2012 Black Dog Institute Annual Report

Translating Research into Real Patient Outcomes
TURNING VISION INTO REALITY

The Black Dog Institute is poised to expand our life-saving activities and have a positive impact on the mental health of all Australians.

With the support of government, business and the community, the Black Dog Institute will:

**DIAGNOSE** mood disorders accurately and early

**TREAT** mood disorders using innovative, effective and accessible strategies

**PREVENT** the onset of mood disorders through understanding of the risk factors and delivering prevention programs

**REDUCE** the impact of mood disorders and save lives

We invite you to join us on our journey
2012
Black Dog Institute
Annual Report

Translating Research into Real Patient Outcomes
In 2012 the Black Dog Institute has revitalised, adopting a strategic plan that places a strong focus on high quality research as the foundation for improving outcomes for patients suffering mood disorders such as depression and bipolar disorder.

After a decade of growth under its founding executive director, Professor Gordon Parker, the Institute is now an established international leader in its field. With the appointment of Professor Helen Christensen as a distinguished successor to Professor Parker, we are expanding our research programs.

Our model is based on the presumption that quality research leads to new discoveries. In turn, discoveries translate into clinical treatments, impactful school, workforce and community programs, and improved health policies.

Our continued growth has been supported from many quarters. We have a dynamic and dedicated Board, drawn from the private, public and academic sectors, that provides a skilful contribution to meet our high expectations. This year, we had two founding board members retire – Mr Nicholas Cowdery, former Director of Public Prosecutions for NSW, and Associate Professor Meg Smith, from the University of Western Sydney, after providing outstanding service for the best part of 11 years. We thank them warmly for their unstinting efforts and generosity of talent and time.

We are indeed fortunate to have a remarkable team of people working for and dedicated to the Institute. We salute them and acknowledge the inspiration that they provide. In this regard we are pleased to have our first full-time General Manager in Will Bonney, who brings impressive business acumen, passion and enormous energy to the role.

We are also indebted to the ongoing support from the NSW Ministry of Health, the Commonwealth Department of Health and Ageing (DoHA) and the National Health and Medical Research Council (NHMRC).

Coupled with this are our fruitful relationships with partner organisations to improve our reach nationally and internationally and the ties we have with other research institutions and mental health service providers.

Collaboration is the key to getting results in the health sphere. An example of this is our productive partnership with The Health-Science Alliance, Australia’s first Academic Health Science Centre, based on the UNSW/Randwick public hospital campuses. The Alliance comprises nine of the country’s top medical research institutes and health care providers and is working toward harnessing and integrating the research, education, training and clinical expertise of each partner to maximise optimal health outcomes for patients and the community.

The Institute also depends on the generosity of individuals and corporations. One such supporter and good friend of the Institute, the late Albert Hunt, sadly lost his life in a motor vehicle accident this year. His financial support kick-started many initiatives which in years to come will be recognised as the impetus to providing significant improvements for people with mood disorders. Albert was a great character and a champion for better mental health services, particularly in the bush. We will miss him. On behalf of the Board I extend our sincere condolences to Albert’s family.

We look ahead with hope and conviction as we strive to accelerate understanding of the basic biological causes of depression and suicide, and develop treatments and interventions accordingly. It is a long journey but full of promise and possibility.

Peter Joseph AM
Chairman
In 2012, the Black Dog Institute consolidated a decade of clinical and research excellence by conducting a formal evaluation to identify our strengths and refine our mission.

Through this process we sought input from mental health consumers, our funders, prominent researchers, policy makers and our own staff. This input formed the basis of a comprehensive strategic plan that will underpin the delivery of our mission — To improve the lives of people affected by mood disorders through translational research, clinical expertise and education programs.

Unlike many other research-based institutions, the Black Dog Institute is truly translational. This means our research is designed to directly and rapidly lead to improvements in clinical practice and education. We do not research for research sake, rather we proactively identify and target community need and partner with other organisations to ensure maximum impact and efficiency.

I am pleased to say our community focus and recognised research expertise has resulted in
significant government research funding. This includes a highly prestigious NHMRC Program grant for research into bipolar disorder, led by Professors Mitchell, Schofield, Parker and Breakspear, and the establishment of an NHMRC Centre of Research Excellence in Suicide Prevention led by myself and supported by leading researchers and clinicians from around Australia. Further new funding has been obtained to investigate suicide ideation, new depression treatments, neuroimaging and mental health screening. Whilst the research may seem diverse, the central goal is to improve the lives of people who suffer from depression and bipolar disorder.

The challenge for 2013 is to expand our efforts to accommodate the needs of a large country. We know that mental health issues are on the rise in Australia and current management programs are not optimal. Our eHealth programs such as myCompass have already reached tens of thousands of individuals directly and will continue to do so. We are planning new clinics in brain stimulation, depression, bipolar disorder, psychological practice and web-based adolescent care. Wherever possible, our research outcomes will be made accessible nationally. Our education and workplace programs will be delivered across Australia using evidence-based materials. We will be targeting groups such as young people and indigenous Australia where we know risk is high and outcome is promising.

2012 was a momentous year for the Black Dog Institute and 2013 is poised to be even more exciting. I hope you enjoy learning about our work and feel inspired to join us on our journey.

Helen Christensen
Executive Director, Black Dog Institute
About the Institute

The Black Dog Institute is a world leader in the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder. Founded in 2002, the Institute is an independent not-for-profit organisation that combines expertise in clinical management with cutting-edge research.

One in five Australians are affected by mental illness every year, with one of the most common of these being depression. It touches people of all ages and from all walks of life, and places an enormous burden on individuals, families, workplaces and the health system.

Living with the ‘black dog’ (as Winston Churchill labelled his depression) can be overwhelming, a feeling of being trapped in a dark haze. It can manifest as extreme lethargy, irritability or sadness. In extreme cases, it can result in thoughts of suicide or self-harm. But there is hope.

The Black Dog Institute’s research program extends from risk identification genomic studies to development of websites to enhance mental resilience in teenagers. We are conducting clinical trials into new treatment methods as well as conducting ground-breaking imaging studies to ‘see’ what happens to the brain when depression strikes.

While diagnosis and treatment is of utmost importance, the Black Dog Institute also places emphasis on teaching people to recognise the symptoms of mood disorders in themselves and others, as well as providing them with the right psychological tools to hold the ‘black dog’ at bay.

The Black Dog Institute is a collaborative organisation that partners with universities, health services and community groups across the country. We focus on access – running education programs in regional areas and providing a number of clinically-endorsed training programs both for health care professionals and workplaces.

Our patron is Her Excellency, the Governor of New South Wales, Professor Marie Bashir AC CVO.
Our vision is to develop the best translational research institute to lower the impact of mood disorders.

**LOGO:**

The striking Black Dog Institute logo that captures the famous Churchill symbol – the ‘V’ for victory gesture and the shadow of the black dog’s head – was developed by Mr John Bevins.

**Our Mission, Values and Philosophy**

Our mission is to identify, prevent and treat mood disorders to improve outcomes.

We value:

- Compassion and respect
- Excellence and innovation
- Transparency and equity
- Collaboration and professionalism.

**The Institute’s philosophy:**

The highest quality research leads to new discoveries. Discoveries translate into clinical treatments, school, workforce and community programs and health policies. Training health professionals and providing knowledge to patients, families, carers and communities increases impact. Working with partner organisations improves reach nationally and internationally.
In 2012 the Institute undertook a thorough review of its strategy and directions, stakeholder perceptions and general population awareness. This process resulted in a strategic plan from 2012 to 2015, driving the Institute’s efforts toward population-based impact.

Within this strategy, Black Dog Institute has the following key objectives:

1. To strengthen research performance and broaden the range of fields in which Black Dog Institute has recognised expertise
2. To deliver a range of effective, cutting-edge and sustainable clinical services in depression and bipolar disorder, brain stimulation, step-up/step-down eHealth interventions and ongoing psychological services that build on and complement research excellence
3. To ensure that Black Dog Institute is a leader in new mental health developments, health reform and health technology
4. To create sustainable education activities by building on the Institute’s strengths in training health care professionals, workplaces, schools and communities and to create new models of delivery
5. To ensure the Institute remains a financially sustainable and accountable organisation, a partner of choice and a great place for staff to work.

Consistent with its history, the Institute remains committed to conducting high quality research to provide the evidence-base for improved prevention, intervention and recovery tools and models of care. The consumer is at the centre of everything we do.
Stretch targets are included in the strategic plan, including increasing our sphere of influence and overcoming geographic barriers. To this end, we are working with and through other high quality mental health service providers to broaden our education reach and significantly increase our impact all around Australia and the world.

In 2012 we have seen a dramatic increase in the number of corporate partners with whom we are engaged with workplace programs. These partnerships are based on generating value by assisting companies to better address depression in the workplace on a commercial basis.

The range of offerings the Institute provides to different segments of the population to improve outcomes from anxiety, depression and bipolar disorder continues to expand in breadth and sophistication. Our commitment is to provide ongoing improvements to the prevention, treatment and recovery from mood disorders for all Australians.

### Finances and Audit

The Institute was returned to a sustainable financial footing throughout 2012 by re-aligning research, clinical and education activities in line with revenue.

Ernst & Young once again conducted the external annual audit of the Institute’s accounts for the year ended 30 June 2012. A concise version of these accounts is provided in this report. The Institute is grateful for the work undertaken by Ernst & Young under the leadership of the Audit Partner, Mr Rob Lewis.

Will Bonney
General Manager Black Dog Institute
Bipolar disorder is the name used to describe a set of ‘mood swing’ conditions, the most severe form of which used to be called ‘manic depression’. One in 75 Australians suffer from bipolar disorder but current practices to identify people with the disorder are extremely poor. Whilst we know that bipolar disorder has high heritability (70-80 per cent of cases occur in people with close family relations with bipolar disorder) we also know that the environment must play an important role.

The Black Dog Institute is at the forefront of new research; working to pinpoint the genetic and environmental risk factors associated with bipolar disorder and investigating new and more effective ways of managing the condition.
Research activity from 2012 includes:

Identifying brain activation differences in people at risk of bipolar disorder – This study investigated functional brain activity in young people at increased genetic risk for bipolar disorder. It was found that whole-brain corrected analyses revealed a highly specific and significant lack of recruitment of particular regions of the brain in the high-risk participants compared to the others. This impaired function may represent a trait marker of vulnerability to bipolar disorder.

Triggers of mania and depression in young adults with bipolar disorder – The research identified triggers of bipolar ‘highs’ or bipolar ‘lows’ in young adults with bipolar disorder. Researchers also looked at whether the events that led to mania or hypomania were the same as those that led to depression. The most common triggers of mania/hypomania were emotional change and sudden changes in sleep/wake times. Depressive events were closely linked to stress, including injury and sleep deprivation. Menstruation triggered depression in women with bipolar disorder.

Reduced emotional regulation shown in people with bipolar disorder and schizophrenia – This study examined brain function during self-regulation of negative emotional experience in patients with bipolar disorder and schizophrenia as both these patient groups show cognitive deficits in brain regions that would normally function to self-regulate emotion. The study looked to see if there were similar abnormalities in prefrontal brain regions in these patient groups and the results showed that neither patient group was able to reduce their own negative experience to the degree that healthy controls could.

Can mindfulness be a useful adjunct treatment for bipolar disorder? – This study compared the efficacy of Mindfulness-Based Cognitive Therapy (MBCT) plus treatment as usual (TAU) to TAU alone for patients with bipolar disorder over a 12-month follow-up period. Analysis of data found no significant differences between the groups, either on time to first recurrence of a mood episode, total number of recurrences, or Montgomery-Asberg Depression Scale or Young Mania Rating Scale scores over the 12-month follow-up. We concluded that, while MBCT did not lead to significant reductions in time to relapse, total number of episodes or mood symptom severity at 12-month follow-up, there was some evidence for an effect on anxiety symptoms.
What we know is that about 80 per cent of bipolar disorder is hereditary. About 10 per cent of people with bipolar disorder take their lives, and, in Australia, about 10 per cent of bipolar sufferers make one suicide attempt every year. Also, about half of bipolar sufferers do not take or do not regularly take their medication.

In Australia, around two hundred 12 to 30-year-olds are being recruited to take part in the Bipolar Kids ‘n Sibs Study and researchers are looking at all the biological factors that may contribute to the illness, including a patient’s DNA, using brain-imaging, psychological testing, clinical evidence and history of drug use.

How do you identify those at risk and what are the subtle first signs of developing the condition? And, how do you identify those who are resilient and who will not go on to develop bipolar disorder?

The University of New South Wales (UNSW) and the Black Dog Institute are taking part in the largest international study of its type to pinpoint the risk factors associated with bipolar disorder.

Heading the Australian effort is Professor Philip Mitchell, from the Black Dog Institute and the UNSW School of Psychiatry, who is conducting the study in collaboration with four major research institutions in the United States – Johns Hopkins University in Baltimore and the Universities of Michigan, Indiana and Washington.
“We are tracking participants who have at least one relative with bipolar disorder or who are sufferers themselves,” said Professor Mitchell. He believes there is a growing body of evidence that the earlier the treatment, the better the outcome.

“What we have found so far is that young people with a family history of bipolar disorder respond less adaptively to emotional experiences. This gives us a strong lead in our goal of developing strategies for early intervention and prevention with those persons who are at risk.”

Professor Mitchell said the Bipolar Kids ’n Sibs Study was in its third year and patients are checked every year, while every two years brain scans are repeated to look at changes in the brain over time.

New recruits, aged between 12 to 30 years, are still being sought. To participate or obtain more information, phone 1800 352 292 or email: bipolar-kidsandsibs@unsw.edu.au

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One in seven Australians will experience depression in their lifetime. It is generally acknowledged that depression is a common experience and that we have all felt ‘depressed’ about something occurring in our lives – while sometimes we just feel ‘down’ for no reason at all. However, depression can be an illness when our mood state is severe, for instance if the ‘down’ mood lasts two weeks or more and interferes with our ability to function at home or at work.

The Black Dog Institute has built a reputation as a leading world authority in the diagnosis and treatment of depression. Our research has formed the basis of many new treatment paradigms and is now also shedding light on how to prevent or minimise depression onset.

Research activity from 2012 includes:

**Treating insomnia to prevent depression** – The NHMRC-funded ‘Good Night Study’ was launched in late 2012. It uses a web-based training program aimed at improving mental wellbeing and reducing depression by teaching people to sleep better for the 1 in 10 Australians who report problems with either falling asleep or staying asleep, a proportion that rises steeply for people who have depression and anxiety. Preliminary trials of this specialised web-based program called SHUTi (Sleep Healthy Using The Internet), developed by Associate Professor Lee Ritterband from the University of Virginia, US, show that this method, which combines changes in behaviour, information about sleep ‘hygiene’ and a fresh view of the problem, is effective in improving sleep, reducing depression and increasing mental wellbeing.
Determining melancholic from non-melancholic depression – This study aimed to separate features that are different for ‘melancholic’ and ‘non-melancholic’ depression. It is suggested that ‘melancholic’ depression (about 10 per cent of depressive disorder) is a more biological illness and that the bulk of depressive disorder can be categorised as ‘non-melancholic’, with the latter more closely associated with stress and personality factors. The Sydney Melancholia Prototype Index developed by the researchers found that ‘non-melancholic’ participants in the study had more anxiety disorders, a higher number of stressors and were more likely to have a personality style that could predispose them to non-melancholic depression. Clinician ratings of patients were found to be more accurate than ratings made by patients of their own mood state.

Implications of genetic tests for psychiatric illness – It is now possible to link a person’s genetic ‘markers’ to their risk of developing a particular disease and to sell such tests direct to the consumer. Since the information may influence life-changing health decisions, it is very important to ensure that there is sound evidence to support the use of any particular genetic test. Advantages of such tests are that early protection such as medication and therapies can be implemented, hopefully lowering risk, and some genetic tests can also predict medication response. Disadvantages include that such tests can increase rather than diminish stigma, and cause unnecessary distress and discrimination in instances where the illness/condition never develops.
Suicide Prevention

Research Leaders – Professor Helen Christensen, Dr Fiona Shand, Dr Bregje Van Spijker

Every day at least six Australians die from suicide and a further 30 people will attempt to take their own life. In fact, Australians are more likely to die from suicide than skin cancer; yet we know comparatively little about the processes that lead to suicide and how and when to intervene effectively.

Black Dog Institute research is looking for answers to this problem and concentrating on the development of evidence-based intervention programs that will save lives. Much of our activity in this area focuses on groups who we know have a higher risk of suicide such as indigenous people. Complementing this work will be pioneering research conducted within the prestigious new NHMRC Centre for Research Excellence. This work will combine research study data to identify suicide risk factors in Australia, develop new interventions for suicidal ideation, and model research data with the aim of adapting policy to ensure funding is directed accordingly.

Research activity from 2012 includes:

Preventing suicide in young indigenous people – Work has begun on a new mobile phone ‘App’ to help young indigenous people to deal with suicidal thoughts and psychological distress. The App will use evidence-based psychological strategies adapted from acceptance and commitment therapy and dialectical behaviour therapy. Consultations suggest that much of the proposed content is already being delivered to young indigenous people in face-to-face interventions and that an App may overcome barriers to help-seeking such as cost, stigma, lack of anonymity, and poor access to services. This project is being developed in partnership with HITnet, the Young and Well Cooperative Research Centre, the UNSW Muru Marri Indigenous Health Unit, UNE, Alive & Kicking Goals! in the Kimberley, and Thoughtworks, and will be piloted in 2013.
Living with Deadly Thoughts – This web-based program is being developed by Professor Helen Christensen and Dr Bregje Van Spijker. It is based on a program currently successfully used in the Netherlands and uses simple but engaging modules to help people understand and manage suicidal thoughts before they become significantly life-threatening. We know that many people do not access treatment when they first experience suicidal thoughts and want to remain anonymous. This application is a confidential way to obtain clinical and effective treatment. A trial of this new program will commence in early 2013.

Community-based study of suicidal thoughts – This study examined the psychological predictors of suicidal ideation and suicide attempt, using Joiner’s Interpersonal Theory of Suicide. The researchers found support for the concept that the risk for suicide increases when multiple psychological factors come into play. These include feeling hopeless, experiencing isolation even though you might want to belong, and perceiving that you are a burden on those around you. The innovation of the study rests in the testing of this model within a community sample as most previous research has been restricted to clinical samples.

Researchers (left to right) Rebecca Ridani, Professor Helen Christensen and Dr Fiona Shand have taken on the challenge to better understand the complex pathways that lead to suicide.
Researchers at the Black Dog Institute and the University of NSW, in partnership with the Brain and Mind Institute, The University of Sydney, the Queensland Institute for Medical Research, The Australian National University, and The University of Melbourne have been awarded a prestigious NHMRC Centre for Research Excellence to determine how best to save people from suicide. Researchers from Otago and Auckland Universities are also involved.

The five-year $2.5million grant will enable desperately needed research into the best way to deliver interventions to those at risk, developing a better understanding of the complex pathways that lead to suicide and encouraging help seeking in groups known to be high risk such as adolescents, people living with mental illness and construction workers.

Chief Investigator and Executive Director of the Black Dog Institute, Professor Helen Christensen, believes research is urgently needed if we are to reduce rates of suicide in Australia. The view is shared by Australian Minister for Mental Health, Mark Butler MP, who believes people at risk are highly vulnerable and often don’t get the help they need.

This fresh approach aims to identify the way in which access to eHealth services may lead to decreased suicide risk within different local areas and amongst different age groups. It includes much needed investigations into cyber bullying in young people, and indigenous mental health.

New theories are emerging about what risks lead to suicide. Re-using data from a multitude of studies will allow us to test these theories.

Ultimately, the aim is to develop and recommend evidence-based programs of intervention that will be accessible and effective to anyone who needs help.

Work has already begun on eHealth initiatives aiming to build resilience in young people and educate people about living with suicidal thoughts. These are expected to be launched in 2013.
Research activity from 2012 includes:

Launch of myCompass – myCompass is a web-based, self-help program delivered via mobile phones and computers for people with mild to moderate depression, anxiety or stress. Funded by the Australian Government, the program provides a unique way for people to monitor their moods, triggers and behaviours in ‘real time’ and in natural settings. Launched mid-2012, more than 9,000 people from Australia and all over the world have signed up. myCompass is a free and confidential service. See www.mycompass.org.au for more information.

Pictured are the myCompass team (left to right) Cesar Anonuevo, Mary-Rose Birch, Alexis Whitton, Associate Professor Judy Proudfoot and Dr Janine Clarke
Black Dog Mood Assessment Program (MAP) proves clinically effective – This research examined the usefulness of the Mood Assessment Program (MAP) 12 months after an online version for patients was made available for access by Australian health practitioners. Feedback from nearly 10,000 patients indicated that the great majority judged the MAP as straightforward to complete. Some professionals also offered their judgments. Responses supported the acceptability of the MAP to patients and its utility to clinicians in relation to diagnostic and formulation issues, as well as in advancing communication between practitioners and their patients. In addition, the MAP has been shown to improve efficiency and time management in assessing those with a mood disorder.

Stepped care intervention for Australian youth – This program, to be introduced in 2013, aims to provide an early intervention service to young people at risk of depression and anxiety. Referred from community organisations or through self-referral, young people will be assessed and offered one of three streams of evidence-based interventions for anxiety and depression, including web-based interventions. A range of support from healthcare professionals will also be offered. The progress of each young person will be monitored to check if they need to be ‘stepped up’ to a different intervention.
The Black Dog Institute is committed to promoting resilience-building as a key ingredient in breaking the cycle of mood disorders. To this end the concept of resilience-building forms an integral part of all our clinical, community and professional education programs.

Our community programs for young people such as ‘HeadStrong’ and ‘BITE BACK’, together with our workplace talks, offer practical suggestions for resilience-building as universal preventions for mood disorders. And our professional education programs for general practitioners, psychologists and youth workers ensure that health professionals are mindful of both ‘recovery’ and ‘prevention’ as conjoined strategies in helping people with mood disorders.

**BITE BACK** is a world-first online positive psychology website specifically designed for adolescents. An engaging interactive tool, **BITE BACK** aims to help young people work to their full potential by recognising their strengths, learning to become more mindful and improving their appreciation of life. It includes activities, blogs, interviews, videos and information on a variety of domains including social relationships, gratitude, and mindfulness. **BITE BACK** is an open, freely available website [www.biteback.org.au]
The discipline of systems neuroscience covers the basic principles of large-scale brain dynamics, how these arise from (and reshape) cortical architectures, and how they underpin cognitive operations, such as perception, inference and motor control.

They also contribute to our understanding of major mental illnesses such as mood disorders, schizophrenia, autism and dementia. Understanding of these disorders requires employing – and further advancing – cutting-edge neuroscience techniques and their applications.
Research activity from 2012 includes:

**Hemodynamic travelling waves in human visual cortex** – Functional magnetic resonance imaging (fMRI) experiments have advanced our understanding of the structure and function of the human brain. Dynamic changes in the flow and concentration of oxygen in blood are observed experimentally in fMRI data via the blood oxygen level dependent (BOLD) signal. Since neuronal activity induces this hemodynamic response, the BOLD signal provides a non-invasive measure of neuronal activity. Understanding the mechanisms that drive this BOLD response is fundamental for accurately inferring the underlying neuronal activity. The goal of this study is to systematically predict spatiotemporal hemodynamics from a biophysical model, then test these in a high resolution fMRI study of the visual cortex. Using this theory, we predict and empirically confirm the existence of hemodynamic waves in cortex – a striking and novel finding.

**Neural mechanisms of intermuscular coherence: Implications for the rectification of surface electromyography** – This study employed a computational model to look at the role of the motor unit action potential (MAUP) on the translation of ‘oscillatory activity’. (Oscillatory activity plays a crucial role in corticospinal control of muscle synergies.) This was tested and compared to test results from intermuscular coherence between bilateral leg muscles. The model shows that the effect of electromyography rectification depends on the uniformity of MUAP shapes. The data provided support for a heterogeneous distribution of MUAPs which implies that the shape of MUAPs is an essential parameter to reconcile experimental and computational approaches.
Neurostimulation refers to using different mechanisms to stimulate brain cells in order to treat and manage psychiatric disorders such as bipolar disorder and depression. Traditionally, the only treatment option within this sphere was electroconvulsive therapy (ECT) which is not a suitable treatment for everyone.

Research at the Black Dog Institute is leading the way into new forms of neurostimulation, including transcranial Direct Current Stimulation (tDCS). This involves stimulating frontal areas of the brain with very small currents while patients remained awake and alert. The treatment has no known serious side effects and is suitable for patients seeking an alternative to medication or those who are unable to tolerate antidepressant drugs or Electroconvulsive Therapy (ECT).

The neurostimulation team are also researching the use of ketamine to help relieve depression. Traditionally used for anaesthesia or sedation, ketamine led to dramatic improvements in people suffering clinical depression, evident from within hours of the treatment to a day later.
Research activity from 2012 includes:

**Effects of brain stimulation on memory and brain activity in depression** – Advances in non-invasive electrical stimulation of ongoing brain activity – such as transcranial direct current stimulation (tDCS) – continue to offer new hope for the treatment of major depression. Yet the mechanisms of clinical change are unknown. In this study, we investigated the acute effects of tDCS treatment on cortical activity in patients with depression whilst they performed a difficult memory task. The brain mechanisms measured in response to the task may indicate an improvement of selective attention directly after tDCS treatment. This study underlines the promise of functional brain imaging tests in understanding and monitoring response to brain stimulation treatment.

**Ketamine as a neuroprotective agent in ECT** – This study investigated the neuroprotective and synergistic effects of adjunctive sub-anaesthetic doses of the drug ketamine with ECT. Participants prescribed right-unilateral ultrabrief ECT were randomly assigned to receive ketamine or saline placebo with their anaesthesia and were assessed on cognitive, safety, and antidepressant efficacy outcomes. It was found that the addition of ketamine significantly increased the speed of antidepressant response over the first week of treatment – however efficacy outcomes were the same between ketamine and placebo by the end of the ECT course. Ketamine was not shown to have any neuroprotective advantage in this study. Finally, the use of adjunct sub-anaesthetic ketamine in this study did not produce any significant psychomimetic side effects.
Psychosocial research crosses research boundaries to employ holistic thinking in health and welfare. It promotes scholarship and research with a strong practice and policy focus in response to the complex demands on health services. It positions the individual in networks of interpersonal relationships, organisations, and wider systems. Research is attuned to and draws on the social and psychological sciences, political theory, social policy, philosophy and cultural studies and aims to impact on the wider community as well as the individual.

Research activity from 2012 includes:

**On a blue note: Why depressed people listen to music** – Research suggests that negative mood may be associated with attraction to negative emotion in music, a finding that runs counter to mood management theory. Despite such evidence, no study has examined how and why depressed people listen to music. Qualitative thematic analysis was conducted with textual responses from 294 online survey respondents (148 with depression and 146 without). Findings revealed that depressed people were more likely to use music to reflect or express emotion, while those without depression were more likely to use music for energy and inspiration. Negative emotion in music enabled some to attend to negative emotion, with subsequent dissipation of negative mood. For others, it was connected with negative cognition and a worsening of negative mood.
An estimated eight per cent of older adults in Australia experience depression and the number will increase as the population ‘greys’.

Black Dog Institute partners with affiliate organisations such as the UNSW Centre for Healthy Brain Ageing to find answers to help older Australians live a productive and healthy life in these golden years.

Research activity from 2012 includes:

Reducing behavioural and psychological symptoms of dementia in the community – Non-pharmacological interventions delivered by family caregivers have the potential to reduce the frequency and severity of behavioural and psychological symptoms of dementia, with the effect at least equalling that of pharmacotherapy.

Changing topological patterns in normal ageing – Researchers examined normal ageing from the perspective of topological patterns of structural brain networks constructed from two healthy age cohorts 20 years apart. We then constructed structural brain networks using 90 cortical and subcortical regions as a set of nodes, and further analysed the topological properties of the age-specific networks. We found that the brain structural networks of both cohorts had small-world architecture, and the older cohort (age range 64-68) had lower global efficiency but higher local clustering in the brain structural networks compared with the younger cohort (age range 44-48). The older cohort had reduced hemispheric asymmetry and lower centrality of certain brain regions, but that of the prefrontal cortex (PFC) was not different. These structural network differences may provide the basis for changes in functional connectivity and cognitive function as we age and may explain the development of cognitive disorders and depression in old age.
In recent years, the term ‘postnatal’ depression has been replaced by the term ‘perinatal’ depression to encompass the period from conception until 12 months postpartum. This reflects a wider understanding of the natural history of this condition and its far-reaching impact on sufferers, their partners and other members of the family.

Depression affects around 10 per cent of women in the antenatal period and an increasing number of studies are finding links between significant depression and anxiety during pregnancy, and adverse outcomes for both mother and baby. Detecting depression and anxiety during pregnancy creates an opportunity to intervene early and reduce the longer-term impact of these conditions.

Research activity from 2012 includes:

**Detection and management of mood disorders in the maternity setting** – Researchers put together evidence-based guidelines about mood disorders arising in the ‘perinatal’ period (from conception to the first year after birth) arising in up to 13 per cent of women and causing significant problems to the adjustment of the mother, baby, partner and wider family. The guidelines’ aim is to educate health professionals to be more confident about when and how to intervene when they think a woman is suffering from serious levels of depression or anxiety.

**Major depressive disorders in the perinatal period** – This population-based study aimed to investigate hospital admission of major depressive disorders during the perinatal period. Birth records from 1 July 2002 to 31 December 2004 in the NSW Midwives Data Collection were linked with records for the same period from the NSW Admitted Patients Data Collection. Overall, risk of admission rose significantly across the entire first postpartum year and remained elevated up to 24 months postpartum. This study has significant implications for policy and service planning for women with depressive disorders in the perinatal period.
Volunteering for Research Studies

The online Volunteer Research Register (VRR) is on the Black Dog Institute website. The VRR allows people to register their interest in participating in mental health research studies. It has been designed to securely store details such as a person’s name, contact details and some basic information including date of birth, whether a person has ever been diagnosed with a mental health problem, and if they have previously participated in a Black Dog Institute research study. When a research study starts, we will search the register for people who might be suitable and email them information about it as well as an invitation to take part should they be interested.

You can join the 1800 other people donating their time to research by registering at www.blackdogvolunteers.org.au.
While the economic consequences of mental illness in the workplace are dramatic, the importance of the association between work and mental health goes well beyond this. Those without work are almost always financially dependent and prevented from playing a full and active role in society. Being in work is associated with lower prevalence of depression and lower incidence of suicide. The adverse economic and health effects of ‘worklessness’ are felt not only by the individuals who are not working, but also by their families and children. There is good evidence that in most situations the benefits of work for an individual’s mental and physical health outweigh any risks.
The Black Dog Institute, working together with UNSW, has secured funding from NSW Health for a three-year program of research focused on the relationship between work and mental health. This research program is being led by Dr Samuel Harvey, an academic psychiatrist who has recently returned to Australia after spending 10 years working in the UK. His post at the Black Dog Institute and UNSW is the first clinical academic position in workplace mental health in Australia and one of the very few academic positions world-wide to focus specifically on the relationship between mental health and work.

Initially, the Workplace Mental Health Research Program will focus on the mental health of NSW emergency workers, but it is hoped that over time it will expand to consider the entire working age population. Emergency workers have a key role in our society, but their work is often stressful and dangerous and significant numbers of emergency workers have difficulties with mental illness as a result. The aims of the new program of research are relatively broad, but include trying to establish ways of identifying which emergency workers are at risk of developing mental health problems, considering ways of increasing worker resilience and preventing mental disorders, and testing new interventions to help promote early identification and return to work amongst unwell emergency workers.

... the annual work-related cost of depression in Australia is estimated to be $12.6 billion...
Clinical Services

Clinical leaders (left to right)
Associate Professor Vijaya Manicavasagar, Professor Helen Christensen, Professor Philip Mitchell, Dr Paul Friend and Professor Colleen Loo
The Black Dog Institute has an ambitious plan to establish a network of expert clinics providing an expanded range of services for patients suffering mood disorders.

Already, the Institute operates a Depression Clinic (headed by Dr Paul Friend) and a Bipolar Disorder Clinic (headed by Professor Philip Mitchell) which are highly regarded by referring doctors, their patients and friends.

In 2012, the demand for clinical assessment increased significantly and the Institute feels there is scope for other clinical services, headed by their research leaders in the different fields, namely:

- Web-based adolescent care (Professor Helen Christensen)
- Psychological practices (Associate Professor Vijaya Manicavasagar)
- Brain stimulation (Professor Colleen Loo).

The following additional information is provided on the different clinical services.

**Depression Clinic**

The Depression Clinic has been a flagship of the Institute’s activities for the past decade.

Through this clinic, the Institute provides high-quality comprehensive assessments of patients. The patient and their family/friends receive a thorough explanation of their condition and the recommended management plan. In turn, the referring doctor receives a detailed medical report and management plan for his patient. The service is available to any person who is registered with Medicare and referred by a medical practitioner.

The Depression Clinic has also established, once a month, a similar clinic service in Tamworth.

The Clinic is currently exploring the use of video conferencing to provide this service to other regional areas of New South Wales and elsewhere in Australia.
**Bipolar Clinic**

The Bipolar Clinic is conducted by Professor Mitchell, who is also Head of the UNSW School of Psychiatry, and Professor Loo. A comprehensive assessment is undertaken of patients and in a similar manner to the Depression Clinic, management strategies are provided to the referring doctor and other clinicians involved in the care of the patient.

The proposed network of expert clinics will provide the scope to have improved clinical outcomes tailored around the latest evidence-based research.

**Web-Based Adolescent Care**

Evidence suggests that the needs of young people with sub-threshold depressive and anxiety disorders are largely unmet. They often fail to seek help through resourcing issues within their region or fail to meet entry criteria for existing mental health services.

The Institute believes these young people are ‘falling through the gaps’ and may progress to being victims of more severe mood disorders.

Intervening early may reduce the downstream costs associated with the progression of these sub-threshold syndromes into full-blown disorders and improve the overall quality of life for the young person.

Interventions delivered over the internet (also known as web-based interventions) have been shown to be effective in treating depression and anxiety in both adults and young people. This approach is relatively cost-effective, can be delivered anywhere at any time and can overcome traditional access barriers.
Psychological Practices

In recent times, Associate Professor Mani-cavasagar has overseen the expansion of psychological services within the various project streams at the Institute. The new emphasis is on offering an ongoing clinical psychology service to patients referred by Black Dog Institute psychiatrists as well as by direct referrals from general practitioners and psychiatrists in the community. In particular, these referrals would comprise patients with complex mood disorders.

As part of this new charter, research will be conducted into novel psychological interventions. This will enable the Institute to gather pilot data for developing broader research questions and to seek funding through conventional funding bodies, corporate sponsorship or by direct donations to projects.

Brain Stimulation

The Brain Stimulation Clinic would encompass novel treatments, including Transcranial Magnetic Stimulation (TMS), transcranial Direct Current Stimulation (tDCS) and the drug Ketamine (currently used as an anaesthetic and in pain management).

In addition, this clinic would also be a tertiary referral service for psychiatrists requiring a second expert opinion on the use of Electroconvulsive Therapy (ECT), typically for patients with depression who have not responded to standard treatment with ECT. Referrals are to the head of the clinic, Professor Loo, and must be from a psychiatrist.
**New Education Stream**

The Black Dog Institute is establishing a consolidated Education stream to facilitate expanded services and a greater national presence.

Our education programs have been in high demand for several years, as shown in the separate reports presented below.

From 2013, the Black Dog Community and Professional teams will combine to gain maximum benefit from translating research findings into patient outcomes for different audiences across the workforce, the community at large and health professionals.

The new model will improve the Institute’s influence and ability to engage in expansionary activities such as grant applications and establishing formal collaborations with the Commonwealth and other States and Territories, as well as other not-for-profit bodies.

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**Professional Education and Training team**

In 2012, the Black Dog Institute expanded the scope and the range of Education and Training programs.

Feedback from health professionals who participated in these courses is overwhelmingly positive as they believe their management of mood disorders with their patients has improved significantly.

The Institute’s Professional Education and Training (PET) team is responsible for the provision of accredited mental health education of:

- General Practitioners and GP registrars
- Psychologists
- School Counsellors
- Nurses
- Allied Health professionals
- Clinicians working with young people.

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R.E.A.C.H. Support group facilitators (pictured on left); a group of participants (pictured on right) who attended an education workshop in the grounds of the Black Dog Institute at Randwick
Our programs are based on more than 20 years of research and clinical findings. Our experienced Institute psychiatrists, GPs and psychologists deliver face-to-face workshops throughout NSW and in some capital cities nationwide. Funded by participant fees, our programs are independent of input from pharmaceutical companies.

In 2012 alone, our team has trained around 2,500 health professionals.

This year the team has added to the suite of Black Dog Institute health professional programs with the development and launch of two six-hour GP workshops: Managing Anger and Dealing with Anxiety Disorders.

Our focus for the future development of new programs is to reach multi-disciplinary groups of health professionals in order to create a feeling of teamwork, especially in rural and remote areas, and increase knowledge and understanding between the various different practitioners.

We have begun the process of developing a new multi-disciplinary program called Depression Dilemmas, for GPs, psychologists and, potentially, social workers and mental health nurses. This will be a six-hour accredited program delivered in three separate two-hour sections, which can be run consecutively on one day, or individually over three evenings. These sections are titled: Co-morbid Depression and Alcohol, Depression in the Elderly, and Resistant Depression.

Further underlying our efforts in rural communities, the Institute, in partnership with the Rural and Remote Area Psychologists Program (RRAPP), hosted 80 rural psychologists from 22-24 August for their annual conference. In addition to delivering a number of Psychology and Youth professional education programs, the Institute has created the opportunity to further extend our relationship with RRAPP and work together to improve mental health outcomes in the rural community.

**Special Thanks to:**

Our team of program facilitators

- Divisions of General Practice/ Medicare Locals
- Royal Australian College of General Practitioners QI&CPD staff
- General Practice Mental Health Skills Collaboration
- Australian College of Rural and Remote Medicine
- General Practice Conference and Exhibition
- Australian Psychological Society.
The goal of the Community Programs team is to help all Australians recognise the signs and symptoms of mood disorders and encourage them to seek help, by providing education and reducing stigma.

Our community education programs in 2012 reached over 11,000 participants, and ranged from hands-on resilience building workshops to conference presentations and educational seminars. We delivered presentations and workshops in a number of rural locations including Cobar, Moree, Tamworth, Casino, Albury, Cooma, Griffith, Mt Gambier and Alice Springs.

Our R.E.A.C.H. (Responsibility, Education, Acceptance, Connection and Hope) support group program in 2012 was funded by a grant from the Qantas Foundation, and has continued its strong growth. The program has been taken up by mental health service providers including Lifeline and Centacare, who are also able to offer it to their clients as part of their services. In 2013 we will be building on this success by offering the program to service provider organisations across Australia.

The HeadStrong program national rollout was launched in 2012. Funded by the nib Foundation, the program provides a set of easy to use tools for secondary school teachers to educate students about mood disorders and how to seek help. The core of the program is a set of colourful and humorous images by Matthew Johnstone, which breathe life into the topic.
and make it attractive for both teachers and students to learn about mood disorders. Content is tied to the teaching curriculum of each State’s educational system, and each State will receive a tailored version of the curriculum resource during the rollout.

Volunteers. Our volunteers are a great asset and are able to provide a very personal account of the impact of mood disorders and a message of hope alongside the information being presented. They also provide us with the ability to reach many more people than we could on our own, and we are grateful for their fantastic support.

Some of our volunteer Community Presenters (far left) at a 2012 training day.

Youth presenters (bottom left hand corner) having fun at a training day while these other photographs are examples of people helping raise awareness and support for the Black Dog Institute at different community events in 2012
Walking the Tightrope – Caring for Someone with Depression or Bipolar Disorder

The impact of depression is like the tremors of an earthquake. While one in five Australians will personally experience clinical depression or a bipolar disorder over their lifetime, there are the families, friends and work colleagues who are also drawn into the crisis.

Often, it is these people on the perimeter who selflessly reach out to assist those who are living with a mood disorder, offering their time, acceptance, support and hope.

In searching for strategies to deal with mood disorders, the 2012 Black Dog Institute Writing Competition put the spotlight on the powerful stories that come from Carers, with a particular focus on the questions: What worked best, what didn’t work and what did you learn?

While depression can be very isolating, individuals fighting this private battle are often surrounded by those who love them – family, friends, and colleagues all looking for practical and sensitive ways to show their support.

The 2012 writing competition was conducted with the support of Carers Australia, Mental Health Carers ARAFMI NSW Inc. and Hunter Institute of Mental Health’s national initiative, Partners in Depression.

The winning entrant from Sydney, who wished to remain anonymous, received a cash prize of $2,000 for her essay titled *Caring*. In 1500 words this writer paints a vivid account of how she cares for her husband.

Second prize, $1,000, was won by Ms McGee Noble from Fitzroy in Victoria for her essay, titled...
‘You’re in a relationship; your needs are important. He may not be able to give you everything, and often he will have nothing (or close to nothing) to give. But if you can express how he can help you and he can give you something (no matter how small), then you have a little more to give back to him when the day has taken its toll.’

From the winning entry in Black Dog Institute’s annual writing competition: 2012’s topic tapped into the experience of carers.

Walking the Tightrope. Third prize of $500 was awarded to Ms Hannah Bretherton from Maroubra, NSW, for her essay Crowded House.

Highly Commended:

- The Rollercoaster Ride – Rachael Witton, Noosa Heads, Qld
- Bridging the Shadows Together – Hannah Chim, Epping, NSW
- Untitled – name withheld, Ngunanul, ACT
- The Closed Door – name withheld, Darlinghurst, NSW
- Enough Hope for Two – name withheld, Avalon Beach, NSW.

Over the past eight years the writing competition has focused on a wide range of topics, including adolescents, the elderly, perinatal depression and tackling mood disorders in the workplace, as well as mastering depression and bipolar disorder; resulting in the publication of five (soon to be six) books by distinguished publishing companies.

People have commented that most books on depression and bipolar disorder have been written from the outside looking in. Drawing together perceptions and personal accounts from those who have experienced such mood disorders – whether personally or in this case, as a Carer – allows us to reverse this approach.

‘Inside out’ views offer rich information that assists in breaking down the mysteries and management of mood disorders and these are particularly appreciated by general readers.
Book awarded the 2012 Book of the Year prize

In 2012, the Institute launched a book titled ‘Managing Depression Growing Older: A Guide for Professionals and Carers’ by Kerrie Eyers, Gordon Parker and Henry Brodaty (Allen & Unwin, Sydney). It is based on numerous research findings and underpins the Institute’s focus on resilience and healthy ageing. The book has been awarded the 2012 Book of the Year prize by the Australasian Journal on Ageing.

Currently life expectancy at 65 years has increased by 10 years, to 18 or more additional years. This latest book is timely in showing that those growing older today have more choices than did any previous generation and that depression is not the invariable companion of those who are 65 years and older.

“More than 90 per cent of people can anticipate an older age that is, in the main, fruitful and satisfying,” said Professor Helen Christensen, Executive Director of the Black Dog Institute, when launching the book this year. However, Professor Christensen cautioned, “We need to plan ahead to achieve an effective, financially secure, healthy, engaged and content older age.”

While there are the predictable challenges that come with age – changing roles, irrelevance, loneliness, health and financial problems – self-awareness and the support of others helps to chart a course through these shoals.”

The aim of the book is to reduce stigma about depression and ageing and to give the ‘invisible people’ – the elderly with depression – and their carers a voice.

The book outlines the warning signs of mental illness, symptoms of ‘clinical’ depression and prominent risk factors. In addition, there is an extensive list of what an older person who is depressed can do to help themselves, including tapping into help networks such as general practitioners, local church and community groups and maintaining a formal written wellness plan.

The book was described by NSW Minister for Mental Health, Kevin Humphries, as an important tool in the battle against the stigma and discrimination that unfortunately still surrounds mental health.
Summary of the revised edition of ‘Bipolar II Disorder: Modelling, Measuring and Managing’.


The lifetime risk of developing bipolar II disorder is five to seven per cent, yet the condition is often poorly detected. Mood elevation states are less extreme than in bipolar I disorder although the depressive episodes are usually severe. When correctly treated, the outcome is positive, but bipolar II is often poorly managed, resulting in a high suicide rate. This is the only academic and clinical management review focusing entirely on bipolar II, scrutinising history, epidemiology, burden and neurobiology and including an extensive clinical debate by international experts about effective management strategies.

In the revised edition, new chapters cover comorbidity, over-represented personality styles, illness ‘trajectories’ and distinguishing bipolar II from personality-based emotional dysregulation states. Evidence for different clinical management options is reviewed in detail, and two clinical management models are presented and then debated. This book is essential reading for all health professionals managing mood disorders and informative to patients seeking information about their condition and treatment options.
Developing countries across the Asia-Pacific Region have limited mental health training for primary care providers, resulting in mood disorders being largely undiagnosed and untreated.

To help alleviate the problem, a Developing Countries Program was initiated in which the Black Dog Institute was able to share its expertise with senior health clinicians from these countries.

In 2008 the first group of 14 health professionals, from Sri Lanka, Fiji, Papua New Guinea and Solomon Islands, came to Sydney for an intensive training program.

The program has continued on a regular basis and in 2012 a group of 11 clinicians, from Fiji, Samoa, Solomon Islands, Tokelau, Tonga and the Maldives, brought the total to nearly 50 participants who have received training.

According to Associate Professor Vijaya Manicavasagar, the Black Dog Institute Project Director, the program is helping build capacity amongst local personnel by providing education about evidence-based high quality treatments for mood disorders and by training participants to train other health professionals.

Our thanks are extended to The Chris Molner Bequest, AusAid, the Ministries of Health in Pacific Island countries and the World Health Organisation Pacific Islands Mental Health Network (WHO PIMHnet) for their support.
EXERCISE YOUR MOOD

As part of the campaign to raise awareness for the Exercise your Mood in 2012, the Black Dog Institute was represented in two of the world’s iconic open water relay swims.

On 21 July, a team travelled to Lake Tahoe in California to compete in the Trans Tahoe Relay swim run by the Olympic Club. The team consisted of Alexander Studzinski, Joey Pedraza, Peter Thiel, Codie Grimsey, Trent Grimsey, and Ridge Grimsey. The race attracted 183 teams this year. The Blackdog team led the race from the start, and won in the record time of 3 hours 11 minutes.

On 1 September, two teams competed in the Maui Channel Swim. The first team consisted of Codie Grimsey, Ridge Grimsey, Alexander Studzinski, Xavier Desharnais, Rhys Mainstone and Peter Thiel. This Black Dog team again led the race from the start to finish first in the record time of 2 hours 47 minutes.

The second team (pictured left to right) of Luke Morgan, Shelly Clarke, Millie Joseph, Elizabeth Sloane, Lachlan Benson and Peter Joseph also managed to finish the gruelling race.
Community fundraisers spearheaded our efforts in 2012 to increase awareness about mood disorders and raise funds to help support the delivery of services to those in need.

No challenge seems too great. As well as annual community events like the City2Surf or the Blackmore’s Running Festival, we have had fundraisers run a marathon in Antarctica and another across the Sahara, ride a horse from Braidwood in southern New South Wales to Melbourne and ride a rickshaw across Asia.

Behind these challenges are often the personal stories about battling with a mood disorder or trying to come to terms with the loss of a loved one through tragic circumstances.

Fundraising for the right cause and helping to raise awareness can be a healing experience. It is also a humbling experience for everyone involved with the Black Dog Institute as we hear these personal stories and see first-hand the impact on the families of those who suffer.

Following on are some of their stories:

The 2012 Black Dog Ride to the Red Centre was a great success, with more than 400 riders participating this year and $255,745 raised for the Black Dog Institute.

Congratulations go out to ride founder Steve Andrews and his volunteer supporters, including State ride leaders across Australia who worked tirelessly to make the 2012 event a huge success. A very big thank you also to Channel Nine, and reporter Simon Bouda, who participated in the ride and was the highest individual fundraiser. The fantastic media coverage each morning by weatherman, Steve Jacobs, on the Today Show, and nightly reports on television news throughout the ride, really helped to increase the profile of this national event. We are pleased to have supported the growth of the Black Dog Ride over the past four years for the awareness it has helped to generate.

The 2012 Zoo2Zoo Bike Ride is another annual community event that helps increase awareness in NSW each year. This year the Zoo2Zoo riders endured one of the toughest days in Zoo2Zoo history with snow, torrential rain and howling winds to combat along the way. Total funds raised were well over $100,000 and warm thanks go out to the volunteer organisers Andrew McKay, Jim Scollon, Andrew Back...
and Grant Hittman. Our gratitude also to Andy Hinks and the QBE Foundation for their continuing support.

Our Ambassador Ed Fernon competed this year in the Pentathlon at the London Olympics. His gruelling training regime in the months leading up to the Olympics and during the event would have been more than enough for most people. But on his return Ed was straight back into the saddle preparing for his epic horse ride from Braidwood to Melbourne Following the Legend of Archer. Ed’s efforts raised over $50,000 for the Institute and created significant awareness and media coverage as he travelled along the bicentennial route through NSW and Victoria to Healesville.

The New York Marathon is an iconic international event and when the McFadden family approached us to run for the Black Dog Institute in memory of their father we were very pleased to be able to spread our wings to far shores. Their journey in helping to destigmatisise the issue of depression and their bravery in talking about the impact of suicide to the media, as well as their amazing fundraising support was humbling to say the least. However, no one could have imagined that such an iconic event would be cancelled at the last minute as a result of extreme weather conditions caused by hurricane Sandy. Fortunately, they still went ahead and ran a marathon together on the streets of New York, raising nearly $30,000.

The Josh Davies Memorial Golf Day is an initiative of the Davies family in memory of their son Josh. This is their second annual event and it raised more than $15,000 for the Black Dog Institute. They

Black Dog Institute Rural Project Manager, Christopher Rule (pictured on left in the orange singlet), led by example as a participant in the Blackmore’s Running Festival. Black Dog Institute ambassador Michelle Bridges, for the City-2Surf (centre) with some of the Institute’s other participants in the event. (Top Right) Former Miss Universe Australia, Rachel Finch, was our ambassador for the Yoga Aid Challenge. (Bottom right) Chairman, Peter Joseph and Executive Director, Professor Helen Christensen, happily accept a cheque from Steve Andrews (Black Dog Ride to the Red Centre)
have now established **The Jed Project** which aims to eradicate youth suicide, and we applaud their courage in speaking publicly about their loss to help others.

This year we welcomed the support of Michelle Bridges as our Ambassador in the **City2Surf** and Rachel Finch as our Ambassador in the international **Yoga Aid Challenge**. These combined events raise hundreds of thousands of dollars for the Institute each year as well as creating widespread awareness as our fundraisers reach out through their own networks to promote the reasons for their challenge. We are so appreciative of each and every individual who chooses to support us as well as the organisers of these huge public events.

The **Parramatta Eels** rugby league team chose to support the Black Dog Institute throughout their 2012 season, and players Ben and Nathan Smith have been wonderful Ambassadors helping, as role models in the community, to talk about depression and how to seek help through their association with the Institute.

This year we welcomed a number of new corporate partners to the Institute. **Juniper Networks** are supporting a Chair for our **BITE BACK** youth online program. **Veritas Event Management** has very generously produced dozens of new videos for use on our website to extend our eHealth offering. PR and Communications agency **MAGNUS** have again contributed significant pro bono support to assist us with delivering our messages to various media and corporate audiences over the last year. It is the support of generous companies such as these that help us to raise our profile and increase our fundraising capability and we thank them for their commitment in these difficult financial times.

Our ambassadors again gave willingly of their time to support the Black Dog Institute in 2012. Our special thanks is extended to Geoff Huegill (Olympian/swimmer), David Spindler (golf), Andrew Johns (rugby league), Brendan Capell (swimming), Libby Trickett (Olympian/swimmer), John Konrads (Olympian/swimmer), Bridie O’Donnell (cycling), Ky Hurst (Olympian swimmer, ironman), Peter Thiel (swimmer), Stephanie Gilmore (surfing), Preston Campbell (rugby league), Lara Tamsett (athletics), Richard Harry (rugby union), Rachel Finch (celebrity yoga instructor), Michelle Bridges (author, exercise and fitness expert), Ben and Nathan Smith (rugby league), Ed Fernon (Olympian/modern pentathlete), and Federal politicians, Andrew Robb, Peter Dutton, Amanda Rushworth, Peter Wright, Christopher Pyne and Simon Crean.

There are many hundreds of people and organisations that support us each year – far too many to be named individually in this report. Without you, we would not be able to offer the valued services we provide, nor conduct leading-edge research. So **THANK YOU** once again for your much appreciated support.

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**The future of fundraising is online! And communicating through social media channels is vital to the success of any business, including not-for-profits.**

**The Institute has invested in our online capability this year with many new improvements on our website and opportunities for our supporters to be involved.**

**If you haven’t seen the changes, please check them out on www.blackdoginstitute.org.au and help us spread the ‘e’ word.**
The activities of supporters and fundraisers were profiled widely in the media in 2012. The Black Dog Ride to the Red Centre received wonderful television coverage through the support of Channel 9, and Olympian Ed Fernon completed his fundraising Legend of Archer ride to much fanfare generated by multiple television, radio and print stories.

Research in plain English

Not everything that Black Dog Institute achieves makes it into the mainstream media. Institute researchers are continuously advancing our understanding by publishing findings in scientific journals, launching clinical trials or developing new management regimes.

To make sure our supporters are kept updated on all our achievements we have implemented a weekly research update that is shared via the website and social media. Written by experienced Black Dog Institute volunteer Kerrie Eyers, these stories provide a ‘Plain English’ description of research outcomes and processes. Visit the research section of the Black Dog Institute website to stay up to date.

Pictured, Head of Communications and Media, Gayle McNaught
The Black Dog cyber community

As people spend more and more time online, we are expanding our digital media channels to ensure our supporters can interact with us and each other.

Our online presence has increased dramatically in 2012. Thousands of people are now following and sharing our social media updates, images and videos.

Social media is a wonderful way to quickly and effectively share everything from important health information, to personal stories and inspirational fundraising adventures. People can now join different online communities depending on their interests and use our social media channels to chat with other like-minded people. It also provides effective means to distribute up-to-the-minute research discoveries, policy changes and clinical opportunities to people across the country.

Anyone is welcome to join the conversation – we’d love to meet you!

[facebook.com/blackdoginst]
[twitter.com/blackdoginst]
[linkedin.com/company/black-dog-institute]
[pinterest.com/blackdoginst]
[youtube.com/blackdoginst]

The last year saw some changes to the Black Dog Institute communications team. After a decade of highly successful media and communications activity, Ian Dose left the Institute in early 2012 to pursue new challenges.

The new Head of Communications and Media, Gayle McNaught, brings considerable expertise in health and research communications gained from previous roles at the Garvan Institute, Westmead Hospital and the Juvenile Diabetes Research Foundation.
The Black Dog Institute website offers quality information and online tools to people seeking help for mood disorders. In 2012, 846,585 unique visitors accessed our website, an increase of 32 per cent from the previous year. While many were from around the world, 68 per cent of these visitors were from within Australia.

The self-tests for bipolar disorder and depression were the highest ranking pages, followed by the main content in the depression and bipolar sections. Improvements were made to the research section of the site and visitors can now view individual profiles of our key researchers in the ‘Meet our researchers’ pages, with some containing video interviews.
A new measure of national mental health has been developed by the Black Dog Institute in response to international recognition that traditional economic-based measures do not sufficiently reflect a country’s health.

The Black Dog Index aims to calculate our level of happiness and put a tally around how many of us are living with depression, anxiety and suicidal thoughts. Similar measures are formally collected in the UK and Canada.

In 2012, Newspoll contacted over 1200 adults from all walks of life around the country and asked them to provide a score out of 10 for a series of questions about their mental health and personal circumstances (including income, marital status, education and political views). The results were compiled into an overall ‘Happiness’ score out of 100 which can be measured over time and linked with other measures such as unemployment or mortgage interest rates.

According to Newspoll Chief, Martin O’Shanessy, the happiest people were older, married, tertiary educated and earning over $90,000. Conversely, depression was connected strongly with divorce.

Black Dog Institute Director, Professor Helen Christensen, initiated the project with the aim of broadly identifying what factors are involved with people feeling happy or unhappy. As well as giving a snapshot of rates of mental illness, the index will provide much-needed information on how to more effectively improve overall mental health and reduce suicide rates.

“The good news is that the inaugural Black Dog Index score is quite high at 77. This means that on the whole we are quite a happy bunch of people,” says Professor Christensen.

“Worryingly, the index also showed that four per cent of respondents were actively troubled by
The Black Dog Index aims to calculate our level of happiness. If we are looking for a sign of optimism, this photograph (an entry in a recent Black Dog Institute photographic competition) can’t help but bring a smile to your face.

suicidal thoughts. This translates to approximately half a million people across the country. With suicide now overtaking motor vehicle accidents as the major cause of death in young people, these are results we need to take very seriously.

“Traditionally, we have kept silent on suicide to minimise the risk of glorifying it. New evidence shows us that talking about suicide can be beneficial by encouraging people experiencing suicidal thoughts to seek treatment.

“It’s my hope that new programs like the Black Dog Index will improve public awareness about suicide and help those people who feel life isn’t worth living to contact Lifeline, their GP or a friend or family member to talk about it – because help is available.”

The Black Dog Index will be conducted by Newspoll at regular intervals, with results reported in The Australian newspaper.
Matthew Johnstone is the very talented creative director at the Black Dog Institute.

In 2012 Matthew continued his prolific work; drawing images to bring about better understanding of mental health, while his public speaking engagements helped draw attention to understanding mood disorders and how to build resilience and mindfulness.

One of the big projects he worked on was the suicide prevention website called ‘Living with Deadly Thoughts.’

When asked to work on this, Matthew initially thought this could be heavy weather, but in fact it was the complete opposite. “It's going to be a wonderfully helpful website with an amazing amount of solid, life affirming information which will save lives,” he said.

The other project he loved working on this year was the myCompass launch, headed by Professor Judy Proudfoot. He was particularly proud to be a part of this initiative which has attracted an outstanding response from members of the public.

Matthew Johnstone (pictured) has produced some wonderful videos for the World Health Organisation (WHO). These are being used worldwide today to raise awareness of depression. Search for them on the WHO YouTube channel and share them on your social media sites to show your support.
Professor Allen Frances, prior Chair of the DSM-IV Task Force and Professor Emeritus, Duke University, cogently presented his views on the problems of the latest update of the DSM (Diagnostic and Statistical Manual of Mental Disorders), DSM 5, and the very real concerns evidenced by fellow professionals and members of the public. His lecture, delivered in the Institute’s Robert Dean lecture theatre on June 20, was filled to overflowing.

Dr Frances first traced the antecedents of psychiatry to more modern times and through to the DSM. From interpreting which spiritual entity was angry and what was needed to appease it, management of disturbed people moved from more aggressive interventions to focus on what was wrong with the individual and how best to treat the illness.

Early to mid 20th Century saw a growing need to collect uniform statistics about mental disorder and for clinicians to be able to ‘read off the same page’. This led to the development in America of a psychiatric ‘manual’ for categorising mental disorders, the DSM-I. In Europe, the International Classification of Diseases (ICD) also had a section on mental disorders.

However, by the 1980s this psychiatric classification system was becoming irrelevant. Inter-rater reliability for each diagnostic category was very low. The DSM task force partially addressed this, and also developed semi-structured interviews. But the definitions in the DSM are still theoretical and open to multiple interpretations.

Particularly concerning in the DSM 5 are the ‘subsyndromal’ disorders; confusion about whether to focus on symptoms or on behaviour; the misuse of the Manual (for example, its diagnoses are ‘built into’ judgments for US healthcare insurance); and judgments in the forensic area. Unprecedented numbers of adults and children are being treated for increasing numbers of possible psychiatric disorders, and there are real concerns about the accuracy of the data in the DSM 5 itself.
Too wired to sleep? Don’t switch off, switch on: A New Research Trial by Black Dog Institute Researchers is Using the Internet to Improve Sleep

Associate Professor Lee Ritterband, Director of the Behavioral Health and Technology Centre at the University of Virginia, presented his research on using the internet to treat insomnia.

He is collaborating with the Black Dog Institute on the NHMRC-funded ‘Good Night Study’ that aims to use internet-based insomnia interventions to reduce depression and improve wellbeing. The program which he and others developed, called ‘SHUTi’, enables users to identify and monitor their sleep patterns and to learn how to overcome insomnia.

Nearly everyone has experienced poor sleep at some stage in their lives and it’s common to suffer short periods of insomnia during illness, periods of stress or travel.

Unfortunately, up to one third of all Australians report ongoing problems with either falling asleep or staying asleep, and this proportion rises significantly for people with depression and anxiety.

Treatment for poor sleep is often based around medication, a solution that can only be used short term. Recent research has proven that simple cognitive behavioural techniques are a highly effective alternative. These techniques focus on identifying and changing the behaviours and patterns of thinking that interfere with good sleep.

Traditionally, these techniques have only been available via face-to-face clinical sessions but the ‘Good Night Study’ led by Professor Helen Christensen at the Black Dog Institute is making it accessible to all by taking them online.

The ‘Good Night Study’ is one of the first in the world to investigate an online psychological intervention into insomnia and depression.

The study uses a specialist internet program developed by researchers at the University of Virginia, USA. ‘SHUTi’ enables users to identify and monitor their sleep patterns whilst gently leading them through a series of learning modules.

According to Associate Professor Ritterband, preliminary results have already shown SHUTi to be effective and potentially able to serve as a front line weapon in the battle against insomnia.
Executive of Strategy at the MBF Group and a partner at Accenture.

**Mr Craig Knowles**, FAPL, CPV
The Hon Craig Knowles holds a number of advisory roles, statutory appointments, and commercial and not-for-profit directorships: Chair, Murray Darling Basin Authority; Chair of the Australian Centre for Photography; President of the Asthma Foundation NSW and the Children’s Medical Research Institute (CMRI), Member, Central Sydney Planning Committee; Trustee of the Hoc Mai Foundation, Fellow of the Australian Property Institute. Previously a senior Minister in the New South Wales Government for 10 years: portfolios included Health, Infrastructure and Planning, Housing, Natural Resources, Forests, and Lands.

**Professor Philip Mitchell**, AM, MB BS (Hons I), MD, FRANZCP, FRCPsych
Professor Mitchell is a Scientia Professor, and Head of the School of Psychiatry at the University of New South Wales; Convenor of Brain Sciences UNSW; Consultant Psychiatrist, Prince of Wales Hospital; Director, Bipolar Disorder Clinic, Black Dog Institute; Guest Professor, Shanghai Jiaotong University; Member of the NHMRC Academy; and Board Member of the Anika Foundation for Adolescent Depression and Suicide.

**Associate Professor Meg Smith**, OAM, BA (Hons), M.Psychol, PhD, FAPS (Resigned 2012)
Professor Smith was an adjunct community psychologist in the School of Social Sciences at the University of Western Sydney. She is President of the Mental Health Association, NSW, and a community member of the Mental Health Review Tribunal and the Guardianship Tribunal.

**Dr Timothy Smyth**, MB, BS, LLB, MBA
Dr Smyth is a consultant, Special Counsel, Holman Webb lawyers, and Chair, Eastern Sydney Medicare Local. Formerly, he was Deputy Director-General, NSW Ministry of Health and has over 25 years experience across the NSW Health system. Other former positions: Partner, DLA Phillips Fox lawyers; Director, Australian Commission on Safety and Quality in Health Care; and Chairman, IPG Holdings Ltd; and International Parking Group Pty Ltd.

**Mrs Carol Berg**, BMus, MM
Mrs Berg is Chairman of the Board of The Marmalade Foundation Inc. She is Vice President (immediate past President), National Choral Association (NSW/ACT Branch) and past Director of the Board of the Bundanon Trust.

**Public Officer, Company Secretary and General Manager**

**William Bonney**, MMgt FaICD

**Senior Management and Administrative Staff**

**Finance Controller**

**Steven Franks**

**Finance Officer**

**Maria Kruwantra**

**Finance Support Officer**

**Jeannie Higgins**

**Head, Communications and Media**

**Gayle McNaught**

**Digital Marketing Manager**

Melinda Zanella (Resigned 2012)

**Head, Development and Fundraising**

Vicki Miller (Resigned 2012)

Suzie Graham (started 4 February 2013)

**Project Manager, Events and Fundraising**

Fleur Mortimer

**Creative Director**

Matthew Johnstone

**Publications Consultant**

Kerrie Evers

**Annual Report Editor**

Ian Dose

**Centre Manager**

Christine Boyd (Resigned 2012)

Marian Spencer (started 2 April 2013)

**Receptionist**

Pauline Trantalis

**Domestic Services**

Teresa Silva

**Ms Melanie Kiely (Kneale)**, BBus Sci (Hons) GAICD
Ms Kiely is Executive General Manager – Health and Wellness at HBF, management consultant, director and immediate past Chief Operating and Technology Officer at nib Health funds and is a graduate of the Australian Institute of Company Directors. She is a former non-executive Director of the Hunter United Credit Union and Chair of the Audit Committee and a Director of Hybrid Strategies Pty Ltd. She is also a former Board Member of MFin2life and a NSW Council Member of Save the Children. Previously she was Group
PROJECT AREAS

Research Team

Director, Research
Professor Helen Christensen
BA (Hons) Syd, M Psychol, PhD,
FASSA, MAPS

Executive Assistant
(Professor Christensen and
William Bonney)
Emily Selmon

Anne Madden (resigned, 2012)

Personal Assistant (Professor
Parker)
Karyln Greenfields

Research Manager
Kristy Delmas

Research Investigators
Professor Marie-Paule Austin
Associate Professor Michael
Breakspear

 Scientia Professor Henry Brodaty
AO
Associate Professor Ute Vollmer-Conna
Associate Professor Brian Draper
Mr Dusan Hadzi-Pavlovic
Dr Samuel Harvey
Professor Colleen Loo

Associate Professor Vijaya
Manicasagar

Scientia Professor Philip Mitchell
AM

Scientia Professor Gordon Parker
AO

Associate Professor Judy
Proudfoot

Scientia Professor Perminder
Sachdev AM

Professor Kay Wilhelm AM

Scientific Staff

Dusan Hadzi-Pavlovic

Senior Lecturer, School
of Psychiatry, ARC Future
Fellow
Dr Melissa Green

Black Dog Institute
Professorial Fellows
(since November 2012)

Professor Maree Teesson
Professor Richard Bryant

Visiting Fellows
Dr Philip Batterham
Dr Alison Calear
Dr Louise Farrer
Dr Bregie Van Spijker

Brain Sciences Coordinator
Dr Karen Kool

Black Dog Institute
Affiliates
Mr Mathew McFadden

Research Fellows
Dr Tara Donker

Post Doctoral Fellows
Dr Tjeerd Boonstra
Dr Luke Egan
Dr Donel Martin
Dr Tania Perich
Dr Gloria Roberts
Dr Fiona Shand
Dr Alex Wilde

PhD Students
Ms Justine Corry
Ms Julie Crabtree
Ms Kathryn Fletcher
Mr Stewart Hetmann
Ms Kerrie-Anne Ho
Mr Matthew Hyett
Mr Muhsin Karim
Dr Angela Langdon
Mr Saeid Mehrkanoon
Mr Michael Player
Ms Nicole Reilly
Ms Jessica Rowland
Ms Alana Shepherd
Ms Monu Taouk
Ms Kishani Townshend

Research Students
Ms Megan Boyd
Mr Rowan Burckhardt
Mr Timothy Gan
Ms Inika Gillis
Ms Leah Girshkin
Mr Mark Schira
Mr Chiel van de Steeg

Senior Research Officer
Ms Kathryn Fletcher

Research Officers
Dr Angelo Alonzo
Ms Bettina Christl
Dr Janine Clarke
Ms Clare McCormack
Dr Tania Perich

Research Associates
Ms Justine Corry
Ms Sadhbh Joyce
Dr Janan Karatas
Ms Nicole Reilly

Research Assistants
Ms Mary-Rose Birch
Dr Heather Brotchie
Mr Rowan Burckhardt
Ms Michaela Davies
Mr Andrew Frankland
Ms Inika Gillis
Ms Leah Girshkin
Dr Rebecca Graham
Dr Bronwyn Hegarty
Ms Deserae Horswood
Mr Matthew Hyett
Ms Ameika Johnson (left 2012)
Ms Cassandra Joslyn
Ms Phoebe Lau
Ms Stacey McCraw
Mr Matthew Modlin
Ms Amelia Paterson
Ms Katherine Petroie
Mr Michael Player
Ms Tamara Powell (left 2012)
Mr Yann Quide
Ms Rebecca Ridani
Ms Poppky Rourke (left 2012)
Ms Jesseca Rowland
Ms Leona Tan

Mr Nick Vella
Ms Meg Wang
Ms Alexis Whitten
Mr Adam Wright

Data Entry Clerk
Penny Sawdy

Community Programs

Manager, Community
Programs
Michael Sluis

Program Manager, Volunteers
Sarah Connor

Project Manager,
Community Education
Kate Hille

Project Manager, Youth
Initiatives
Liza Culleney (on leave)

Mei Li Quah

Project Manager, Rural
Initiatives
Christopher Rule

Education Project Officer
Sharnelle Cowan

Program Facilitators,
Workplace Programs
Dr Caryl Barnes
Matthew Johnstone
Dr Kris Kafer
Anthony Merritt
Claire Nabke-Hatton
Matthew Stanton
Wayne Wigham
Angela Vrankic

Clinical Services

Clinical Director
Dr Paul Friend

Medical Secretaries
Orla Dempsey
Hayley Tierney

Consultant Psychiatrists
Dr Caryl Barnes
Dr Melissa Barrett (on leave)
Dr Shulamit Futeran
Dr Michael Hong

Professor Colleen Loo
Scientia Professor Philip Mitchell
AM

Scientia Professor Gordon Parker
AO

Clinical Director
Dr Anne-Marie Rees (on leave)
Dr Howe Synnott

Clinical Administration
Secretary
Louise Dyer

Clinical Psychologists
David Gillillan (resigned 2012)

Liz Sheppard (resigned 2012)
Professional Services

Director, Psychological Services
Associate Professor Vijaya Manicavasagar

Manager, Professional Education and Training
Katherine Dabich (on leave)

Mood Assessment Program (MAP)
Dr Jan Orman

Mood Assessment Program Administrator
Louise Dyer

Education Project Officers
Katie Denton (General Practitioner Program) (on leave)
Aimee Gayed (Psychology Program) (on leave)
Chilin Gieng

Education Consultants – Clinical
Dr Caryl Barnes (Workplace Programs)
Dr Vered Gordon (General Practice Program Developer)
Dr Jan Orman (General Practitioner Services Consultant)

Program Facilitators, Professional Education Programs
Julie Allan
Dr Anne Camac
Dr Sarah Edelman
David Gilfillan
Dr Guy Gordon
Dr Vered Gordon
Dr Margaret Gottlieb
Dr Kristine Kafer
Dr Carol Keﬀord
Associate Professor Vijaya Manicavasagar
Anthony Merritt
Dr Jan Orman
Dr Joseph Rey
Elizabeth Sheppard
Dr Julian Short
Jodie Wassner
Dr Sarah Weaver

Developing Countries Project

Project Leader
Associate Professor Vijaya Manicavasagar

Project Manager
Dr Ilse Blignault

Participant Liaison Ofﬁcers
Marguerite Pepper
Kate Cashel

eHEALTH

Director
Associate Professor Judy Proudfoot

Technical Support Analyst
Cesar Anonuevo

Web and Communications Ofﬁcer
Sako Hampartzoumian
Leah Greenfeld

BITE BACK Youth Website Project Leader
Associate Professor Vijaya Manicavasagar

Project Manager
Jacqui Wallace

Project Ofﬁcers
Rowan Burckhardt
Desereae Horswood
Nic Newling
Sarah Versitano

Volunteers
Rebecca Acton
Raja Abruwala
Marissa Barnes
Amanda Barter
Allyssa Beasley
Maryanne Beggs
Lisa Bell
Merida Bell
Wendy Birrell
Jessica Boh
Megan Boyd
Judi Bray-Ferguson
Jessica Brown
John Canning
Mary Canning
Gary Carey
Brent Carryer
Jenni Chong Sun
Julia Collins
Bernadette Connor
Careena Cook
Frances Cracknell
Tracey Creminning
Craig Curtis
Ingrid De Leede-Smith
Kees de Leeuw
Beatrice Dowsett
Zoya D’Souza
Sally Edwards
Sarah Edwards
Amy Eggleton
Melissa Ellis
Kerrie Eyers
Melanie Faithfull
Michael Fajardo
Carolyn Farrugia
Yang Feng
Lewis Ford
Marion Fraser
Dianne Gaddin
Nyree Gale
Irene Gallagher
Gerd Garrard
Tanya Glazer
Leah Greengarten
Lee Hagan
David Hales
Angela Hancock
Karen Heagney
Tim Heffernan
Kylie Henman
Michael Henson
Wendy Highﬁeld
Michael Hines
Joy Ho
Kim Holmes
Erin Howard-Gillis
Amber Hu
Peter Hurley
Simone Isemann
Trudy Jenkins
Warren Jones
Phil Kaims
Travis King
Belinda Kirby
Claire Koski
Paul Lampee
Natalie Lantry
Linda Leard
Sarah L’Huillier
David Lidded
Christie Loch
Christine Lopasinski
Phoebe O’Carriagan
Cheryl O’Grady
Liezl Maritz
Jasmine Marosvary
Brad McCarthy
Casey McDonald
Mark McGrath
Katherine McGuiggan
Philippa Moore
Judith Myers
Kathleen Naish
Janet Namey
Lucinda Napper
Stevan Nikolov
Sue Phelps
Katherine Petrie
John Polar
Judy Polgar
Keira Pride
Anne Riches
Dominique Robert-Hendren
Margherita Roser
Susie Rust
Jamie Salton
Adam Schwartz
Anne Schwartz
Dale Skinner
Ben Smith
Nathan Smith
Shirley Sneddon
Carly Sperring
David Spindler
Julia Stadium
Jason Starling
Yuanyue Sun
Jeanette Svehla
Rodney Thompson
Dominic Tran
Isabelle Truong Davis
Nicholas Valentine
Gabrielle Waters-McKay
Amy Watts
Laura Watts
Stephanie Webster
Stephanie Williams
Wayne Wigham
Andrew Wilkinson
Robyn Winwood-Smith
Cheryl Wood
Kimberley Wood
Rachel Worsley
Jo Xu
Brigit-te Zonta

Matthew Modini
Pauline Trantalis
Kathryn Fletcher
Tara Donker
Christine Boyd

Few people contributed as much as Christine Boyd to the growth of the Black Dog Institute.

Christine resigned in September this year after spending a quarter of a century working in the mental health field, including the past 11 years at the Black Dog Institute as Facilities Manager.

Her career started in January 1987 at the Mood Disorders Unit (the Institute’s predecessor) at Prince Henry Hospital. From typewriters to computers, there wouldn’t have been too many people at the Unit and the Institute, who didn’t receive a helping hand from Christine as new technology entered our lives.

It was also her influence over the years that shaped the way visitors to the Institute were greeted in such a friendly and professional manner in reception and at the clinic.

While we will miss her guidance and wisdom and administrative capacity, all our best wishes go out to her as she resets her compass to new endeavours.
Vicki spent nearly four years as the Corporate Relations and Development Manager in a role that inspired so many people to generously support the work of the Black Dog Institute.

Her energetic drive was responsible for broadening the Institute’s fundraising programs as well as building relationships and partnerships with our donors.

Vicki believed the most humbling experience had been dealing with families who had lost someone to suicide and come to the Institute to raise money to help make a difference.

Being a southern highlander and travelling to the Black Dog Institute to the city from Bowral can be an arduous daily grind, and after making such a valuable contribution, Vicki has decided to find new challenges closer to home.

Vicki leaves us with her heartfelt message: ‘I have enjoyed working with so many passionate and inspiring people at the Institute and will always consider my time there as the highlight of my career.’

David’s principal role was to develop the psychological clinical services offered by the Black Dog Institute.

He joined the Institute in 2006 and a year later he became the first psychologist to work in the Depression Clinic. At first this involved individual work but later expanded to include bipolar disorder wellbeing groups which proved remarkably successful.

In addition, over the past few years David, as a senior clinical psychologist, has also facilitated training programs for psychologists and health workers as well as being involved in other general training programs undertaken by the Institute.

David has stepped down from his full-time role at the Institute but will continue to be associated with the delivery of the Institute’s professional education and training initiatives.

Liz Sheppard, another outstanding clinical psychologist, has strongly supported David over the past couple of years. Liz has resigned her full-time position but, like David, is expected to undertake other part-time work for the Institute in 2013.

Both wished to acknowledge that a highlight of their time at the Black Dog Institute was the opportunity to work with leading professionals in the mood disorders field, and to interact with clients from whom they have learnt much.
We are fortunate to have the Head of the UNSW School of Psychiatry, Professor Philip Mitchell, on site. Many of the School’s teaching sessions are located at the Institute, along with Professor Mitchell’s research teams. In 2012, the School celebrated its 50th Anniversary.

The Foundation Head of the School of Psychiatry was Professor Leslie Kiloh. There have only been two others, Professor Gordon Parker, and the current Head, Professor Philip Mitchell.
UNSW School of Psychiatry Executive
1st Row (L-R): Professor Helen Christensen, Mrs Jennifer Robinson, Scientia Professor Henry Brodaty, Scientia Professor Gordon Parker, Scientia Professor Philip Mitchell (Head of School), Professor Gavin Andrews, Professor Vaughan Carr, Professor Kay Wilhelm
2nd Row (L-R): A/Professor Kimberlie Dean, Professor Colleen Loo, Professor Florence Levy, Dr Kristin Laurens, Dr Katerina Zavitsanou, Dr Melissa Green, Associate Professor Uté Vollmer-Conna, Professor Rhashel Lenroot, Associate Professor Vijaya Manicavasagar, Associate Professor Judy Proudfoot
3rd Row (L-R): Scientia Professor Perminder Sachdev, Mr Dusan Hadzi-Pavlovic, Associate Professor Philip Ward, Associate Professor Zachary Steel, Dr Samuel Harvey, Dr Michael Valenzuela, Associate Professor Julian Troller, Associate Professor Kuldirp Sidhu
Absent: Professor Marie-Paule Austin, Professor Brian Draper, Professor Valsa Eapen, Professor Derrick Silove, Professor Cynthia Shannon-Weickert, Dr Thomas Weickert
Below: Professor Helen Christensen with Supporters Guy and Eve Sheppard

Community Fundraising
The Institute is a Deductible Gift Recipient. Gifts of $2 and over are tax deductible and an official receipt will be issued. Donations can be made online by credit card or EFT.

Team Black Dog is a movement of people like you, rallying together to raise funds and awareness for the Black Dog Institute. By giving your time, money or influence you can make a real difference to the lives of those living with mental illness.

The aim of Team Black Dog is to build a powerful and passionate community raising funds and awareness about mood disorders. All funds are directed to the diagnosis, treatment and prevention of mood disorders such as depression and bipolar disorder.

Join us now by:

1. Creating your own fundraising event
2. Joining an existing community fitness or challenge event
3. Setting up a ‘Forget me not fund’ in memory of someone you love
4. Making a financial donation by supporting a community fundraiser.
The Income Statement and Balance Sheet from the Institute’s Annual Financial Report for the year ended 30 June 2012 is set out below.

**Black Dog Institute 30 June 2012**

<table>
<thead>
<tr>
<th>Statement of comprehensive income for the year ended 30 June 2012</th>
<th>30-June-2012</th>
<th>30-June-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring grant from NSW Department of Health</td>
<td>1,461,300</td>
<td>1,425,600</td>
</tr>
<tr>
<td>Non-recurring grant from NSW Health</td>
<td>30,000</td>
<td>--</td>
</tr>
<tr>
<td>Non-recurring grant from NSW Science and Medical Research</td>
<td>825,092</td>
<td>664,160</td>
</tr>
<tr>
<td>Non-recurring grant from Commonwealth – Mobile Tracking System</td>
<td>869,478</td>
<td>576,403</td>
</tr>
<tr>
<td>Non-recurring grant from Commonwealth – Strategic Mental Health</td>
<td>--</td>
<td>500,000</td>
</tr>
<tr>
<td>AusAid Developing Countries Grant</td>
<td>103,173</td>
<td>(1,756)</td>
</tr>
<tr>
<td>Federal grant from National Health and Medicare Research</td>
<td>40,419</td>
<td>--</td>
</tr>
<tr>
<td>HeadStrong Program Grant</td>
<td>165,000</td>
<td>--</td>
</tr>
<tr>
<td>Income from Higher Education Research Data Collection</td>
<td>665,523</td>
<td>--</td>
</tr>
<tr>
<td>Donations</td>
<td>1,360,413</td>
<td>1,454,876</td>
</tr>
<tr>
<td>Facility fees</td>
<td>472,569</td>
<td>384,725</td>
</tr>
<tr>
<td>Education and training fees</td>
<td>400,956</td>
<td>343,033</td>
</tr>
<tr>
<td>Revenue from fundraising events</td>
<td>148,430</td>
<td>73,435</td>
</tr>
<tr>
<td>Other revenue</td>
<td>127,107</td>
<td>125,878</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td><strong>6,669,460</strong></td>
<td><strong>5,546,354</strong></td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(2,482,678)</td>
<td>(2,258,892)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(254,537)</td>
<td>(253,508)</td>
</tr>
<tr>
<td>Education and training</td>
<td>(409,375)</td>
<td>(454,462)</td>
</tr>
<tr>
<td>Professional fees</td>
<td>(2,238,387)</td>
<td>(2,962,742)</td>
</tr>
<tr>
<td>Expenses related to fundraising event</td>
<td>(142,772)</td>
<td>(43,560)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(1,279,125)</td>
<td>(1,230,780)</td>
</tr>
<tr>
<td><strong>(Deficit)/Surplus before income tax</strong></td>
<td><strong>(137,414)</strong></td>
<td><strong>(1,657,590)</strong></td>
</tr>
<tr>
<td>Income tax expense</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>(Deficit)/surplus for the period</strong></td>
<td><strong>(137,414)</strong></td>
<td><strong>(1,657,590)</strong></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td><strong>(137,414)</strong></td>
<td><strong>(1,657,590)</strong></td>
</tr>
<tr>
<td>Statement of financial position</td>
<td>30-June-2012</td>
<td>30-June-2011</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,218,546</td>
<td>1,598,779</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>883,504</td>
<td>749,873</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,102,050</td>
<td>2,348,652</td>
</tr>
<tr>
<td><strong>Non-current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>3,613,059</td>
<td>3,814,481</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>172,000</td>
<td>--</td>
</tr>
<tr>
<td><strong>Total Non-current Assets</strong></td>
<td>3,785,059</td>
<td>3,814,481</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>5,887,109</td>
<td>6,163,133</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>365,572</td>
<td>504,182</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>365,572</td>
<td>504,182</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>365,572</td>
<td>504,182</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>5,521,537</td>
<td>5,658,951</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained earnings</td>
<td>5,521,537</td>
<td>5,658,951</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>5,521,537</td>
<td>5,658,951</td>
</tr>
</tbody>
</table>

A copy of the complete Annual Financial Report is available on application. Requests for further information should be directed to the Institute’s General Manager. The full financial report is posted on the Institute’s website: www.blackdoginstitute.org.au

The information shown relates to the Institute’s company accounts and does not include additional funds made available for research through collaborative arrangements with other organisations, including UNSW. Such details are provided under ‘Research Funding’.
The Institute and Pharmaceutical Companies

The Institute’s policy concerning pharmaceutical companies is outlined on our website www.blackdoginstitute.org.au

The Black Dog Institute Board continues to endorse the Institute operating within ethical guidelines formulated by Australian professional and regulatory organisations, as well as the requirements associated when its specialists or other staff work with pharmaceutical companies.

The Institute lists below the national and international appointments and positions held by its medical staff on pharmaceutical company Advisory Boards, and seeks to maximise the diversity of these appointments. A list of the Institute’s sponsorships is also available on the website.

The Black Dog Institute keeps its policy on relations with pharmaceutical companies under constant review and welcomes comment.

Pharmaceutical company advisory board appointments

<table>
<thead>
<tr>
<th>Professor Marie-Paule AUSTIN</th>
<th>$3000 contribution from Pfizer to fund the St John of God Perinatal Mental Health Seminar, November 2012.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Gordon PARKER</td>
<td>Member of Lundbeck National Advisory Board. Advisor to Servier Pharmaceuticals. Speaker for meetings sponsored by Eli Lilly, Astra-Zeneca, Lundbeck, GlaxoSmithKline, Pfizer and Servier.</td>
</tr>
</tbody>
</table>
Research Funding

New research funding for Black Dog Institute

A highlight this year was Black Dog Institute researchers receiving prestigious NHMRC (National Health and Medical Research Council) projects grants for new research into depression, suicidal thoughts, ageing and schizophrenia.

This latest NHMRC funding was awarded to Professors Helen Christensen, Colleen Loo, Perminder Sachdev and Dr Melissa Green to support new research starting in 2013. Visiting Black Dog Fellow Dr Philip Batterham has also received funding for work being undertaken jointly at the Black Dog Institute and the Australian National University.

NHMRC Project Grants are reviewed by scientific peers and awarded according to the quality and impact of the research being undertaken. The new research being conducted at Black Dog will enhance our understanding of the brain and also improve our ability to treat and prevent mental health conditions in the community. These successful grants are listed below.

Reducing suicide ideation: a randomised controlled trial of a novel web intervention.
Professor Helen Christensen, Dr Bregje van Spijker, Professor Andrew MacKinnon, Dr Alison Calear, Dr Philip Batterham

An MRI study of emotional processing deficits in childhood.
Professor Rhoshel Lenroot, Professor Mark Dadds, Dr John Brennan, Dr David Hawes, Dr Melissa Green, Dr Kristin Laurens

Epistatic genetic effects on neuroanatomical subtypes of schizophrenia.
Dr Melissa Green, Dr Murray Cairns, Dr Kristin Laurens, Professor Vaughan Carr

Professor Colleen Loo, Professor Philip Mitchell, Associate Professor Janet Taylor

The Older Australian Twins Study (OATS) of healthy brain ageing and age-related neurocognitive disorders.
Professor Perminder Sachdev, Dr Margaret Wright, Professor David Amies, Associate Professor Julian Trollo, Dr Wei Wen, Professor Bernhard Baune, Ms Teresa Lee, Dr John Crawford

Development and population-based validation of hierarchical adaptive mental health screeners.
Dr Philip Batterham, Dr Matthew Sunderland, Dr Natasha Carragher, Dr Alison Calear

In collaboration with other organisations, the Institute undertakes a wide variety of research activities as outlined below (Institute staff and affiliates are shown in bold)

<table>
<thead>
<tr>
<th>Grant Holders</th>
<th>Granting Body</th>
<th>Study</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin, Reilly, Loxton, Chejenta, Milgrom</td>
<td>Bupa Foundation Health Award</td>
<td>Psychosocial assessment in the perinatal period: Does it improve maternal health outcomes?</td>
<td>2010-2012 ($248,075)</td>
</tr>
<tr>
<td>Austin, Sullivan, Highet, Morgan, Mihalopoulos, Croft</td>
<td>NHMRC Linkage grant with beyondblue</td>
<td>The Australian perinatal mental health reforms: Using population data to evaluate their impact on service utilisation and related cost-effectiveness</td>
<td>2012-2014 ($1,009,140)</td>
</tr>
<tr>
<td>Gallbally, Lewis, Buist, Austin</td>
<td>beyondblue National Priority Driven Research</td>
<td>Maternal and infant outcomes following antidepressants exposure in pregnancy</td>
<td>2012-2014 ($216,000)</td>
</tr>
<tr>
<td>King, Kildea, Austin</td>
<td>Canadian Institutes of Health Research</td>
<td>QF2011: The effects of the Queensland flood on pregnant women, their pregnancies, and their children’s early development</td>
<td>October 2011-2015 (1,790,000)</td>
</tr>
<tr>
<td>McMahon, Austin, Jones, Rapee, Donald, Grant</td>
<td>NHMRC Project Grant</td>
<td>Maternal anxiety in pregnancy and infant bio-behavioural regulation: Testing the foetal programming hypothesis</td>
<td>2010-2012 ($556,650)</td>
</tr>
<tr>
<td>Kingston, Austin, Bringer, Chapul, Hegadoren, Lasik, MacQueen, McDonald, McGrath, Schopflocher, Sword, Watts</td>
<td>Norlern Foundation</td>
<td>Integrated maternal psychosocial assessment to care trial pilot (IMPACT-Pilot)</td>
<td>2012-2013 ($124,996)</td>
</tr>
<tr>
<td>Kingston, Austin, Bringer, Heaman, Hegadoren, Higgenbottom, Lasik, S. McDonald, S.D. McDonald, Sword, Watts</td>
<td>Alberta University</td>
<td>Barriers and facilitators of psychosocial assessment in pregnant and postpartum women and their healthcare providers in Alberta.</td>
<td>2012-2013 ($50,000)</td>
</tr>
<tr>
<td>Grant Holders</td>
<td>Study</td>
<td>Duration</td>
<td>Granting Body</td>
</tr>
<tr>
<td>-------------------</td>
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<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Breakspear plus other Chief Investigators</td>
<td>Australian Research Council</td>
<td>2007-2012 ($3.3 million)</td>
<td>Gold Star Award, UNSW</td>
</tr>
<tr>
<td>Brodaty, Crawford, Lee, Toller</td>
<td>The Older Australian Twins Study (OATS) of healthy ageing and age-related neurocognitive disorders</td>
<td>2012 ($40,000)</td>
<td>Gold Star Award, UNSW</td>
</tr>
<tr>
<td>Christensen</td>
<td>NHMRC Centre for Research Excellence (CRE)</td>
<td>2012-2017 ($2,442,370)</td>
<td>NHMRC Centre for Research Excellence (CRE)</td>
</tr>
<tr>
<td>Brodaty, Arnas</td>
<td>A tale of three cities: Comparison of two epidemiological studies</td>
<td>2012-2013 ($120,000)</td>
<td>CSIRO Prevention Flagship</td>
</tr>
<tr>
<td>Christensen</td>
<td>Evidence-based mental health planning: Translating evidence into policy and services</td>
<td>2012-2017 ($2,442,370)</td>
<td>NHMRC Centre for Research Excellence (CRE)</td>
</tr>
<tr>
<td>Christensen</td>
<td>A tale of three cities: Comparison of two epidemiological studies</td>
<td>2012-2013 ($255,000)</td>
<td>DOHA</td>
</tr>
<tr>
<td>Christensen</td>
<td>One-off funding for a mobile phone application to prevent suicide in Indigenous communities</td>
<td>2011-2012 and continuing ($225,000)</td>
<td>UNSW Brain Sciences Seed Funding 2013</td>
</tr>
<tr>
<td>Christensen</td>
<td>Improving suicide prevention in Australia through better implementation of effective interventions, improved risk identification and evidence informed policy</td>
<td>2012-2013 ($7,500)</td>
<td>NHMRC capacity building grant</td>
</tr>
<tr>
<td>Hickie, Christensen, Naismith, MacKinnon, Walker, Baraitl, Norrie, Amminger, Bournre</td>
<td>New South Wales Health and Medical Research and Innovation Corporation Fund</td>
<td>2012-2013 ($448,634)</td>
<td>Bupa Health Foundation (formerly the MBF Foundation) Grants Program</td>
</tr>
<tr>
<td>Hickie, Davenport, Luscombe (USyd); Christensen, Batterham, Shand, Egan, Petrie (UNSW)</td>
<td>National Survey 1: Young and Well: young people’s mental health and well being and use of information and communication technology.</td>
<td>2012-2013 ($427,619)</td>
<td>beyondblue National Priority Driven Research Program</td>
</tr>
</tbody>
</table>

### Study 1: Young and Well: young people’s mental health and well being and use of information and communication technology

- **Grant Holders**: Hickie, Davenport, Luscombe (USyd); Christensen, Batterham, Shand, Egan, Petrie (UNSW)
- **Study Duration**: 2012-2013 ($427,619)
- **Granting Body**: beyondblue National Priority Driven Research Program

### Study 2: An RCT of the efficacy of adjunctive internet based CBT in treating depression and anxiety in older men (SOMNA)

- **Grant Holders**: Hickie, Grizzle, Naismith, Christensen, Neal
- **Study Duration**: 2009-2012 ($584,302)
- **Granting Body**: beyondblue National Priority Driven Research Program
<table>
<thead>
<tr>
<th>Study Title</th>
<th>Grant Holders</th>
<th>Granting Body</th>
<th>Duration</th>
<th>Study Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A controlled trial of transcranial Direct Current Stimulation (TDCS) as a treatment for unipolar and bipolar depression</td>
<td>Loo, Sachdev, Mitchell, Dokos</td>
<td>UNSW Major Research Equipment and Infrastructure Grant</td>
<td>2012 ($681,555)</td>
<td></td>
</tr>
<tr>
<td>Role of neurogenesis in clinical recovery from depression during ECT: Application of a novel in vivo magnetic resonance-spectroscopy technology</td>
<td>Loo, Mitchell, Taylor</td>
<td>NHMRC Project Grant</td>
<td>2011-2013 ($505,312)</td>
<td></td>
</tr>
<tr>
<td>Does transcranial direct current stimulation enhance outcomes from computerised cognitive remediation in patients with schizophrenia? A randomised controlled trial in a rehabilitatory setting.</td>
<td>Menon, Loo, Martin, Bowman</td>
<td>St George Medical Research Foundation Establishment Grant</td>
<td>2012 ($17,000)</td>
<td></td>
</tr>
<tr>
<td>Does transcranial direct current stimulation enhance outcomes from computerised cognitive remediation in patients with schizophrenia? A randomised controlled trial in a rehabilitatory setting.</td>
<td>Menon</td>
<td>RANZCP New Investigator Grant</td>
<td>2012 ($5,882)</td>
<td></td>
</tr>
<tr>
<td>Cluster randomised controlled trial of an online psycho-educational intervention for people with a family history of depression for use in general practice</td>
<td>Meiser, Mitchell, Schofield, Trevena, Barlow-Stewart, Dobkins, Christensen</td>
<td>ARC Linkage Grant</td>
<td>2012-2014 ($199,257)</td>
<td></td>
</tr>
<tr>
<td>A comparative clinical efficacy trial of treatments for melancholia</td>
<td>Parker, Hadzi-Pavlovic, Manicavasagar</td>
<td>NHMRC Project Grant</td>
<td>2010-2012 ($374,250)</td>
<td></td>
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<tr>
<td>Identifying determinants of both the origin and the progression of the depressive and bipolar (mood) disorders</td>
<td>Parker, Mitchell, Malhi and Associate Investigators</td>
<td>NHMRC Program Grant</td>
<td>2008-2012 ($5,883,133)</td>
<td></td>
</tr>
<tr>
<td>The prevention, early detection, and effective management of neurocognitive disorders in the elderly</td>
<td>Sachdev, Brodaty, Andrews</td>
<td>NHMRC Program Grant</td>
<td>2010-2014 ($6,090,000)</td>
<td></td>
</tr>
<tr>
<td>Transcranial direct current stimulation to enhance outcomes from computer facilitated cognitive training in patients with mild cognitive impairment.</td>
<td>Loo, Mitchell, Taylor</td>
<td>Dementia Collaborative Research Centre grant</td>
<td>2012 ($40,000)</td>
<td></td>
</tr>
<tr>
<td>Preventing depression and suicide in men</td>
<td>Sachdev, Brodaty, Loo</td>
<td>UNSW/Go8 DAAD Scheme</td>
<td>2009-2013 ($2,352,525)</td>
<td></td>
</tr>
<tr>
<td>Gene-environment interactions in healthy ageing and age-related neurocognitive disorders (Twin Study)</td>
<td>Sachdev, Martin, Arnes, Schofield, Brodaty, Trolor, Wright, Wen, Halliday, Lee</td>
<td>NHMRC ARC Strategic Award (ANAP Program)</td>
<td>2007-2012 ($2,000,000)</td>
<td></td>
</tr>
<tr>
<td>Development of an interactive depression risk assessment and tailored preventive intervention for healthy young people at high genetic risk of depression and bipolar disorder</td>
<td>Wilde, Mitchell, Meiser, Schofield</td>
<td>beyondblue National Priority Driven Research Projects</td>
<td>2011-2013 ($200,000)</td>
<td></td>
</tr>
<tr>
<td>From Broome to Berrima: Building Australia-wide research capacity in indigenous offender health and health care delivery</td>
<td>Butler, Levy, Kaldor, Ar-Yaman, Wilhelm, Dodson, Gray, Atkins</td>
<td>NHMRC Capacity Building Grant</td>
<td>2009-2014 ($2,740,728)</td>
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<tr>
<td>Reducing impulsive behaviour in repeat violent offenders using a selective serotonin reuptake inhibitor (Zolof)</td>
<td>Butler, Schofield, Greenberg, Weatherburn, Wilhelm, Carr, D’Este, Mitchell</td>
<td>NHMRC Partnership Project Grant</td>
<td>2010-2014 ($1,033,120)</td>
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</table>


<table>
<thead>
<tr>
<th>Month</th>
<th>Event Name</th>
<th>Presentation</th>
<th>Location</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>Workshop on Corticomuscular and Intermuscular Coherence, Donders Institute</td>
<td>EMG Rectification: The Mean and Variance of Neuronal Oscillations</td>
<td>Nijmegen, The Netherlands</td>
<td>Boonstra</td>
</tr>
<tr>
<td>May</td>
<td>Society for Biological Psychiatry Annual Meeting</td>
<td>Continua of Function Across Bipolar Mania and Schizophrenia</td>
<td>Philadelphia, USA</td>
<td>Green</td>
</tr>
<tr>
<td>May</td>
<td>International Society for ECT and Neurostimulation Annual Meeting</td>
<td>Transcranial Direct Current Stimulation</td>
<td>Philadelphia, USA</td>
<td>Loo</td>
</tr>
<tr>
<td>May</td>
<td>Neuroscience Research Unit, University of Manchester</td>
<td>Transcranial Direct Current Stimulation: A New Treatment for Depression?</td>
<td>Manchester, UK</td>
<td>Loo</td>
</tr>
<tr>
<td>May</td>
<td>Society for Biological Psychiatry Annual Meeting</td>
<td>Impaired Inferior Frontal Gyrus Response to an Emotional Inhibition Task in Young First-Degree Relatives of Bipolar Disorder Patients Compared to Controls</td>
<td>Philadelphia, USA</td>
<td>Roberts</td>
</tr>
<tr>
<td>July</td>
<td>Chinese National Conference on Western and Chinese Medicine</td>
<td>Can We Predict Who Will Develop Bipolar Disorder?</td>
<td>Nan Ning, China</td>
<td>Mitchell</td>
</tr>
<tr>
<td>July</td>
<td>1er Simposio Red Internacional de Psicopatologia Descriptiva</td>
<td>Bipolar II Disorder: Modelling, Detection and Management</td>
<td>Santiago, Chile</td>
<td>Parker</td>
</tr>
<tr>
<td>July</td>
<td>AstraZeneca Meeting</td>
<td>Emerging Bipolar Disorder Spectrum Conditions: Is Bipolar II Increasing?</td>
<td>Santiago, Chile</td>
<td>Parker</td>
</tr>
<tr>
<td>July</td>
<td>Department of Psychiatry of the Universidade Federal do Rio Grande do Sul</td>
<td>History and Development of the Black Dog Institute</td>
<td>Porto Alegre, Brazil</td>
<td>Parker</td>
</tr>
<tr>
<td>July</td>
<td>1er Simposio Red Internacional de Psicopatologia Descriptiva</td>
<td>Melancholia – A Distinct Disease Category or Merely a More Severe Form of Depression?</td>
<td>Santiago, Chile</td>
<td>Parker</td>
</tr>
<tr>
<td>July</td>
<td>Department of Psychiatry of the Universidade Federal do Rio Grande do Sul</td>
<td>Modelling the Bipolar Disorders: Diagnosis and Management of BP II</td>
<td>Porto Alegre, Brazil</td>
<td>Parker</td>
</tr>
<tr>
<td>July</td>
<td>Department of Psychiatry of the Universidade Federal do Rio Grande do Sul</td>
<td>The Future of Major Depression? Modelling and Measuring Melancholia</td>
<td>Porto Alegre, Brazil</td>
<td>Parker</td>
</tr>
<tr>
<td>September</td>
<td>Suicide Prevention Conference 2012: Ideas, Innovation, Implementation - Satellite Meeting of the Safety 2012 World Conference</td>
<td>eHealth &amp; Suicide Prevention: What We Know?</td>
<td>Auckland, New Zealand</td>
<td>Christensen</td>
</tr>
<tr>
<td>September</td>
<td>6th International Invitational Seminar on Credit and Counselling, Magdalene College</td>
<td>Using the Internet and Technology to Deliver Self-Help Programs</td>
<td>Cambridge, UK</td>
<td>Christensen</td>
</tr>
<tr>
<td>September</td>
<td>RANZCP New Zealand Conference 2012</td>
<td>Modelling, Diagnosing and Managing Bipolar II Disorder</td>
<td>Wellington, New Zealand</td>
<td>Parker</td>
</tr>
<tr>
<td>October</td>
<td>International Biennial Congress of The Marcé Society</td>
<td>Australian Clinical Practice Guidelines for Depression and Related Disorders in the Perinatal Period: 2012</td>
<td>Paris, France</td>
<td>Austin</td>
</tr>
<tr>
<td>October</td>
<td>International Biennial Congress of The Marcé Society</td>
<td>Psychiatric Admission Across the Perinatal Period – New Findings from Australian Linked Data</td>
<td>Paris, France</td>
<td>Austin</td>
</tr>
<tr>
<td>October</td>
<td>International Conference on Early Psychosis</td>
<td>Virtual e-Therapies as a New Portal and a Cost-Effective Option</td>
<td>San Francisco, USA</td>
<td>Christensen</td>
</tr>
<tr>
<td>October</td>
<td>20th World Congress on Psychiatric Genetics</td>
<td>Genetic and Brain Imaging Studies in Young People at High Risk of Bipolar Disorder</td>
<td>Hamburg, Germany</td>
<td>Mitchell</td>
</tr>
<tr>
<td>October</td>
<td>International Biennial Congress of The Marcé Society</td>
<td>Perinatal Mental Health in Australia: Outcomes from Epidemiological and Longitudinal Survey Based Studies</td>
<td>Paris, France</td>
<td>Reilly</td>
</tr>
</tbody>
</table>

**NATIONAL**

<p>| February | In-house presentation at St John of God Hospital                          | Mood Disorders in Pregnancy: To Medicate or Not – That is the Question       | Sydney                        | Austin          |
| February | NSW Official Visitors Program-Training Day                                 | Electroconvulsive Therapy                                                   | Sydney                        | Loo             |
| February | Bloomfield Hospital In-Service                                            | Can We Predict Who Will Develop Bipolar Disorder?                           | Orange, NSW                   | Mitchell        |
| February | Medical Practitioners in Orange Seminar                                   | Can We Predict Who Will Develop Bipolar Disorder?                           | Orange, NSW                   | Mitchell        |
| March   | NHMRC Council                                                             | Overview of New Mood Disorders Program Grant                                | Canberra                      | Mitchell        |
| March   | Black Dog Institute Developing Countries Program, Black Dog Institute      | Psychopharmacology of Mood Disorders                                         | Sydney                        | Mitchell        |
| March   | Improving Identification and Management of Mood Disorders 2012 Training Program, Black Dog Institute | Conceptualising and Managing Bipolar Disorder                               | Sydney                        | Parker          |</p>
<table>
<thead>
<tr>
<th>Month</th>
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<th>Location</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>March</td>
<td>Improving Identification and Management of Mood Disorders 2012 Training Program, Black Dog Institute</td>
<td>Conceptualising and Managing Depression</td>
<td>Sydney</td>
<td>Parker</td>
</tr>
<tr>
<td>March</td>
<td>Happiness &amp; Its Causes</td>
<td>Mood Disorders – Is There a Sunny Side?</td>
<td>Sydney</td>
<td>Parker</td>
</tr>
<tr>
<td>March</td>
<td>Mental Health Symposium, The Lawson Clinic</td>
<td>New Perspectives in the Diagnosis and Treatment of Mood Disorders</td>
<td>Sydney</td>
<td>Parker</td>
</tr>
<tr>
<td>April</td>
<td>CSGPN Perinatal Inservice</td>
<td>Caring for Mothers and Babies: Challenges in the Postnatal Period</td>
<td>Sydney</td>
<td>Austin</td>
</tr>
<tr>
<td>April</td>
<td>NSW Institute of Psychiatry Psychiatric Training Program</td>
<td>Introduction to Bipolar Disorder</td>
<td>Sydney</td>
<td>Mitchell</td>
</tr>
<tr>
<td>April</td>
<td>NSW Institute of Psychiatry Psychiatric Training Program</td>
<td>Management of Bipolar Disorder</td>
<td>Sydney</td>
<td>Mitchell</td>
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<tr>
<td>May</td>
<td>Australian Psychological Society</td>
<td>Delivering Depression Prevention via the Internet</td>
<td>Sydney</td>
<td>Christensen</td>
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<tr>
<td>May</td>
<td>HealthEd Integrative Mental Health Seminar</td>
<td>Fish Oils and Mental Health – What Does the Evidence Really Say?</td>
<td>Sydney</td>
<td>Hegarty</td>
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<tr>
<td>May</td>
<td>RANZCP 2012 Congress</td>
<td>ECT</td>
<td>Hobart</td>
<td>Loo</td>
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<tr>
<td>May</td>
<td>RANZCP 2012 Congress</td>
<td>IDCS</td>
<td>Hobart</td>
<td>Loo</td>
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<tr>
<td>May</td>
<td>Clinical and Practice Expo (Pharmacy Guild)</td>
<td>Update on the Therapeutics of Bipolar Disorder</td>
<td>Sydney</td>
<td>Mitchell</td>
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<tr>
<td>May</td>
<td>The Sydney Institute</td>
<td>A Psychiatrist on the Couch – Views from the Other Side</td>
<td>Sydney</td>
<td>Parker</td>
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<tr>
<td>May</td>
<td>NSW Institute of Psychiatry</td>
<td>Modelling and Managing Mood Disorders – The Importance of Classification</td>
<td>Sydney</td>
<td>Parker</td>
</tr>
<tr>
<td>May</td>
<td>Nutrition in Medicine, Panelist</td>
<td>Mood &amp; Anxiety Disorders</td>
<td>Melbourne</td>
<td>Parker</td>
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<tr>
<td>May</td>
<td>Nutrition in Medicine</td>
<td>Omega-3 Fatty Acids and Mood Disorders in Pregnancy</td>
<td>Melbourne</td>
<td>Parker</td>
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<tr>
<td>May</td>
<td>Nutrition in Medicine</td>
<td>Paradigm Shifts</td>
<td>Melbourne</td>
<td>Parker</td>
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<tr>
<td>June</td>
<td>Antenatal Shared Care Update</td>
<td>The Management of Perinatal Mental Illness</td>
<td>Sydney</td>
<td>Austin</td>
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<tr>
<td>June</td>
<td>Australian Suicide &amp; Self-harm Prevention Conference</td>
<td>Community-Based Suicide Prevention: Literacy, Campaigns, Messaging and Collective Impact</td>
<td>Cairns</td>
<td>Christensen</td>
</tr>
<tr>
<td>June</td>
<td>Australian Suicide &amp; Self-harm Prevention Conference</td>
<td>How Much Does the Population Know About Suicide? What Are Their Attitudes to it?</td>
<td>Cairns</td>
<td>Christensen</td>
</tr>
<tr>
<td>June</td>
<td>Specialist Mental Health Services</td>
<td>Can a Head of School be a Productive Researcher?</td>
<td>Sydney</td>
<td>Loo</td>
</tr>
<tr>
<td>June</td>
<td>Complex Case Review, POW Hospital</td>
<td>Risky Business: Money and Mania</td>
<td>Sydney</td>
<td>Parker</td>
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<tr>
<td>June</td>
<td>National Jansen Newman GP Chronic Disease Workshop</td>
<td>Living Well with Chronic Disease: A Multidisciplinary Approach to Chronic Disease Management</td>
<td>Sydney</td>
<td>Wilhelm</td>
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<tr>
<td>July</td>
<td>Maternity, Mothers and Mental Health 2012 Mothering Conference</td>
<td>Maternal Stress, Anxiety and Depression in Pregnancy: Impact on Obstetric and Infant Outcomes</td>
<td>Sydney</td>
<td>Austin</td>
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<tr>
<td>July</td>
<td>Optimising Women's Perinatal Mental Health</td>
<td>National Perinatal Depression Initiative Update</td>
<td>Melbourne</td>
<td>Austin</td>
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<tr>
<td>July</td>
<td>Depression Across the Lifespan, Inner West Medicare Local Area</td>
<td>Screening, Referral and Management of Perinatal Depression</td>
<td>Sydney</td>
<td>Austin</td>
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<tr>
<td>July</td>
<td>International Motoneuron Meeting</td>
<td>Mechanisms and Dynamics of Oscillatory Input to Motoneurons</td>
<td>Sydney</td>
<td>Boonstra</td>
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<tr>
<td>July</td>
<td>Dialogues in Depression Conference</td>
<td>Internet Interventions for Mood Disorders</td>
<td>Sydney</td>
<td>Christensen</td>
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<tr>
<td>July</td>
<td>44th Annual Conference of the National Association of Australian University Colleges (NAAUC), Panelist</td>
<td>Mental Health Panel</td>
<td>Sydney</td>
<td>Christensen</td>
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<tr>
<td>July</td>
<td>NSW Fire and Rescue Peer Support Conference</td>
<td>Managing Workplace Mental Health</td>
<td>Newcastle, NSW</td>
<td>Harvey</td>
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<tr>
<td>July</td>
<td>St John of God Hospital</td>
<td>Are We Over-Diagnosing Bipolar Disorder?</td>
<td>Sydney</td>
<td>Mitchell</td>
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<tr>
<td>July</td>
<td>Eighth Clinical Controversies</td>
<td>DSM-5 – Nasology or Nonsense?</td>
<td>Melbourne</td>
<td>Parker</td>
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<tr>
<td>July</td>
<td>Eighth Clinical Controversies</td>
<td>Psychostimulant Drugs for Mood Disorders – Dangerous or a Neglected Option?</td>
<td>Melbourne</td>
<td>Parker</td>
</tr>
<tr>
<td>August</td>
<td>First National APS e-Psychology Conference</td>
<td>Prevention of Depression and Anxiety Using Technologies: New Directions and Developments</td>
<td>Brisbane</td>
<td>Christensen</td>
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<tr>
<td>August</td>
<td>Ramsay Healthcare Continuing Education Workshop</td>
<td>ECT and TMS</td>
<td>Adelaide</td>
<td>Loo</td>
</tr>
<tr>
<td>August</td>
<td>Rural and Remote Area Psychologists’ Program Workshop, Black Dog Institute</td>
<td>Practical Resilience Building Strategies for Young People</td>
<td>Sydney</td>
<td>Manicavasagar</td>
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<tr>
<td>August</td>
<td>Black Dog Institute Facilitators for Professional Development Meeting</td>
<td>Are We Over-Diagnosing Bipolar Disorder?</td>
<td>Sydney</td>
<td>Mitchell</td>
</tr>
<tr>
<td>August</td>
<td>Master of Genetic Counselling Program, University of Sydney</td>
<td>Genetics of Mental Illness</td>
<td>Sydney</td>
<td>Mitchell</td>
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<tr>
<td>August</td>
<td>St Andrews Cathedral Workshop</td>
<td>Helping Those With Depression</td>
<td>Sydney</td>
<td>Mitchell</td>
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<tr>
<td>August</td>
<td>Clinical Meeting, POW Hospital</td>
<td>A Psychiatrist's Life</td>
<td>Sydney</td>
<td>Parker</td>
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<tr>
<td>August</td>
<td>Servier NSW GP Clinical Meeting</td>
<td>Managing and Understanding Melancholia</td>
<td>Bowral, NSW</td>
<td>Parker</td>
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<td>August</td>
<td>Servier: Dialogues in Depression</td>
<td>Modelling and Managing the Depressive Disorders – A Horse’s for Courses’ Model</td>
<td>Gold Coast</td>
<td>Parker</td>
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<td>August</td>
<td>First National APS e-Psychology Conference</td>
<td>Mobile Phone Interventions for Mental Health: Overview of the Emerging Field</td>
<td>Cairns</td>
<td>Proudfoot</td>
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<td>Month</td>
<td>Event Name</td>
<td>Presentation</td>
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<td>September</td>
<td>7th Annual UNSW Brain Sciences Symposium 2012 - Networks and Neuroscience: The Connected Brain</td>
<td>Oscillatory Networks in Resting-State Brain Activity</td>
<td>Sydney</td>
<td>Boonstra</td>
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<td>September</td>
<td>7th Annual UNSW Brain Sciences Symposium 2012 - Networks and Neuroscience: The Connected Brain</td>
<td>Delivering Depression Prevention via the Internet</td>
<td>Sydney</td>
<td>Christensen</td>
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<tr>
<td>September</td>
<td>Comcare National Conference</td>
<td>Mental Health and Wellbeing in Large and Diverse Workplaces</td>
<td>Sydney</td>
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<td>September</td>
<td>SA Neurostimulation Retreat</td>
<td>ECT and Neurostimulation</td>
<td>Barossa Valley, SA</td>
<td>Loo</td>
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<td>September</td>
<td>Children's Hospital Education Research Institute</td>
<td>Building Resilience to Psychological Problems: Improving the Mental Health of Young People</td>
<td>Sydney</td>
<td>Manicavasagar</td>
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<td>September</td>
<td>AstraZeneca Meet the Experts</td>
<td>The Science of Happiness and Wellbeing</td>
<td>Hunter Valley, NSW</td>
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<td>October</td>
<td>The Annual National Suicide Prevention Conference – Innovation in Suicide Prevention: Bringing It Together</td>
<td>Predictors of Ideation and Capability</td>
<td>Sydney</td>
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<td>October</td>
<td>Queensland Neuropsychiatry Interest Group</td>
<td>Neurostimulation Forum</td>
<td>Brisbane</td>
<td>Loo</td>
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<td>October</td>
<td>Grand Rounds, Graylands Hospital</td>
<td>Bipolar II Disorder: A Review</td>
<td>Perth</td>
<td>Parker</td>
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<td>October</td>
<td>Grand Rounds, Austin Hospital</td>
<td>Bipolar II Disorder: A Review of its Modelling, Detection and Management</td>
<td>Melbourne</td>
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<td>October</td>
<td>Glenside Hospital</td>
<td>Bipolar II Modelling, Detection and Management</td>
<td>Adelaide</td>
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<td>October</td>
<td>AstraZeneca Lecture</td>
<td>Modelling, Detection and Management: Bipolar II Disorder</td>
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<td>October</td>
<td>The Royal Brisbane and Women's Hospital Symposium</td>
<td>Sex, Chocolate and Exercise</td>
<td>Brisbane</td>
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<td>November</td>
<td>22nd Australasian Psychophysiology Conference</td>
<td>Effect of Mnemonic Load on Cortical Activity During Visual Working Memory: A Comparison of Event-Related Potentials and Power Changes</td>
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<td>Boonstra</td>
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<td>November</td>
<td>Health Science Alliance Annual Scientific Symposium</td>
<td>Cognitive Impairment in Pregnancy: Myth or Fact?</td>
<td>Sydney</td>
<td>Christensen</td>
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<td>November</td>
<td>School of Psychiatry Academic Seminar Series, St George Hospital</td>
<td>Carving Psychoses at its Biological Joints</td>
<td>Sydney</td>
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<td>November</td>
<td>HealthEd Integrative Mental Health Seminar</td>
<td>Fish Oils and Mental Health – What Does the Evidence Really Say?</td>
<td>Melbourne</td>
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<td>Royal Melbourne Hospital</td>
<td>ECT Workshop</td>
<td>Melbourne</td>
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<td>November</td>
<td>Health Service Alliance First Annual Scientific Symposium, Session Chair</td>
<td>Science and Health for Women in 2012</td>
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<td>November</td>
<td>NSW Institute of Psychiatry Psychiatric Training Program</td>
<td>An Approach to the Management of Treatment Resistant Depression</td>
<td>Sydney</td>
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<td>November</td>
<td>Civil Aviation Safety Authority Medical Advisory Policy Making Panel</td>
<td>Bipolar Disorder – Features Relevant to Pilot Safety</td>
<td>Sydney</td>
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<td>November</td>
<td>Psychosis Australia Strategic Planning Meeting</td>
<td>Bipolar Disorder Research Audit and Priorities in Australia</td>
<td>Sydney</td>
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<td>November</td>
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<td>Depression – Features Relevant to Pilot Safety</td>
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<td>November</td>
<td>AstraZeneca GP Central Coast Meeting</td>
<td>A Piece of My Mind: Pattern Analysis in Clinical Medicine</td>
<td>Gosford, NSW</td>
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<td>November</td>
<td>AstraZeneca Lecture</td>
<td>Bipolar II Disorder: A Review of its Modelling, Detection and Management</td>
<td>Toowong, Queensland</td>
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<td>November</td>
<td>AstraZeneca Lecture</td>
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<td>Parker</td>
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<td>November</td>
<td>Australian Doctor Rural Doctors Seminar</td>
<td>Making Sense of Major Depression</td>
<td>Sydney</td>
<td>Wilhelm</td>
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<td>December</td>
<td>Australian Cognitive Neuroscience Meeting</td>
<td>Effective Brain Connectivity</td>
<td>Brisbane</td>
<td>Breakspear</td>
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<td>December</td>
<td>Australasian Society for Psychiatric Research (ASPR) 2012 Conference</td>
<td>Prevention of Anxiety Using a Web Intervention</td>
<td>Perth</td>
<td>Christensen</td>
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<td>December</td>
<td>Australasian Society for Psychiatric Research (ASPR) 2012 Conference</td>
<td>Working Memory Performance-Elicited Insular Activity as a Shared Neurocognitive Marker of Psychotic Illness</td>
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<tr>
<td>December</td>
<td>Australasian Society for Psychiatric Research (ASPR) 2012 Conference</td>
<td>Looking After Our Own: A Qualitative Study of Sick Doctors and the Obstacles that Prevent Them Returning to Work</td>
<td>Perth</td>
<td>Harvey</td>
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<td>December</td>
<td>Australasian Society for Psychiatric Research (ASPR) 2012 Conference</td>
<td>The Long Term Consequences of Military Deployment: A Five-Year Cohort Study of UK Reservists Deployed to Iraq in 2003</td>
<td>Perth</td>
<td>Harvey</td>
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<tr>
<td>December</td>
<td>Australasian Society for Psychiatric Research (ASPR) 2012 Conference</td>
<td>Genetic and Imaging Studies in Young People at High Risk of Bipolar Disorder</td>
<td>Perth</td>
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<tr>
<td>December</td>
<td>MHPN Bega Network Meeting</td>
<td>Bipolar II Disorders</td>
<td>Bega, NSW</td>
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<td>December</td>
<td>International Day of People with Disability, Commonwealth Bank</td>
<td>Panel Discussion</td>
<td>Sydney</td>
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<td>December</td>
<td>Clinical Meeting, Prince of Wales Hospital</td>
<td>Split Decision: Does Borderline Personality Disorder Belong on the Bipolar Spectrum? Arguments For and Against</td>
<td>Sydney</td>
<td>Parker</td>
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For calendar year 2012

The late Albert Hunt provided significant and valued support for the work of the Black Dog Institute. At the Donor Thank You event held at the Institute on 20 November 2012, his daughter, Amy Athar, was there when a commemorative plaque was unveiled in the garden courtyard to honour his contribution.

Our ambitious goal is to make our services and programs available to all Australians and beyond. Building scale and capacity across this big country requires support from many quarters, such as governments, statutory bodies, sponsors and donors, the corporate community, philanthropic individuals and other organisations.

The Institute is most appreciative of this generosity from donors and sponsors. The Donor Board in our reception area acknowledges particularly significant donations, sponsorships and bequests from individuals and organisations.

Following is a list of those people and organisations that have donated $100 or more in 2012.
A bequest to the Black Dog Institute is a lasting way to assist the Institute to continue its research and other programs, and, in turn, help improve the quality of life of people living with depression. If you would like more information on how to make a bequest, please contact the Institute [blackdog@blackdog.org.au] or phone (02) 9382 9263.

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I (name)

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An official receipt from or on behalf of the Black Dog Institute shall be sufficient discharge to my executors who shall not be bound to see the application thereof.

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Hospital Road
Prince of Wales Hospital
Randwick NSW 2031

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