Creating a mentally healthier world
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“Most Indigenous families have been bereaved by suicide. And while it has improved, stigma is still there, it will always be there. It can be difficult to talk about, but giving people the right information so that they feel empowered and encouraged to share their experience, to speak out or to seek help, is so important.”

Ngaree Ah-Kit, CRESP Lived Experience Advisory Group Member

Ngaree was an Northern Territory Australian of the Year Finalist in 2009. She lost her younger brother to suicide in 2008 and is involved in the Black Dog Institute’s suicide prevention so that other families don’t have to go through what her family has had to.
About the Black Dog Institute

Our vision
A mentally healthier world.

Our mission
Enabling mentally healthier lives through innovations in science, medicine, education, public policy and knowledge translation.

Our approach
At the Black Dog Institute, we are dedicated to understanding, preventing and treating the significant mental health challenges facing the world today. Our focus is to develop and share our knowledge to improve the lives of people affected by mental illness.

All our work is grounded in scientific evidence, from our clinical treatments, to our community presentations that target stigma and resilience. And we always incorporate the voice of lived experience.

We are a Medical Research Institute and not-for-profit that aims to reduce the incidence of mental illness, actively reduce suicide rates, remove the stigma around mental illness, and empower everyone to live the most mentally healthy life possible.

What we do
The Black Dog Institute was founded in 2002 and is internationally recognised as a pioneer in the identification, prevention and treatment of mental illnesses, and the promotion of wellbeing.

We aim to improve the lives of people affected by mental illness through the rapid translation of high quality research into improved clinical treatments, increased accessibility to mental health services and delivery of long-term public health solutions.

Our unique approach incorporates clinical services with our cutting-edge research, our health professional training and community education programs. We combine expertise in clinical management with innovative research to develop new, and more effective, strategies for people living with mental illness. We also place emphasis on teaching people to recognise the symptoms of mental illness in themselves and others, as well as providing them with the right psychological tools to hold the ‘black dog’ at bay.

We work directly with all parts of the community as well as guiding the development of new and improved policy. We place focus on those with specific mental health needs like young people, Indigenous communities, men and high-risk workforces.
Message from the Chair

I am often asked why, like many of my colleagues, I renew my commitment to the Black Dog Institute year after year. While I am proud of the progress the Black Dog Institute has made in the field of mental health, I am also honoured to be part of an organisation that evolves and adapts to meet the needs of today’s society. Hopefully, as Chairman, I do the same.

Black Dog’s commitment to early intervention and prevention highlights the drive of its people to meet challenges head-on. Every move made by the Black Dog team is guided by research and evidence – ensuring the highest level of impact. This is part of our DNA.

We were named for the “Black Dog” that Winston Churchill famously described as his life long experience with depression, and our logo combines the Black Dog’s shadow with Churchill’s famous victory sign. It is inspiring imagery.

“One ought never to turn one’s back on a threatened danger and try to run away from it. If you do that, you will double the danger. But if you meet it promptly and without flinching, you will reduce the danger by half,” Churchill once said.

For too long, the world’s population has attempted to turn a blind eye to mental illness, to run from it, to hide it and keep it secret. But it is becoming increasingly dangerous to do so – Australian mental health statistics are sobering. One in four Australians will experience a mental illness in their lifetime, and depression is fast becoming the most common cause of non-fatal disability. Suicide in Australia has become so widespread that it is now the leading cause of death in young Australians aged 15-44years. As an economic burden of disease the cost is in the billions of dollars and growing.

We can no longer turn our back on this threat, and the Black Dog Institute is saying stop, now.

Along with our globally relevant research, education is a big part of the solution. A significant area of growth at Black Dog has been the delivery of workplace programs, which have increased by over 100% in the last six months. Employers are slowly recognising that mental health disorders have now taken over as the leading cause of long term work incapacity in Australia. More importantly, boards are starting to act not just for governance and economic reasons but because it is the right thing to do. A gold standard randomised controlled research trial, by Assoc Professor Sam Harvey, has shown that Black Dog workplace manager training programs increase productivity.

The possibilities with preventative intervention are vast. I hope that as you reflect upon the innovative work displayed in this year’s Annual Report, you will be motivated to continue taking this journey of change with us.

The Black Dog Institute and its board are made up of a compassionate group of people, dedicated to preventing and treating mental illness. As Chairman, I find myself astonished by the lengths people are willing to go to support Black Dog and our cause. It is with the dedication of our board, staff, and supporters that we are working towards creating a mentally healthier world. It is an honour to acknowledge and thank them for their passion, their persistence and their professionalism.

Peter Joseph AM
Chairman
Message from the Director

For the fifth consecutive year, Black Dog continues to grow quickly. Our growth has become a necessity in the current climate. Finding an effective response to the challenge of youth mental health is now more pressing than ever.

Youth mental health disorders cause immense disease burden and high mortality. Almost one in four young people have a probable serious mental illness. The risk is even higher for young women and Indigenous young people. In fact, the suicide risk of Indigenous youth is almost four times that of their non-Indigenous counterparts.

We now know that evidence-based prevention and early intervention programs are vital to reducing the risk of an adolescent developing a serious and debilitating mental illness in their lifetime.

Black Dog is working hard to respond to the urgency and importance of the issue. We know that young people are turning to the internet for answers and our research clearly indicates that self-guided, online psychological therapy can be effective in reducing symptoms of depression and anxiety. Our evidence-based e-mental health interventions are tailored to support young people’s individual needs.

We completed a trial demonstrating that depression could be reduced prior to the Higher School Certificate. We also implemented a school based digital service in NSW to empower students to learn and respond to their mental health issues, while also supporting those at risk through face to face services.

The stark fact is suicide remains the leading cause of death in young people.

This year, we commenced the LifeSpan Project, an ambitious four site trial, designed to test the effectiveness of a systems approach to suicide prevention in communities. Led by Rachel Green, this project is supported by a $14.7m donation from the Paul Ramsay Foundation, and by commitments from the NSW Mental Health Commission and NSW Health.

We want to target the suicide and attempted suicide rate in NSW. Once the LifeSpan trial is complete, we will provide a sustaining blueprint for action and implementation, in addition to a data repository that is second to none in the world.

More investment is needed to drive a proactive and united approach to delivering mental health programs that resonate with young people. The United Nations Population Fund identified that “the largest generation of young people in human history is coming of age”. Despite the need, current funding for mental health research is woeful, disproportionate to the worldwide disease burden.

We are calling out to politicians, governments and the public: youth don’t vote. They depend upon others to champion their right to health justice. Further funding is needed to integrate these mental health initiatives across schools and the health system, to help young people on a path to a mentally healthier future.

We need to take urgent action to turn this rising tide of mental illness. The growing prevalence of youth mental health problems is a tsunami, and parents, the community and governments are floating in a small boat named ‘Denial’ on the quiet sea.

Scientia Professor Helen Christensen
Director
**key stats 2016**

- **36,029** new online registrations to access e-mental health programs
- **147** lived experience presenters sharing their stories to Australians all across the country
- **33** trained facilitators delivering education programs
- **29,894** people in Australia
- **6** advisory panels
- **7** e-mental health products developed
- **139,796** Facebook followers
- **121** active research studies
- **2,718** patients seen across six clinics
- **4,818,207** website page views
- **5,916** tweets

**funding sources**

- **33%** National Health & Medical Research Council grants
- **21%** unrestricted fundraising
- **19%** government funding
- **13%** non-government grants / tied funding
- **11%** fee for service
- **3%** other income & interest
A new strategic direction

The Black Dog Institute has grown rapidly over the last four years, having proudly achieved the priorities set out in our 2012-2015 strategic plan:

1. Strengthening research performance and broadening the range within which we have recognised expertise
2. Delivering a range of high quality, effective and sustainable clinical services that complement and build on our research excellence
3. Leading new mental health developments, health reform and health technology
4. Maintaining a sustainable range of educational activities in the professional, community and workplace spheres and developing new models of delivery
5. Ensuring we remain a financially sustainable and accountable organisation, a partner of choice and a great place to work for staff.

To take our work to the next level, we have developed and started tackling an ambitious strategic direction for 2016–2018, which is based on five priorities.

The strategic priorities will strengthen our international reputation as a leader in mental health research and service delivery and will ensure our outcomes continue to be relevant, impactful and accessible to all who may need them.

Implementation of the new strategic plan commenced in July 2015 and results are already positive – as evidenced throughout this report.
Research

In 2016, the Black Dog Institute established a number of new collaborative research studies to further develop our understanding of effective, evidence-based approaches to facilitate the early detection, prevention and treatment of common mental health disorders. We continued to work across a number of settings to help support our translational approach to research, strengthening relationships with schools, workplaces and community groups.

Our Lived Experience Advisory Panel played an important role in the design of new studies, and guided the engagement of lived experience in our research development and implementation. A focus in 2016 was

1. Suicide prevention

RAFT (Reconnecting AFTER a Suicide Attempt)

Overview: The single strongest predictor for a suicide death is a previous suicide attempt; with the immediate period after discharge from hospital following a suicide attempt a particularly high risk time. However, one third of people presenting to hospital following a suicide attempt will receive no mental health follow up. Research has found that brief contact with patients discharged from hospital, through things like a postcard, can reduce the number of suicide re-attempts by around 50%. RAFT (Reconnecting AFTER a Suicide Attempt), is assessing whether receiving text messages is a feasible and effective method to reduce the rate of suicide and self-harm in individuals with a recent hospital-treated episode of deliberate self-harm.

2. e-Mental health

SpringboarD: A new approach to building wellbeing for people with type 2 diabetes

Overview: Type 2 diabetes is a serious, lifelong and disabling disease affecting approximately 900,000 Australians. Depression is also a serious and burdensome condition and is at least twice as common in those with type 2 diabetes. This trial will be the first to rigorously examine the effectiveness of an innovative alternative to face-to-face mental health care for people with type 2 diabetes and depression. The SpringboarD trial will help evaluate whether an online self-help tool can help people with type 2 diabetes lead active, healthier and happier lives.

Grant: National Health and Medical Research Council Project Grant

3. Workplace mental health

HeadGear

Overview: The Workplace Mental Health Research Group, in collaboration with the UNSW and the University of Sydney, has developed a new smartphone application – Headgear – that will provide workers in male-dominated industries with a simple and engaging way to access an individually tailored 30 day mental health challenge. In this study, we will determine just how effective Headgear is at preventing depression and increasing mental fitness. This trial represents a world-first in testing whether a smartphone application can prevent depression amongst workers and will begin in 2017.

Grant: Australian Mental Health Initiative funded by Movember Foundation and beyondblue

4. Novel treatment approaches

Ketamine to treat depression

Overview: The role of ketamine as a treatment for major depression is a cutting edge area of research with enormous potential demonstrated thus far. Whilst ketamine is approved for use in anaesthesia, it has not received approval for use in depression because there are still gaps in our knowledge about dosage levels, treatment protocols and the effectiveness and safety of long term use. Significant work has already occurred in helping to answer these important questions. This international clinical trial commenced in mid-2016 with trial locations based in Sydney, Melbourne, Adelaide, Perth and Dunedin (NZ).

Grant: National Health and Medical Research Council Project Grant
the testing of novel service delivery methods through the adult and adolescent stepped care models, further strengthening our expertise in this area.

In response to the challenges we currently face and the gaps in our evidence base, we identified and introduced seven key research priority areas in 2016. These highlight the breadth of research underway at Black Dog, and the extent of expertise amongst the teams driving our research agenda, providing further opportunity for collaboration and knowledge sharing.

The seven priority areas below provide clear direction that will continue to strengthen our research portfolio.

5. Prevention of mental health disorders in young people

Sources of Strength

**Overview:** This trial is investigating the effect of the peer-led Sources of Strength program on help-seeking for suicidality and psychological distress in adolescents. This universal program takes a social connectedness approach to improving help-seeking. Activities take the form of class presentations, posters, videos, and messages on social media sites and will aim to change help-seeking norms, strengthen youth-adult connections, and promote positive coping. This trial is being led by the Australian National University, in collaboration with the Black Dog Institute and is being delivered in ACT and NSW high schools.

**Grant:** National Health and Medical Research Council Project Grant

6. Trauma and refugee health

Tell Your Story: A digital intervention for reducing stigma in traumatised refugees

**Overview:** The Tell Your Story trial tests the effectiveness of an online intervention that aims to reduce stigma related to posttraumatic stress disorder (PTSD) and increase help-seeking behaviours in refugee men. The program consists of an online education program that features video stories of refugee men who sought help for their PTSD. The stories will challenge some commonly held myths, support men to reach out for assistance and to also tell their own story. The study is a collaboration between the Refugee Trauma and Recovery Program at UNSW, Black Dog Institute and Settlement Services Australia.

**Grant:** beyondblue/Movember Foundation/The Stigma Reduction Interventions: Digital Environments (STRIDE) Initiative

7. Knowledge translation and implementation science

Ahead of the Game: Knowledge translation and dissemination

**Overview:** Knowledge Translation (KT) science and strategies will be applied to the broader Ahead of the Game research study led by the University of Wollongong. The aim of the KT strategy is to reach every adolescent male sports participant in Australia with the innovative and multicomponent intervention, through the help of the partner organisations. This equates to a total of more than 1.25 million sport participants. The secondary goal of the knowledge translation strategy is to disseminate individual components of the intervention in formats that are accessible and appropriate for the non-sport community. This strategy is based on the Canadian Institutes for Health Research Model of Knowledge Translation, incorporating KT strategies at each stage of the project.

**Grant:** Australian Mental Health Initiative funded by Movember Foundation
CRESP – The Centre of Research Excellence in Suicide Prevention

Suicide is recognised as one of the most challenging, painful and important global health problems. The Australian National Health and Medical Research Council’s Centre of Research Excellence in Suicide Prevention (CRESP) brings together leading experts in Australia and New Zealand to undertake the necessary research to affect rapid advances in suicide prevention.

Established in 2012, CRESP is a research and translation centre, located at the Black Dog Institute. CRESP brings together, for the first time, experts in suicide prevention to share expertise and resources. CRESP undertakes the necessary research to promote rapid advances in suicide prevention and to lower suicide rates in Australia by linking the expertise of researchers, clinicians, suicide prevention organisations, people with lived experience and government.

CRESP investigators include established suicide researchers in Australia and New Zealand and suicide prevention experts from Europe, Asia and the USA. Organisations that deliver suicide prevention services in NSW and in Australia, such as crisis support services, helplines, online services, mental health promotion, agencies and advocacy organisations are collaborating with CRESP as industry partners.

CRESP Lived Experience Advisory Group

CRESP values the experience of those directly affected by suicide and the significant contribution people with lived experience can bring to research. As a result, CRESP established a Lived Experience Advisory Group in 2014 to provide guidance and advice to CRESP researchers as they develop plans and activities for those at risk of suicide, suicide survivors, and families and friends of those who have died by suicide.

Key aims of the Advisory Group include reviewing the priorities for research in suicide and promoting knowledge of and lived experience participation in research. At the same time, CRESP seeks to provide members with an opportunity to raise awareness and knowledge of suicide and suicide prevention in Australia and engage with researchers. Several CRESP research projects have been enhanced through involvement of the Advisory Group on a variety of levels, ranging from assistance with methodology, participant recruitment and co-design opportunities.

The Advisory Group represents a broad spectrum of lived experience and expertise, as well as carers’ experiences of living with a mental illness, suicidal ideation and behaviour. CRESP Lived Experience Advisory Group members play an important role in driving the development and implementation of evidence-based suicide prevention policy and practice, and in doing so contribute to lowering suicide rates both in Australia and around the world.
Highlights of 2016

CRESP aims to reduce the number of deaths from suicide by finding out more about its causes, and developing and testing interventions and services that will reduce its occurrence and impact. Its major achievements in 2016 included:

- Planning and establishing the LifeSpan trial in NSW, an evidence-based systems approach to suicide prevention, made possible through a generous $14.7 million donation from the Paul Ramsay Foundation.
- Commencing the Sources of Strength randomised controlled trial, a study investigating the effectiveness of a peer leadership program to reduce suicidal thoughts in young people and increase social connectedness across school communities.
- Rolling-out a new interactive workshop, Advanced Training in Suicide Prevention, aimed at increasing the skills and confidence of health professionals to manage suicide risk in the primary care setting.
- Completing the Healthy Thinking randomised controlled trial, which aims to lower suicide risk via an online cognitive behavioural therapy program for suicidality.

Alongside our research achievements, CRESP has continued to build capacity of researchers with expertise in suicide prevention, and recognise excellence through research awards and travel scholarships to promote research translation.

The CRESP Best Research Paper Awards were established to support outstanding research with potential to contribute to improving suicide prevention and to encourage new and established researchers in the field.

The awards are offered annually in two categories, Early Career Researcher Best Research Paper Award, and Senior Researcher Best Research Paper Award.

This year’s winner for Senior Researcher was Associate Professor Matthew Spittal, University of Melbourne. A/Prof Spittal’s paper, ‘Community mental health care after self-harm: A retrospective cohort study’ was published in the Australian and New Zealand Journal of Psychiatry. The winner for Early Career Research was Dr Bridianne O’Dea, Black Dog Institute. Dr O’Dea’s paper ‘A linguistic analysis of suicide-related Twitter posts’ was published in Crisis.

The CRESP Travel Grants were established to support domestic or overseas travel for our new and emerging researchers, for purposes such as supporting conference presentations, or study trips to build collaborative networks.

These annual awards are offered in two categories, PhD Student Travel Grant and Postdoctoral Researcher Travel Grant. The 2016 recipients were:

- Dr Mark Larsen, who presented at the International Society for Research on Internet Interventions (ISRII) Scientific Meeting 2016 in Seattle, USA, in April 2016.
- Dominique Kazan, who presented at the International Association for Relationship Research Conference in Toronto, Canada, in July 2016.

The CRESP PhD Scholarship was awarded to Laura Kampel. This scholarship is a key component of our strategy to train, support and develop a cohort of early career researchers, capable of undertaking suicide prevention research in the future.

CRESP PhD Scholar, Dominique Kazan, was recognised by Mental Health Australia and the Australian National University, through the award of the Grace Groom Memorial Scholarship for 2016. This competitive scholarship was awarded in recognition of the impact of Dominique’s research on people with lived experience, as she investigates the impact and influence of intimate partner relationships on suicidality.

CRESP also hosted a two-day Early and Mid-Career Researcher Workshop featuring presentations by international guest speakers Dr Alison Darcy (Stanford University) and Dr Jessica Ribeiro (Florida State University), who provided valuable insights into the application of online (e-health) and mobile (m-health) for the treatment/prevention of mental health issues as well as the large-scale prediction and prevention of suicidal behaviours.

The workshop covered topics identified as relevant to researchers at this stage of their careers, including strategic career planning, building research collaborations, incubating new ideas and knowledge translation.
Clinical services
The Black Dog Institute’s unique clinical model provides patients with access to the best possible diagnostic and treatment services through our face-to-face clinics and, via telehealth, to people of all ages across Australia.

While we continue our established depression, bipolar disorder, neurostimulation and rTMS (repetitive transcranial magnetic stimulation) clinics (and our depression clinic across Australia via telehealth), we have also expanded our presence and our reach in several new areas. These include:

Face-to-face clinical services
• Black Dog Youth Depression Clinic at headspace Bankstown:
  In 2016 the Black Dog Institute expanded its specialist services for young people by commencing a Youth Depression Clinic at headspace, Bankstown, where we deliver our clinical expertise to young headspace patients suffering from difficult-to-treat mood and anxiety disorders and their families.

• Psychology Clinic for Children and Adolescents:
  We expanded our psychology clinic at the Institute to include the provision of a range of individually tailored, evidence-based, therapies to children, adolescents and their families.

Clinical research
At Black Dog our clinics also support our research. As well as receiving expert assessment, treatment and advice at our Black Dog clinics our (adult) patients are also invited to participate in one or more of the many exciting research programs Black Dog conducts. In 2016, over 700 clinic patients agreed to participate in our research programs investigating aspects of bipolar disorder, depression and TMS.

The clinic continued to support the expansion of e-mental health at Black Dog with the development and piloting of StepCare, an innovative program which uses digital health technology to deliver better screening and treatment, to patients with mental health difficulties using a stepped care approach in general practice.
e-Mental health

At Black Dog, we translate our research into new and effective services, using e-mental health.

There are many benefits associated with using the internet and related technologies to provide mental health services. These include accessibility, clinical and cost effectiveness and a sound alternative for people averse to face-to-face treatment. e-mental health also helps address common barriers to help seeking such as distance to services, stigma, concerns around privacy, cost of treatment and allows people to access mental health information and support from any place and at any time.

Black Dog’s suite of evidence-based e-mental health clinical services continued to provide anonymous, 24/7 treatment on your mobile or online.

In 2016 nearly 10,000 people skilled up to better manage their own mental health or help someone else, using Black Dog’s digital apps such as:

- mycompass.org.au – clinically proven to be effective for those with mild to moderate stress, anxiety and depression
- biteback.org.au – our positive psychology website for young people aged 13 - 16 years
- SHUTi – clinically proven to be effective for treating insomnia and reducing anxiety and depression symptoms.
- Black Dog Snapshot – mobile app for tracking mental wellbeing

Our website, blackdoginstitute.org.au also offers a range of fact sheets, self-tests, personal stories and much more.

New and innovative e-mental health projects

The Black Dog Institute is currently involved in the development and evaluation of a range of new and innovative e-mental health programs using technology such as websites, apps, social media, online therapeutic games and smartphone sensors.

Please see page 37 for more information and background about the exciting pipeline of projects underway within the Digital Dog program.
“Most of us don’t realise how common depression is. The biggest challenge is breaking down the stigma and realising it shows a lot more strength to put your hand up when things aren’t OK.”

Rhys, Youth Presenter and Lived Experience Advisory Panel Member
Education

In 2016, we continued our focus on and commitment to offering ‘whole of community’ evidence based interventions targeted at schools, community, health professionals and workplaces across Australia. The voice of lived experience was at the forefront of our Education program development and represented in delivery of all programs. Our efforts were supported by the NSW Department of Health and organisations such as HSBC, CBH Group, NSW Central Grain Growers, Aussie Farmers, James Kirby Foundation and the Goodman Foundation. We also continued to expand our offerings outside of face-to-face formats including online resources, live webinars and podcasts.

Workplace

Growing audiences and opportunities

- 2016 was a year of growth for workplace mental health in terms of opportunities and audience. We have built on pre-existing relationships with clients such as Department of Agriculture, Sydney Trains, and Entertainment Assist.

- The workplace team developed new partnerships with several clients including David Jones, Veolia, Taronga Zoo, Health Share NSW, and AMP with whom we have collaborated to deliver significantly customised face to face training and online resources.

Health professionals

Diverse training options for health professionals

- The Black Dog Institute delivered face-to-face accredited health professional education programs in each state across the country. We also partnered with a range of professional bodies and providers to deliver training to their stakeholders, including Primary Health Networks, GP Synergy, the Centre for Rural and Remote Mental Health and the RACGP.

- The federally funded e-Mental Health in Practice (eMHPrac) project, educating GPs about e-mental health tools and how to integrate them into general practice continued to evolve with extensive delivery of face-to-face and online training, and ongoing support and engagement provided through an online Community of Practice.

- We launched a podcast series of our popular Expert Insights forums. These forums bring together a panel of mental health clinicians, researchers and consumers to explore the latest research, interventions and insights across a range of topics.

Community

Raising community awareness

- Through funding from HSBC, the Goodman Foundation and CBH Group, and thanks to the efforts of our Youth and Community Presenter team, the voice of lived experience was shared in awareness initiatives in urban, rural and remote regions across Australia.

- In mental health month, we launched a new youth presentation, Insights: a young person's perspective of living with mental illness which features the lived experience of our Youth Presenter team.

- ‘Insights’ was also delivered in our first ever nationwide live webinar for high schools. The uptake and evaluations have encouraged an extended roll out for 2017.

- Online teacher and student resources commenced development to complement our suite of youth programs and will be available for launch in early 2017.

- In an ongoing partnership with Mission Australia, Centre for Rural and Remote Mental Health, Western Area Health Service, Department of Families and Community Services, Office of Sport and Recreation NSW, Richmond PRA, Country Rugby League, we delivered mental health awareness presentations in remote communities in north west NSW.
STRATEGIC PRIORITY

Innovate, lead and provide expertise

Top left: Animation created by Matt Johnstone.

Bottom left: Preview of animation to be used in LifeSpan: crisis support, created by Matt Johnstone.

Bottom right: iBobbly – the world’s first suicide prevention app designed for young Indigenous Australians.
iBobbly – technology overcomes barriers to preventing Indigenous youth suicide

The rate of suicide in Aboriginal and Torres Strait Islander communities is four times that of non-Indigenous communities. Only around ten percent of Aboriginal people who die by suicide seek assistance in the preceding three months. Barriers to help-seeking such as stigma, shame, cost, and geographical remoteness are exacerbated in Aboriginal and Torres Strait Islander people due to systemic oppression and discrimination. With the uptake of smart phone technology in Indigenous communities, e-mental health has the potential to overcome many of these hurdles.

The first self-help tool of its kind

Researchers at the Black Dog Institute have developed iBobbly, a self-help tool aimed to reduce suicidal ideation, impulsivity, depression and anxiety in young Aboriginal and Torres Strait Islander people in rural Australia. It contains elements of Acceptance and Commitment Therapy (ACT), Mindfulness-based Cognitive Therapy (MBCT), and Dialectical Behaviour Therapy (DBT), and draws upon cultural metaphors and graphics sourced from local Indigenous artists to provide therapy in a culturally relevant way.

Young people have given iBobbly the thumbs-up

Results from the pilot trial of iBobbly in the Kimberley region of Western Australia indicate that app-based suicide prevention is acceptable and feasible in this population and is effective in reducing symptoms of anxiety and depression.

Based on the positive feedback of the trial, a second iteration of iBobbly has been developed and is now being trialled in four rural areas across the country, with a view to roll out two more sites in 2017.
LifeSpan – an integrated approach to suicide prevention

LifeSpan was developed by CRESP in partnership with clinicians, researchers, community groups and people with lived experience of suicide.

A new, evidence-based approach to suicide prevention, LifeSpan combines nine strategies that have strong evidence for suicide prevention into one community-led approach. For each strategy, LifeSpan selects and implements the interventions or programs that have the strongest evidence-base.

Estimates suggest that the simultaneous implementation of all the LifeSpan strategies by well-connected local implementation teams may be able to prevent up to 20% of suicide deaths and 30% of suicide attempts.

Establishing a solid foundation for success

Strategic planning and extensive consultation has been critical to setting a clear pathway forward for LifeSpan. In addition to a comprehensive review of the evidence-base, project governance structures have been designed to support fidelity, impact, quality and accountability across a range of levels. We have established a strong, multidisciplinary team complemented by formal partnerships with key agencies including Australian National University, Centre for Evidence and Implementation, and Macquarie University’s Centre for the Health Economy.

Working with communities

LifeSpan is about the community working together to prevent suicide by implementing the strategies that work, and helping people in the local community to be better informed and connected.

LifeSpan is being trialled in four regions in NSW – Newcastle, Illawarra Shoalhaven, Central Coast, and Murrumbidgee. Sites were selected via a rigorous EOI process on the basis of community and stakeholder readiness and capacity. Under a progressive stepped wedge research design, each local trial runs for 2.5 years (including a 6 month planning period) and builds in long-term sustainability from the outset.

The Paul Ramsay Foundation

LifeSpan has been generously supported by a $14.7 million grant from the Paul Ramsay Foundation.
Suicide is the most common cause of death in Australians aged 15 – 44 and the tenth most common cause of death overall for Australian males. However, many people with suicidal thoughts are reluctant to seek help. The use of online cognitive-behaviour-therapy programs for suicidality may appeal to and assist individuals with severe symptoms who do not wish to seek help from doctors, psychologists or psychiatrists. The effectiveness and safety of these programs is not known.

Testing the effectiveness of online cognitive behaviour therapy programs

The Healthy Thinking Trial aimed to test the effectiveness of a web-based self-help program for people with suicidal thoughts. The major aim of this trial was to determine whether an evidence-based web-based self-help program, reduces levels of suicidal thoughts in the Australian context. The trial recruited more than 400 participants, aged 18 – 65 years, who had experienced suicidal thoughts and have not attempted suicide in the past month. The web-based self-help program was compared to another program which covered lifestyle information such as nutrition and skin care.

Reducing suicidal thinking

Participation in either program was associated with reduced suicidal thinking, depression and anxiety, with no differences between the groups. However, those who complete the web-based self-help program experienced reduced suicidality at six weeks. These programs may have short-term usefulness for selected patients who complete the program.
STRATEGIC PRIORITY

Use our integrated translational model to take knowledge and put it into practice

Top left: “If that first GP had have offered me more opportunities to explore my mental health then, it could have saved me a lot of grief.”
— Kate, Lived Experience Youth Presenter, the Black Dog Institute.

Bottom left and right: Animations for the Stepped Care online adolescent clinic by Sam Scopelliti.
Knowledge translation – driving innovation

Knowledge translation (KT) is a central priority at the Black Dog Institute. It is essential that research findings are implemented in clinics, are used to inform policy and have an impact on the general public.

The Black Dog model is unique in its integration of research, clinical care and educational programs. Incorporating stakeholder feedback is also crucial to development.

KT is the difference between research that shapes decisions and fosters innovation, and research that sits on a shelf. Black Dog engages in advancing the science of knowledge translation and implementation by researching the most effective KT and implementation strategies.

One form of KT is arts-based knowledge translation (ABKT), which includes using any art form(s) at any point in the research process whether to generate, interpret or communicate knowledge. By using ABKT, research shows one can increase knowledge about illness and health issues, raise awareness, decrease stigma, stimulate public engagement, and change attitudes, behaviour and practice.

Below are some of the research projects into KT currently being conducted at the Black Dog Institute by Professor Katherine Boydell and her team.

**National Implementation Research Network (NIRN) model** and the factors identified in the Consolidated Framework for Implementation Research (CFIR) are being tested in the Australian mental health context, to inform the knowledge base on successful implementation of evidence-based practices. These models are being rolled out in organised sports clubs as well as in public health networks in NSW.

**Expressing the Ineffable: Body Mapping Anxiety** is a series of creative, visual arts-based activities facilitated by workshop coordinators, and seeks to capture and express emotional and bodily experiences that are difficult to verbalise, like anxiety, and to develop body mapping as a qualitative research application.
Translation from research to the community – Advanced Training in Suicide Prevention

Developed collaboratively by the Black Dog Institute’s Research, Education and Clinical Services teams, Advanced Training in Suicide Prevention is a six hour, face-to-face interactive accredited workshop for GPs, Psychologists and Allied Health professionals. It has been available since November 2015. Carers and consumers were key contributors to providing the voice of lived experience in the planning, development and delivery of the training program.

The aim of the training is to increase health professionals’ skill and confidence in taking a detailed suicide history and developing a collaborative management plan to increase the safety of people planning suicide.

The workshop provides practical tools for health professionals managing the full spectrum of suicide risk presentations, including the acute suicidal crisis, care after a suicide attempt and assisting families experiencing suicide bereavement.

The intention of the multidisciplinary workshop is to reflect our understanding that caring for people at risk of suicide is best done in a collaborative setting.

Project evaluation and results

Health professional pre and post training evaluations revealed encouraging results.

- 26% increase in confidence in recognising and managing suicide risk.
- 25% increase in knowledge in recognising and managing suicide risk.
- 95% were highly satisfied with the quality of the training.

Dissemination and uptake into the community

In 2016, this training program was delivered to 354 health professionals in metro, rural and regional locations across Australia. In 2017, Advanced Training in Suicide Prevention will continue to be rolled out across the country, with thanks in particular to HSBC and CBH Group for their funding and support.

LEAP – listening to the voice of lived experience

The Lived Experience Advisory Panel (LEAP) at the Black Dog Institute was established in 2015 to facilitate and improve the quality, relevance and knowledge translation of mental health research undertaken at the Institute. The establishment of this group aligns with the Institute’s integrated knowledge translation model that has at its foundation the engagement of stakeholders, which, critically, includes individuals who have a lived experience of mental health difficulties. LEAP members are invited to provide perspective and advice on a range of Institute-related activities including research priorities, research methods, implementation and delivery of programs and services, and dissemination of research and information.

Incorporating the voice of lived experience

Members of the LEAP reflect the diversity of the individuals involved as stakeholders with a lived experience of mental health difficulties, either themselves, or as a carer for someone who has. There is representation across age, gender, socio-economic status, experience, ethnicity, culture, linguistics and sexuality.

The LEAP provides:

- Consumer and community perspectives on the research conducted at the Black Dog Institute
- Feedback on the methodology, implementation and dissemination of research projects
- Evaluation of acceptability of project protocols
- Guidance on how to raise awareness of mental health issues in the community
- Reports of experiences regarding pathways to care and suggestions on where the gaps are
- Perspectives on the use of e-health technologies for mental health including specific apps and online tools
- Advice on project documents including consent forms, participant information sheets, study resources
- Advice on the use of social media including the Institute website, Twitter, Facebook
- Feedback on material designed for community dissemination

Incorporating the voice of lived experience – Advanced Training in Suicide Prevention

For this reason the training is open to a range of health professionals, enhancing the learning through sharing experiences and knowledge.

Dissemination and uptake into the community

In 2016, this training program was delivered to 354 health professionals in metro, rural and regional locations across Australia. In 2017, Advanced Training in Suicide Prevention will continue to be rolled out across the country, with thanks in particular to HSBC and CBH Group for their funding and support.
Working with the media – to raise public awareness of mental health issues

Black Dog Institute researchers, clinicians and lived experience representatives regularly share their expertise and experiences through the media.

In 2016, major research outcomes were featured widely across Australian media outlets, including results from the Goodnight insomnia and depression trial, a meta-analysis of school mental illness prevention programs and the launch of Australia’s first clinical trial into the use of ketamine to treat depression.

Black Dog volunteers and fundraisers also received well-earned recognition in the media. In March, our partnership with Coates Hire and former V8 driver John Bowe was featured across TV, radio and print. The Future Generation Investment Fund, raising funds for youth mental health, was featured heavily across financial and consumer print. The Paul Ramsay Foundation was recognised for their generous support of the Lifespan suicide prevention trial.

In addition to news stories, Black Dog expert commentary was featured extensively in 2016. Of particular note was the ongoing public discussion about suicide and suicide prevention, highlighting the importance of mental health reform and adding our voice to the marriage equality debate. Our mens mental health specialists were also profiled through our partnership with the ABC “Man Up” documentary.

Finally, the Black Dog Institute was proud to be selected as an official charity partner of Southern Cross Austereo (SCA). This exciting relationship has enabled us to develop and deliver important radio and television community service announcements across Australia, as well as giving us the opportunity to promote good mental health through their corporate networks. We extend our sincere thanks to SCA for their generosity and ongoing support.
STRATEGIC PRIORITY

Build collaborative relationships to maximise our impact

Top left: Members of the LifeSpan team: Michael Cook, Nicole Hill, Lyndal Halliday, Rebecca Kuhnert, Nathan Meteoro, Fiona Shand, Jacqueline Frei, Laura Vogl, Rachel Green, Matthew Phillips.

Bottom left: Pauline Kotselas, Leader, Psychological and Wellbeing Services, NSW Department of Education; Tanya Lancaster, Wellbeing and Counselling Services Advisor, NSW Department of Education; Lyndal Halliday, LifeSpan Research and Implementation Officer, Black Dog Institute; Dr Vladimir Carli, Senior Lecturer in Prevention of Suicide and Mental Ill-Health at the National Centre for Suicide Research and Prevention (NASP), at Karolinska Institute (KI).

Bottom right: Catherine King, City2Surf.
Engaging government and driving policy change

Black Dog Institute engages with all levels of government with the aim of promoting evidence-based policy, advancing research and improving mental health services for all Australians.

Our promises

In 2016, the Australian Government delivered on a number of key mental health promises. This included the release of a draft 5th National Mental Health Plan, a review of suicide prevention funding and the announcement of twelve suicide prevention trial sites across the country. Black Dog formally responded with evidence and expertise for each of these activities and will remain involved to ensure the best possible outcome.

Suicide prevention reform

In line with the identified need for suicide prevention reform, LifeSpan has engaged widely with government officials across the country to educate on best practice and support the implementation of suicide prevention plans. In addition to developing an implementation guide for Australian Primary Health Networks, LifeSpan contributed to a number of state-based suicide prevention plans and it is currently being rolled out in the four trial sites.

Other initiatives

Black Dog was an integral partner in a number of other state-based initiatives, including the launch of the NSW strategy for the management of mental illness in first responders. At a more local level, Black Dog has been working extensively with Primary Health Networks and local health districts to support the optimal delivery of regional mental health and suicide prevention services.

To aid government officials and other organisations looking to develop evidence-based programs, Black Dog has established a “Research and Evidence” page on the new website. This page will be used as a repository of current international research evidence and statistics as well as containing expert commentary from Black Dog mental health experts.
Collaborations – doing with, not for

Working collaboratively remains at the forefront of the Black Dog Institute’s approach to creating a mentally healthy world. Partnerships with government, organisations and academics continue to be formed, in both Australia and across the globe, resulting in quality, evidence-based programs.

Case study of a current collaboration

LifeSpan – Australia’s new, evidence-based integrated approach to suicide prevention

LifeSpan is a new, evidence-based integrated approach to suicide prevention, developed by the Centre of Research Excellence in Suicide Prevention at the Black Dog Institute, in partnership with clinicians, researchers, community groups and people with lived experience of suicide (see page 18 for more information).

LifeSpan is about the community working together to prevent suicides by implementing the strategies that work, and helping people in the local community to be better informed and connected. Achieving this requires commitment and sustained investment in working collaboratively with a broad range of stakeholders and partners, from those accessing and delivering services on the ground through to national providers and policy makers.

Fundamental to LifeSpan are the relationships Black Dog has developed with the lead agencies at each of the four research trial sites. Sites were selected based on strength of local collaborative relationships and close ties to community – elements vital to a systems approach to suicide prevention. Our relationships with sites are highly collaborative and operationalised through the LifeSpan Central Implementation Team. These relationships are crucial to ensuring the evidence-based suicide prevention interventions and programs selected for LifeSpan are ready for implementation. Through our site lead agencies we are connected with the local community.

Complementary to these site relationships, the Black Dog Institute has established an extensive network of formal and informal partnerships. Research collaborations have been established to access and analyse data, undertake research activities and translate evidence into practical knowledge. Delivery partnerships leverage co-investment in services and programs to ensure suicide prevention activities are sustained in local communities beyond the research trial.

Collaboration is woven into the governance of LifeSpan via the LifeSpan Research and Advisory Committee. This multidisciplinary group of experts representing research, service delivery, policy and lived experience provide specific, tailored guidance to LifeSpan and help maintain a dual focus on world-class research and best practice implementation of suicide prevention activities.

Finally but of utmost importance, LifeSpan connects with individuals who have lived experience of suicide, providing opportunities to constructively share their insights and help build a safety net for the community by connecting and coordinating new and existing interventions and supports, and building the capacity to better support people facing a suicide crisis. Guided by the LifeSpan Lived Experience Framework, we work with our lived experience advisors to put the core lived experience principles of ‘nothing about us without us’ and ‘doing with,
LifeSpan Research and Advisory Committee Members

- Helen Christensen, Chairperson; Director and Chief Scientist, Black Dog Institute
- Fiona Shand, Principal Researcher, LifeSpan; Black Dog Institute/CRES/P/UNSW
- Michelle Torok, Principal Researcher, LifeSpan; Black Dog Institute/CRES/P/UNSW
- Rachel Green, LifeSpan Director, Black Dog Institute
- Murray Wright, Chief Psychiatrist, NSW Ministry of Health
- Natasha Cole, First Assistant Secretary, Health Services Div, Commonwealth Dept Health
- Tom Brideson, Coordinator, NSW Aboriginal Mental Health Workforce Program
- Karen Price, Deputy CEO, ACON
- Brian Draper, Professor (Conjoint), School of Psychiatry, UNSW
- Grant Sara, InforMH, NSW Ministry of Health
- Maria Cassaniti, Centre Manager, Transcultural Mental Health Centre
- Myfanwy Maple, University of New England School of Health
- Bronwen Edwards, Co-Chair Qld Suicide Prevention Taskforce; Roses in the Ocean
- Henry Cutler, the Centre for the Health Economy, Macquarie University
- Paul Konings, Research School of Population Health, ANU
- Phil Batterham, ANU Centre for Mental Health Research
- Anthony Shakeshaft, University of NSW National Drug and Alcohol Research Centre
- Andrew Mackinnon, Biostats/Black Dog Institute
- Alison Calear, ANU Centre for Mental Health Research
- Andrew Page, Western Sydney University Centre for Health Research
- Greg Carter, University of Newcastle/Calvary Mater Newcastle Hospital
- Bianca Albers, Centre for Evidence and Implementation

Lead agencies on site

- Hunter New England LHD
- South Eastern NSW PHN (COORDINARE)
- Central Coast LHD
- Murrumbidgee PHN

Partner organisations

- Australian Institute of Health and Welfare
- Boxing Clever
- Centre for Evidence and Implementation (CEI)
- Integr8tiv
- Macquarie University’s Centre for the Health Economy (MUCHE)
- National Centre for Geographic Resources & Analysis in Primary Health Care at Australian National University (ANU GRAPHC)
- NSW Department of Education
- NSW Police Force
- SAS Analytics for Good
Sharing our stories with communities

Our volunteers
In 2016, over 150 volunteers gave their time, skills and commitment to our cause. Our advocates shared their personal stories at community events across Australia, reminding so many that they are not alone in their experiences with mental illness.

This year, our volunteer presenter team delivered 297 mental health awareness raising presentations, reaching over 21,000 people.

We are supported by volunteers in all aspects of our work, from help with administration, to education and research, clinical, finance, fundraising and marketing teams.

Thank you to our volunteer team for helping to make a difference in the lives of people with mental health issues, and their families. You are helping us to create a mentally healthier world!

Our ambassadors
We’d like to thank the following people for so generously donating their time and their voice toward our fundraising efforts as a Black Dog Institute Ambassador during 2016.

- Michelle Bridges
- Brendan Capell
- Yvette Done
- Alison Fallon
- Scott Gooding
- Justin Hanby
- Richard Harry
- Geoff Huegill

Above: Scott Gooding, cooking up a storm and raising awareness for the Black Dog Institute.
Craig Semple – letting others know, it’s ok to say “I need help”

Craig was a detective in the police force for 25 years. In 2004, after a particularly bad homicide he started having severe nightmares, serious sleep problems and lots of anxiety.

“As a cop you learn to swallow a lot of your emotions. I had become so good at it that before I knew it I was doing it all the time,” he explains.

In 2012, after solving the biggest case of his career, Craig became deeply depressed and experienced a breakdown, which lead to his diagnosis: post-traumatic stress disorder (PTSD) and comorbid major depression.

“The diagnosis allowed me to accept that something was wrong and finally surrender myself to the doctors,” he shares. “I actually found that getting the diagnosis and a name for the problems I was having allowed me to set goals for my recovery.”

Craig is now a volunteer presenter for Black Dog.

“I had reached a point where I wanted to turn this negative event and all those wasted years into something positive.”
Fundraising and Development

In 2016, Fundraising and Development embarked on a new growth strategy and structure, to support the 2021 broader Black Dog Institute strategic vision.

This growth is underpinned by expansion in core areas of fundraising and philanthropy over the next five years and beyond. This year provided the springboard for beginning this growth phase which will see us expand our donor and regular giving programs, community fundraising operations, as well as continue to develop long term partnerships with corporates and the philanthropic community.

Once again we owe a huge thanks to our many donors, fundraisers, corporates and philanthropic partners who supported Black Dog programs with their commitment to mental health during the year.

The year 2016 also saw the establishment of the Black Dog Institute Foundation, bringing together a passionate group of community leaders, current donors and board members with the shared mission to secure financial support for some of Black Dog’s biggest and most ambitious mental health programs.

The growing importance of philanthropy

Private and corporate philanthropy is playing an increasingly important role in social impact and systemic change for some of the biggest issues facing Australia and the world. The Black Dog Institute is fortunate to have a growing community of philanthropic partners supporting a wide range of mental health programs and projects, including the development of apps to improve mental health for young people, expansion of community and school education programs, rural health professional training, delivery of suicide prevention programs and undertaking of research pilot trials.

Future Generation Global Investment Company

Future Generation Global Investment Company (FGG) is the first internationally focused Listed Investment Company to provide shareholders with diversified exposure to selected global fund managers, while changing the lives of young Australians affected by mental illness. During 2016 and over the next five years, FGG will support the establishment of the Black Dog Institute’s Youth Centre for Research Excellence in Suicide Prevention. This youth-focused research program has a mission to reduce suicide attempts and deaths in young people. The team of researchers, software developers and other professionals is tasked with developing practical solutions that lower suicide risk by implementing evidence-based therapies and programs leveraging technologies popular with young people, such as smartphones and social media.

nib Foundation

As a not-for-profit charitable trust, nib Foundation has the mission to improve community health and wellbeing by supporting Australian charities through grants and partnerships. The foundation aims to deliver innovative programs that make positive and lasting improvements to the physical, mental and social wellbeing of Australians.

An initial generous grant from nib Foundation in 2013 over three years enabled the Black Dog Institute to produce and disseminate Headstrong, a mental health teaching resource for high school teachers, aligned to the Personal Development, Health and Physical Education (PDHPE) curriculum in every Australian state. The funding also provided for training to teachers, counsellors and youth workers.

With additional funding provided by nib Foundation in 2016, the Black Dog Institute refined the current teaching resources and broadened the reach with the development of HeadStrong 2.0. The improved program includes interactive e-learning modules on seeking help and building resilience, as well as customised modules for parents and young people to access online called MindStrength.
In 2016, Black Dog was grateful for the generous support from the following major donors and foundations.

**Major Donors**

- David Bachmayer
- Mark Bennett
- June Bramich
- Leo Browne
- Harry Carlon
- John Church
- Geoffrey Drummond
- Ron Ferster
- Merle Fletcher-Savage
- Robyn Helm
- Anthony Hill
- Andrew Jeffery
- Peter and Nettie Joseph

**Foundations**

- AFA Foundation
- AUDA Foundation
- Black Puppy Foundation
- Count Charitable Foundation
- Doc Ross Family Foundation
- Goodman Foundation
- Hilmer Family Foundation
- JLDJS foundation
- Macquarie Group Foundation
- NAB Foundation
- Neilson Foundation
- nib Foundation
- Paul Ramsay Foundation
- Scanlon Foundation
- The Berg Family Foundation
- The Bluesand Foundation
- The Serp Hills Foundation
- The Trustee For Alice O'Brien Research Trust

*Above: With almost one in four young people meeting the criteria for having a probable serious mental illness (according to a joint report by Mission Australia and the Black Dog Institute), resources like Headstrong 2.0 and MindStrength are crucial to the prevention of mental health issues.*
Staff engagement and the business community

Our partnerships create a meaningful and lasting impact, not only through the corporate organisations themselves, but through their staff’s community involvement.

Virgin Australia – pulling their weight for mental health

Virgin Australia has had a long relationship with Black Dog and continued its support in raising awareness and funds for mental health throughout 2016. This was done via a number of initiatives involving education and publicity, as well as through support of the Black Dog Institute’s Exercise Your Mood campaign.

Exercise Your Mood is an annual campaign undertaken by Black Dog designed to raise awareness about the benefits of physical exercise to mental health. Virgin Australia embraced the campaign with an inaugural plane pull competition, involving four teams of 25 people pulling a Boeing 737-800 at the Virgin Brisbane hangar. The team which pulled the 737 the quickest over the nominated distance won the competition.

Ex-NRL players Clinton Toopi, Roy Asotasi and Jason Fiddles joined the festivities, along with Virgin staff, their families and friends, raising over $18,000.

David Jones – combining philanthropy with community impact

David Jones’ partnership with the Black Dog Institute kicked off in 2016 and included two key elements – corporate philanthropy and making an impact in the community. The retailer is committed to helping reduce the stigma associated with mental illness and decrease the number of Australians who suffer in silence.

The partnership saw a strategic approach over the year with the commencement of a workplace giving program and education workshops delivered to senior staff.

David Jones also helped kick off the partnership with an in-store campaign as part of Exercise your Mood month.

The multi-faceted campaign focussed on the importance of exercise with David Jones Ambassador Adam Goodes supporting the message and sharing his reasons for supporting mental health.

The campaign encouraged Australians to maintain good mental health through exercise and a percentage of active wear sales from August through to mid-September were donated to Black Dog.

Above: The Virgin Australia inaugural plane pull competition.
We thank our corporate supporters for their ongoing commitment to Black Dog in 2016:

- Aon
- BHP Billiton
- BDO
- Coates Hire
- Cromwell Property Group
- CBH Group
- David Jones
- DUAL Australia
- F1 Agencies
- Fresh Produce Group
- Future Generation Global Investment Fund
- Google
- GrainCorp Operations Limited
- Hearts and Minds Conference
- HSBC Australia
- Hunter Hall International
- Last Pastoral Co Pty Ltd
- Maddocks
- MSS Security
- Ruralco Holdings Limited
- SAS Australia and New Zealand
- Southern Cross Austereo
- Spicers
- Staples
- Trim Fresh Merrylands
- Virgin Australia
- Wentworthville Leagues Club
- Woodside
Community fundraising – raising funds and starting conversations

The Black Dog Institute is fortunate to have an ever-growing community of fundraisers and supporters who organise their own events and tap into their own networks to raise funds for and awareness of mental illness and suicide. This year was no exception, with some outstanding contributions from passionate people who take it upon themselves to find their own special way of engaging the community in their fundraising efforts.

Zoo2Zoo – record breaking for Black Dog Institute

2016 marked a very momentous occasion for the Black Dog Institute and its Zoo2Zoo community. Zoo2Zoo has been an annual event on the fundraising calendar for Black Dog for the past seven years, under the guidance of Andrew MacKay and his committee. With several cycling rides throughout the year between some of Australia’s most iconic zoos and with the addition of a kayaking event (WomDomNom) in the past 2 years, 2016 saw the Zoo2Zoo-ers pass the $1 million dollar mark in total funds raised for the Institute.

We can’t begin to thank Andy and the committee enough for their tireless efforts, but most importantly their passion for the Institute in helping us to create a mentally healthier world.

Phil Newman – steering towards change and travelling solo

In 2016 and on his 62nd birthday, Phil Newman decided to resign from his job and cycle solo from Sydney to Perth. Having seen friends and colleagues who have lost loved ones to suicide, Phil decided he needed to be part of the solution. “I wanted to help people who suffer from depression but I have no skills in this area. The Black Dog Institute empowered me to do what I can do – ride a bike – to raise money, to pay those who do know how to help others.”

Phil raised $21,000 over 12 months, and he is still underway with his journey and well on the way to achieving his goal of $40,000 in his next challenge.

Postie Bike Safari – Gold Rush

Postie Bike Safari began a few years ago, and started supporting Black Dog in 2015. In 2016 the Safari, was a huge success once more. Over thirty riders straddled their postie bikes for seven days, covering around 2,500 kilometres of outback Queensland. Along the way, they stopped in many regional towns off the beaten track to spread awareness and raise much needed funds for the Black Dog Institute. We have been inspired by their continued support and dedication.
There are so many community fundraisers who devote their time tirelessly to raising funds for Black Dog. A special shout-out to the people and groups mentioned below, who went above and beyond the call of duty in raising funds during 2016:

- Alexander Wood and Enzo D’Ambrogio
- ALPA
- Andrew Briscoe
- Andrew Jeffery
- Charles Ulm
- Christian Johansson
- Destination Outback
- Elly Pattison
- Endless Summer Ball
- Greg Becke
- Ilana Stringer
- John Rakic
- Katie Price
- Kerrin Worthy
- Kim Hamilton
- Monique Bain
- Mood Swing 2016
- Naomi Robinson
- Off The Leash Vet Calendar 2017
- Oliver Shawyer
- Olivia Berry
- Paul Serra
- Phil Newman
- Postie Bike Safari
- Sean O’Connor
- Silver Foxes Rugby
- Silvia Guardia
- Simon Harrop
- Simon Johnson
- Stephen McSweeney
- Steven Scott
- Tanya Armstrong
- Team Priest
- Terry Sveronis
- The Gum Ball Festival
- The JED Project
- Thomas McCann
- Toby Gorman
- Tom Cavanagh
- Trent Scott
- WAC Rugby
- Zoo2Zoo

There is never enough room to mention all our community fundraisers here. But we are grateful to every single person who contributes to our fundraising efforts, no matter how great or small the dollars raised are – you are helping to support our work and raise awareness about mental health issues in the community. Thank you again!
Digital Dog – improving mental health through technology

Working across our e-mental health research priority area, the Digital Dog team has continued to conduct novel research in the areas of detection, treatment and delivery in mental health. Using technology, the Digital Dog team aims to detect mental health symptoms, deliver interventions to address these symptoms and investigate new service delivery models. A number of apps and platforms are currently in development or undergoing pilot testing.

In the Detection stream, researchers are developing apps that identify social connectedness, which may be used as an indicator for social isolation, a known risk factor for mental health disorders. They are also looking at speech pattern recognition and links to mental health symptoms, along with using social media conversations to determine predictive features of mental health symptoms.

In the Delivery stream, researchers are working on novel platforms that screen for mental health then direct individuals to appropriate early intervention and treatment options. There are also a number of digital tools in development including an app that targets relationship problems among adolescents, a values-based digital assessment instrument, and an app that targets sleep in adolescents as a novel way to prevent depression. The Ground Truth Project and TriPod are just two examples of the innovative work being done.

Detection: The Ground Truth Project

The Ground Truth project continued to recruit participants and profile users’ mental health by harnessing novel machine learning based analyses of social media conversations. In this project, features that capture depression levels will be determined by correlating ‘ground truth’ depression measures with data-up indicators derived from machine learning. This data is drawn from members of depression online communities.

Using these features, machine-learning models will be applied to 1,000 individual trajectories over a six-month period to determine individualised predictive features. Concurrently, machine-learning models will be applied to 1,000 bloggers in anxiety and suicide prevention online communities.

Outcomes of the study will include greater understanding of actual, real-time ‘descent’ into illness state – something unachievable using conventional survey methods. This will allow for the development of predictive systems capable of driving decisions concerning the provision of support for mental illness through social media, and the provision of alerts to individuals, carers and medical practitioners. The project will demonstrate, for the first time, the ability of social media to generate personalised risk data, leading directly to personalised apps and sophisticated decision tools for clinician use.

Treatment: TriPoD

The Trial for the Prevention of Depression (TriPoD) investigated the effectiveness of a universal prevention intervention for Major Depression Disorder (MDD) in adolescence prior to a major stressor.

Adolescence can be a difficult time for many young people. Amongst the pressures teens experience, final exams are considered to be among the most stressful. We know that stress can trigger underlying vulnerabilities that can result in mental illness, such as depression. More than 40% of Year 12 students report symptoms of depression, anxiety and stress that fall outside what is considered normal for their age group.

TriPoD investigated the effectiveness of a universal prevention intervention for depression in adolescents prior to the Higher School Certificate (HSC). The trial was delivered to students in 10 schools across NSW, who received an online Cognitive Behavioural Therapy (CBT) program or an online program about health and wellbeing. In total, 540 students took part in the trial.

Participants who received the CBT program showed significantly reduced depression symptoms compared to those who received the health and wellness program. These results were seen after the trial and six months after the trial commenced, but not 18 months later. Planning is underway for the implementation of the online CBT program into Australian schools.
Adult stepped care online service – to provide early intervention and individual care

In an Australian first, the Black Dog Institute stepped care service (StepCare) is currently being trialled in partnership with Primary Health Networks in general practices across NSW to better support adults with anxiety and depression.

Depression and anxiety in primary care

Depression and anxiety affects the lives of many Australian adults: one in six will experience depression and one in four will experience an anxiety disorder in their lifetime. Unfortunately, two out of three Australians with a mental illness do not seek treatment. Given that depression and anxiety are among the most common illnesses in primary care, general practitioners are ideally placed to facilitate better mental health outcomes.

The stepped care model

StepCare offers a solution to delivering accessible, effective and efficient services.

Individuals are recommended the least intensive intervention that is likely to lead to health gain, which may be stepped up or down in response to treatment. In this model, low intensity services such as online programs are recommended for individuals with mild or moderate symptoms, with face-to-face psychological and pharmacological interventions recommended for more severe symptoms.

Despite international recognition of the importance and efficiency of stepped care, our model of integrating online assessment and monitoring with online psychological interventions and face-to-face treatments is the first of its kind in the Australian primary care setting.

Trialling the adult stepped care model

All patients are assessed via screening on a mobile tablet in the GP waiting room. Immediate online feedback is provided to the patient on the mobile tablet and immediate evidence-based stepped care treatment recommendations in line with symptom severity are sent to the GP via HealthLink (part of a secure messaging service).

The recommendations are then available for discussion as soon as the patient goes in to see their GP. Patients complete fortnightly online surveys and online feedback is provided to them and to their GP to inform review and to step up in treatment intensity if required.

This model allows for early intervention by identifying mild, moderate and severe levels of anxiety and depression that the patients and GP may be unaware of, or the patient is not receiving treatment for, thereby improving access to mental health services for many Australians. The service also minimises deterioration by monitoring patients over time and feeding progress back to the GP.

A Proof of Concept trial conducted in a metropolitan region in 2016 demonstrated that GPs, practice staff and patients found the StepCare service to be acceptable and feasible. Importantly, GPs found the service assisted with the identification and management of their patients’ anxiety and depression.

A second trial is currently underway, expanding the service to include regional and rural areas and will be completed toward the end of 2017. To increase sustainability and scalability, this trial incorporates a train the trainer model, with PHN staff trained to successfully integrate the StepCare service in their region’s general practice. Following conclusion of this trial, the service will be implemented more broadly in general practices across Australia.
Recognising and removing triggers

Overcoming the stigma associated with mental illness is one of the greatest challenges we have in preventing mental health disorders. Treating the triggers of depression is a novel approach to prevent depression, thereby getting in quickly before depression emerges. Insomnia often precedes the development of depression. We know that 80% of people diagnosed with depression experience insomnia, and that around 40% of those suffering insomnia may also have undiagnosed yet clinically significant depressive symptoms. We also know that insomnia is less stigmatised than depression. People are more willing to speak to their GP about problems sleeping compared to feelings of depression.

The GoodNight trial investigated whether targeting insomnia using Cognitive Behaviour Therapy for Insomnia (CBT-I) would prevent the development of depression in those at risk.

Working collaboratively to treat insomnia

Black Dog Institute researchers, in partnership with the Australian National University, University of Sydney, and the University of Virginia, trialled an automated online program called SHUTi to see if it could reduce depression symptoms and prevent escalation into major depression.

SHUTi was initially delivered online to over 500 trial participants in Australia. A further 500 participants were assigned to another online program containing information about general health. The SHUTi treatment group experienced significantly reduced insomnia, anxiety and depression, and these improvements persisted for the following six months.

Preventing major depression

This project is the first in the world to demonstrate that Cognitive Behaviour Therapy for Insomnia (CBT-I) can reduce symptoms of anxiety and depression. It is a significant step in the prevention of depression because, unlike treatment for mental illnesses, it is rare to face stigma for insomnia treatment – people are far more likely to seek help for insomnia over depression.

The development of insomnia treatment is also important for young people, who may not be aware that they are experiencing symptoms of depression. They are, however, more likely to identify their sleeplessness as insomnia, and seek treatment before the problem escalates.

SHUTi has been found to be as effective as face-to-face treatment but, as automated software, it is a fast and quality treatment and prevention option, available to a wide range of users. Through partnership with BeHealth Solutions, the Black Dog Institute is pleased to be able to share the benefit of the SHUTi program with the public so they can also access this effective treatment. Australians are able to subscribe to SHUTi on the Black Dog Institute website, and will receive a 15% discount. This novel approach is also being adapted for adolescents with a trial due to take place in 2017.
STRATEGIC PRIORITY

Be a sustainable organisation and a workplace of choice

Just some of the talented staff at Black Dog.
Our people and our performance

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Chief Scientist and Director
Scientia Prof Helen Christensen
Executive Assistant
Linda Wood

KNOWLEDGE TRANSLATION
Director of Knowledge Translation
Jon Tennant

Clinical services
Clinical Director
A/Prof Josephine Anderson
Director, Psychology Clinic
A/Prof Vijaya Manicavasagar

Research Project Manager
Nyree Gale
Research Project Manager
Kathleen O’Moore

Clinical Coordinator
Orla Dempsey
Map Coordinator
Louise Dyer
Clinic Reception
Alexis Hutcheon
Administrative Assistant
Melissa Hoad

Depression Clinic
A/Prof Josey Anderson
Depression Clinic
Dr Melissa Barrett
Psychology Clinic
Mr Rowan Burckhardt
Neurostimulation Clinic
Dr Olav D’Souza
Depression Clinic
Dr Adrian Falkov
Depression Clinic PF
Dr Paul Friend
Psychology Clinic
Dr Bronwyn Hegarty
Depression Clinic
Dr Michael Hong
Depression Clinic
Dr Sushmita Hunter
Depression Clinic
Dr Artin Jebejian
Neurostimulation Clinic
Prof Colleen Loo
Psychology Clinic
Dr Anna McKinnon
Psychology Clinic VM
A/Prof Vijaya Manicavasagar
Psychology Clinic
Dr Caryn Masluk
Bipolar Clinic
Prof Philip Mitchell
Depression Clinic
Dr Narayan Nair
Depression Clinic
Dr Seema Paduncheri
Child and Adolescent Clinic
Dr James Wick
Neurostimulation
Dr Brooke Short
Depression Clinic
Dr David John Spencer
Psychology Clinic
Prof Zachary Steel
Depression Clinic
Dr I. Howe Synnott
Psychology Clinic
Ms Elizabeth Talbot
Neurostimulation Clinic
Dr Rohan Taylor
Psychology Clinic
Miss Emily Upton
Psychology Clinic
Dr Aliza Werner-Seidler

eHealth program dissemination
eHealth Program Manager
Christopher Rule
Bite Back Program Manager
Jacqui Wallace
Bite Back Content Coordinator
Shannai Pearce
Bite Back Digital Content Editor
Annette McClelland

Education
Psychiatrist Consultant and Facilitator
Dr Caryl Barnes
Workplace Programs Consultant
Guy Dunstan
GP Consultant and Facilitator
Dr Vered Gordon
Psychologist Consultant and Facilitator
Dr Kris Kafer
GP Consultant and Facilitator
Dr Jan Orman
Rural and Remote Community Education Consultant
Wayne Wigham
Program Manager Workplace Education
Chris Daniel
Program Manager Workplace Education
Katherine Dabich
Program Manager Workplace Education
Katie Denton
Program Manager Workplace Education
Shannon Nolan
Project Manager, QLD, VIC, TAS
Farhana Laffernis
Project Manager, NSW
Meaghan Morris
Program Manager, Health Professional and Community Education
Sarah Connor
Project Manager eMHPrac (Mat Leave Cover: Liza Culleney)
Sarah McNally
Education Delivery Network Program Manager
Cameron Banks
Project Manager, NSW
Michael Van Dyk
Education Resource Development Manager
Louise Upton
Education Admin Assistant
Alexandra Richardson

Marketing and communications
Head of Public Affairs
Gayle McNaught
Marketing Manager
Beth Abbott
Digital Content Coordinator
Alexandra Jones-Best
Marketing Officer
Nukte Ogun
Digital Communications Officer
Dean Winder
Illustrator (contractor)
Matthew Johnstone
Communications Assistant
Emma Williams

CORPORATE SERVICES

Finance
Head of Finance and Business
Kerry Atkins
Senior Finance Officer
Nick Tjahjadi
Finance Officer
Sheley Kurniawan
Senior Finance Officer
Maria Kinantra
Finance Officer (Mat Leave Cover: Hayley Tierney)
Eileen Wang

HR and facilities operations
Head of Operations, People and Culture
Marian Spencer
Admin Assistant
Rachel Chen
Receptionist
Pauline Trantalis
Domestic Services
Ivana Dragunova

Domestic Services
Teresa Silva

Information technology
Head of Information Technology
Jennifer Biggin
Website Project Manager
Prashant Shroff
Systems Manager
Jacinto Santamaria
Senior Systems Analyst
Cesar Anonuevo
.Net Developer
Chaitra Madappa
.Net Developer
Neelima Chandolu
.Net Developer
Toby Reid
Research Assistant
Sam Townsend

FUNDRAISING AND DEVELOPMENT

Director of Fundraising and Development
Karen Elliff

Fundraising
Partnerships Manager
Fleur Mortimer
Philanthropy and Major Gifts Manager
Robert Wynn
Individual Giving Program Manager
Nate Links
Community Fundraising Program Manager
Evan Jackson
Database and Supporter Services Officer
Lauren White
DISCOVERY AND INNOVATION

Director of Discovery
Scientia Prof Helen Christensen
Director of Discovery and Innovation
Nicole Cockayne

Research management and support
Research Manager
Kathryn Woodcock
Clinical Research Coordinator
Leah Greenfield
Biostatistician
Prof Andrew McKinnon

Research teams
Research Head
Scientia Prof
Helen Christensen
Senior Research Fellow
Dr Fiona Shand
Research Fellow
Dr Tjeerd Boonstra
Research Fellow
Dr Mark Larsen
Research Fellow
Dr Yael Perry
Research Fellow
Dr Aliza Werner-Seidler
Postdoctoral Fellow
Dr Kit Huckvale
Postdoctoral Fellow
Dr Bridi O’Dea
Postdoctoral Fellow
Dr Frances Shaw
Postdoctoral Fellow
Dr Michelle Torok
PhD Research Student
John Gosling
Research Assistant
Simon Baker

Research Assistant
Dr Kale Dyer
Research Assistant
Anna Frayne
Research Assistant
Lara Johnston
Research Assistant
Catherine King
Research Assistant
Bill Reda
Research Assistant
Rebecca Ridani
Project Officer
Dr Kathleen O’Moore

Research Head
Prof Katherine Boydell
Postdoctoral Fellow
Dr Andrea Fogarty
Research Assistant
Adele de Jager
Research Assistant
Anna Tewson
Research Assistant
Priya Vaughan

Research Head
A/Prof Samuel Harvey
Project Manager
Isabelle Counson
Postdoctoral Fellow
Dr Mark Deady
PhD Research Student
Beate Brinchmann
PhD Research Student
Aimee Gayed
PhD Research Student
Sadhbh Joyce
PhD Research Student
Ruth Marshall
PhD Research Student
Hans Petter Nordhagen
Research Assistant
Helen Lang
Research Assistant
Josie Milligan-Saville
Administrative Assistant
Divya Jacob
Research Assistant
Katherine Petrie
Administrative Assistant
Penelope Sawdy

Research Head
Prof Zachary Steel
Senior Research Fellow
Dr David Berle
Senior Research Fellow
Dusan Hadzi-Pavlovic
Postdoctoral Fellow
Dr Simon Rosenbaum
Research Assistant
Sara Imanian
Research Assistant
Reza Rostami
Masters Student
Haleh Abedy
Administrative Assistant
Divya Jacob
Administrative Assistant
Carmel Mawter

Research Head
Scientia Professor
Gordon Parker
Senior Research Fellow
Dr Adam Bayes
Research Assistant
Heather Brotchie
Research Assistant
Rebecca Graham
Research Officer
Stacey McCraw
Research Officer
Amelia Paterson
Research Head
Scientia Prof
Philip Mitchell
Postdoctoral Fellow
Dr Gloria Roberts
Research Associate
Andrew Frankland
Research Assistant
Carina Sinbandhit
Research Assistant
Angela Stuart
Research Assistant
Vivian Leung
PhD Research Student
Karl Andriessen

Research Head
Prof Colleen Loo
Post-doctoral Research Officer,
Clinical Neuropsychologist
Donel Martin
Research Officer, Clinical Trials
Co-ordinator
Angelo Alonzo
Research Officer
Tjeerd Boonstra
Clinical Research Officer,
Psychiatrist
Veronica Galvez
Psychiatry Registrar
Duncan George
Psychiatry Registrar
Rebecca Koncz
Research Assistant/PhD Research Student
Kerrie-Anne Ho
Research Assistant
Divya Kumar
Research Assistant
Shani Lauf
Research Assistant (student)
Lucy McGuirk
Research Assistant
Stevan Nikolin

Psychiatry Registrar
Cristal Oxley
Research Assistant (student)
Eileen Stech
Psychiatry Registrar
Rohan Taylor
Research Assistant
Joyce Teng
Research Assistant
Kevin Yeung
PhD Research Student
Veronica Galvez
PhD Research Student
Stevan Nikolin
Honours Student
Shani Lauf
ILP Student
Divya Kumar
ILP Student
Kevin Yeung
Honours Student
Joyce Teng

Research Head
Associate Professor
Vijaya Manicavasagar
PhD Research Student
Rowan Burckhardt
PhD Research Student
Alana Fisher
Research Assistant
Katie Dobson
Clinical Masters Student
Rachel Cohen
Clinical Masters Student
Scott Lopez

Research Head
A/Prof Judy Proudfoot
eHealth Research Manager
Janine Clarke
Research Assistant
Matthew Terides

ILP Student
Nabhan Bhuiyan
Research Assistant
Chilin Gieng

LifeSpan
Lifespan Director
Rachel Green
Lifespan Implementation Manager
Jo Riley
Lifespan Implementation Manager
Michael Cook
LifeSpan Research Manager
Dean Martin
Lifespan Research Fellow
Laura Vogl
Implementation and Research Officer
Lyndal Halliday
Research Assistant
Jacqueline Frei
Research Assistant
Nicole Hill

CRESP
CRESP Coordinator
Hannah Buckley
Marketing Assistant
Celeste Thompson
Senior Research Fellow
Dr Fiona Shand
Postdoctoral Research Fellow
Dr Michelle Torok
PhD Research Student
Jennifer Nicholas
PhD Research Student
Ally Nicolopoulos
PhD Research Student
Laura Kampel
PhD Research Student
Joe Tighe
Research Officer
Dr Bregji Van Spijker

44 2016 Annual Report  Black Dog Institute
Research Assistant
Richard Henshaw
Research Assistant
Bill Reda
Research Cadet
Taylor-Jai McAlister

....................................................
External Research Fellows
Prof Marie-Paule Austin
Dr Phil Batterham
Prof Philip Boyce
Prof Michael Breakspear
Prof Henry Brodaty
Prof Richard Bryant
Dr Alison Calear
Prof Michael Farrell
A/Prof Melissa Green
Dr Suzy Green
Prof Felicia Huppert
A/Prof Felice Jacka
A/Prof Frances Kay-Lambkin
Dr Kristin Laurens
A/Prof Katherine Mills
Dr Thin Nguyen
Prof Perminder Sachdev
Dr Matthew Sunderland
Prof Maree Teesson
Prof Svetla Venkatesh
A/Prof Ute Vollmer-Conna
Prof Cynthia Shannon Weickert
Prof Kay Wilhelm

....................................................
LIVED EXPERIENCE ADVISORY PANEL
Joyce Lau
Dave Burrows
Rhys Jack
Lucy Scott
Joni Thomes
Louise Kelly
David Westgate

....................................................
CRESP LIVED EXPERIENCE ADVISORY GROUP
Ingrid Ozols
Jackie Crowe
De Backman-Hoyle
Jocelyn Lowinger
Jo Riley
David Hales
Zara van Twest Smith
Ngaree Ah Kit
David Noble
Tracy McCown
Mic Eales
Samuel Hockey
Bronwen Edwards
Jodie Rasmussen
Manjit Kaur

....................................................
BLACK DOG FOUNDATION
Foundation Chair
Ron Ferster
Carol Berg
Trevor Loewensohn
Luke Hartman
Susie Nugan

....................................................
PROFESSIONAL EDUCATION PROGRAM FACILITATORS
Training Facilitator
Julie Allan
Training Facilitator
Dr Sarah Barker
Training Facilitator
Julie Berg
Training Facilitator
Orlie Beer
Training Facilitator
Anne Bunt
Training Facilitator
Dr Anne Camac
Training Facilitator
Dr Sarah Edelman
Training Facilitator
Dr Margaret Gottlieb
Training Facilitator
Dr Guy Gordon
Training Facilitator
Dr Wendy Grusin
Training Facilitator
Dr Tanya Hanstock
Training Facilitator
Beti Kordanovski
Training Facilitator
Dr Adrian Lopresti
Training Facilitator
Dr Gavin Marsh
Training Facilitator
Dr Claudine Martijn
Training Facilitator
Dr David Mitchell
Training Facilitator
Dr Kathy O’Grady
Training Facilitator
Dr Janette Randall
Training Facilitator
Liz Sheppard
Training Facilitator
Machelle Rinaldis
Training Facilitator
Anne Riches
Training Facilitator
Dr Simone Shaw
Training Facilitator
Angela Vrankic
Training Facilitator
Jodie Wassner
Training Facilitator
Dr Sarah Weaver
Training Facilitator
Gabrielle Wynne
Training Facilitator
Dr Genevieve Yates
SCHOOL OF PSYCHIATRY,
UNIVERSITY OF NSW

Senior Management and Operational Staff
Head of School
Scientia Prof Philip Mitchell

School Manager
Carla Bassil

PAs to Head of School
Zora Vuckovic
Anne-Maree Austen

Administrative Assistant
Brad Turney

Finance Manager
Isabella Chung

Student Coordinator
Judy Andrews

PA to Professor Parker
Penelope Sawdy

Chair of Forensic Mental Health
A/Prof Kimberlie Dean

....................................................

VOLUNTEERS

Joanne Achison
Melanie Adams
Raja Ahluwalia
Dimitri Antoniou
Linda Baft
Julie Bailey
Chris Bass
Miranda Baulis
Allyssa Beasley
John Beattie
Nerida Bell
Lisa Bell
Margie Bestmann
Megan Boyd
Lara Boyle
Jen Brennen
Kim Brett
Lauren Bruty
Sally Buchanan-Hagen
Kellie Burns
Lauren Camilleri
John Canning
Kelly Ceravolo
Simon Chandler
Jacqui Chaplin
Ralph Chapman
Sandra Charlton
Sharon Chisholm
David Cooper
Matthew Corfield
Tracey Cremming
John Cross
Helen Curry
Mahnoosh Darabi
Lynda Devitt
Swami Dharmashatki
Roopinder Dhillon
Jessie Dunphy
Desiree Dusautoy
Eloise Eaton
Melanie Faithfull
Peter Ferreira
Athena Field
Linelle Fields
Debara Foran
James Francis
Samantha French
Dianne Gaddin
Nyree Gale
Jie Gong
Mabel Ha

Above: Our Lived Experience Volunteers.
David Hales
Angela Hancock
Eriko Hayashi
Richie Garard
Kate Gibbons
Elana Jasmin Glasic
Helen Goodman
Rose Grant
Karen Heagney
Tim Heffernan
Bob Henderson
Kylie Henman
Susan Howieson
Amber Hu
Amanda Hubbard
Meredith Hudson
Meredith Hudson
Tom Hughes
Robyn Irving
Rhys Jack
Dharmashakti Jakovickis
Trudy Jenkins
Elaine Kelly
Alexandria Kenyon
Natasha Khoury
Kate Kingshott
Peter Kirwan
Julia Kiss
Nick Koleits
Natalie Lantry
Stephanie Laraia
Catherine (Katie) Lester
Caitlin Liddelow
Samantha Lim
Christine Lopacinski
Vicki Lynar
Liezl Maritz
Paul McCormack
Martin McDaniel
Sharyn McGee
Brad McKenzie
Danielle Milczarek
Bronwyn Milkins
Craig Miller
Bernie Mitchell
Tom Murphy
Bridget Murray
Alfo Musumeci
Tonique Newbold
Gisela Nip
Phoebe O’Carrigan
Riley-Sue O’Halloran
Louisa O’Neill
Shannai Pearce
Kendal Peters
Rebecca Pierro
Sue Phelps
Jade Pringle-Sanderson
Hanneke Raap
Donna Reggett
Matthew Rennie
Angie Richards
Anne Riches
Nicole Saba
Indra Sadeli
Lisa Salter
Dan Sanders
Matt Sargent
Leticia Saunders
Alexandra Schnabel
Anne Schwartz
Craig Semple
Todd Sergeant
Claire Settree
Nicola Shearmann
Adam Sinclair
Dale Skinner
Juleigh Slater
Tracey-Lee Smith
Shirley Sneddon
Jason Starling
Peter Stiles
Yenee Su
Kat Sun
Ruby Szegedi
Elise Taylor
Ben Teasdale
Paul Thomas
Joni Thomas
Rodney Thompson
Andrew Tindale
Andrew Tindale
Sianne Toemoe
Jess Turunen
Nicholas Valentine
Elliot Waters
Amy Watts
Jade Weary
Stephanie Webster
David Westgate
Cassandra White
Scott White
Wayne Wigham
Oshadhi N Wijekoon
Chris Wilson
Casey Wilson
Chris Wilson
Jane Winter
Tracey Xue
William Yeung
Sheena Yuasa
Jennifer Yuen
Wincy Zhong
Governance

The Black Dog Institute is a Medical Research Institute. This independent, not-for-profit organisation is located within the Prince of Wales Hospital Campus and affiliated with the University of NSW. As a founding member of the Health Science Alliance – Australia’s first academic health science centre, we play a leading role in the Mindgardens Initiative.

Our distinguished Board of Directors come from all walks of life.

Our strategy and activities are overseen by an Executive Committee. Research, clinical and community undertakings are directed and evaluated internally by senior representatives from these areas.

The Black Dog Institute hosts and provides infrastructure support to the clinical and research programs of the UNSW School of Psychiatry, UNSW School of Psychology, and the UNSW National Drug and Alcohol Centre. We also host the NHMRC Centre of Research Excellence in Suicide Prevention, and the Digital Dog Program which is funded by the NHMRC John Cade Fellowship.

Operational and enabling activities include research coordination, fundraising, finance, public affairs, marketing and communications, and information technology.

Our Patron is the NSW Governor, His Excellency General the Honourable David John Hurley, AC, DSC (Retd).

Our Public Officer and Company Secretary in 2016 was Nicole Cockayne.
**Financials**

The Black Dog Institute continued to show positive financial growth in 2016. Income increased by 14% from the prior year across the board (see page 6 for key statistics from 2016).

This year saw long term strategic planning across all areas of the business as we position ourselves for growth up to 2021 and beyond.

**Statement of comprehensive income**

*For the year ended 30 June 2016*

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue from continuing operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant funding</td>
<td>7,452,611</td>
<td>6,201,744</td>
</tr>
<tr>
<td>Fundraising income</td>
<td>2,492,955</td>
<td>2,345,681</td>
</tr>
<tr>
<td>Education revenue</td>
<td>964,026</td>
<td>1,187,592</td>
</tr>
<tr>
<td>Clinic fees</td>
<td>541,573</td>
<td>501,649</td>
</tr>
<tr>
<td>Interest revenue</td>
<td>80,711</td>
<td>63,990</td>
</tr>
<tr>
<td>Other revenue</td>
<td>246,505</td>
<td>58,139</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>11,778,381</td>
<td>10,358,795</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>6,451,202</td>
<td>5,586,284</td>
</tr>
<tr>
<td>Professional fees</td>
<td>2,396,300</td>
<td>2,468,201</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>345,752</td>
<td>320,122</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>238,263</td>
<td>253,458</td>
</tr>
<tr>
<td>Advertising and promotion expenses</td>
<td>353,951</td>
<td>259,041</td>
</tr>
<tr>
<td>Research operations expenses</td>
<td>181,483</td>
<td>163,405</td>
</tr>
<tr>
<td>Printing and stationery expenses</td>
<td>174,251</td>
<td>152,659</td>
</tr>
<tr>
<td>Information technology expenses</td>
<td>133,055</td>
<td>114,905</td>
</tr>
<tr>
<td>Other expenses</td>
<td>717,305</td>
<td>336,813</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>10,991,562</td>
<td>9,654,888</td>
</tr>
<tr>
<td><strong>Surplus before tax</strong></td>
<td>786,819</td>
<td>703,907</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td>786,819</td>
<td>703,907</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>786,819</td>
<td>703,907</td>
</tr>
</tbody>
</table>
### Statement of financial position
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>2016 $</th>
<th>2015 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6,513,244</td>
<td>2,945,384</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>5,551,633</td>
<td>3,557,901</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>12,064,877</td>
<td>6,503,285</td>
</tr>
<tr>
<td><strong>Non-current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2,731,226</td>
<td>2,939,666</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>79,256</td>
<td>104,323</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>2,810,482</td>
<td>3,043,989</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>14,875,359</td>
<td>9,547,274</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>7,834,584</td>
<td>3,300,161</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>7,834,584</td>
<td>3,300,161</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>26,777</td>
<td>19,934</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>26,777</td>
<td>19,934</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>7,861,361</td>
<td>3,320,095</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>7,013,998</td>
<td>6,227,179</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reserves</td>
<td>904,045</td>
<td>904,045</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>6,109,953</td>
<td>5,323,134</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>7,013,998</td>
<td>6,227,179</td>
</tr>
</tbody>
</table>
Research projects are supported predominantly through prestigious peer-reviewed grants from the NHMRC and Australian Research Council (ARC), the NSW Government, Australian Government Department of Health, other non-profits, foundations and corporations.

<table>
<thead>
<tr>
<th>Lead BDI investigator</th>
<th>All investigators</th>
<th>Research title</th>
<th>Funding scheme</th>
<th>Years funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin, Marie-Paule</td>
<td>King, Kildea, Austin, Brunet, Hurriion, Laplante, McDermott, McIntyre, Schmitz, Stapleton, Vaillancourt</td>
<td>QF2011: The effects of the Queensland flood on pregnant women, their pregnancies, and their children’s early development</td>
<td>Canadian Institutes of Health Research</td>
<td>2011-2016</td>
</tr>
<tr>
<td>Austin, Marie-Paule</td>
<td>Kingston, Austin, Biringer, Heaman, Hegadoren, Lasiuk, MacQueen, McDonald, McGrath, Schopflocher, Sword, Veldhuyzen van Zanten</td>
<td>Integrated maternal psychosocial assessment to care trial (IMPACT): Intervening early to improve maternal child health</td>
<td>Canadian Institutes of Health Research, Open Operating Grant</td>
<td>2013-2017</td>
</tr>
<tr>
<td>Batterham, Phil</td>
<td>Batterham, Christensen</td>
<td>Improving online mental health programs: Tailored assessment meets tailored therapy</td>
<td>NHMRC CDF Fellowship</td>
<td>2015-2018</td>
</tr>
<tr>
<td>Boydell, Katherine</td>
<td>Boydell</td>
<td>Strategic funding – Strategic hire</td>
<td>Vice-Chancellor’s Strategic Priorities Funding SPF01</td>
<td>2015-2018</td>
</tr>
<tr>
<td>Brodaty, Henry</td>
<td>Valenzuela, Sachdev, McNeil, Maeder, Lautenschlager, Jorm, Fiataron Singh, Anstey, Andrews</td>
<td>Maintain your brain</td>
<td>NHMRC Dementia Resarch Team Grant</td>
<td>2015-2020</td>
</tr>
<tr>
<td>Bryant, Richard</td>
<td>Bryant, Whyman, Zachary Steel, Robert Brooks</td>
<td>Enhancing Adolescent Mental Health in Indigenous Australians</td>
<td>NHMRC Targeted Grant</td>
<td>2014-2019</td>
</tr>
<tr>
<td>Burckhardt, Rowan/Manicavasagar, Vijaya</td>
<td>Burckhardt, Manicavasagar</td>
<td>Dialectical behaviour therapy skills group as an early intervention for adolescents: A feasibility study</td>
<td>Black Puppy Foundation</td>
<td>2015-2016</td>
</tr>
<tr>
<td>Calear, Alison</td>
<td>Calear, Christensen, Batterham</td>
<td>Suicide prevention in schools: A social connectedness approach</td>
<td>NHMRC Project Grant</td>
<td>2015-2018</td>
</tr>
<tr>
<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Improving adolescent sleep problems to prevent depression</td>
<td>Myer Foundation</td>
<td>2015-2016</td>
</tr>
<tr>
<td>Christensen, Helen</td>
<td>Bull, Fenech, Christensen</td>
<td>Psychological and nutritional determinants of telomere and genome integrity in dementia carers</td>
<td>Hazel Hawke Alzheimers Research &amp; Carer Fund</td>
<td>2016-2016</td>
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<tr>
<td>Lead BDI investigator</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>eMHPrac</td>
<td>BEHE - QUT</td>
<td>2013-2016</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Systems approach to suicide prevention</td>
<td>Paul Ramsey Foundation</td>
<td>2016-2021</td>
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<td>Christensen, Helen</td>
<td>Christensen, Proudfoot, Anderson, O’Moore, Clarke, Orman, Gordon, Tennant</td>
<td>Stepped Care</td>
<td>NAB Foundation</td>
<td>2016-2016</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Primary Health Networks on evidence-based suicide prevention strategies</td>
<td>Department of Health</td>
<td>2016-2016</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Prevention of depression using e-health technologies</td>
<td>NHMRC John Cade Fellowship in Mental Health Research</td>
<td>2014-2018</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Prevention of depression using e-health technologies</td>
<td>UNSW Central Contribution</td>
<td>2014-2018</td>
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<tr>
<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Black Dog Institute scholarship in adolescent depression and suicide</td>
<td>The Anika Foundation</td>
<td>2014-2016</td>
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<tr>
<td>Christensen, Helen</td>
<td>Christensen</td>
<td>Scraping and interpreting behavioural and social media data from mobile phones among youth</td>
<td>CRC for Young People, Technology and Wellbeing</td>
<td>2014-2016</td>
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<tr>
<td>Christensen, Helen</td>
<td>Christensen, Calear, Mackinnon, Batterham</td>
<td>Prevention at critical points: A randomised controlled trial of an e-health application to prevent depression, suicide risk and anxiety in youth (TRIPOD)</td>
<td>NHMRC Project Grant</td>
<td>2014-2017</td>
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<tr>
<td>Christensen, Helen</td>
<td>Christensen, Hickie, Mackinnon, Calear, Batterham, Martin, Butler, Teesson, Proudfoot</td>
<td>Centre of Research Excellence for improving suicide prevention in Australia through better implementation of effective interventions, improved risk identification and evidence informed policy (CRESP)</td>
<td>NHMRC Centres of Research Excellence</td>
<td>2012-2017</td>
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<td>Christensen, Helen</td>
<td>Christensen, van Spijker, Mackinnon, Calear, Batterham</td>
<td>Reducing suicide ideation: A randomised controlled trial of a novel web intervention (LWDT – Living with Deadly Thoughts)</td>
<td>NHMRC Project Grant</td>
<td>2013-2016</td>
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<tr>
<td>Christensen, Helen</td>
<td>Fuller-Tyszkiwicz, Richardson, Klein, Skouteris, Christensen, Austin, Castle, Mihalopoulos, Busija</td>
<td>Timely intervention: Efficacy of a depression symptom monitoring smartphone app to deliver psychological intervention at time of greatest need</td>
<td>Australian Rotary Health Mental Health of Young Australians Research Grant</td>
<td>2015-2017</td>
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<td>Christensen, Helen</td>
<td>Hickie, McGorry, Christensen, Berk, Naismith, Glozier, Burns, Guastella, Davey, Amminger</td>
<td>Optimising early interventions for young people with emerging mood disorder</td>
<td>NHMRC Centres of Research Excellence</td>
<td>2013-2018</td>
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<td>Christensen, Helen</td>
<td>Naismith, Christensen, Hickie</td>
<td>The beyond ageing project: Phase 2</td>
<td>NHMRC Project Grant</td>
<td>2014-2016</td>
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<td>Christensen, Helen</td>
<td>Teesson, Baker, Mills, Kay-Lambkin, Haber, Baillie, Christensen, Birchwood, Spring, Brady</td>
<td>CRE in mental health and substance use: Translating innovative prevention and treatment</td>
<td>NHMRC Centres of Research Excellence</td>
<td>2012-2017</td>
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<td>Christensen, Helen</td>
<td>Vella, Okely, Christensen, Deane, Jones, Ecker, Trost, Polman, Borkoles, Lonsdale</td>
<td>Ahead of the Game: A national and sustainable sports-based intervention to promote mental health and reduce the risk of mental health problems in Australian adolescent males</td>
<td>Movember Australian Mental Health Initiative</td>
<td>2015-2017</td>
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<td>Christensen, Helen</td>
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<td>Partnerships for Health 2015-2016</td>
<td>NSW Department of Health</td>
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<td>Christensen, Helen</td>
<td>Christensen, O’Dea, Werner-Seidler, Anderson, Friend, Orman, Manicavasagar, Cear, Batterham</td>
<td>Integrated Adolescent Mental Health Clinic</td>
<td>HSBC</td>
<td>2015-2017</td>
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<td>Christensen, Helen</td>
<td>Christensen, Tennant, Gordon, Denton, Gieng, Nolan</td>
<td>Regional Mental Health Education Program</td>
<td>HSBC</td>
<td>2015-2017</td>
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<td>Christensen, Helen</td>
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<td>Towards a national suicide prevention surveillance and simulation system</td>
<td>Research Partnerships Program</td>
<td>2016-2016</td>
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<td>Christensen, Helen</td>
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<td>Improving adolescent sleep problems to prevent depression</td>
<td>Myer Foundation</td>
<td>2015-2016</td>
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<td>Christensen, Helen</td>
<td>Christensen, Teesson</td>
<td>To host Alison Darcy</td>
<td>UNSW Brain Sciences</td>
<td>2016-2016</td>
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<td>Christensen, Helen</td>
<td>Christensen</td>
<td>A multilevel Place-based Strategy for Youth Suicide and Self Harm Prevention</td>
<td>FGG - Future Growth Fund</td>
<td>2016-2021</td>
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<td>Christensen, Helen</td>
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<td>Anika Foundation PhD Scholarship in Adolescent Depression and Suicide</td>
<td>Anika Foundation PhD Scholarship</td>
<td>2014-2016</td>
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<td>Christensen, Helen</td>
<td>Nickerson, Keegan, Christensen</td>
<td>Tell Your Story: A digital intervention for reducing stigma in traumatized refugees</td>
<td>beyondblue/Movember Foundation/The STRIDE (Stigma Reduction Interventions: Digital Environments)</td>
<td>2015-2017</td>
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<td>Green, Melissa</td>
<td>Green</td>
<td>Carving psychosis at its biological joints</td>
<td>NHMRC Career Development Fellowship</td>
<td>2014-2017</td>
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<td>Green, Melissa</td>
<td>Green, Cairns, Cohen-Woods</td>
<td>Epigenetic effects on brain function in psychotic and mood disorders</td>
<td>NHMRC Project Grant</td>
<td>2015-2017</td>
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<td>Harvey, Samuel</td>
<td>Harvey, Bryant, Mitchell</td>
<td>Clinical academic research program – Workplace mental health</td>
<td>NSW Department of Health Contract Research</td>
<td>2011-2017</td>
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<td>Harvey, Samuel</td>
<td>Harvey, Glozier</td>
<td>Men@work project</td>
<td>beyondblue/Movember Foundation, Movember Australian Mental Health Initiative</td>
<td>2015-2017</td>
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<td>Harvey, Samuel</td>
<td>Mykleuen, Røed, Smit, Brinchmann, Berge, Harvey, McDaid, Helle, Becker, Fleten</td>
<td>Interventions for reduced sickness absence and disability benefits</td>
<td>Research Council of Norway</td>
<td>2013-2017</td>
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<td>Larsen, Mark</td>
<td>Larsen, Christensen (Supervisor), Shand, Haber, Epps</td>
<td>RAFT: Reconnecting After a Suicide Attempt</td>
<td>SMHHR Fellowship</td>
<td>2016-2017</td>
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<td>Larsen, Mark</td>
<td>Larsen</td>
<td>Digital Interventions for the prevention of suicide</td>
<td>FASIC (France-Australia Science Innovation Collaboration (FASIC) Early Career Fellowship)</td>
<td>2016-2016</td>
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<td>Larsen, Mark</td>
<td>Shand, Morley, Haber, Christensen</td>
<td>FAST: Follow-up after a suicide attempt</td>
<td>Ottomin Foundation</td>
<td>2015-2018</td>
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<td>Loo, Colleen</td>
<td>Loo, Mitchell, Glue, Fitzgerald, Glozier, Lapidus, Hadzi-Pavlovic, Somogyi, Hackett, Galvez</td>
<td>Ketamine therapy among patients with treatment-resistant depression: a randomised, double-blind, placebo-controlled trial</td>
<td>NHMRC Project Grant</td>
<td>2016-2018</td>
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<td>Mitchell, Phillip</td>
<td>Butler, Lloyd, Schofield, Ward, Mitchell, Greenberg, Guthrie, Kaldor, Dean, Chambers</td>
<td>The Australian centre of research excellence in offender health</td>
<td>NHMRC Centres of Research Excellence</td>
<td>2013-2018</td>
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<td>Mitchell, Phillip</td>
<td>Mitchell, Parker, Schofield, Breakspear</td>
<td>Depressive and bipolar disorders: Pathophysiology, phenotypes and treatment innovations</td>
<td>NHMRC Program Grant</td>
<td>2013-2017</td>
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<td>Mitchell, Phillip</td>
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<td>Anika Foundation PhD Scholarship in Adolescent Depression and Suicide</td>
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<td>O’Dea, Bridianne</td>
<td>O’Dea, Christensen (Supervisor), Batterham</td>
<td>Understanding suicide risk in Twitter: Applying the Interpersonal Theory of Suicidal Behaviour to a new frontier</td>
<td>SMHR Fellowship</td>
<td>2016-2017</td>
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<td>Proudfoot, Judy</td>
<td>Proudfoot, Wilhelm, Campbell, Zwar, Pavlovic, Gunn</td>
<td>Self-help for depression and diabetes-related distress in people with Type-2 diabetes</td>
<td>NHMRC Project Grant</td>
<td>2015-2018</td>
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<td>Sachdev, Perminder</td>
<td>Sachdev P, Brodaty H, Andrews G</td>
<td>Risk factors, early diagnosis, and effective interventions for neurocognitive disorders</td>
<td>NHMRC Program Grant</td>
<td>2016-2020</td>
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<tr>
<td>Sachdev, Perminder</td>
<td>Sachdev P, Rowe C., Wen W., Slavin M.</td>
<td>The genetic &amp; environmental determinants of amyloid deposition in older individuals: an amyloid imaging study using the twin design</td>
<td>NHMRC Project Grant</td>
<td>2015-2017</td>
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<tr>
<td>Shand, Fiona</td>
<td>Shand, Christensen, Jackson-Pulver, Mackinnon, Hunter, Burns, Shanahan</td>
<td>Using an app for suicide prevention amongst young Indigenous people: A randomised controlled trial (iBobby)</td>
<td>NHMRC Project Grant</td>
<td>2014-2018</td>
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<td>Steel, Zachary</td>
<td>Bryant, Steel, Meijer, McDonald</td>
<td>Building economic development through psychosocial intervention</td>
<td>ARC Linkage Project</td>
<td>2013-2016</td>
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<td>Steel, Zachary</td>
<td>Bryant, Whyman, Steel, Brooks</td>
<td>Enhancing adolescent mental health in Indigenous Australians</td>
<td>NHMRC Project Grant</td>
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<td>Steel, Zachary</td>
<td>Rees, Fisher, Steel</td>
<td>Identifying specific risk factors for intimate partner violence amongst refugee women during and after pregnancy</td>
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<td>Teesson, Maree</td>
<td>Teesson, Andrews, Newton, Slade, Chapman</td>
<td>Internet-based universal prevention for anxiety, depression and substance use in young Australians</td>
<td>NHMRC Targeted Grant</td>
<td>2012-2017</td>
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<td>Werner-Seidler, Aliza</td>
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<td>Pilot Evaluation of Sleep App</td>
<td>The Corella Fund</td>
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The Institute’s impressive research output during 2016 is listed below.

Black Dog staff, fellows and students are in bold type.

**Publications**


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