

21

YEARS YOUNG

Opening minds to a brighter future

OYHRC 2013 Annual Report

OYHRC Annual Report 2013

2	ORYGEN YOUTH HEALTH RESEARCH CENTRE
3	VISION AND VALUES
4	OUR MEMBERS
5	CHAIRMAN'S REPORT
7	EXECUTIVE DIRECTOR'S REPORT
10	OUR GOVERNANCE
12	YOUTH PARTICIPATION
15	OUR RESEARCH
16	STAFF PROFILE // EÓIN KILLACKEY
20	STAFF PROFILE // BARNABY NELSON
22	STAFF PROFILE // SIMON DODD
24	21ST ANNIVERSARY A BIG SUCCESS!
26	SKILLS AND KNOWLEDGE
27	THE WORKFORCE REPORT
28	CLINICAL WORK
30	STAFF PROFILE // HEATHER STAVELY
32	CORPORATE AND PHILANTHROPIC RELATIONS
35	OUR KEY RESEARCH COLLABORATORS
36	STAFF PROFILE // ALEX PARKER
38	PUBLICATIONS
47	STAFF

Orygen Youth Health Research Centre is Australia's largest youth mental health research centre. Our current research program aims to understand the biological, psychological and social factors that influence the onset, remission and relapse of mental illnesses in order to find better ways to prevent or reduce the impact of mental disorders for young people.

Building on its contribution in initiating and sustaining the now worldwide clinical research interest in early psychosis, OYHRC has progressively expanded its research capacity and developed key collaborations across the diagnostic spectrum to include other potentially serious mental disorders with peak onset in the 12–25 year period, such as depression, substance use disorders, bipolar disorder and borderline personality disorder.

OYHRC has major collaborative partnerships with other research centres and clinical research organisations in Australia and around the world. It also leads two **headspace** centres in northwest and western areas of Melbourne. These partnerships allow for the development and conduct of major research studies that will contribute to a better understanding of appropriate interventions and service systems for young people at different stages of mental ill-health.

OYHRC is now regarded as one of the pre-eminent mental health research institutes in Australia, and in terms of its focus on emerging disorder, youth and early intervention, as an international leader. It utilises a range of mechanisms and processes to translate knowledge into practice in real-world settings.



The VISION of Orygen Youth Health Research Centre

To create, refine, evaluate and translate knowledge, enabling a much more effective response to emerging mental illness and its consequences in young people

To catalyse reform in the conceptual framework and real-world clinical practice in mental health that is evidence-based, acceptable and accessible to young people

The VALUES that OYHRC observes in performing its research, translation and promotion activities

- Young people with mental illness issues are entitled to quality treatment, support and care designed to best suit their individual circumstances.
- Intervention and treatment for young people with mental health issues should be based upon sound evidence-based practice.
- Further research into interventions, treatment and treatment approaches is required to enhance evidence-based practice for young people with mental illness. This research should include trials of innovative community-based clinical approaches.
- Results of this research should be disseminated at the local, national and international levels in order to guide the development of mental health services for young people. The goal of this service reform is to improve outcomes, quality of life and cost effectiveness.
- Key stakeholders, including governments, young people, family members, the community and other service providers, provide the context in which OYHRC conducts its research and provides services to young people.

The effectiveness of OYHRC is based upon the quality of its staff and the key elements of research, innovative clinical service delivery and education. OYHRC values the role that its staff play in ensuring the quality of these key elements, the development of the organisation and the planning and delivery of its research activities and clinical services.

Our Members

Colonial Foundation

The Colonial Foundation Limited is a philanthropic organisation. The Colonial Foundation Trust aims to make a positive contribution to society by supporting organisations that work to find solutions for those in need or improve the quality of community life. A significant focus of the Trust's philanthropic support is to fund activities and programs that benefit young Australians and vulnerable families.

Melbourne Health

Melbourne Health is one of Australia's largest public healthcare providers. The organisation provides world-class healthcare to the community by embracing discovery and learning, building collaborative relationships, and engaging patients in their care. They provide services through The Royal Melbourne Hospital, NorthWestern Mental Health and The Victorian Infectious Diseases Reference Laboratory.

The University of Melbourne

The University of Melbourne is a public university based in Melbourne, Australia. It is a leading global research university renowned for its teaching and research achievements and its social, economic and cultural contributions. The University's performance in international rankings puts it at the forefront of higher education in the Asia-Pacific region and beyond.



Chairman's Report // MR PETER SMEDLEY



Improving the mental health of young people is at the centre of all our goals, which will ensure we are able to make a positive impact on many more young people's lives.

In this anniversary year, when OYHRC is celebrating 21 years since the start of the EPPIC service in Parkville, I am enthused about the contribution we have made to improving mental health treatments and services. Looking back has given us a chance to reflect on the remarkable growth of this organisation from a small clinical-research service to a world-leader in youth mental health research and knowledge translation. This growth has not been by accident. It is a credit to all the staff who have come to work at OYHRC, and its antecedents, and the leadership of Prof Patrick McGorry.

It is crucial that as we continue to expand our work, OYHRC continues its keen focus on our primary purpose – to continue to pioneer more effective responses to emerging mental illness in young people. Improving the mental health of young people is at the centre of all our goals, which will ensure we are able to make a positive impact on many more young people's lives.

Over the past year at the Board level, our focus has been on the strategies necessary to deliver on the roadmap detailed in our 2012–2017 Strategic Plan. The plan laid out an ambitious and forward thinking agenda for continued consolidation and expansion of our operations. Over the five years our key priorities are to:

- significantly expand our work in developing and trialling treatments for a range of mental disorders experienced by young people.
- grow our innovative clinical service delivery capacity in order to offer up-to-date treatment options for many more young people.
- develop our skills and knowledge area to provide resources, training and system development supports to underpin the expansion of youth focused mental health services.
- continue to advocate for young people and families to have access to a comprehensive youth-friendly evidence-based mental health service system.

As detailed in this annual report, we have already made significant progress towards achieving these key priorities.

During 2012–13 we have had a number of key achievements, which should be lauded. In terms of our clinical services, the announcement that OYHRC will be the lead agency of two new **headspace** sites, in Werribee and Craigieburn, is great news for young people in those areas and a testament to our effective operation of current centres in Sunshine and Glenroy.

We are also pleased to be a key partner with the Federal Government, and **headspace** National, in the roll-out of early psychosis services through **headspace** centres in nine areas across Australia. This is a crucial step in the building of an accessible national youth mental health system.

Our research work continues to be pioneering and innovative, with OYHRC researchers being invited to all corners of the globe to present on the new knowledge created here in Parkville. The volume and quality of publications emanating from OYHRC contributes to the evidence-base available to researchers, clinicians and health service developers around the world.

Our Skills and Knowledge area provides the crucial link in sharing our findings. The fact that over 3000 people attended OYHRC training sessions last year, and that we trained clinical services in four continents reflects our exceptional reach.

Since the Colonial Foundation came on board in 2002, creating Orygen Youth Health Research Centre, everyone who has served on the organisation's Board has been a contributor to our ongoing success. I would like to thank my fellow Board directors and the Board Committee members for their outstanding work in the previous year. Their continued expert guidance is what allows this rapidly changing organisation to remain focused and effective. This year has been a great chance for some nostalgic recollection, however I firmly believe our best successes lay ahead and young people and their families in Australia and abroad will be the beneficiaries.



Executive Director's Report // PROFESSOR PATRICK MCGORRY AO



2012–2013 marked 21 years of innovation, reinvention and translation in early intervention and youth mental health at our Parkville haven.

From our early beginnings with the official opening in 1992 of the Early Psychosis Research Centre (EPRC) by Human Rights Commissioner Brian Burdekin and of the Early Psychosis Prevention and Intervention Centre (EPPIC) itself by Health Minister Marie Tehan in April 1993, comprising a brand new community-oriented clinical service and modest research team of five staff, we have grown through a series of reinventions to become Australia's premier youth mental health translational research institute, with over 300 dedicated researchers, clinicians and support staff. From our initial focus on early psychosis, our research program has expanded to cover the full spectrum of emerging mental illness in young people, and we now offer comprehensive clinical services through our partner Orygen Youth Health Clinical Program as well as our own two **headspace** sites in Sunshine and Glenroy, and will shortly be opening a further two **headspace** sites, one in Werribee and one in Craigieburn. This growing system of youth mental health care will not only provide better access to care and early intervention for up to 6000 young people per annum, but will act as a learning environment and national laboratory for research, treatment innovation and translation of knowledge and skills.

In addition to the EPPIC anniversary it was also the 11th Anniversary of Orygen Youth Health, and more specifically the Orygen Youth Health Research Centre, which was created in 2002 with uniquely generous and sustained funding support from the Colonial Foundation through a partnership between the University of Melbourne, Melbourne Health and the Colonial Foundation.

The anniversary was celebrated through an academic conference held at the MCG on June 13 and a special cocktail event and Rockwiz show, 'Rockwiz Rocks Youth Mental Health' held at the Melbourne Town Hall with an audience of over 1200 people.

The past 21 years have witnessed a great deal of progress in a field which has been created through a series of national and international partnerships, which I believe reflects the most evidence-informed reform process in mental health care to date.

The main achievements include the:

- establishment of the International Early Psychosis Association and International Association for Youth Mental Health both based at Parkville. The IEPA has held eight international conferences and also founded in 2007 an international journal, 'Early Intervention in Psychiatry' which has a growing impact factor.
- leadership of the overdue shift towards early intervention and a more 'pre-emptive' psychiatry, notably in research, such that the paradigm has attracted major international support as well as some inevitable controversy. The paradigm is now at the forefront of global research investment, notably at the National Institute of Mental Health in the USA and the Canadian Institutes of Health Research.
- national and international service reform in early psychosis and youth mental health care more generally. Hundreds of early intervention programs based on our own models have been established world-wide and across Australia.

Meanwhile our efforts over the past 12 months have focused on the following challenges:

- to become financially self-sufficient and self-sustaining and to secure funding to create a purpose built translational clinical research facility and service platform at Parkville.
- to continue to act as the national and international 'engine room' for research into the early stages of mental illness in young people, novel therapies and interventions to promote well-being as well as mental health services research and translation.
- to serve as a centre of excellence and educational platform in youth mental health, both nationally and internationally.
- to continue to inspire and seek partnerships to promote service reform nationally and internationally.
- to be a resource and host for the training and support of the workforce required for the new Australian youth mental health service stream that we have worked to create.

We have been negotiating a period of generational change over the past couple of years with the departure of long serving academic leaders, Prof Alison Yung (University of Manchester), Prof Nick Allen (Department of Psychology, University of Melbourne and later the University of Oregon), Prof Dan Lubman (Monash University) and Prof Anthony Jorm (School of Population Health, University of Melbourne). These researchers largely created their international reputations at Parkville, benefiting from the critical mass and collaborative gain on offer but in the process making a huge contribution to the collective impact of Orygen and the success of early intervention and youth mental health. We sincerely thank them for all their contributions and wish them well in their new leadership roles. The next generation of talented research leaders is already emerging at Orygen to fill these gaps and we aim to recruit some additional senior researchers from national and international sources.

With a Federal Election being held in 2013 a great deal of advocacy was undertaken in the lead up period, most notably some highly effective joint

advocacy with **headspace** and the Young and Well CRC. This advocacy led the Gillard government, after two years of deadlock with State Health Departments, to finally eschew the National Partnership Agreement process for the scaling up of the national EPPIC program, and channel the funds and the deployment via **headspace** with OYHRC being contracted to provide expertise with system development, training and workforce support. This was a welcome move and will ensure that **headspace** begins to receive the specialist back up that is needed to provide more comprehensive youth mental health care.

Other key events held or planned during 2012–2013 included the Second National Symposium of the RANZCP Special Interest Group for Youth Mental Health held in Sydney in May, the Second International Youth Mental Health Conference planned for early October in Brighton, UK, and the Annual Australasian Society for Psychiatric Research Conference, planned for early December. There have also been a number of high profile grant successes in the previous year as well as the publication of approximately 200 specialist articles and book chapters. This is a testament to the original ideas and innovative designs of our researchers.

As well as the researchers I am continually grateful to all the staff at Orygen who deserve huge credit for the organisation's achievements. I would also like to extend a heartfelt thank you to the Chair of OYHRC, Peter Smedley, the Board and Committees who have been exceptional in setting our strategic course for the next five years. I would also like to sincerely thank our enormously dedicated Executive, John Moran, Kerryn Pennell, and Prof Helen Herrman, the rest of our senior management team and also our loyal and committed support staff Caroline Brown, Sherilyn Goldstone and Julie Blasioli for their contribution to our continued success this year. Finally our sincere thanks and appreciation to all our key partners, collaborators and funders who have made possible our work over the previous 21 years and continue to make it possible into the future.

Paul D. McGorry.



'From our initial focus on early psychosis, our research program has expanded to cover the full spectrum of emerging mental illness in young people...'

Our Governance

Orygen Youth Health Research Centre Board

The role of the Orygen Youth Health Research Centre Board is to provide strategic guidance and approve the company business, communications and strategic plans and budget priorities; to monitor the performance of the company; and to approve and monitor the progress of major projects, sub-contracts, partnerships and major expenditure.

MEMBERS

MR PETER J SMEDLEY (CHAIRMAN)

MS LYNETTE ALLISON

MR GRAHAM BROOKE AM

DR GARETH GOODIER

PROFESSOR PATRICK MCGORRY AO

PROFESSOR JOHN MCNEIL AM

PROFESSOR LIZ SONENBERG

SEE OUR WEBSITE FOR FULL BIOS



MR PETER
J SMEDLEY



MS LYNETTE
ALLISON



MR GRAHAM
BROOKE AM



DR GARETH
GOODIER



PROFESSOR PATRICK
MCGORRY AO



PROFESSOR
JOHN MCNEIL AM



PROFESSOR
LIZ SONENBERG

OYHRC Research Committee

The OYHRC Research Committee (a Board sub-committee) assists in guiding, monitoring and approving the strategic direction of the program of research, and to ensure the program reflects a commitment to excellence in research. The Committee is chaired by Professor John McNeil and has a membership of leading Australian academics and scientists. This committee provides a valuable forum for the senior academic staff of OYHRC to consult about new research initiatives and technical issues.

MEMBERS

PROFESSOR JOHN MCNEIL AM (CHAIRMAN)

PROFESSOR BERNHARD BAUNE

PROFESSOR DONALD CAMPBELL

PROFESSOR ROB CARTER

PROFESSOR LOUISA DEGENHARDT

PROFESSOR KATHY EAGAR

PROFESSOR PATRICK MCGORRY AO

PROFESSOR JOHN MCGRATH

PROFESSOR JANE PIRKIS

OYHRC Audit and Risk Committee

The Orygen Youth Health Research Centre Board has established an Audit and Risk Committee (a Board sub-committee). The role of the Audit and Risk Committee is to ensure that appropriate controls are in place, and that risks are identified and managed to protect the operations of OYHRC.

MEMBERS

MR GRAHAM BROOKE AM (CHAIRMAN)

MS LYNETTE ALLISON

MR STEPHEN MARKS

MR JOHN WARBURTON

SEE OUR WEBSITE FOR FULL BIOS



Youth Participation

Orygen Youth Health is committed to working in partnership and consultation with our young people.

Our Youth Participation Program draws on the strength, experience and skills of young people who use the service by involving them in consultations and decision-making processes to drive service development and improvement.

Youth Participation empowers young people to advocate for themselves and their peers and can have a profound effect on the health and wellbeing of those involved.

The valuable input, feedback and ideas from our young people has a positive impact on influencing change and improvements and helps to make the service more responsive to the needs of our clients.

“Platform is great because I can get together with my peers and be involved in decisions regarding our treatment and care. It’s important to take our opinions into account, we know firsthand what’s working and what can be improved upon!”

– REBECCA, PLATFORM TEAM MEMBER

Orygen Youth Health’s Youth Participation Program includes:

The Platform Team

Platform is comprised of young people who are either past or present clients of our service. These young people form a representative decision-making and consultation group who use their experience to offer feedback and contributions to the service across a broad range of areas including strategic planning, staff selection, research development, mental health promotion, resource development and clinical services.

“Being a Peer Support Worker makes me feel good knowing I remind other young people that they can survive what they are experiencing and look forward to a life beyond their illness. I also like helping young people understand that they don’t have to let their illness dictate their life – encouraging them to use services and supports available to manage their illness around their life.”

– KAY, PEER SUPPORT WORKER

The Peer Support Team

The peer support workers are a team of young people who are past clients of our service who now volunteer their time to support other young people experiencing a mental illness. They draw from their own experience to offer comfort, information, practical support and positive, recovery-focused social interaction.

Peer support workers visit the Inpatient Unit in Footscray as well as operate a drop-in service for OYH clients at Parkville.

This team plays an integral role in assisting current clients on their recovery journey and helping them to feel hopeful about recovery and valued as individuals.

But don’t take our word for it! Here is what some young people have to say about our youth participation program.



“I think Platform is an important part of the service because it helps to make young people feel valued and like they’re contributing to something that is really worthwhile to them personally. It helps young people develop skills and experience and things that contribute to wellness like increase in self-esteem, improved communication skills, attainment of employability skills.” – PLATFORM TEAM MEMBER



Our Research

Applied Genetics

// DR DEBRA FOLEY

The primary goal of the Applied Genetics Unit is to undertake research that integrates genetics with clinical and community psychiatry to identify risk factors and to predict treatment response, including the development of adverse side effects, and to better characterise psychiatric and physical health outcomes. A genetically informative study design can help identify the sources of individual variation and thereby provide better targets for intervention, prevention and risk management.

Centre of Excellence in Youth Mental Health

// DR ALEX PARKER

The **headspace** Centre of Excellence in Youth Mental Health is responsible for collecting, synthesising, generating, analysing and disseminating research regarding young people aged 12–25 with mental health and substance use issues. The Centre works to support **headspace** service providers and centres to use evidence in practice and services; however, all the materials produced by the Centre are publicly accessible at www.headspace.org.au/what-works.

First-Episode Bipolar Disorders

// PROFESSOR MICHAEL BERK

The First-Episode Bipolar Disorders Unit includes a well-established and integrated team of researchers and clinicians specialised in the identification and treatment of bipolar disorders. The team investigates biological, neuropsychological and psychosocial aspects of bipolar disorders, with its main focus on first-episode mania and psychosis.

The team has also taken a strong role in providing training to clinical staff on biopsychosocial interventions for young people with bipolar disorder. This has included consultation, lectures and workshops locally, nationally and internationally.

First-Episode Psychosis

// PROFESSOR PATRICK MCGORRY

Building upon earlier work at the Early Psychosis Prevention and Intervention Centre (EPPIC) and the Personal Assessment and Crisis Evaluation (PACE) Clinic, this research stream is well established. It focuses on a broad range of biological and psychosocial investigations and interventions in prodromal and first-episode psychosis and mania.

Trauma and First-Episode Psychosis

// DR SARAH BENDALL

Many young people with first-episode psychosis have experienced traumas such as sexual, physical and emotional abuse in their childhood. The experience of acute psychosis can also be very traumatic for young people with psychosis. However, we know very little about the aetiological relationship between trauma and psychosis; the mechanisms involved, or the best treatments for people with first-episode psychosis who have experienced trauma. Our research projects are designed to investigate all these issues.

Cognition, Functioning and Psychosis

// DR KELLY ALLOTT

Dr Allott's research interests focus on cognition (neurocognition, social cognition) and functioning in psychiatric illness, particularly in youth (15–25 years) with early psychosis. This includes the characteristics of, and relationships between, cognition and functioning (social, vocational and independent living) in this population. Dr Allott has a strong interest in developing youth-friendly interventions that target cognitive deficits and other variables that underlie functional impairment or represent barriers to functioning in early psychosis.

Associate Professor Eóin Killackey // DIRECTOR OF PSYCHOSOCIAL RESEARCH

In the world of medical research it is easy to get caught up in complex terminology but for Associate Professor Eóin Killackey the most important question to ask is a simple one – ***'how will this research improve outcomes for young people?'***

Eóin's work is centred on functional recovery, which he explains as ***'thinking about ways to help the young people we see get back to the functional elements of their lives. That could be school or work, that could be looking at whether they have a place to live and increasingly we've been looking at physical health.'***

His current vocational research work began in 2005 and has been enormously influential in Australia and abroad. Functional recovery has been included as one of the core components of the EPPIC model which is being rolled out nationally through **headspace** centres.

'It's great to be able to see when your research actually makes a difference to clinical practice and you know the benefits people will take away from that. Definitely from the young people who've gone through the program here it is amazing to see the difference it makes in their life to have a job.'

'When I came here I just loved the optimistic, recovery focused approach that people had toward the young people they were working with. It contrasted really strongly with other places I had worked.'

This kind of holistic approach is about recognising that a range of factors contribute to mental ill health and these elements should be treated as part of the illness. ***'The onset of mental illness really messes up people's functioning. We think that these things need to be seen as part of the illness and treated as part of their recovery instead of being palmed off to other agencies, which don't have the same insight into the cause of things.'***

Eóin came to Orygen (at that time the Older Adolescent Service) in 1997 to complete a doctorate in clinical psychology. In 2000 he got a job in the clinical team and later transitioned into a more research-based role. ***'When I came here I just loved the optimistic, recovery focused approach that people had toward the young people they were working with. It contrasted really strongly with other places I had worked.'***

When asked what he would like to see achieved in the field in 21 years time, Eóin is unashamedly ambitious. ***'At the far end of the fantasy, we've done ourselves out of a job. There doesn't need to be people doing the stuff we do because it isn't an issue anymore. We've gotten onto early intervention to such a degree and picked the people who are at risk and intervened before they ever get unwell. That would be awesome.'***

He recognises a lot of work has to be done before this goal is achieved and in the shorter term believes our focus should be on building a national, uniform primary care platform for young people and developing a deeper understanding of what puts people at risk. Coupled with this we need to increase our prevention efforts and support young people with mental health problems to stay in schools, finish their education and be able to pursue whatever dreams and goals they have.

STAFF
PROFILE



Functional Recovery

// ASSOCIATE PROFESSOR EÓIN KILLACKEY

Symptomatic treatments for mental illness are more effective and advanced than they have ever been. There is significant evidence that the early application of these symptomatic interventions leads to a reduction in the symptoms of mental illness. Unfortunately there is also evidence that symptomatic improvements do not automatically translate to functional improvements. That is, people with mental illness whose symptoms are under control and managed do not automatically return to school or work, or to engagement in other social and community domains. Our area of research investigates the causes of poor functional recovery, but is also very focused on the development and testing of interventions to improve outcome in functional areas.

Mental Health Promotion

// PROFESSOR HELEN HERRMAN

The Mental Health Promotion Unit aims to investigate the promotion of mental health in adolescents and young adults through public health and social interventions that influence the broader social determinants of mental health (including social connections, freedom from discrimination and violence, and community participation), especially in the new setting of information and communication technologies. This unit also looks to understand the best ways to engage the government, corporate, philanthropic, not-for-profit and community sectors in promoting mental health.

Novel Online and Positive Psychology Interventions

// DR MARIO ALVAREZ-JIMENEZ

Early intervention services seek to assist young people suffering severe mental health disorders to achieve both symptomatic and functional recovery. Indeed, research shows that recent developments in psychological and pharmacological interventions have led to an improved prognosis in psychosis and depression,

at least in terms of symptoms. However, there are major challenges to achieving the aims of early intervention, including the long-term maintenance of treatment benefits from specialist services and the translation of symptomatic improvements into functional and social recovery. Our team investigates novel treatment approaches including state-of-the-art online platforms and novel positive psychology psychotherapeutic approaches to realise the full potential of early intervention and bring about long-term functional recovery.

Personality Disorders

// ASSOCIATE PROFESSOR ANDREW CHANEN

Helping Young People Early (HYPE) is a prevention and early intervention program for young people who have experienced longstanding instability in their emotions, interpersonal relationships, sense of self and behaviour. These problems are sometimes called 'personality difficulties' or 'borderline personality disorder'. They cause significant strain and disruption to the lives of young people, their families and other relationships, and are usually accompanied by other mental health problems. If left untreated, personality problems can cause persistent difficulties into adulthood.

HYPE provides an integrated treatment, training and research program that is concerned with the understanding of and prevention and early intervention for personality disorders, particularly borderline personality disorder in youth. HYPE was the 2010 Gold Award winner for best specialist mental health service at the Australian and New Zealand Mental Health Service Achievement Awards.

Research at headspace

// ASSOCIATE PROFESSOR ROSEMARY PURCELL

The Transitions Study is a major cohort study that is recruiting young people aged 12–25 who are seeking help for mental health issues at **headspace** youth mental health services in Melbourne and Sydney. This research will test a clinical staging model as a new way of thinking

about mental illness in young people. This new model provides a long-term perspective relevant to the progression of illness from an 'at-risk' state, where young people are experiencing symptoms of psychological distress (usually depression and anxiety), through to the development of discrete mental health disorders such as depression, mania, substance dependence and psychosis. The cohort will be followed longitudinally in order to investigate what puts young people at risk of developing mental health problems and what puts them at risk for progressing to more serious mental disorders. The model will have implications for the way mental illnesses are diagnosed and treated.

Statistics Unit

// PROFESSOR ANDREW MACKINNON

The Statistics Unit staff collaborate with other researchers at OYHRC Centre and its affiliates in the design, conduct and analysis of a broad range of studies. There is a strong focus on the conduct of trials and research into short and long-term outcomes in psychotic illness. As a team, the Unit also has a strong track record in the development of measurement instruments, data collection, ascertainment and integrity assurance.

Suicide Prevention

// JO ROBINSON

This program area focuses upon the prevention of suicide and suicide-related behaviour in young people, in both clinical and community settings. Recent work has included a pilot study testing an on-line program for suicidal young people, a scoping and consultation exercise examining the relationship between suicide and social media and a series of systematic reviews. Jo is also involved in the ongoing evaluation of the **headspace** School Support program.

Ultra-High Risk Research

// DR BARNABY NELSON

The 'At Risk' area of research seeks to discover who is at risk of developing a potentially serious

psychotic disorder, such as schizophrenia, and to determine if the onset of such illnesses can be slowed, delayed or even prevented.

This area of research will have an enormous impact in helping prevent psychosis in "at risk" young people, it will also assist in the identification of early risk factors or predictors, to find a better way to identify those at risk earlier and thus treat them well before the illness can take hold and ensure prevention of the debilitation and disruption to young lives that these illnesses cause.

Youth Mood Research

// DR CHRISTOPHER DAVEY

The overarching aim of the research program is the establishment of effective treatments for depression. This is being accomplished by examining treatments in clinical trials, and by validating and further developing functional MRI treatment biomarkers.

For full information on all our research projects visit www.oyh.org.au



Dr. Barnaby Nelson // SENIOR RESEARCH FELLOW

Working as both a clinician and researcher has given Dr. Barnaby Nelson a unique insight into the relationship between new discoveries and delivering treatment. Barnaby sees clinical research as an integral element of Orygen's work: *'I think it's very important and there probably isn't enough of it. It works both ways... the clinical work informs the research questions, but you witness the other direction as well – how the outcome of research feeds into clinical practice.'*

Barnaby started his academic career studying the link between creativity and psychopathology, which evolved into an interest in psychosis and the work conducted at OYHRC.

With so much yet to be discovered in the field Barnaby hopes that in 21 years time we will have a much greater ability to identify young people in the pre-onset phase of psychotic disorders and tailor preventative treatments for this group.

'Psychosis research is quite fascinating really. There's a lot still to be discovered. Orygen presents an ideal setting to do that sort of work. With people early on in psychotic disorders, or in the pre-onset period, you can identify the risk factors and study psychosis as it emerges and build your research questions around that.'

Barnaby and his team recently completed a landmark study looking at the long-term outcomes of young people who attended the PACE clinic, a service for clients at high risk of developing psychosis. The study, which was the first of its kind to be completed, found that many of these people were still at risk of developing psychosis ten years after they came to the clinic. He believes that this may *'have flow-on implications for clinical service – we might want to extend the period of care for high risk young people, for example. There was a lot of effort behind that study because we were trying to re-contact 400 plus people some of whom had come to the clinic up to 15 years ago, so it took quite a long period of time. It was the first study that has been done looking at long-term outcomes of the high-risk group.'*

STAFF
PROFILE



Simon Dodd // ACTING MANAGER SKILLS AND KNOWLEDGE

A large part of OYHRC's work is not only the discovery of new breakthroughs and approaches to clinical service, but also communicating these discoveries so other services in Australia and around the world can benefit. Simon Dodd, as Acting Manager of OYHRC's Skills and Knowledge area, is in charge of this vital process.

Skills and Knowledge conduct this work through a variety of platforms, including face-to-face training, workshops, publications, videos and increasingly they are delivering training online. Simon sees OYHRC as being the clear global leader in youth mental health knowledge transfer.

'Our overarching goal is to translate the knowledge gained from the clinical settings and the knowledge gained from our research to help our colleagues and other services get the best outcomes for young people with emerging mental health issues.'

Simon has worked most of his career in acute psychiatry and understands the importance of equipping mental health services, and the community more broadly, with the latest evidence-based approaches to assist young people with mental ill health.

'There are a number of different sectors we work with. The community sector where we try to build capacity and increase the ability of workers in that sector to help young people, and for the community to understand and support young people. We also work directly with young people, helping to enhance their understanding of health and how to get assistance for themselves and their mates. We also work with the clinical sector, to enhance the ability of clinicians to become more capable when working with young people with mental health issues.'

'People visit us from all over the world and they come here because we are the experts, nobody does it better. There are the obvious achievements like our world-renowned research and clinical excellence, but our work in teaching and helping to develop services, although less well-known, is a major achievement of OYHRC. There is an extraordinary range of knowledge transfer activities we deliver that show the reach and scope of the skills and knowledge division. From directly talking to young people to the creation of clinical guidelines, virtual online conferences and our Master's level course in youth mental health.'

Simon thinks that the most exciting thing about the next 21 years of our work will be to expand further into the online space and to devise new and innovative ways to deliver our training.

STAFF
PROFILE



21st Anniversary a big success!

We might not have gotten the keys to a new car, nor had our parents dole out for a bar tab, but regardless, EPPIC and OYH celebrated a wonderful 21 years of transformative work in youth mental health.

The events kicked off with a fascinating lecture by visiting Professor of Youth Mental Health Max Birchwood at the State Library of Victoria. Despite the dreary weather many turned out to listen to Max's innovative research in mental health and his analysis of the influence of societal factors. With the upcoming Ashes

series in England, Max also didn't miss an opportunity to talk down the Aussie's chances of taking back the urn.

The next day over 200 gathered at the Melbourne Cricket Ground for 'Generation Next: The Future of Youth Mental Health', a one-day conference on the history of EPPIC/OYH and a look at what the future has in store. Attendees heard from some of the foremost thinkers in youth mental health; however, the greatest reception was reserved for a panel of young people who candidly shared their stories of recovery.



THE PANEL OF EXPERTS AT GENERATION NEXT



PROF PATRICK MCGORRY PRESENTING OUR HISTORY



YOUNG PEOPLE ATTENDING THE GENERATION NEXT CONFERENCE



That evening around 1200 people filtered into the Melbourne Town Hall for the one-off live spectacular **'Rockwiz Rocks Youth Mental Health'**. Julia Zemiro, Brian Nankervis and Dugald McAndrew assembled the Rockwiz Orchestra who offered up a night of rock-nerd revelry – with all the proceeds going to Orygen Youth Health Research Centre. Ross Wilson, Tim Rogers and Vika and Linda Bull all came along for the ride, belting out tunes and answering questions around the theme of mental health.

Special thanks to Kozminsky's for their extraordinary donation of a gorgeous sterling silver hoop necklace which was frenetically auctioned on the night.

A huge thank you to all our supporters, particularly Kosminsky's and John Jukes from Subway, and everyone who came to the events to help us celebrate youth mental health's coming of age.



THE CROWD AT ROCKWIZ



TIM ROGERS AND JULIA ZEMIRO



AUDIENCE MEMBERS AUDITIONING FOR THE PANEL



PATRICK AND BRIAN



VIKA BULL



ROSS WILSON

Skills and Knowledge

The Skills and Knowledge division of OYHRC is responsible for taking what we learn at Orygen and communicating that knowledge to a range of audiences – below is a snapshot of our work.

Extensive training and workshops

Last year over 3,000 people attended OYHRC training at more than 120 sessions.

We offer an extensive range of training, service and workforce development opportunities.

Resources and manuals

The full range of our manuals and resources are available for purchase through the online store on our website.

Graduate Education

OYHRC, in partnership with The University of Melbourne, offers three online postgraduate courses in youth mental health – a Graduate Certificate, a Graduate Diploma and a Master's Degree.

International engagement

Last year we welcomed over 100 clinical visitors from 15 countries. We also visited and trained clinical services in North America, Asia and Europe.

More information is available on our website and we encourage people to talk with us about their training needs. Visit www.oyh.org.au

A New Resource for Training Family Peer Support Workers

On August 8 2012, we had the honour of welcoming Her Excellency Ms Quentin Bryce AC CVO, Governor-General of the Commonwealth of Australia to Orygen to launch Australia's first training manual for family peer support workers.

This is a new resource to help train family peer support workers who can offer help and understanding to families dealing with a diagnosis of mental illness in their son or daughter.

This manual was produced thanks to generous support from the Perpetual Foundation, the Rotary Club of Brighton and Turi Foods.



The Workforce Report

Orygen Youth Health Research Centre, in partnership with the Australian Health Workforce Institute at the University of Melbourne and **headspace**, have completed a report exploring future workforce challenges for the youth mental health sector. The report was launched in March 2013.

The Australian Government has committed to the expansion of youth mental health services including 90 **headspace** centres by 2015 and 9 enhanced **headspace** services. A key threat to these reforms is the skill, capacity and lack of growth in the youth mental health workforce. The report outlines the challenges and opportunities that face the sector and sets out a clear strategy to begin to address these issues.

Orygen Youth Health Research Centre is committed to working with governments, health workforce planners, and key stakeholders to progress the establishment of a national approach to the development of the youth mental health workforce.



The report can be downloaded from our website. Visit www.oyh.org.au

The Australian Health Workforce Institute
Addressing Workforce Challenges for Youth Mental Health Reform

Prepared for Orygen Health and Wellbeing Centre
for Orygen Youth Health Research Centre
March 2013




Clinical Work

Orygen Youth Health Research Centre is the lead agency of two **headspace** centres, **headspace Glenroy** and **headspace Sunshine**.

In June 2013 it was announced that OYHRC would also manage the new **headspace** centres in Werribee and Craigieburn.

Our Glenroy site has recently been renovated to provide an even better stigma-free experience for young people.



‘The capital works programs at headspace Glenroy and headspace Sunshine will enable us to provide better care and more services to young people from Melbourne’s northern and western suburbs.’





'Our headspace centres are accessible and welcoming, and our new facilities offer a greatly improved working environment for our people, supporting the continued improvement and expansion of clinical services and integration of research studies.'

**– KIM WOOD, EXECUTIVE OFFICER
HEADSPACE SUNSHINE & GLENROY**

'It was great to come and work with other people who were keen, enthusiastic and looking at the prospect of recovery.'

Heather Stavelly

// SERVICE DEVELOPMENT CONSULTANT
EPPIC NATIONAL SUPPORT PROGRAM

When we look at the history of Orygen Youth Health Research Centre and its antecedent organisations, few have had more ongoing involvement than Heather Stavelly. Heather began working at the Royal Park site in 1988 and was asked to join the new EPPIC service when it was established in 1992. She explains *'I've actually been here since it opened its doors.'*

Heather remembers jumping at the opportunity to join the dynamic new service in the early 1990s, as it was different to anywhere else she had worked:

'What was really great about what Professor McGorry did is that he really changed the face of psychiatry in that he focused on early intervention, young people, first episode psychosis and talked about recovery. It was great to come and work with other people who were keen, enthusiastic and looking at the prospect of recovery.'

Heather has filled a variety of roles at the organisation throughout its history, but takes much pride in setting up the family work model to support the families of young people with a mental illness, and her ten years as part of, and then coordinator of the clinical Youth Access Team (YAT).

Heather currently works at OYHRC as the Service Development Consultant for the EPPIC National Support Program, using her wealth of experience to help in preparing services to deliver the EPPIC model across the country.

As someone who has seen firsthand the development of early psychosis services, she is excited to work on this groundbreaking project.

'This is the first time that a model is being developed not within the existing service system.'

Over the last 21 years Heather has seen OYHRC and EPPIC achieve remarkable development in improving the lives of young people with mental ill health, but she is also looking forward to future achievements.



STAFF
PROFILE

'In 21 years time it would be really great to see the complete development of the field of youth mental health and the continuum of services and not only an EPPIC model for young people with psychosis, but a similar model for all high prevalence disorders.'

Corporate and Philanthropic Relations

CORPORATE PARTNERSHIPS	SUIT UP AND RIDE SPONSORS 2012
MESSAGEMEDIA PTY LTD	CITY OF MELBOURNE
DE CAROLIS PTY LTD	FRANK HEALTH INSURANCE
CHAPEL CORNER TYRES	MMG
SAILUN TYRES	NEW QUAY
KOZMINSKY	WATERFRONT CITY, DOCKLANDS



STEPHEN NASH ON TOP OF L'ALPE D'HUEZ



BRIAN WITH ANDREA PATON FROM KOZMINSKYS DONATING A STUNNING NECKLACE FOR AUCTION AT ROCKWIZ ROCKS YOUTH MENTAL HEALTH



PROFESSOR PATRICK MCGORRY AO, ANNA WEBSTER, MESSAGEMEDIA; A/PROF EÓIN KILLACKEY; GINA CHINNERY, OYH EMPLOYMENT CONSULTANT



MATT AND CATH DECAROLIS WITH PROFESSOR PATRICK MCGORRY AO



CADEL WITH SON ROBEL, AND THE VICTORIOUS GROCON TEAM AT SUIT UP AND RIDE 2012

MAKING AN IMPACT: Partners in helping to change and save young lives

This year Orygen Youth Health Research Centre was delighted to welcome three new corporate partners on board: **MessageMedia Pty Ltd, Chapel Corner Tyres/Sailun Tyres and De Carolis Pty Ltd.** Each corporate partner has contributed desperately needed funds to our ground-breaking research projects, and on some occasions, contributed in-kind support as well.

De Carolis, a construction and fit-out company, generously renovated a dilapidated, but widely-used kitchen in our training facilities making it a substantially improved and efficient workspace. MessageMedia donated to our social and vocational recovery research project that helps young people get back to work or study. This program has been shown to make these young people less likely to need government benefits, more motivated to manage their illness, and more likely to make social as well as symptomatic recoveries.

Stephen Nash, Managing Director of Chapel Corner Tyres, has the honour of being our highest ever individual fundraiser, raising a record \$32,000 via his gruelling challenge to ride up Alpe d'Huez in France. We are enormously grateful for Stephen's efforts and the support of all his followers.

We are also grateful for the support of training company Tricore Matrix who organised the 'Break the Silence Ball' in July 2012 in the Ballroom of the Sofitel Hotel in support of OYHRC. The ball had many highlights, including: the haka performed by Tricore-trained, Maori security guards, full crowd participation in The Nutbush and Professor Patrick McGorry AO stretched out on the Tricore 'issues' chair. We thank Tricore Matrix for working tirelessly to raise thousands of dollars on the night.

The Suit Up and Ride 2012 fundraiser saw just over 40 corporate teams competing in suits and ties, what they would normally wear to work or outrageous team outfits on the Melbourne Bike Share bikes in a time trial at the Docklands, Melbourne. The fastest teams had the honour of having Cadel Evans or Koen de Kort join their team in a finals showdown. A great day was had by all,

with the runners up from the year before, Grocon, taking out the title by knocking off Frank Health Insurance in the final.

The piece de resistance in our corporate and philanthropic calendar was Rockwiz Rocks Youth Mental Health, as part of our 21st anniversary celebrations. The event saw host and hostess with the mostest, Brian Nankervis and Julia Zemiro, the Rockwiz Orchestra, and 'housewives choice' Duguld the roadie, rocking the Melbourne Town Hall in support of youth mental health and OYHRC. Melbourne's finest jeweller, Kozminsky, donated a stunning necklace that raised thousands of dollars to cap off a wonderful night of rock, roll, laughs, awareness and fundraising for OYHRC and youth mental health.

Thank you to all our supporters, be you individuals, corporate or philanthropic. You are making a huge difference to the state of youth mental health in Australia by supporting OYHRC's youth mental health research with real-world impact.

On behalf of all young Australians with mental illness issues we thank you for giving these young people the greatest gift they could wish for: hope.

To make a donation to Orygen Youth Health Research Centre (OYHRC), please visit our website: www.oyh.org.au

Our key research collaborators

Australian Catholic University

Australian National University

Barwon Health (Department of Clinical and Biomedical Sciences, University of Melbourne)

beyondblue

Brain & Mind Research Institute,
University of Sydney

Cambridge University, United Kingdom

Deakin University

Department of Psychiatry,
University of Melbourne

Department of Psychology,
University of Melbourne

headspace

Inspire Foundation

International Association of Youth Mental Health

International Early Psychosis Association

La Trobe University

Lancashire Care NHS Foundation Trust,
United Kingdom

McGill University, Canada

Melbourne Neuropsychiatry Centre

Mental Health Research Institute

Monash University

Murdoch Children's Research Centre,
Royal Children's Hospital

National Drug and Alcohol Research Centre

National Institute of Mental Health, USA

NCPIC

North Western Mental Health Program,
Melbourne Health

Oregon Research Institute, USA

Reinier van Arkel Centre, 's-hertogenbosch,
The Netherlands

RMIT School of Electrical
and Computer Systems Engineering

School of Physical and Chemical Sciences,
Queensland University of Technology

School of Population Health,
University of Melbourne

Southern Health

The University of Utrecht, The Netherlands

University Autonomous of Madrid, Spain

University Hospital 'Marques de Valdecilla', Spain

University of Adelaide

University of Birmingham, United Kingdom

University of Exeter, United Kingdom

University of Heidelberg, Germany

University of Manchester, United Kingdom

University of Newcastle

University of North Carolina-Chapel Hill, USA

University of Pittsburgh Medical Centre, USA

University of Queensland

University of Wollongong

Victoria University

WHO Western Pacific Regional Office

Young and Well CRC

Dr Alex Parker // RESEARCH FELLOW

A big part of our work at OYHRC is collaborating closely with partner organisations and ensuring that new discoveries in youth mental health are shared throughout the sector. Dr. Alex Parker heads the Centre of Excellence in Youth Mental Health, a joint research venture between OYHRC and **headspace**, which helps discover and translate innovations in care to **headspace** clinicians.

*'The work that we do is about staying on top of what is happening around the evidence for interventions in youth mental health. Looking at ways in which we can get that information out to people in the field – mainly **headspace** clinicians. Summarising that, giving them clinical guidance and advice on how they can change their practice to ensure they are following the evidence.'*

Alex started at OYHRC as a graduate and considers the organisation perfectly placed to conduct this kind of translational research.

'OYHRC has a strong research culture which has made all staff really aware of how vital it is to discover new knowledge, but also basing that on where we've come from. The strong research/clinical interface here at Orygen helps us to have a greater understanding of the challenges in the field and the barriers clinicians face. This means

we can try and work around those issues rather than thinking we have all the answers.'

Recently the Centre of Excellence has been looking at simple interventions to help young people, with a focus on physical activity. Alex's team have been looking at coupling physical activity interventions with psychological counselling such as supportive therapy.

*'The young people who got the physical activity intervention did much better in terms of improvement in depression. It doesn't matter what psychological treatment they got as part of the study, if they had the physical intervention they did much better. It is a really different approach to what has ever been done before with physical activity in this age group. It's about fitting it into the current person's lifestyle, so using their current resources. The most exciting thing is that because the benefits were so apparent, and because the delivery of the interventions was so easy, they've actually already been translated and rolled out at **headspace** Sunshine.'*

Alex has an interest in the 'staging model', a system by which client treatment is matched closely to the stage of their illness. In 21 years time she hopes to have seen this approach be developed and refined.

'I hope we have a better understanding of how to best match the treatment appropriate to a young person's needs. We would have a whole range of intensities of psychological therapies that could be offered and they will be better integrated with vocational, substance abuse, and other health issues as well. Knowing we are presenting young people with the right treatment they need at that time point to get the best outcomes.'

STAFF
PROFILE



Publications

Publications for July 2012 – June 2013

JOURNAL ARTICLES

Abhishekh HA, Thirthalli J, Anusha H, Phutane VH, Kesavan M, Kumar NC, Gangadhar BN. 2013. Seizure Duration Decreases over a Course of Bifrontal and not Bitemporal ECT. *Biological Psychiatry* 73(9):3185–3185.

Allott K, Proffitt TM, McGorry PD, Pantelis C, Wood SJ, Cumner M, Brewer WJ. 2013. Clinical neuropsychology within adolescent and young-adult psychiatry: conceptualizing theory and practice. *Applied Neuropsychology Child* 2(1):47–63.

Allott KA, Francey SM, Velligan DI. 2013. Improving functional outcome using compensatory strategies in comorbid intellectual disability and psychosis: A case study. *American Journal of Psychiatric Rehabilitation* 16(1):50–65.

Alvarez-Jimenez M, Bendall C, Lederman R, Wadley G, Chinnery G, Vargas H, Larkin M, Killackey E, McGorry P, Gleeson J. 2013. On the HORIZON: Moderated Online Social Therapy for Long-term Recovery in First Episode Psychosis. *Schizophrenia Research* 143:143–149.

Alvarez-Jimenez M, Gleeson JF, Bendall S, Lederman R, Wadley G, Killackey E, McGorry PD. 2012. Internet-based interventions for psychosis: a sneak-peek into the future. *Psychiatric Clinics of North America* 35(3):735–47.

Alvarez-Jimenez M, Gleeson JF. 2012. Connecting the dots: Twenty-first century technologies to tackle twenty-first century challenges in early intervention. *Australian and New Zealand Journal of Psychiatry* 46(12):1194–1196.

Amminger GP, Schäfer MR, Klier CM, Schlögelhofer M, Mossaheb N, Thompson A, Bechdolf A, Allott K, McGorry PD, Nelson B. 2012. Facial and vocal affect perception in people at ultra-high risk of psychosis, first-episode schizophrenia and healthy controls. *Early Intervention in Psychiatry* 6(4):450–454.

Amminger GP, Schäfer MR, Papageorgiou K, Klier CM, Schlögelhofer M, Mossaheb N, Werneck-Rohrer S, Nelson B, McGorry PD. 2012. Emotion recognition in individuals at clinical high-risk for schizophrenia. *Schizophrenia Bulletin* 38(5):1030–1039.

Anderson G, Berk M, Dodd S, Bechter K, Altamura AC, Dell'Osso B, Kanba S, Monji A, Fatemi SH, Buckley P, Debnath M, Das UN, Meyer U, Müller N, Kanchanatawan B, Maes M. 2013. Immuno-inflammatory, oxidative and nitrosative stress, and neuroprogressive pathways in the etiology, course and treatment of schizophrenia. *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 42:1–4.

Anderson G, Maes M, Berk M. 2012. Inflammation-related disorders in the tryptophan catabolite pathway in depression and somatization. In: Donev R, editor. 1 ed: Elsevier. p 27–48.

Anderson G, Maes M, Berk M. 2013. Schizophrenia is primed for an increased expression of depression through activation of immuno-inflammatory, oxidative and nitrosative stress, and tryptophan catabolite pathways. *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 42:101–114.

Anstey KJ, Christensen H, Butterworth P, Eastaer S, Mackinnon A, Jacomb T, Maxwell K, Rodgers B, Windsor T, Cherbuin N, Jorm AF. 2012. Cohort Profile: The PATH through life project. *International Journal of Epidemiology* 41(4):951–960.

Armando M, Girardi P, Vicari S, Menghini D, Digilio MC, Pontillo M, Saba R, Mazzone L, Lin A, Klier CM, Schäfer MR, Amminger GP. 2012. Adolescents at ultra-high risk for psychosis with and without 22q11 deletion syndrome: A comparison of prodromal psychotic symptoms and general functioning. *Schizophrenia Research* 139(1-3):151–156.

Armando M, Nelson B, Yung AR, Saba R, Monducci E, Dario C, Righetti V, Birchwood M, Fiori Nastro P, Girardi P. 2012. Psychotic experience subtypes, poor mental health status and help-seeking behaviour in a community sample of young adults. *Early Intervention in Psychiatry* 6:300–308.

Bartholomeusz CF, Whittle SL, Montague A, Ansell B, McGorry PD, Velakoulis D, Pantelis C, Wood SJ. 2013. Sulcogyral patterns and morphological abnormalities of the orbitofrontal cortex in psychosis. *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 44:168–177.

Bei B, Byrne ML, Ivens C, Waloszek J, Woods MJ, Dudgeon P, Murray G, Nicholas CL, Trinder J, Allen NB. 2013. Pilot study of a mindfulness-based, multi-component, in-school group sleep intervention in adolescent girls. *Early Intervention in Psychiatry* 7(2):213–220.

- Bendall S, Alvarez-Jimenez M, Nelson B, McGorry P. 2013. Childhood trauma and psychosis: new perspectives on aetiology and treatment. *Early Intervention in Psychiatry* 7(1):1–4.
- Berk M, Berk L, Dodd S, Fitzgerald PB, De Castella AR, Fila S, Fila K, Brnabic AJM, Kelin K, Montgomery W, Kulkarni J, Stafford L. 2013. The sick role, illness cognitions and outcomes in bipolar disorder. *Journal of Affective Disorders* 146(1):146–149.
- Berk M, Berk L. 2013. Is 'Depression' the new 'Neurosis'? *Australian and New Zealand Journal of Psychiatry* 47(4):297–298.
- Berk M, Dean OM, Cotton SM, Gama CS, Kapczynski F, Fernandes B, Kohlmann K, Jeavons S, Hewitt K, Moss K, Allwang C, Schapkaitz I, Cobb H, Bush AI, Dodd S, Malhi GS. 2012. Maintenance N-acetyl cysteine treatment for bipolar disorder: A double-blind randomized placebo controlled trial. *BMC Medicine* 10.
- Berk M, Jacka F. 2012. Preventive strategies in depression: gathering evidence for risk factors and potential interventions. *British Journal of Psychiatry* 201(5):339–341.
- Berk M, Malhi GS, Gray LJ, Dean OM. 2013. The promise of N-acetylcysteine in neuropsychiatry. *Trends in Pharmacological Sciences* 34(3):167–177.
- Berk M, Munib A, Dean O, Malhi GS, Kohlmann K, Schapkaitz I, Jeavons S, Katz F, Anderson-Hunt M, Conus P, Hanna B, Otmar R, Ng F, Copolov D, Bush AI. 2012. Qualitative methods in early-phase drug trials: broadening the scope of data and methods from an RCT of n-acetylcysteine in schizophrenia. *Journal of Clinical Psychiatry* 72(7):909–913.
- Berk M, Sarris J, Coulson CE, Jacka FN. 2013. Lifestyle management of unipolar depression. *Acta Psychiatrica Scandinavica*(443):38–54.
- Berk M. 2012. Is Australian psychiatry getting SHIP shape? *Australian and New Zealand Journal of Psychiatry* 46(9):801–2.
- Berk M. 2013. The DSM-5: Hyperbole, Hope or Hypothesis? *BMC Medicine* 11(1).
- Blanchard M, Herrman H, Frere M, Burns J. 2012. Attitudes informing the use of technologies by the youth health workforce to improve young people's wellbeing: Understanding the nature of the "digital disconnect". *Youth Studies Australia* 31(1 (Supp)):514–524.
- Bousman CA, Yung AR, Pantelis C, Ellis JA, Chavez RA, Nelson B, Lin A, Wood SJ, Amminger GP, Velakoulis D, McGorry PD, Everall IP, Foley DL. 2013. Effects of NRG1 and DAOA genetic variation on transition to psychosis in individuals at ultra-high risk for psychosis. *Translational Psychiatry* 3.
- Boyd CP, Duffy M. 2012. Sonic Geographies of Shifting Bodies. *Interference: A Journal of Audio Culture* 2.
- Boyd CP, Halperin D, Yuksel N, Hayes L, Dodd S. 2012. Scholarly development of a set of field-specific graduate attributes for youth mental health practitioners. *ergo* 2:53–61.
- Bunce D, Batterham PJ, Mackinnon AJ, Christensen H. 2012. Depression, anxiety and cognition in community-dwelling adults aged 70 years and over. *Journal of Psychiatric Research* 46(12):1662–1666.
- Calear AL, Christensen H, Griffiths KM, MacKinnon A. 2013. The Y-Worri Project: Study protocol for a randomised controlled trial. *Trials* 14(1).
- Calear AL, Christensen H, Mackinnon A, Griffiths KM. 2013. Adherence to the MoodGYM program: Outcomes and predictors for an adolescent school-based population. *Journal of Affective Disorder* 147(1-3):338–344.
- Carr VJ, Whiteford H, Groves A, McGorry P, Shepherd AM. 2012. Policy and service development implications of the second Australian National Survey of High Impact Psychosis (SHIP). *Australian and New Zealand Journal of Psychiatry* 46(8):708–718.
- Chanen A. 2012. Review: urgent need for RCT evidence on effectiveness of crisis interventions for borderline personality disorder. *Evidence Based Mental Health* 15(4):94.
- Chanen AM, McCutcheon L. 2013. Prevention and early intervention for borderline personality disorder: Current status and recent evidence. *British Journal of Psychiatry* 202(SUPPL. 54):s24–s29.
- Christensen H, Batterham PJ, Soubelet A, MacKinnon AJ. 2013. A test of the Interpersonal Theory of Suicide in a large community-based cohort. *Journal of Affective Disorders* 144(3):225–234.
- Collin P, Rahilly K, Stephens-Reicher J, Blanchard M, Herrman H. 2012. Complex Connections: Meaningful youth participation for mental health promotion. *Youth Studies Australia* 31(1 (Supp)):536–547.
- Collip D, Wigman JTW, Lin A, Nelson B, Oorschot M, Vollebergh WAM, Ryan J, Baksheev G, Wichers M, Van Os J, Myin-Germeys I, Yung AR. 2013. Dynamic association between interpersonal functioning and positive symptom dimensions of psychosis over time: A longitudinal study of healthy adolescents. *Schizophrenia Bulletin* 39(1):179–185.
- Cotton SM, Butselaar FJ. 2012. Adventure camps for young adults and adults with mental illness. *Psychiatric Services* 63(11):1154.

- Cotton SM, Lambert M, Berk M, Schimmelmann BG, Butselaar FJ, McGorry PD, Conus P. 2013. Gender differences in first episode psychotic mania. *BMC Psychiatry* 13.
- Cotton SM, Lambert M, Schimmelmann BG, Mackinnon A, Gleeson JFM, Berk M, Hides L, Chanen AM, Scott J, Schöttle D, McGorry PD, Conus P. 2013. Differences between first episode schizophrenia and schizoaffective disorder. *Schizophrenia Research* 147(1):169–174.
- Cotton SM, McCann TV, Gleeson JF, Crisp K, Murphy BP, Lubman DI. 2013. Coping strategies in carers of young people with a first episode of psychosis. *Schizophrenia Research* 146(1-3):118–24.
- Coughlan H, Cannon M, Shiers D, Power P, Barry C, Bates T, Birchwood M, Buckley S, Chambers D, Davidson S, Duffy M, Gavin B, Healy C, Keeley H, Maher M, Tanti C, McGorry P. 2013. Towards a new paradigm of care: the International Declaration on Youth Mental Health. *Early Intervention in Psychiatry* 7(2):103–108.
- Cox GR, Callahan P, Churchill R, Hunot V, Merry SN, Parker AG, Hetrick SE. 2012. Psychological therapies versus antidepressant medication, alone and in combination for depression in children and adolescents. *Cochrane Database Syst Rev* 11:CD008324.
- Cox GR, Fisher CA, De Silva S, Phelan M, Akinwale OP, Simmons MB, Hetrick SE. 2012. Interventions for preventing relapse and recurrence of a depressive disorder in children and adolescents. *Cochrane Database Syst Rev* 11:CD007504.
- Cox GR, Owens C, Robinson J, Nicholas A, Lockley A, Williamson M, Cheung YTD, Pirkis J. 2013. Interventions to reduce suicides at suicide hotspots: a systematic review. *BMC Public Health* 13:214–214.
- Cox GR, Robinson J, Williamson M, Lockley A, Cheung YT, Pirkis J. 2012. Suicide clusters in young people. *Crisis* 33(4):208–14.
- Davey CG, Harrison BJ, Yucel M, Allen NB. 2012. Regionally specific alterations in functional connectivity of the anterior cingulate cortex in major depressive disorder. *Psychological Medicine* 42(10):2071–81.
- Davis E, Mackinnon A, Davern M, Boyd R, Bohanna I, Waters E, Graham HK, Reid S, Reddihough D. 2013. Description and psychometric properties of the CP QOL-Teen: A quality of life questionnaire for adolescents with cerebral palsy. *Research in Developmental Disabilities* 34(1):344–352.
- Davis E, Priest N, Davies B, Smyth L, Waters E, Herrman H, Sims M, Harrison L, Cook K, Marshall B, Williamson L. 2012. Family day care educators: an exploration of their understanding and experiences promoting children's social and emotional wellbeing. *Early Child Development & Care* 182(9):1193–1208.
- de Girolamo G, Dagani J, Purcell R, Cocchi A, McGorry PD. 2012. Age of onset of mental disorders and use of mental health services: needs, opportunities and obstacles. *Epidemiology and Psychiatric Sciences* 21(1):47–57.
- De Silva S, Parker A, Purcell R, Callahan P, Liu P, Hetrick S. 2013. Mapping the evidence of prevention and intervention studies for suicidal and self-harming behaviors in young people. *Crisis* 34(4):223–32.
- Dodd S, Maes M, Anderson G, Dean OM, Moylan S, Berk M. 2013. Putative neuroprotective agents in neuropsychiatric disorders. *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 42:135–145.
- Dragt S, Nieman DH, Schultze-Lutter F, van der Meer F, Becker H, de Haan L, Dingemans PM, Birchwood M, Patterson P, Salokangas RKR, Heinimaa M, Heinz A, Juckel G, von Reventlow HG, French P, Stevens H, Ruhrmann S, Klosterkötter J, Linszen DH. 2012. Cannabis use and age at onset of symptoms in subjects at clinical high risk for psychosis. *Acta Psychiatr Scand Suppl* 125(1):45–53.
- Ellis LA, Collin P, Davenport TA, Hurley PJ, Burns JM, Hickie IB. 2012. Young men, mental health, and technology: implications for service design and delivery in the digital age. *Journal of Medical Internet Research* 14(6):338–346.
- Fallon B, Rice S, Howie JW. 2013. Factors that Precipitate and Mitigate Crises in Ministry. *Pastoral Psychology* 62(1):27–40.
- Fedyszyn IE, Harris MG, Robinson J, Paxton SJ. 2012. Classification Algorithm for the Determination of Suicide Attempt and Suicide (CAD-SAS): Development and Psychometric Properties. *Crisis* 33(3):151–161.
- Fedyszyn IE, Robinson J, Harris MG, Paxton SJ, Francey S. 2012. Predictors of suicide-related behaviors during treatment following a first episode of psychosis: The contribution of baseline, past, and recent factors. *Schizophrenia Research* 140(1-3):17–24.
- Francey SM, McGorry P, Nelson B. 2012. Embracing patient choice *British Journal of Psychiatry* 201(6):493–494.
- Fusar-Poli P, Borgwardt S, Bechdolf A, Addington J, Riecher-Rössler A, Schultze-Lutter F, Keshavan M, Wood S, Ruhrmann S, Seidman LJ, Valmaggia L, Cannon T, Velthorst E, De Haan L, Cornblatt B, Bonoldi I, Birchwood M, McGlashan T, Carpenter W, McGorry P, Klosterkötter J, McGuire P, Yung A. 2013. The psychosis high-risk state: A comprehensive state-of-the-art review. *Archives of General Psychiatry* 70(1):107–120.

- Galletly CA, Foley DL, Waterreus A, Watts GF, Castle DJ, McGrath JJ, Mackinnon A, Morgan VA. 2012. Cardiometabolic risk factors in people with psychotic disorders: The second Australian national survey of psychosis. *Australian and New Zealand Journal of Psychiatry* 46(8):753–761.
- Gate MA, Watkins ER, Simmons JG, Byrne ML, Schwartz OS, Whittle S, Sheeber LB, Allen NB. 2013. Maternal Parenting Behaviors and Adolescent Depression: The Mediating Role of Rumination. *Journal of Clinical Child and Adolescent Psychology* 42(3):348–357.
- George AA, Michael M, Michael B. 2013. Schizophrenia is primed for an increased expression of depression through activation of immuno-inflammatory, oxidative and nitrosative stress, and tryptophan catabolite pathways. *Progress in Neuropsychopharmacology & Biological Psychiatry*.
- Ghanizadeh A, Berk M. 2013. Zinc for treating of children and adolescents with attention-deficit hyperactivity disorder: A systematic review of randomized controlled clinical trials. *European Journal of Clinical Nutrition* 67(1):122–124.
- Ghanizadeh A, Freeman RD, Berk M. 2013. Efficacy and adverse effects of venlafaxine in children and adolescents with ADHD: A systematic review of non-controlled and controlled trials. *Reviews on Recent Clinical Trials* 8(1):2–8.
- Ghanizadeh A, Safavi S, Berk M. 2013. Clock face drawing test performance in children with ADHD. *Basic and Clinical Neuroscience* 4(1):50–56.
- Gleeson JFM, Alvarez-Jimenez M, Lederman R. 2012. Moderated online social therapy for recovery from early psychosis. *Psychiatric Services* 63(7):719.
- Gleeson JFM, Cotton SM, Alvarez-Jimenez M, Wade D, Gee D, Crisp K, Pearce T, Spiliotacopoulos D, Newman B, McGorry PD. 2013. A randomized controlled trial of relapse prevention therapy for first-episode psychosis patients: Outcome at 30-month follow-up. *Schizophrenia Bulletin* 39(2):436–448.
- Glozier N, Christensen H, Naismith S, Cockayne N, Donkin L, Neal B, Mackinnon A, Hickie I. 2013. Internet-Delivered Cognitive Behavioural Therapy for Adults with Mild to Moderate Depression and High Cardiovascular Disease Risks: A Randomised Attention-Controlled Trial. *PLoS ONE* 8(3).
- González S, Artal J, Gómez E, Caballero P, Mayoral J, Moreno T, Álvarez-Jiménez M, Gook S, Villacorta MC, Higuera A, Vázquez-Barquero JL. 2012. Early intervention in Bipolar Disorder: The jano program at hospital universitario marqués de valdecilla. *Actas Espanolas de Psiquiatria* 40(2):51–56.
- Griffiths KM, Mackinnon AJ, Crisp DA, Christensen H, Bennett K, Farrer L. 2012. The Effectiveness of an Online Support Group for Members of the Community with Depression: A Randomised Controlled Trial. *PLoS ONE* 7(12).
- Gulliver A, Griffiths KM, Christensen H, Mackinnon A, Calear AL, Parsons A, Bennett K, Batterham PJ, Stanimirovic R. 2012. Internet-based interventions to promote mental health help-seeking in elite athletes: An exploratory randomized controlled trial. *Journal of Medical Internet research* 14(3).
- Harvey C, Killackey E, Groves A, Herrman H. 2012. A place to live: Housing needs for people with psychotic disorders identified in the second Australian national survey of psychosis. *Australian and New Zealand Journal of Psychiatry* 46(9):840–850.
- Hasan A, Falkai P, Wobrock T, Lieberman J, Glenthøj B, Gattaz WF, Thibaut F, Moller HJ, Treatment WTF. 2012. World Federation of Societies of Biological Psychiatry (WFSBP) Guidelines for Biological Treatment of Schizophrenia, Part 1: Update 2012 on the acute treatment of schizophrenia and the management of treatment resistance. *World Journal of Biological Psychiatry* 13(5):318–378.
- Hetrick SE, McKenzie JE, Cox GR, Simmons MB, Merry SN. 2012. Newer generation antidepressants for depressive disorders in children and adolescents. *Cochrane Database Syst Rev* 11:CD004851.
- Hickie IB, Scott EM, Hermens DF, Naismith SL, Guastella AJ, Kaur M, Sidis A, Whitwell B, Glozier N, Davenport T, Pantelis C, Wood SJ, McGorry PD. 2013. Applying clinical staging to young people who present for mental health care. *Early Intervention in Psychiatry* 7(1):31–43.
- Hickie IB, Scott J, Hermens DF, Scott EM, Naismith SL, Guastella AJ, Glozier N, McGorry PD. 2013. Clinical classification in mental health at the cross-roads: Which direction next? *BMC Medicine* 11(1).
- Hides L, Carroll S, Scott R, Cotton S, Baker A, Lubman DI. 2013. Quik fix: A randomized controlled trial of an enhanced brief motivational interviewing intervention for alcohol/cannabis and psychological distress in young people. *Psychotherapy and Psychosomatics* 82(2):122–124.
- Hopper JL, Foley DL, White PA, Pollaers V. 2013. Australian twin registry: 30 years of progress. *Twin Research and Human Genetics* 16(1):34–42.
- Jacka FN, Maes M, Pasco JA, Williams LJ, Berk M. 2012. Nutrient intakes and the common mental disorders in women. *Journal of Affective Disorders* 141(1):79–85.

- Jacka FN, Pasco JA, Williams LJ, Meyer BJ, Digger R, Berk M. 2013. Dietary intake of fish and PUFA, and clinical depressive and anxiety disorders in women. *British Journal of Nutrition* 109(11):2059–2066.
- Jorm A. 2012. The population impact of improvements in mental health services: the case of Australia. *British Journal of Psychiatry* 199:443–444.
- Jorm AF. 2012. Ethics of giving antipsychotic medication to at-risk young people. *Australian and New Zealand Journal of Psychiatry* 46(9):908–909.
- Kaess M, von Ceumern-Lindenstjerna IA, Parzer P, Chanan A, Mundt C, Resch F, Brunner R. 2013. Axis I and II Comorbidity and Psychosocial Functioning in Female Adolescents with Borderline Personality Disorder. *Psychopathology* 46(1):55–62.
- Khasraw M, Ashley D, Wheeler G, Berk M. 2012. Using lithium as a neuroprotective agent in patients with cancer. *BMC Medicine* 10.
- Killackey E, Allott K. 2013. Utilising Individual Placement and Support to address unemployment and low education rates among individuals with psychotic disorders. *Australian and New Zealand Journal of Psychiatry* 47(6):521–3.
- Koval P, Kuppens P, Allen NB, Sheeber L. 2012. Getting stuck in depression: The roles of rumination and emotional inertia. *Cognition and Emotion* 26(8): 1412–1427.
- Lauder S, Chester A, Castle D, Dodd S, Berk L, Klein B, Austin D, Gilbert M, Chamberlain JA, Murray G, White C, Piterman L, Berk M. 2013. Development of an online intervention for bipolar disorder. www.moodswings.net.au. *Psychology, Health and Medicine* 18(2):155–165.
- Leach LS, Butterworth P, Olesen SC, Mackinnon A. 2013. Relationship quality and levels of depression and anxiety in a large population-based survey. *Social Psychiatry and Psychiatric Epidemiology* 48(3):417–425.
- Lin A, Nelson B, Yung AR. 2012. 'At-risk' for psychosis research: Where are we heading? *Epidemiology and Psychiatric Sciences* 21(4):329–334.
- Lin A, Wigman JT, Nelson B, Wood SJ, Vollebergh WAM, Van Os J, Yung AR. 2013. Follow-up factor structure of schizotypy and its clinical associations in a help-seeking sample meeting ultra-high risk for psychosis criteria at baseline. *Comprehensive Psychiatry* 54(2):173–180.
- Lin A, Wood SJ, Yung AR. 2013. Measuring psychosocial outcome is good. *Current Opinion in Psychiatry* 26(2):138–143.
- Macneil CA, Hasty M, Cotton S, Berk M, Hallam K, Kader L, McGorry P, Conus P. 2012. Can a targeted psychological intervention be effective for young people following a first manic episode? Results from an 18-month pilot study. *Early Intervention in Psychiatry* 6(4):380–388.
- Macneil CA, Hasty MK, Conus P, Berk M. 2012. Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice COMMENTARY. *BMC Medicine* 10.
- Maes M, Berk M, Goehler L, Song C, Anderson G, Galecki P, Leonard B. 2012. Depression and sickness behavior are Janus-faced responses to shared inflammatory pathways. *BMC Medicine* 10.
- Maes M, Fišar Z, Medina M, Scapagnini G, Nowak G, Berk M. 2012. New drug targets in depression: Inflammatory, cell-mediate immune, oxidative and nitrosative stress, mitochondrial, antioxidant, and neuroprogressive pathways. and new drug candidates-Nrf2 activators and GSK-3 inhibitors. *Inflammopharmacology* 20(3):127–150.
- Maes M, Kubera M, Leunis JC, Berk M, Geffard M, Bosmans E. 2013. In depression, bacterial translocation may drive inflammatory responses, oxidative and nitrosative stress (O&NS), and autoimmune responses directed against O&NS-damaged neoepitopes. *Acta Psychiatr Scand Suppl* 127(5):344–354.
- Maes M, Kubera M, Leunis JC, Berk M. 2012. Increased IgA and IgM responses against gut commensals in chronic depression: Further evidence for increased bacterial translocation or leaky gut. *Journal of Affective Disorders* 141(1):55–62.
- Magalhaes PV, Dodd S, Nierenberg AA, Berk M. 2012. Cumulative morbidity and prognostic staging of illness in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). *Australian and New Zealand Journal of Psychiatry* 46(11):1058–1067.
- Malhi GS, Hitching R, Berk M, Boyce P, Porter R, Fritz K. 2013. Pharmacological management of unipolar depression. *Acta Psychiatrica Scandinavica Suppl* 127(SUPPL. 443):6–23.
- Malhi GS, Tanious M, Bargh D, Das P, Berk M. 2013. Safe and effective use of lithium. *Australian Prescriber* 36(1):18–21.
- McGorry P, Bates T, Birchwood M. 2013. Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK. *British Journal of Psychiatry* 202(SUPPL. 54):s30–s35.
- McGorry P, Nelson B, Goldstone S. 2012. Providing care to young people with emerging risk of psychosis: balancing potential risks and benefits. *Clinical Practice* 9(6):669–682.

- McGorry P, Van Os J. 2013. Redeeming diagnosis in psychiatry: timing versus specificity. *The Lancet* 381:343–345.
- McGorry P. 2012. Early intervention for psychosis in Asia. *East Asian Arch Psychiatry* 22(3):88–9.
- McGorry P. 2013. Beyond DSM: Early stages of disorder pose predictable and modifiable risk for persistent disorder. *Australian and New Zealand Journal of Psychiatry*.
- McGorry P. 2013. Early clinical phenotypes and risk for serious mental disorders in young people: need for care precedes traditional diagnoses in mood and psychotic disorders. *Canadian Journal of Psychiatry* 58(1):19–21.
- McGorry P. 2013. Prevention, innovation and implementation science in mental health: The next wave of reform. *British Journal of Psychiatry* 202 (SUPPL. 54):s3–s4.
- McKague M, McAnally KI, Puccio F, Bendall S, Jackson HJ. 2012. Hearing voices inside and outside the head: Spatial source monitoring in participants prone to auditory hallucinations. *Cognitive Neuropsychiatry* 17(6):506–526.
- McKague M, McAnally KI, Skovron M, Bendall S, Jackson HJ. 2012. Source monitoring and proneness to auditory-verbal hallucinations: A signal detection analysis. *Cognitive Neuropsychiatry* 17(6):544–562.
- Merry SN, Hetrick SE, Cox GR, Brudevold-Iversen T, Bir JJ, McDowell H. 2012. Cochrane Review: Psychological and educational interventions for preventing depression in children and adolescents. *Evidence-Based Child Health* 7(5):1409–1685.
- Mihalopoulos C, McCrone P, Knapp M, Johannessen JO, Malla A, McGorry P. 2012. The costs of early intervention in psychosis: Restoring the balance. *Australian and New Zealand Journal of Psychiatry* 46(9):808–811.
- Moller M, Du Preez JL, Viljoen FP, Berk M, Emsley R, Harvey BH. 2013. Social isolation rearing induces mitochondrial, immunological, neurochemical and behavioural deficits in rats, and is reversed by clozapine or N-acetyl cysteine. *Brain Behavior and Immunity* 30:156–167.
- Monshat K, Khong B, Hassed C, Vella-Brodrick D, Norrish J, Burns J, Herrman H. 2013. “A conscious control over life and my emotions:” mindfulness practice and healthy young people. A qualitative study. *Journal of Adolescent Health* 52(5):572–7.
- Morgan AJ, Jorm AF, Mackinnon AJ. 2013. Internet-based recruitment to a depression prevention intervention: lessons from the mood memos study. *Journal of Medical Internet Research* 15(2):e31.
- Morgan AJ, Mackinnon AJ, Jorm AF. 2013. Behavior change through automated e-mails: Mediation analysis of self-help strategy use for depressive symptoms. *Behaviour Research and Therapy* 51(2):57–62.
- Morgan VA, Waterreus A, Jablensky A, Mackinnon A, McGrath JJ, Carr V, Bush R, Castle D, Cohen M, Harvey C, Galletly C, Stain HJ, Neil AL, McGorry P, Hocking B, Shah S, Saw S. 2012. People living with psychotic illness in 2010: The second Australian national survey of psychosis. *Australian and New Zealand Journal of Psychiatry* 46(8):735–752.
- Mossaheb N, Becker J, Schaefer MR, Klier CM, Schloegelhofer M, Papageorgiou K, Amminger GP. 2012. The Community Assessment of Psychic Experience (CAPE) questionnaire as a screening-instrument in the detection of individuals at ultra-high risk for psychosis. *Schizophrenia Research* 141(2–3):210–214.
- Moylan S, Eyre HA, Maes M, Baune BT, Jacka FN, Berk M. 2013. Exercising the worry away: How inflammation, oxidative and nitrogen stress mediates the beneficial effect of physical activity on anxiety disorder symptoms and behaviours. *Neuroscience Biobehavioural Reviews* 37(4):573–584.
- Moylan S, Gustavson K, Karevold E, Øverland S, Jacka FN, Pasco JA, Berk M. 2013. The Impact of Smoking in Adolescence on Early Adult Anxiety Symptoms and the Relationship between Infant Vulnerability Factors for Anxiety and Early Adult Anxiety Symptoms: The TOPP Study. *PLoS ONE* 8(5).
- Moylan S, Jacka FN, Pasco JA, Berk M. 2012. Cigarette smoking, nicotine dependence and anxiety disorders: a systematic review of population-based, epidemiological studies. *BMC Medicine* 10.
- Moylan S, Maes M, Wray NR, Berk M. 2013. The neuroprogressive nature of major depressive disorder: pathways to disease evolution and resistance, and therapeutic implications. *Molecular Psychiatry* 18(5):595–606.
- Mulder R, Chanen AM. 2013. Effectiveness of cognitive analytic therapy for personality disorders. *British Journal of Psychiatry* 202(2):89–90.
- Munkholm K, Vinberg M, Berk M, Kessing LV. 2012. State-related alterations of gene expression in bipolar disorder: a systematic review. *Bipolar Disorders* 14(7):684–96.
- Nelson B, Thompson A, Yung AR. 2013. Not all first-episode psychosis is the same: preliminary evidence of greater basic self-disturbance in schizophrenia spectrum cases. *Early Intervention in Psychiatry* 7(2):200–204.

- Nielssen OB, Malhi GS, McGorry PD, Large MM. 2012. Overview of violence to self and others during the first episode of psychosis. *Journal of Clinical Psychiatry* 73(5):e580–e587.
- O'Neil A, Sanna L, Redlich C, Sanderson K, Jacka F, Williams LJ, Pasco JA, Berk M. 2012. The impact of statins on psychological wellbeing: a systematic review and meta-analysis. *BMC Medicine* 10.
- O'Neil A, Williams ED, Stevenson CE, Oldenburg B, Berk M, Sanderson K. 2012. Co-morbid cardiovascular disease and depression: sequence of disease onset is linked to mental but not physical self-rated health. Results from a cross-sectional, population-based study. *Social Psychiatry Psychiatric Epidemiology* 47(7):1145–1151.
- Ooi KEB, Lech M, Allen NB. 2013. Multichannel weighted speech classification system for prediction of major depression in adolescents. *IEEE Transactions on Biomedical Engineering* 60(2):497–506.
- Parker G, Fletcher K, Berk M, Paterson A. 2013. Development of a measure quantifying adverse psychotherapeutic ingredients: The Experiences of Therapy Questionnaire (ETQ). *Psychiatry Research* 206(2-3):293–301.
- Pasco JA, Williams LJ, Jacka FN, Brennan SL, Berk M. 2013. Obesity and the relationship with positive and negative affect. *Australian and New Zealand Journal of Psychiatry* 47(5):477–482.
- Pearson EL, Windsor TD, Crisp DA, Butterworth P, Pilkington PD, Anstey KJ. 2013. Normative data and longitudinal invariance of the Life Engagement Test (LET) in a community sample of older adults. *Quality of Life Research* 22(2):327–331.
- Phassouliotis C, Garner BA, Phillips LJ, Bendall S, Yun Y, Markulev C, Kerr M, McGorry PD. 2013. Enhanced cortisol suppression following administration of low-dose dexamethasone in first-episode psychosis patients. *Australian and New Zealand Journal of Psychiatry* 47(4):363–370.
- Pierce JE, Cotton S, Perry A. 2013. Alternating and sequential motion rates in older adults. *International Journal of Language and Communication Disorders* 48(3):257–264.
- Pilkington PD, Reavley NJ, Jorm AF. 2013. The Australian public's beliefs about the causes of depression: Associated factors and changes over 16 years. *Journal of Affective Disorder*.
- Pirkis J, Spittal MJ, Cox G, Robinson J, Cheung YT, Studdert D. 2013. The effectiveness of structural interventions at suicide hotspots: a meta-analysis. *International Journal of Epidemiology* 42(2):541–8.
- Purcell R, Fraser R, Greenwood-Smith C, Baksheev GN, McCarthy J, Reid D, Lempfers A, Sullivan DH. 2012. Managing risks of violence in a youth mental health service: A service model description. *Early Intervention in Psychiatry* 6(4):469–475.
- Purcell R, Pathe M, Baksheev G, Mackinnon A, Mullen P. 2012. What mediates psychopathology in stalking victims? The role of individual-vulnerability and stalking-related factors. *Journal of Forensic Psychiatry & Psychology* 23(3):361–370.
- Ratheesh A, Lin A, Nelson B, Wood SJ, Brewer W, Betts J, Berk M, McGorry P, Yung AR, Bechdolf A. 2013. Neurocognitive functioning in the prodrome of mania – An exploratory study. *Journal of Affective Disorder* 147(1-3):441–445.
- Reavley N, Jorm A. 2012. Stigmatising attitudes towards people with mental disorders: Changes in Australia over 8 years. *Psychiatry Research* 197:302–306.
- Reavley NJ, Mackinnon AJ, Morgan AJ, Alvarez-Jimenez M, Hetrick SE, Killackey E, Nelson B, Purcell R, Yap MBH, Jorm AF. 2012. Quality of information sources about mental disorders: a comparison of Wikipedia with centrally controlled web and printed sources. *Psychological Medicine* 42(8):1753–62.
- Reavley NJ, Ross AM, Killackey E, Jorm AF. 2013. Development of guidelines for tertiary education institutions to assist them in supporting students with a mental illness: A Delphi consensus study with Australian professionals and consumers. *PeerJ* 2013(1).
- Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, O'Brien M. 2013. A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis* 34(3):164–182.
- Sanna L, Stuart AL, Pasco JA, Kotowicz MA, Berk M, Girardi P, Brennan SL, Williams LJ. 2013. Physical comorbidities in men with mood and anxiety disorders: a population-based study. *BMC Medicine* 11.
- Sass L, Pienkos E, Nelson B, Medford N. 2013. Anomalous self-experience in depersonalization and schizophrenia: A comparative investigation. *Consciousness and Cognition* 22(2):430–441.
- Schell L, Cotton S, Luxmoore M. 2012. Outdoor adventure for young people with a mental illness. *Early Intervention in Psychiatry* 6(4):407–414.
- Schimmelmann BG, Conus P, Cotton S, Kupferschmid S, McGorry P, Lambert M. 2012. Original article: Prevalence and impact of cannabis use disorders in adolescents with early onset first episode psychosis. *European Psychiatry* 27:463–469.

Schöttle D, Schimmelmann BG, Conus P, Cotton SM, Michel C, McGorry PD, Karow A, Naber D, Lambert M. 2012. Differentiating schizoaffective and bipolar I disorder in first-episode psychotic mania. *Schizophrenia Research* 140(1–3):31–36.

Scott J, Hickie IB, McGorry P. 2012. Pre-emptive psychiatric treatments: pipe dream or a realistic outcome of clinical staging models? *Neuropsychiatry* 2(4):263–266.

Scott J, Leboyer M, Hickie I, Berk M, Kapczinski F, Frank E, Kupfer D, McGorry P. 2013. Clinical staging in psychiatry: a cross-cutting model of diagnosis with heuristic and practical value. *British Journal of Psychiatry* 202(4): 243–245.

Sheeber LB, Kuppens P, Shortt JW, Katz LF, Davis B, Allen NB. 2012. Depression Is Associated With the Escalation of Adolescents' Dysphoric Behavior During Interactions With Parents. *Emotion* 12(5):913–918.

Simondson D, Brock K, Cotton S. 2012. Reliability and smallest real difference of the ankle lunge test post ankle fracture. *Manual Therapy* 17(1):34–38.

Singh AB, Bousman CA, Ng CH, Byron K, Berk M. 2013. Psychomotor depressive symptoms may differentially respond to venlafaxine. *International Clinical Psychopharmacology* 28(3):121–126.

Smout MF, Hayes L, Atkins PWB, Klausen J, Duguid JE. 2012. The empirically supported status of acceptance and commitment therapy: An update. *Clinical Psychologist* 16(3):97–109.

Stafford L, Berk M, Jackson HJ. 2013. Tobacco smoking predicts depression and poorer quality of life in heart disease. *BMC Cardiovascular Disorders* 13.

Stange JP, Sylvia LG, Da Silva Magalhães PV, Miklowitz DJ, Otto MW, Frank E, Berk M, Nierenberg AA, Deckersbach T. 2013. Extreme attributions predict the course of bipolar depression: Results from the STEP-BD randomized controlled trial of psychosocial treatment. *Journal of Clinical Psychiatry* 74(3):249–255.

Svendal G, Fasmer OB, Engeland A, Berk M, Lund A. 2012. Co-prescription of medication for bipolar disorder and diabetes mellitus: a nationwide population-based study with focus on gender differences. *BMC Medicine* 10.

Thompson A, Nelson B, Bechdolf A, Chanen AM, Domingues I, McDougall E, Yung AR. 2012. Borderline personality features and development of psychosis in an 'Ultra High Risk' (UHR) population: a case control study. *Early Intervention in Psychiatry* 6(3):247–55.

Thompson A, Nelson B, Bruxner A, O'Connor K, Mossaheb N, Simmons MB, Yung A. 2013. Does specific psychopathology predict development of psychosis in ultra high-risk (UHR) patients? *Australian and New Zealand Journal of Psychiatry* 47(4):380–390.

Thompson A, Papas A, Bartholomeusz C, Allott K, Amminger GP, Nelson B, Wood S, Yung A. 2012. Social cognition in clinical "at risk" for psychosis and first episode psychosis populations. *Schizophrenia Research* 141(2–3):204–209.

Thompson A, Papas A, Bartholomeusz C, Nelson B, Yung A. 2013. Externalized attributional bias in the Ultra High Risk (UHR) for psychosis population. *Psychiatry Research* 206(2–3):200–5.

Turetsky BI, Kamath V, Calkins ME, Brewer WJ, Wood SJ, Pantelis C, Seidman LJ, Malaspina D, Good KP, Kopala LC, Moberg PJ. 2012. Olfaction and schizophrenia clinical risk status: Just the facts. *Schizophrenia Research* 139(1–3):260–261.

Vargas HO, Nunes SOV, de Castro MRP, Vargas MM, Barbosa DS, Bortolasci CC, Venugopal K, Dodd S, Berk M. 2013. Oxidative stress and inflammatory markers are associated with depression and nicotine dependence. *Neuroscience Letters* 544:136–140.

Velthorst E, Nelson B, Wiltink S, de Haan L, Wood SJ, Lin A, Yung AR. 2013. Transition to first episode psychosis in ultra high risk populations: Does baseline functioning hold the key? *Schizophrenia Research* 143(1):132–137.

Verdejo-García A, Lubman DI, Roffel K, Vilar-Lopez R, Bora E, MacKenzie T, Yücel M. 2013. Cingulate biochemistry in heroin users on substitution pharmacotherapy. *Australian and New Zealand Journal of Psychiatry* 47(3):244–249.

Vilar-López R, Takagi M, Lubman DI, Cotton SM, Bora E, Verdejo-García A, Yücel M. 2013. The effects of inhalant misuse on attentional networks. *Developmental Neuropsychology* 38(2):126–136.

Waghorn G, Saha S, Harvey C, Morgan VA, Waterreus A, Bush R, Castle D, Galletly C, Stain HJ, Neil AL, McGorry P, McGrath JJ. 2012. 'Earning and learning' in those with psychotic disorders: The second Australian national survey of psychosis. *Australian and New Zealand Journal of Psychiatry* 46(8):774–785.

Walker AJ, Burnett SA, Hasebe K, McGillivray JA, Gray LJ, McGee SL, Walder K, Berk M, Tye SJ. 2013. Chronic adrenocorticotrophic hormone treatment alters tricyclic antidepressant efficacy and prefrontal monoamine tissue levels. *Behavioural Brain Research* 242(1):76–83.

Walker JG, Batterham PJ, Mackinnon AJ, Jorm AF, Hickie I, Fenech M, Kljakovic M, Crisp D, Christensen H. 2012. Oral folic acid and vitamin B-12 supplementation to prevent cognitive decline in community-dwelling older adults with depressive symptoms--the Beyond Ageing Project: a randomized controlled trial. *American Journal of Clinical Nutrition* 95(1):194–203.

Wang Y, Liu X, Zhang D, Chen J, Liu S, Berk M. 2013. The effects of apoptosis vulnerability markers on the myocardium in depression after myocardial infarction. *BMC Medicine* 11(1).

Wardenaar KJ, Wigman JTW, Lin A, Killackey E, Collip D, Wood SJ, Ryan J, Baksheev G, Cosgrave E, Nelson B, Yung AR. 2013. Development and validation of a new measure of everyday adolescent functioning: The multidimensional adolescent functioning scale. *Journal of Adolescent Health* 52(2):195–200.

Williams LJ, Pasco JA, Jacka FN, Hodge JM, Kotowicz MA, Berk M. 2013. Quantitative Heel Ultrasound (QUS) measures of bone quality in association with mood and anxiety disorders. *Journal of Affective Disorder* 146(3):395–400.

Xenitidis K, Campbell C, Simmons MB. 2012. Embracing patient choice. *The British Journal Of Psychiatry: The Journal Of Mental Science* 201:492–493.

Yap MBH, Reavley N, Jorm AF. 2013. Where would young people seek help for mental disorders and what stops them? Findings from an Australian national survey. *Journal of Affective Disorder* 147(1–3):255–261.

Yap MBH, Reavley N, Mackinnon AJ, Jorm AF. 2013. Psychiatric labels and other influences on young people's stigmatizing attitudes: Findings from an Australian national survey. *Journal of Affective Disorder* 148(2–3):299–309.

Yung AR, Nelson B. 2013. The ultra-high risk concept-a review. *Canadian Journal of Psychiatry* 58(1):5–12.

Yung AR, Woods SW, Ruhrmann S, Addington J, Schultze-Lutter F, Cornblatt BA, Amminger GP, Bechdolf A, Birchwood M, Borgwardt S, Cannon TD, de Haan L, French P, Fusar-Poli P, Keshavan M, Klosterkötter J, Kwon JS, McGorry PD, McGuire P, Mizuno M, Morrison AP, Riecher-Rössler A, Salokangas RKR, Seidman LJ, Suzuki M, Valmaggia L, van der Gaag M, Wood SJ, McGlashan TH. 2012. Whither the Attenuated Psychosis Syndrome? *Schizophrenia Bulletin* 38(6):1130–1134.

Yung AR. 2012. Selective bias in criticism of early intervention. *Australian and New Zealand Journal of Psychiatry* 46(9):904–5.

BOOK CHAPTERS

Hayes L. 2013. Happiness in valued living: acceptance and commitment therapy as a model for change. In: David S, Boniwell I, Conley Ayers A, editors. *The Oxford handbook of happiness*. Oxford, UK: Oxford University Press. p 994–1008.

Killackey E, McGorry P. 2012. The most recommended psychosocial interventions. In: Lambert M, Naber D, editors. *Current Schizophrenia: Springer Healthcare*.

Killackey E. 2012. First Episode Psychosis. In: Lambert M, Naber D, editors. *Current Schizophrenia*. London: Springer Healthcare. p 15–18.

Mossaheb N, Schloegelhofer M, Schäfer MR, Fusar-Poli P, Smesny S, McGorry P, Berger G, Amminger GP. 2013. Long-Chain Omega-3 Fatty Acids and Psychotic Disorders. In: De Meester F, Watson RR, Zibadi S, editors. *Omega-6/3 Fatty Acids: Humana Press*. p 149–178.

Nelson B, Killackey E, Yung A, Alvarez-Jimenez M, McGorry P. 2012. Prodrome and first episode schizophrenia. In: Lauriello JaP, S., editor. *Clinical manual for treatment of schizophrenia*. Arlington VA: American Psychiatric Association. p 71–104.

Purcell R, Parker A, Goldstone S, McGorry P. 2012. Youth mental health: a new stream of mental health care for adolescents and emerging adults. In: Meadows G, Farhall J, Fossey E, Grigg M, McDermott F, Singh B, editors. *Mental Health in Australia: Collaborative Community Practice*. Australia: Oxford University Press.

Rosen A, Rosen T, McGorry P. 2012. The human rights of people with severe and persistent mental illness. In: Dudley M, Silove D, Gale F, editors. *Mental health and human rights: Vision, praxis and courage*. Oxford, UK: Oxford University Press. p 297–320.

Saffery R, Morley R, Foley D. 2012. The utility of twins for epigenetic analysis. In: Michels KB, editor. *Epigenetic Epidemiology*. Dordrecht: Springer. p 161–183.

Saxena S, Sharan P, Botbol M, Hasin D, Herrman H, Hosman C, Jané-Llopis E, Reiss D, Sturgeon S. 2012. Prevention of mental disorders: implications for revision of psychiatric diagnosis and classification. In: Saxena S, Esparza P, Regier DA, Saraceno B, Sartorius N, editors. *Public Health Aspects of Diagnosis and Classification of Mental and Behavioral Disorders: Refining the Research Agenda for DSM-5 and ICD-11*. Washington: American Psychiatric Publishing, Inc. p 27–70.

Staff

TIRAJ ADIKARA	VERONICA D ALLA RIVA	SARAH HETRICK	CATHERINE MCKENZIE
KELLY ALLOTT	JO DARMANIN	CATHERINE HLUCHANIC	CRAIG MCNEIL
MARIO ALVAREZ	CHRISTOPHER DAVEY	ALISON HUGHES	ALISON MCROBERTS
PAUL AMMINGER	ALISON DAVIES	FRANK HUGHES	GENEVIEVE MEAD
ALAN BAILEY	STEPHANIE DE SILVA	SINDI IBRAHIMOVIC	JENNIFER MERCER
SHELLEY BAIRD	SIMON DODD	ANNIE ITRAT	CHRISTOPHER MILES
KRISTAN BAKER	JANE EDWARDS	STEPHANIE JAMES	DEBORAH MITCHELL
LARA BALDWIN	KATHRYN ELKINS	SOPHIE JONES	KRISTEN MOELLER-SAXONE
EMMA BARLOW	KATE FILIA	MARTINA JOVEV	ALICE MONTAGUE
KEVIN BATES	SUZANNE FITZMAURICE	KATHRYN JUNOR	JOHN MORAN
SARAH BENDALL	JOANNA FITZSIMONS	ERIN KEENE	OLIVIA MORROW
JENNIFER BETTS	DEBRA FOLEY	REBECCA KERESTES	RITA MOSES
SANDRA BIGGS	FRANCES FOSTER	MELISSA KERR	LAURA MUNDY
LISA BIRD	SHONA FRANCEY	EÓIN KILLACKEY	BARNABY NELSON
JULIE BLASIOLI	PETULA FRANTZ	SOPHIE LANCUBA	PAWEŁ NEUMANN
SARAH BOURCHIER	ELON GERSH	MATHEW LARKIN	JENNY O'BRIEN
LAUREN BOWEN	SHERILYN GOLDSTONE	SUZIE LAVOIE	IRENE OPASINOV
CANDICE BOYD	JOANNE GOODALL	EMILY LI	HELEN OSMAN
CAROLINE BROWN	KARA GOODMAN-SMITH	CHRIS LIVERMORE	NICHOLAS PACE
CHRIS BRUNNER	BRANDON GRANT	AMELIA LOPATECKI	ALEXANDRA PARKER
DANIELA CAGLIARINI	RACHEL GRANT	MARNIE LUXMORE	DAN PEJIC
LINDA CHALEYER	KRISTA GREGORY	AMY MACKAY	KERRYNN PENNELL
ANDREW CHANEN	STEVE HALPERIN	ANDREW MACKINNON	SHARNEL PERERA
TANYA CLARKE	SUSY HARRIGAN	SIMON MALCOLM	MARK PHELAN
SUE COTTON	LOUISE HAYES	CONNIE MARKULEV	NATALIE PIROTTA
GEORGINA COX	LARANCE HENDRICKS	KAREN MARRIAGE	DANIJELA PISKOLIC
SARAH CRAIG	LISA HENRY	LOUISE MCCUTCHEON	ATHENA POLITIS
BERNIE CRAM	HELEN HERRMAN	EMMA MCDOUGALL	VALENTINA POPOVSKA
ROTHANTHI DAGLAS		PATRICK MCGORRY	

DENISE POYSER
SUSAN PREECE
GEORGINA PSOMIADIS
ROSIE PURCELL
CASSIE REDLICH
SIMON RICE
JO ROBINSON
ANTONIETTA SCAFFIDI
FAYE SCANLON
MIRIAM SCHAEFFER
CARSTEN SCHLEY

ZOE SHEARER
MAGENTA SIMMONS
RAELENE SIMPSON
ANDREA SKINNER
CHRISTIAN SMYTH
ANNELIESE SPITERI-STAINES
HEATHER STAVELY
RACHEL STEFANIAK
BREE STENTON
JESSICA STEPHENS

HEIDI STRICKLAND
MARIJA STRMOTA
KATE TEMPLAR
VANESSA THOMAS
KATHERINE THOMPSON
MELISSA THURLEY
JANET TONG
ANNE TROY
KANDICE VARCIN
CLAUDIO VILLELLA
SCOTT WARD

MICHAEL WARNER
JACQUELINE WATERKEYN
CAS WEARNE
AMBER WILLIAMS
SUZANNE WILTINK
KIM WOOD
HOK PAN YUEN
ALISON YUNG



www.oyh.org.au



www.oyh.org.au