is difficult to know the extent to which these thinking patterns are tractable to long-term and meaningful therapeutic change. Nonetheless, given the deleterious outcomes that excessive rumination and worry can have on mood and mental health, there is clear benefit in understanding what factors develop and maintain these forms of thinking, as a means of attempting to develop effective prevention and treatment interventions.
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References
EARLY INTERVENTION IN PSYCHOSIS: WHERE NEXT FOR THE SPECIALIST TEAMS?

PROF MAX BIRCHWOOD

Prof Max Birchwood is an applied researcher embedded in Birmingham mental health services. Max is a clinical psychologist by training and acts as clinical director to the YouthSpace youth mental health service and Director of Research and Innovation for Birmingham and Solihull Mental Health Foundation Trust. He is also a member of the CREMS Executive Advisory Board.

Nearly 13 years have passed since the widespread introduction of early intervention in psychosis services (EIS) in the UK and over 20 since the original service in Birmingham and EPPIC in Melbourne. Fast-forward to 2014 and in the UK, over 120 teams are providing specialist services to young people with psychosis in the ‘critical period’ of illness.

The ride has been bumpy and action-packed with plenty of highs and lows. The UK ‘Schizophrenia commission’ chaired by Robin Murray, reviewed the status of treatments and services to people with psychosis, taking evidence from scientists, clinicians, consumers and families. Reporting in 2012 the findings make fascinating reading for the early intervention reform movement.

“Yes, early intervention is crucial to improving outcomes. The Commission’s view is that Early Intervention in Psychosis has been the most positive development in
mental health services since the beginning of community care. These services are popular with service users and families and there is a clear evidence of their effectiveness. Staff who work in them are positive, committed, they enjoy their work and tend to be well led” (p 15). They argue that the culture and philosophy of these teams must infuse services across the schizophrenia spectrum.

The forthcoming UK NICE guidelines for schizophrenia will recommend EIS to commissioners. The UK national evaluation of routine EIS services (National EDEN) has published its protocol following up over 1000 individuals. The key question addressed is whether routine EIS can match the results of the trials and to identify their key ingredients.

One of the early findings from EDEN has been that EIS transform the engagement of young people in services, in excess of 90%; this level of engagement increases the likelihood of delivering evidence-based treatments and thereby improve outcomes. This is no accident since EIS were explicitly designed in collaboration with young people to ensure that they are youth-friendly, engaging their users in low-stigma community settings and focusing on outcomes relevant to young people. This experience of a youth focused service for psychosis, has important implications for mental health services for young people more widely. Lennox and colleagues report a systematic review of studies of young people’s views of mental health services, finding that services focusing on promoting independence, autonomy, employment, low stigma and avoiding excessive medicalisation of their problems are what they want.

It’s vital when new treatments and services are introduced into routine care that they are carefully evaluated as they provide crucial evidence concerning effectiveness and
cost-effectiveness. The EIS service model in the UK is a total community model without out-patient services; it was developed for the inner-city and multi-ethnic setting of Birmingham and was, in effect, an hypothesis about the ideal service structure needed to transform youth engagement. The trials alone will not reveal the full benefits and, crucially, the limitations of the EIS model.

A paper by Akroyd and colleagues evaluating a ‘routine’ EIS service based in Derbyshire, UK finds that, “a high proportion of service users (55%) had their care transferred back to primary care after discharge and almost half of individuals were in education, training or employment upon discharge. Most service users (69%) did not require inpatient admission during their involvement with the service... but there remained room for improvement when measured against identified standards”. These are fantastic results and show why the Schizophrenia Commission were so positive.
The Commission’s view is that Early Intervention in intervention reform movement. findings make fascinating reading for the early consumers and families. Reporting in 2012 psychosis, taking evidence from scientists, clinicians, commission’ chaired by Robin Murray, reviewed the illness. The ride has been bumpy and action-packed with young people with psychosis in the ‘critical period’ of over 120 teams are providing specialist services to Melbourne. Fast-forward to 2014 and in the UK, Nearly 13 years have past since the widespread commissioners. The UK national evaluation of routine EIS services (National EDEN) has must infuse services across the schizophrenia spectrum. They argue that the culture and philosophy of these teams effectiveness. Staff who work in them are positive, committed, they enjoy their work and popular with service users and families and there is a clear evidence of their mental health services since the beginning of community care. These services are one of the early findings from EDEN whether routine EIS can match the results of the trials and to identify their key are carefully evaluated as they provide crucial evidence concerning effectiveness and of young people’s views of mental health services, finding that services focusing on young people more widely. Lennox and colleagues has been that EIS transform the engagement of young people in services, in excess of 90%; this level of engagement increases the service structure needed to ensure that they are youth-friendly, engaging their users in low-stigma community multi-ethnic setting of Birmingham and was, in effect, developed for the inner-city and service model in the UK is a total community model without retrenchment. But as already indicated, the EIS model was a hypothesis. What should the next generation of EIS look like? The early intervention reforms have been bold and radical; we must be equally bold in evaluating the limits and weaknesses of these services. We have shown in EDEN using qualitative studies of acceptability of EIS that while consumer and carer views were overwhelmingly positive, there are many caveats.

For example, users report that EIS can be intrusive and over-controlling and breed resentment. Clearly there needs to be a better balance between support and autonomy. The model offers care strictly for three years but this has had unintended consequences: users report that this can lead to individuals, who have largely recovered, continuing to receive unnecessary wraparound care; and, on the other hand, when discharged from EIS, the change to routine care can be a chasm where needs are no longer met and the services alienating. Clearly we need to develop more flexibility: on the one hand to enable fast access to EIS if individuals’ care is stepped down; but on the other to think carefully about how we can assure that the EIS quality of care is available in routine services, to maintain the improvements that EIS, such as those in Derbyshire, have so impressively achieved.

A recent paper from National EDEN showed that the routine introduction of EIS has not reduced DUP to an acceptable level in all cases. Over a third had DUP exceeding 6 months, which was linked to poorer symptoms after 12 months of EIS. However, it was
shown that over 50% of the delay occurred within generic mental health services, prior to entry to EIS. Low recognition of symptoms or poor engagement in generic CMHTs and CAMHS services were responsible. There was a large correlation between treatment delay following entry to mental health services and delay in reaching EIS. This shows us that we need to consider carefully the position of EIS in the overall care pathway. I believe that tinkering around with current service structures will be insufficient to bring this about. The lead provided by Orygen in Melbourne, in placing EIS within a youth services framework, will be a context in which the next generation of EIS can flourish without retrenchment. In Birmingham services to young people have now been radically reformed around an early intervention, public health model for 0-25 years, abandoning the traditional concept of CAMHS services.

References

Disclaimer:
Professor Birchwood is part funded by the Collaborations for Leadership in Applied Health Research and Care West Midlands (CLAHRC-WM) initiative and reports some results of independent research commissioned by the National Institute for Health Research, through the National Institute for Health Research (NIHR) under the Programme Grants for Applied Research programme (RP-PG-0109-10074). The views expressed are those of the author and not necessarily those of the CLAHRC WM collaborative organisations, the NIHR or the Department of Health.
Climate Schools
Climate Schools provides health education courses which aim to empower students to gain knowledge about their health and wellbeing. This knowledge will assist them in making positive and informed choices.

New Psychoactive Substances Factsheet
Part of a series of factsheets published in 2014, this factsheet provides up-to-date, evidence-based information for the public about new psychoactive substances.

Pure Rush
Pure Rush is an educational game that offers a unique, interactive and fun approach to drug education. Players learn about the negative effects of illegal drugs as they race to get to a music festival. Secondary school teachers will find this game useful in supporting Health and Physical Education lessons, and feedback from students indicates they love playing it.

Partners In Depression
Partners in Depression is a group education program designed to address the information and support needs of those who care for or love a person experiencing depression. It is a six session program run by two facilitators in community settings.
A feature story written about me in the Newcastle Herald last year opened with a quote from me stating “I’m not a planner.” And the truth is, I am not.

I have always found this a less than easy thing to admit, because I am sure from the outside, people would assume that someone who took over as the Director of a national mental health organisation in her 30s probably had an excellent career plan. But, I didn’t.

I enrolled to do a psychology degree at the University of Newcastle back in 1994 by a process of elimination rather than some higher ‘calling’ to be a psychologist and without the slightest hint of how much I would be driven by a passion to work in mental health and suicide prevention. I was an excellent student (well, at least by the end of 2nd year) and graduated with first class honours, but still little direction on my career.
Instead, armed with my psychology degree I jumped on a plane headed for Europe and spent the next 18 months working as a wine consultant in a top UK restaurant rather than focus on my career (add here gasps of horror from senior academics in psychology at the time). Returning to Australia for the 2000 Olympics, my career (and my unequivocal passion for mental health) started when I was given a chance to work at the Hunter Institute of Mental Health.

And so here is the thing. I may not be a planner, but I do recognise and take opportunities when they come my way. I have been fortunate that in my early years of working at the Institute I worked on both mental health and suicide prevention programs and I got to benefit from the diverse skills and expertise that the two Trevor’s in my life had to offer – Trevor Waring (the Director at the time) and Trevor Hazell (who later took over as the Director). As a side note – people often call me “the first female director” of the Hunter Institute, but to be more accurate I am “the first non-Trevor” to lead the organisation.

In that first year at the Institute I worked on a NSW resource on rehabilitation for mental health and worked closely with the Elderly Suicide Prevention Network in NSW to develop a training package addressing suicide prevention for older people. In late 2002, I was asked (reluctantly I might add) to take over a 12-month project working with media that was to become the start of the Mindframe National Media Initiative. What I didn’t know then was that this would be an area of work I would lead for almost 10 years, provide me the opportunity to build international partnerships and become the focus of my belated (and still not completed) PhD.

When I return to talk to final year psychology students about their career I can see the tension release when I tell them that when I was sitting where they are – I still had absolutely no idea what I wanted to do and I most certainly didn’t follow the traditional path of further study to figure it out.
Developing and managing the Mindframe National Media Initiative has taught me a lot about translating evidence into practice, about building capacity of sectors outside of health to play a role in mental health and suicide prevention, about the importance of not just developing a resource but disseminating it in a way that it is integrated into practice, and about the importance of building and nurturing partnerships.

In addition to my work on the Mindframe National Media Initiative I have worked across a range of settings and sectors and have been instrumental in the development of suicide prevention, community awareness and policy related initiatives for the Institute. I was directly involved in the design and development of flagship programs for the Institute including: Conversations Matter resources to support community discussion of suicide; Community Arts projects such as Youth Rockin' the Black Dog; Workplace Mental Health Interventions including Working Well; and other policy, training and suicide prevention programs. Not to mention that I now get the opportunity to contribute across all of our programs of work (well, when the staff let me!).

I have been lucky that my work has exposed me to the best and brightest researchers (many of them associated with CREMS), people with specialist clinical skills, those working in diverse sectors across Australia that bring their own experience and knowledge to the work we do together. Importantly, I have always had the opportunity to work with people with personal experience of mental illness and suicide, which reminds
me every day about the importance of the work. Given our national role, you will often find me on the road, rather than behind my desk, and I think one day (when I finish the PhD) I might write a working woman’s guide to travel in Australia.

If I am to summarise who I am now, 15 years after I started as a bright eyed and enthusiastic project officer at the Hunter Institute of Mental Health, I’d describe myself as an advocate for prevention approaches and the absolute need to find better connections between research and practice. Something that could and should be achieved through collaborations like CREMS.

When thinking about the current gaps we have between research and practice, I often reflect on those amusing debates about what came first – the chicken or the egg? And in many ways this reflects a less amusing divide we often face in mental health and suicide prevention when asked the question about what needs to come first, the research or the practice?

Good arguments could be made for both sides. But rather than debates about which is more important, and indeed which needs to occur first, perhaps instead we should be asking how both can work together at the same time. It is my experience that research

If I am to summarise who I am now... I’d describe myself as an advocate for prevention approaches and the absolute need to find better connections between research and practice.
often doesn’t consider the real world conditions in which interventions need to be implemented. At the same time, practice does not always take into account the research evidence. Not an ideal state of affairs when you are talking about people’s lives.

The separation of these two things has rarely made sense to me. Especially in the areas I am most passionate about – the prevention of mental illness and the prevention of suicide. So I ask - why have just a chicken or an egg, when we can be better served by making a good chicken omelette?

I look forward to leading new strategic directions for the Hunter Institute of Mental Health, including the development of key research partnerships and addressing current gaps in national and state priorities for mental health and suicide prevention, and I look forward to making a good chicken omelette with my colleagues at CREMS!

My advice to people starting their career? It is ok not to have a plan, but make sure you identify opportunities as they come along and take them. Find something you are passionate about and it will never really feel like work, but remember that no matter how much you learn and no matter how experienced you become, no one is really an expert. It is our combined knowledge and skills that will make the difference in the long run.

Learn more about the work of the Hunter Institute of Mental Health at www.himh.org.au
CREMS will be holding our 2015 CREMS National Colloquium in Canberra on 25th August 2015. This full-day colloquium will be run as a part of the 25th Annual Mental Health Services (TheMHS) Conference.

The colloquium will aim to provide attendees with an up-to-date understanding of innovative treatments for comorbid substance use and mental disorders; particularly trauma, depression and psychosis. Presentations by CREMS members and guest speakers will introduce a broad range of treatment models for managing comorbidity including:

- An overview of current innovations in conceptualising and managing comorbidity.
- Transdiagnostic approaches to comorbidity
- Effective treatments for comorbid trauma and substance use disorders in adults and young people
- Clinician perspectives on managing comorbidity in practice
- Online treatments for depression and substance use
- Treatment models for psychosis and substance use

This day will be a great opportunity to update your knowledge about comorbidity and meet the team at CREMS. We look forward to seeing you on the 25th of August in Canberra.
Congratulations!

Dr Nicola Newton, Dr Christina Marel and Dr Lexine Stapinski have been awarded prestigious Fellowships from the Society of Mental Health Research.

Nickie, as Director of Prevention at CREMS will use the fellowship to develop new and innovative prevention interventions.

Chris is leading research in longitudinal cohort methods and findings with a focus on heroin dependence.

Lexine is leading innovative research into transdiagnostic models of treatments with a focus on anxiety and alcohol dependence.

Congratulations to Profs Maree Teesson (pictured below) and Helen Christensen who were recently admitted as a Fellows into the prestigious Australian Academy of Health and Medical Science.

The learned Academy was established in 2014 to "promote health and medical
research and its translation to enable a healthier community in Australia and the World”. They will be called upon for advice to government on a number of health related issues including health priorities for Australia.

Fellows are nominated for consideration by The Academy if they have "demonstrated distinguished professional achievement" and "outstanding leadership in the science of health and medicine". It is a great honour and a reflection of the esteem with which Maree and Helen are held by their colleagues in Australia and internationally.

Congratulations to Ms Katrina Champion (pictured above), who has been selected as one of five Early-Career Mentored Editorial Board Members to serve on the editorial board for Prevention Science.

Prevention Science is the official journal of the Society for Prevention Research and is the most prestigious journal in the prevention science field. This is a two-year position awarded to the most outstanding postgraduate students and Early Career Researchers world-wide. Well done, Katrina!
‘The Digital Dog’ Launched

Did you know that less than half of all Australians experiencing poor mental health will seek formal treatment?

The Black Dog Institute has just launched a new research program called **Digital Dog**.

Funded by the NHMRC the program aims to use technology like apps, smartphone sensors, social media and online gaming to identify and develop new methods of reaching the people that need it.

[www.digitaldog.org.au](http://www.digitaldog.org.au)

In the video below, Prof Helen Christensen discusses Digital Dog and why she is excited about the program. Helen was also recently on Sunrise (see the photo above), where she spoke about depression and the work of the Black Dog Institute. You can watch her segment [here](http://www.digitaldog.org.au).

![The Digital Dog Team](image)

*Click to watch Prof Helen Christensen discuss Digital Dog*
**NHMRC Mental Health Case for Action**

In 2013, The National Health and Medical Research Council established a number of Research Translation Faculty Steering Groups to lead the development of ‘Cases for Action’. These cases are intended to identify a significant gap where strong research evidence exists but is not being used in healthcare policy and practice, and suggest action that NHMRC could consider taking to address those gaps.

We’ve been involved in developing the Mental Health Case for Action, ‘Translation of e-mental health services for depression’, which has just been released.

This Case for Action identifies the major barriers for integrating e-mental health programs into treatment services, and presents a detailed plan of action for addressing this translational gap. Read the proposal [here](#).

**CREMS members featured on the ABC’s All in the Mind Program**

A recent episode of the ABC’s All in the Mind program featured a number of presenters from the recent TheMHS Summer Forum on Men's Mental Health. This included CREMS CI Prof Max Birchwood, who was a featured author earlier in the Newsletter.

The Summer Forum was organised by our own Prof Maree Teesson and Dr Cath Chapman and was a huge success. To read more about the forum, access notes from speakers and read all the blog posts from the forum, visit TheMHS website.
**Webinars now available!**

Our new webinar is now available to view on demand on our Vimeo Channel!

Presented by Dr Nicola Newton and Dr Lexine Stapinski, the webinar is about “Drug and alcohol use among young people. What can parents and schools do to prevent the harms?”

Every year, one in four Australian teenagers puts themselves at risk of harm through drug and alcohol use. Research at CREMS shows that these harms can be reduced by school-based prevention programs.

This webinar presents the latest research findings on drug and alcohol use among Australian teenagers. It will review research evidence showing which strategies effectively prevent harm from drug and alcohol use. Attendees will be provided with access to practical tools and resources that are proven to reduce harm. This webinar would suit teachers, parents, principals, counsellors and other professionals working with young people.

Visit our website to download the webinar handout and to find out about our other upcoming webinars!

[comorbidity.edu.au/training/webinars](comorbidity.edu.au/training/webinars)
Dr Erica Crome for @WePublicHealth

@WePublicHealth aims to test the use of a rotated curated Twitter account as a new model for citizen journalism with a public health focus.

Every week, a different person – including community members and public health professionals – will be asked to tweet-report and investigate public health matters.

Our own Dr Erica Crome – @EricaCrome – took over the @WePublicHealth twitter account to start conversations about engaging more consumers in research, increasing the accessibility of research for practitioners and consumers, breaking down research silos and supporting the next generation of health and medical researchers.

Her exciting week included live updates from mental health events, twitter interviews and a mash-up of psychology, health economics, and policy and ethics. Her week concluded with a live twitter discussion about early career researchers with Prof Maree Teesson.

UPCOMING CONFERENCES

THE COLLEGE OF PROBLEMS ON DRUG DEPENDENCE
PHOENIX, UNITED STATES OF AMERICA
13-18 JUNE

XXXV SUNBELT CONFERENCE OF THE INTERNATIONAL NETWORK FOR SOCIAL NETWORK ANALYSIS
BRIGHTON, UNITED KINGDOM
23-28 JUNE

CREMS NATIONAL COLLOQUIUM
CANBERRA, AUSTRALIA
25 AUGUST

TheMHS CONFERENCE
CANBERRA, AUSTRALIA
25-28TH AUGUST


OUR PEOPLE

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

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- Prof Robyn Richmond
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- A/Prof Tim Slade
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- A/Prof Leanne Hides
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- Ms Stephanie O’Donnell
- Ms Sandi Steep

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

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

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- Dr Rosemary Kingston
- Dr Kirsten Morley
- Dr Louise Thornton

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- Ms Phillipa Ewer
- Ms Jenny Gedes
- Ms Joanne Gilsenan
- Ms Sally Hunt
- Ms Julia Rosenfeld
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