Since the year 2000 Mental Health has been the primary focus of Australian Rotary Health. The majority of our funding contributes to research in the area of mental illness and as such we are the largest independent body to fund Mental Health research in Australia. This year, Australian Rotary Health has focused its research even further into the Mental Health of young Australians aged up to 25 years old.

Mental Health grants are awarded annually over a three year period to researchers undertaking projects in the mental health field including those that investigate illnesses such as depression, anxiety, schizophrenia, Alzheimer’s and bipolar disorder.

This year, Australian Rotary Health is funding 8 Mental Health Research grants to the total of $354,149.

In 2010, Australian Rotary Health funded 10 pilot research projects to focus research into the mental health of young Australians. These programs allowed researchers to gather enough data to make their research eligible for further funding. 10 grants were awarded in 2010 for the total amount of $292,292.

To date, four pilot projects have received further funding through the National Health and Medical Research Council, allowing researchers to continue their research.

### Research Committee 2013

**Chairman**

**Professor Ronald Rapee** AM  
BSc(Psych), MSc(Psych), PhD  
Psychologist  
NSW

**Members**

**A/Professor Peter Butterworth**  
BA (Hons), PhD, MAPS  
Psychologist  
ACT

**A/Professor Meg Smith** OAM  
BA (Hons), MPsychol, PhD, MAPS  
Psychologist  
NSW

**Dr Melissa Green**  
BA, Mlitt, PhD  
Psychiatrist  
NSW

**Professor Stanley Catts**  
FANZCP, MD, MBBS  
Psychiatrist  
QLD

**Professor Jane Pirkis**  
BA, MAPS, PhD  
Psychologist  
VIC

**Professor Anthony Jorm**  
BA, M.Psychol, GDipComp, PhD, DSc, FASSA  
Psychiatric Epidemiology  
VIC

**A/Professor David Pierce**  
MBBS, MGPPsych, FRACGP, FACPshch., Med. Dip. RACOG  
Psychologist  
VIC

**A/Professor Jordana Bayer**  
(Hons) MPsych (Clinical) PhD  
Psychologist  
VIC

**A/Professor Clare Roberts**  
MPsyh, PhD  
Psychologist  
WA
Dr Christopher Lee
**Co Investigators:** Professor Peter Drummond, Professor Arnoud Arntz & A/Professor Joan Farrell
Murdoch University, WA
Multi-site randomised controlled trial of group schema therapy for borderline personality disorder

A/Professor Anthony Harris
**Co Investigators:** Mr William Gye & Dr Marie Antoinette Redoblado Hodge
University of Sydney, NSW
Does cognitive remediation improve employment prospects for people with a mental illness returning to work?

Professor Jeannette Milgrom
**Co Investigator:** Dr Charlene Schembri
Austin Health, Vic
Help-seeking for postnatal depression as a major public health problem: A Cluster Randomised Controlled Trial of Motivational Interviewing

Dr Helen Stallman
**Co Investigators:** Dr James Bennett-Levy, Professor David Kavanagh & Dr Cameron Hurst
University of Queensland
A randomised trial of low intensity intervention model within a university health service to improve the mental health of students

Professor Richard Mattick
National Drug and Alcohol Research Centre/University of New South Wales
**Co Investigators:** Professor Jackob Najman, Associate Professor Kypros Kypri, Dr Tim Slade, Dr Laura Vogl, Dr Delyse Hutchinson, Dr Raimondo Bruno and Monika Wadolowski
Young people, drinking and the parental supply of alcohol: a longitudinal cohort study
**Dr Kristin Laurens**  
University of New South Wales  
**Co Investigator:** Dr Melissa Green  
Identifying targets and timing for early intervention: A NSW population record-linkage study to detect childhood indicators of risk for mental illness

**Dr Sarah Bendall**  
Centre for Youth Mental Health/University of Melbourne, Vic  
**Co Investigators:** Professor Henry Jackson, Dr Mario Alvarez-Jimenez, Associate Professor Eoin Killackey & Professor Patrick McGorry  
Cognitive behavioural treatment for PTSD in young people with first episode psychosis: A randomised controlled trial of an intervention within the Australian service delivery model

**Professor Louisa Degenhardt**  
National Drug and Alcohol Research Centre, University of NSW  
**Co Investigators:** Professor George Patton, Professor Wayne Hall, Dr Wendy Swift & Dr Christina O’Loughlin  
The relationship between alcohol use and mental disorders from adolescence to young adulthood – longitudinal analyses from a large Australian cohort study

**Professor Jeannette Milgrom**  
Austin Health, Vic  
**Co Investigator:** Dr Charlene Schembri  
Does treating maternal antenatal depression and anxiety prevent adverse infant neurodevelopment outcomes?

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**QUOTES**

“The important thing is not to stop questioning. Curiosity has its own reason for existing.”

“We cannot solve our problems with the same thinking we used when we created them.”  
*Albert Einstein*
Dr Helen Stallman
University of Queensland

Co Investigators: Dr James Bennett-Levy, Professor David Kavanagh & Dr Cameron Hurst

A randomised trial of low intensity intervention model within a university health service to improve the mental health of students

Awarded 2011 to 2013

Dr Helen Stallman is Senior Lecturer in the Schools of Medicine and Pharmacy at The University of Queensland. She completed her doctoral research evaluating self-directed Teen Triple P – Positive Parenting Program to prevent and treat behavioural and emotional problems in early adolescents. Helen accepted a Post-doctoral Fellowship in 2008 with Professor David Kavanagh at the Queensland University of Technology, working on the development of an online program for the treatment of co-morbid depression and alcohol problems (www.ontrack.org.au) before taking up a lecturing positioning at QUT in 2009 and a Senior Lecturing position at The University of Queensland in 2010.

Dr Stallman was lead author of Family Transitions Triple P, a parenting intervention to promote positive outcomes for parents and children following divorce.

Dr Stallman has conducted a number of studies investigating the prevalence and correlates of mental health problems in university students and is Principal Investigator on a beyondblue project developing an online program to promote resilience in tertiary students. Dr Stallman’s research focuses on promoting resilience at the student, environment, and service provision components of university life.

SUMMARY OF PROJECT:

There is a high prevalence of psychological distress reported by Australian university students. This places them at high risk of mental health problems, and can have an enormous impact on the individual student, and sometimes other students, and institutions. Despite the higher prevalence rates and greater access to services than the general population, only about one third of students seek help for mental health problems. The vast majority who do seek assistance for mental health problems contact their GP. This makes university health services an optimal location to screen and approach students to engage in interventions to improve their psychological wellbeing. The high prevalence rates and limited resources however, demand a change in paradigm from individual face-to-face therapy to guided self-help evidenced-based treatments.

This study is the first to evaluate the effectiveness and feasibility of a low-intensity intervention in an Australian health service. Low intensity interventions have several advantages over traditional face-to-face treatments including greater availability and accessibility, and, conceivably greater acceptability for at least a proportion of students.

Specifically, the project aims to:

1. Increase the identification of university students experiencing psychological distress and provide access to evidence-based treatments.

2. Evaluate the acceptability and impact of ‘low-intensity’ psychological interventions for the distress of university students. The randomised trial compares the effects of screening and treatment information alone, with guided use of internet-based cognitive behaviour therapy (CBT) treatments, or skills-building workshops.
Dr. Kristin Laurens is Senior Lecturer in the School of Psychiatry at the University of New South Wales, and also at the Institute of Psychiatry, King’s College London, UK (joint appointment). Kristin completed undergraduate studies in Australia before graduating from the University of British Columbia, Canada, with a Ph.D. (Neuroscience) in 2004. Kristin conducts research in the area of developmental psychopathology using a variety of research methods, including epidemiology and brain imaging techniques. Kristin’s research aims to determine the biological and psychosocial processes that operate during childhood to determine health, well-being, and educational/occupational outcomes in adolescence and young adulthood. Her work seeks to inform the development of novel early intervention and prevention programs for major mental illness, particularly schizophrenia and related disorders.

**SUMMARY OF PROJECT:**

The project will conduct inter-agency record linkage of routinely collected NSW population data to determine markers of childhood development that represent vulnerability to adult psychiatric illness. Record linkage will allow researchers to examine developmental functioning of children with parental history of depression, schizophrenia or bipolar disorder relative to children without parental history of psychiatric disorder.

Specifically, the study aims to:

1. Determine specific domains of childhood functioning that are developmentally impaired in children of parents with any psychiatric disorder;
2. Determine whether particular developmental impairments distinguish children of parents with different psychiatric disorders (schizophrenia, bipolar disorder, unipolar depression);
3. Determine which combinations of developmental factors distinguish children at-risk of developing any mental disorder versus risk for specific disorders (e.g., are offspring with a parental history of schizophrenia more likely to display poor motor skills, and a lack of social development, compared to offspring with a parental history of depression).

In terms of size and scope, this is the first study of its kind to utilise a whole population approach: the child cohort will be defined as those children in NSW who completed the Australian Early Development Index in kindergarten in 2009 (i.e., ~87,000 children, representing 99.9% of this population). This cohort affords a unique opportunity to examine vulnerability and resilience mechanisms operating within a range of developmental domains (i.e., social, emotional, behavioural, cognitive, physical and academic) in association with genetic risk for psychiatric disorders of low prevalence like schizophrenia. Record linkage will be conducted under the auspices of the Centre for Health Record Linkage (CHeReL).

The use of innovative, anonymised record linkage methodologies to distinguish genetically-vulnerable offspring is both efficient and cost-effective, while minimising the potentially stigmatising effects of being prematurely labelled as “at-risk”, when many children will not go on to develop illness.
Dr Sarah Bendall is a Research Fellow and Clinical Psychologist at Orygen Youth Health Research Centre at the University of Melbourne. She has practiced as a Clinical Psychologist for over 15 years in adolescent and adult public mental health settings in New Zealand, the UK and Australia. She completed her PhD at the University of Melbourne in 2009.

Her primary area of research interest is the development and trialling of new cognitive behavioural therapy technologies for recovery in first episode psychosis (FEP). In particular, her interests involve using cognitive experimental methodologies to test clinical psychology models of FEP, childhood trauma, PTSD and the trauma of the psychotic experience on FEP.

**SUMMARY OF PROJECT:**

The aim of the proposed study is to test a CBT treatment for post-traumatic stress disorder (PTSD) in first episode psychosis by randomised controlled trial. PTSD-focussed case management (PTSD-CM) will be tested by four case managers at EPPIC. PTSD-CM has been adapted from an evidence-based CBT intervention for people with PTSD and chronic serious mental disorder.

PTSD-CM is a 16-session CBT intervention focusing on psychoeducation and cognitive restructuring to be delivered within case management. Participating case managers will ask patients on their case load who have PTSD symptoms at clinical levels if they would like to participate in the study. Consenting patients will be randomised to receive either PTSD-CM or case management as usual for 16 sessions. Non-consenting patients will receive case management as usual. Assessment of trauma, PTSD symptoms, psychotic symptoms, depression, functioning, engagement in and enjoyment of case management sessions will be conducted at baseline, the end of treatment and 6-month follow-up by a research assistant. It is hoped that the intervention will reduce PTSD symptoms and increase social functioning in those with PTSD and first episode psychosis.

**Mental Health Grants**

Australian Rotary Health provides grants for research in the field of mental health for up to three years per project. 

| Up to $70,000 pa | 8 | $354,149 |

**Post Doctoral Fellowships**

Australian Rotary Health offers three fellowships to early career researchers in the area of Mental Health. They are the Royce Abbey, Colin Dodds and Geoffrey Betts Postdoctoral Fellowships.

| $75,000 pa | 1 | $75,000 |

**Special Grant Project**

Australian Rotary Health in conjunction with the Australian Research Council commenced funding a Special Grant Project that will investigate the individual and community recovery of the Victorian populations affected by the 2009 Black Saturday Bushfires.

| 1 | $40,000 |
PAST MENTAL HEALTH RESEARCH GRANT RECIPIENTS

PROFESSOR RON GRUNSTEIN
NHMRC Centre for Sleep Health
Woolcock Institute of Medical Research
University of Sydney
Mental Health Pilot - 2010
A Group-based Cognitive-Behavioural intervention to treat sleep Disorders that negatively impact mood, daily functioning & Externalising behaviour in adolescents

TOO HOT TO SLEEP? HERE'S WHY
University of Sydney News
11th January, 2013

Bushfires are quite appropriately dominating our nation's concerns during the current Australian heatwave. But for many, the struggle to sleep through soaring temperatures is a personal inferno that dominates conversation around offices and homes across the country. Sleep and body control of temperature (thermoregulation) are intimately connected. Core body temperature follows a 24-hour cycle linked with the sleep-wake rhythm. Body temperature decreases during the night-time sleep phase and rises during the wake phase. Sleep is most likely to occur when core temperature decreases, and much less likely to occur during the rises. Our hands and feet play a key role in facilitating sleep as they permit the heated blood from the central body to lose heat to the environment through the skin surface. The sleep hormone melatonin plays an important part of the complex loss of heat through the peripheral parts of the body. At sleep onset, core body temperature falls but peripheral skin temperature rises. But temperature changes become more complex during sleep as our temperature self-regulation varies according to sleep stage. Research has shown how environmental heat can disturb this delicate balance between sleep and body temperature. An ambient temperature of 22° or 23°Celsius is ideal. Any major variation in this leads to disturbance of sleep with reduced slow wave sleep (a stage of sleep where the brain's electrical wave activity slows and the brain "rests"), and also results in less dreaming sleep (rapid eye movement or REM sleep). Indeed during REM sleep, our ability to regulate body temperature is impaired so in a clever sort of way the body "avoids" this stage of sleep during extreme cold or heat. A heat wave may cause several nights of fragmented sleep with less slow wave and REM sleep. This will certainly cause a correct perception of bad, restless sleep with consequent negative effects on mood and alertness. In theory, it may also have subtle effects such as problems with complex memory retention, higher judgement (poorer decision making and increased risk-taking behaviour), blood pressure control and regulation of glucose in the body. The clear message is this: if you're going to make some big decisions during a heatwave, sleep in a carefully controlled air-conditioned environment. But apart from air-conditioning, what can you do to sleep better during a heatwave? Sleeping in the lateral position (on your side) with less contact with the mattress may be good but the body tends to do this anyway during sleep, in response to rising temperatures. Cooling the central body with a wet cloth or towel makes sense. A cool shower may also help. It is important to avoid doing anything too strenuous in the hours before bed-time as this will make it harder for the body temperature to fall during sleep. And when you wake up hot, sticky and irritated because you don't have air-conditioning or believe such devices are environmentally unsound, remember those fighting bushfires - it could be a lot worse.
STUDY CONFIRMS ICE LINK TO PSYCHOSIS
Australian Health Care & Hospitals Association
10th January, 2013

Research at The Australian National University has established for the first time strong evidence of a causal link between the drug ‘ice’ and psychotic symptoms. Dr Rebecca McKetin, of the Centre for Research on Ageing, Health and Wellbeing in the ANU College of Medicine, Biology and Environment, and colleagues tracked 278 methamphetamine – commonly known as ice – users over several years and found a clear dose-related increase in psychotic symptoms during periods of use, with around half experiencing psychotic symptoms when taking the drug daily.

“People describe being followed, spied on – they will take down the number plate of every car behind them, spend hours searching for bugging devices in their homes, and some won’t leave the house because they think that people are waiting for them outside,” said Dr McKetin. “These experiences are often coupled with seeing or hearing things that aren’t there. It is disturbing for their friends and family and often very frightening for the person.”

There are an estimated 97,000 Australians who are addicted to stimulant drugs like ice, and psychosis is a significant public health concern surrounding the use of these drugs.

Dr McKetin said the study showed that the psychotic symptoms were not due to pre-existing conditions; the study excluded people who had a known psychotic disorder, such as schizophrenia. It also revealed a strong temporal relationship between using the drug and psychosis, with symptoms abating when people stopped using ice.

“The good news is that psychosis cleared for around nine in 10 people when they stopped using drugs. This points to a clear need for effective treatment to help people reduce their ice use,” said Dr McKetin.

“Currently we don’t have much in the way of effective treatment for methamphetamine use, or strategies for helping people who experience psychosis from using this drug – there is a clear gap in our knowledge.”

To rectify this situation, Dr McKetin, along with colleagues including Dr Robert Tait from the ANU Centre for Mental Health Research (CMHR), have developed an online self-help package for users of ice or other stimulants. The program, called Breaking the Ice, was developed at CMHR in collaboration with the National Drug and Alcohol Research Centre at the University of New South Wales.

“We are looking for users of illicit stimulants to take part in a randomised trial to determine if this is an effective way of helping people to address their health, financial and other problems relating to stimulants,” said Dr Tait. The study is published today in JAMA Psychiatry.

Breaking the Ice can be accessed at https://breakingtheice.anu.edu.au
One of the most overlooked fitness tools could be sprawled on the rug in front of you. It's called a dog and it's probably hanging out for a walk. Australia might have a high rate of dog ownership but that doesn't mean all dog owners are enthusiastic dog walkers, says researcher Professor Adrian Bauman. Some studies of dog owners and physical activity suggest that up to half of dog owners still don't meet the recommended physical activity guidelines - around 30 minutes on most days of the week - says Bauman, Director of the University of Sydney's Physical Activity, Nutrition and Obesity Research Group who walks his own Jack Russell twice a day. "Yet if they did they'd reduce their risk of chronic disease," he says.

There are also the dog owners who do make it to the local park but then grind to a halt, standing in one spot tossing a ball for the dog. Sometimes this becomes a group inactivity as multiple dog owners gather together chatting and ball chucking while their dogs dash around the park getting fitter. Yet a dog can be a human's best exercise buddy - and while walking is the obvious thing to do and a good place to start, there are other ways of working out with dogs that can raise your heart rate a little more.

Usually when humans interact with dogs, it's the two legged animal calling the shots: human summons dog, dog runs to human. But switching things around a bit can help make humans fitter: human throws ball, dog sprints after ball - and human sprints after dog. Using this idea, my kelpie cross and I have created our own doggie soccer that goes something like this. I kick a ball, dog races to retrieve ball, I race after the dog and kick the ball again and so on until one of us (usually me) runs out of breath and slows to a walk. Jogging around the oval throwing the ball as you go is another option, or even alternating jogging with a few sprints if you want to add in some interval training.

But you get the picture - it's more about moving around and having fun than hard slog, and it's good for both of you. Dogs, after all, are as prone to the same inactivity-related health problems like obesity and diabetes as their human friends.

There's also something special about running with a dog loping beside you, especially in natural environments. It's partly the companionship but also because it seems like such a natural thing to do and a way in which humans and dogs have bonded together for thousands of years.

Not all dogs love running though, or are suited to it - think low-slung breeds like dachshunds or basset hounds, for instance - so we humans need to use common sense and if a dog balks at running, is panting very heavily or seeking shade, then slow down, advises Professor Paul McGreevy, Professor of Animal Behaviour and Welfare at the University of Sydney.

Other safety issues around exercising with dogs include throwing balls rather than sticks which can sometimes cause fatal injuries, throwing long low shots with the ball and avoiding high bounces or vertical throws that encourage dogs to jump too high and risk injury, he adds.
On average, people with a history of substance abuse problems live between 20 to 27 years less than the general population. Cancer is a leading cause of mortality for this group and it requires prevention strategies that address primary risk factors such as smoking, poor diet and physical inactivity. To improve cancer prevention strategies for this very vulnerable population, the Cancer Institute (NSW) has awarded funding to Dr Peter Kelly from the School of Psychology of more than $594,000 over three years to trial The Healthy Recovery Program. Peter was also the ‘First Ranked Fellow’ for this round of the funding scheme, and will be presented with a commemorative certificate.

“Cancer is extremely prevalent for people with a history of alcohol or other substance dependence. It represents the third leading cause of mortality for this clinical group and results in enormous social and financial costs to the Australian population. It is important that we develop more comprehensive prevention strategies for these high risk population groups,” Dr Kelly said.

The Healthy Recovery Program is an eight-session group based intervention that aims to prevent cancer for people who are attending substance abuse treatment. As part of the intervention, participants are encouraged to quit smoking, improve their diet and increase their level of physical activity. Dr Kelly has already conducted a successful pilot study of The Healthy Recovery Program that was funded by the Cancer Council, NSW.

Dr Kelly will lead the evaluation of The Healthy Recovery Program, in collaboration with researchers at the University of Newcastle and the University of New South Wales. The research will be conducted across The Salvation Army Recovery Service Centres, commencing early next year.

“This is a wonderful opportunity to extend our work with The Salvation Army, particularly on a clinical trial that is likely to offer substantial real world benefits to people attending their treatment programs,” Dr Kelly said.

Dr Kelly and his colleagues at the Illawarra Institute for Mental Health, Professor Frank Deane and Dr Trevor Crowe, were recently awarded the Excellence in Research Award at the National Drug and Alcohol Awards for their ongoing research programs with The Salvation Army.