



WITNESS STATEMENT OF PROFESSOR HELEN CHRISTENSEN AO

I, Scientia Professor Helen Christensen AO, Director and Chief Scientist at the Black Dog Institute (**Black Dog**), of Hospital Road, Prince of Wales Hospital, Randwick, New South Wales, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

Background and experience

- 2 Since 2012, I have been the Director and Chief Scientist at Black Dog and Professor of Mental Health, Faculty of Medicine at the University of New South Wales. As the Director of Black Dog, I sit on the board and hold responsibilities akin to those of a Chief Executive Officer. As the Chief Scientist I am responsible for a considerable research portfolio.
- 3 I am the Chief Investigator for the Centre for Research Excellence in Suicide Prevention (**CRESP**) and a National Health and Medical Research Council (**NHMRC**) Elizabeth Blackman Fellow in Public Health. I am a member of the Million Minds Mission Advisory Panel, a Federal Government initiative which supports and funds research into mental health and suicide prevention. I am also a member of the Health Translation Advisory Committee, which reports to NHMRC on opportunities to improve health outcomes in areas including clinical care, public, population and environmental health, communicable diseases and prevention of illness through effective translation of research into health care and clinical practice.
- 4 I am a health and medical researcher specialising in suicide prevention, e-Mental health and mental health epidemiology. My research focuses on using technology to deliver evidence-based interventions for the prevention and treatment of depression, anxiety, suicide, and self-harm. My research also encompasses a range of suicide prevention and early intervention activities including: young people through school-based research programs, workplace training and education, Australia's first evidence-based and integrated suicide prevention trials, community education and innovative treatments through Black Dog's clinical services. These programs are aimed at preventing depression and suicide risk through e-Mental Health interventions, education, training and innovative treatments.

- 5 From 2005 until 2012, I was the Director of the Centre for Mental Health Research at the Australian National University. From 2017 until 2018, I was a Non-Executive Director at the organisation titled 'R U OK?'. I was awarded an Officer of the Order of Australia (AO) in January 2019 for distinguished service to medical research through the development of online mental health treatment programs. I am a Fellow of the Australian Academy of Social Sciences and a Fellow of the Australian Academy of Health and Medical Sciences.
- 6 I attained a Bachelor of Arts (Honours) from the University of Sydney in 1977. I completed a Masters of Psychology in 1982 and PhD of Philosophy at the University of New South Wales in the discipline of Psychology 1989.
- 7 Attached to this statement and marked 'HC-1' is a copy of my curriculum vitae.

Black Dog

- 8 Black Dog was founded in 2002. Black Dog is Australia's only independent medical research institute focused exclusively on mental ill-health across the lifespan. Black Dog undertakes research and clinical services across adult and adolescent mental health. Black Dog employs 165 staff consisting of academic researchers, psychologists, psychiatrists, exercise physiologists, education and policy officers, clinical trainers and 200 lived experience volunteer presenters across Australia.
- 9 Black Dog has a particular overarching goal to enable mentally healthier lives by way of innovations in science, medicine, education, public policy and knowledge translation. Black Dog is dedicated to understanding, preventing and treating mental illness. Its aim is to improve the lives of people affected by mental illness through the rapid translation of high-quality research into effective evidence-based clinical treatments, increased accessibility to mental health services and delivery of long-term public health solutions.
- 10 Black Dog's unique strategies to improve the lives of people with mental illness include:
 - (a) translating the latest globally recognised research into evidence-based clinical services, education, training, and e-Mental health tools for people, workplaces, health professionals, communities and schools across Australia;
 - (b) undertaking research which is translated into evidence-based services. Black Dog focuses on how research and programs work in schools and communities – in particular focusing on delivering services to individuals to increase impact;
 - (c) currently undertaking 145 research projects, which include randomised controlled trials (**RCT**). If an intervention has proven efficacy by way of a RCT, Black Dog aims to implement those interventions into practice. Black Dog has developed particular capability in this implementation phase.

- (d) Black Dog houses researchers, scientists, clinicians, trainers and educators all under one roof which provides a unique ability to easily transfer research into practice.
- 11 Black Dog is funded by both the public and private sectors. Research projects are predominantly funded by way of competitive grants from NHMRC and the Australian Research Council (**ARC**). The New South Wales Government provides funding for research infrastructure and operations through the Medical Research Program. The Australian Department of Health provides competitive project funding for research, clinical and education programs for example:
- (a) tender to Australian Government departments for funding for mental health and e-health programs to educate health professionals;
 - (b) funding from the NSW Health Department or the Commonwealth Health Department is tied to programs which these Departments contract Black Dog to deliver. Black Dog receives \$1.4million per year to provide clinical services and educational services from the NSW government. Clinical services are provided for the assessment of people with severe mental health conditions for patients too complex for GPs but cannot access mental health assessments due to affordability and remoteness; and
 - (c) funding for our larger projects, including suicide prevention, is funded primarily by philanthropy and fundraising.

Implementing programs in schools

- 12 A core part of Black Dog's approach is to conduct RCT of certain interventions. If an intervention has demonstrated efficacy by way of RCT, Black Dog focuses on implementing such an intervention at scale. Those interventions are often implemented by way of various school programs delivered to students, teachers, parents and carers, school psychologists and counsellors, which focus on increasing mental health literacy, promoting early intervention, help seeking, reducing stigma and building resilience.
- 13 Schools connect with individual students which increase the effectiveness of delivery. At the moment, Australia provides good 'whole of school' programs directed at school staff and **some** interventions aimed directly at the children, but there is plenty of room for improvement.
- 14 Black Dog's process of implementing programs into schools is systematic. Black Dog has good relationships with relevant state Departments of Education, private and independent school organisations.

- (a) **At the curriculum level:** providing curriculum resources including lesson plans and teaching materials which are implemented by teachers in the classroom as part of the PDHPE curriculum (HeadStrong)
 - (b) **Supporting educators and parents:** suicide prevention training for school counsellors and psychologists, 'Navigating your teen's mental health' is delivered to carers and parents by trained presenters with lived experience;
 - (c) **direct support to students:** online interventions including online positive psychology programs which build resilience (Biteback) and online stepped care, promoting access to appropriate, timely support (Smooth Sailing); and
 - (d) **face-to-face presentations to young people in schools:** presented by young adults with lived experience. These programs include the Insight Program which aims to reduce stigma and encourage help seeking. These young adults are trained to present these interventions safely and effectively. Black Dog has a reputation for delivering a range of mental health programs in schools. Over the last five years, we have delivered 851 prevention and wellbeing program programs directly to 81,000 high school students in 714 schools. We have also presented mental health awareness programs to 3,528 parents and carers, and trained 1,382 school psychologists and counsellors. Schools are approached through electronic direct marketing and social media, and through conferences, via presentations and attendance.
- 15 With respect to research programs, the approach is different. We advertise studies and once a school agrees to be involved, we organise the delivery of the education and training programs in the schools. Arrangements and a timetable for delivery will be agreed with school management. The first session will be undertaken at the school, with a trained researcher and volunteer. They will help assist with the downloading of any online program or app, give a presentation on a topic selected by the school and answer questions. The students and their parents must consent to the student's participation in the program (this process is undertaken by the school in conjunction with Black Dog), and to research data being collected from each student. Each student is provided with an individualised login to the relevant program. This enables the collection of individual information. A typical program runs for one hour per week for six weeks, but follow up would be at longer periods – up to 12 months and sometimes up to 5 years.
- (a) During the program participants typically assess themselves by way of quizzes which consider anxiety, depression, friendship relationships, access to services and attitudes to service provision.
 - (b) During the screening phase (after the first session), Black Dog follows up with participants by reviewing the 'scores' of these quizzes.

- (c) Black Dog then contacts participants after 6 months and 12 months following the program. We assess whether the children have experienced any change in symptoms and wellbeing over the six months and whether their level of change differs from that of a group which has not been given the intervention. Such change is measured by way of standardised self-administered questionnaires.
- 16 In my experience, schools where there are very few resources are much more open to our programs. In general, there has typically been minimal resistance from students or teachers to implement the programs. Fifteen years ago, schools were less keen to run mental health education programs. However, in recent times the relevant Departments of Education have been very supportive.

Black Dog programs

- 17 As to the programs offered by Black Dog, by way of summary, the programs can involve face to face programs (for example, Headstrong). However, many programs involve the use of online programs. These programs teach psychological methods to improve coping and manage stress. They are self-help, often structured and require interaction with the program, and the inputting of responses on computers or mobile telephones. I have set out below more detail on certain programs delivered by Black Dog as part of our research programs. Once effectiveness has been verified, we develop the necessary tools and systems to deliver the programs into the school environment.

E-Mental Health

Sparx-R.

- 18 Black Dog partners with Professor Sally Merry from the University of Auckland, New Zealand, to deliver 'SPARX-R' in classrooms. It is an online program that Black Dog has implemented in a research project in schools; and one that is now being implemented in schools across NSW. It is also being rolled out across New Zealand by the New Zealand federal government.
- 19 By way of summary, SPARX-R involves delivering cognitive behaviour therapy (CBT) by way of a game. The CBT is aimed at treating anxiety and depression.
- 20 In implementing the program in schools, certain schools were randomly allocated to receive either the intervention, 'SPARX-R,' or the active control condition, 'Living Well', online wellbeing program. Participants in both conditions were invited to complete questionnaires assessing emotional, social and academic outcomes at baseline, post-intervention and 6-month and 18-month follow-up intervals. The programs were completed during one class period each week over five weeks with supervision provided by class teachers.

- 21 We have collected the results of the program which have been published. Six months after accessing the program, participants in the SPARX-R intervention, on average, exhibited lower levels of depressive symptoms in comparison to those in the Living Well condition.¹

Sleep Ninja

- 22 Black Dog provides a second program titled 'Sleep Ninja'. It is a program that is aimed at managing insomnia as a means to reducing early symptoms of depression. It is an application which delivers cognitive behavioural therapy for insomnia (CBT-I) in a digital format application.
- 23 The development of Sleep Ninja followed a successful published trial in adults.² That trial showed that an online CBT-I program could prevent depression in a large group of Australian adults with sleep problems. The program was entirely automated and did not involve any face-to-face contact and only very brief telephone contact with researchers.
- 24 Black Dog's trials of Sleep Ninja in children, indicate it is well-accepted and found support for its effectiveness in reducing depression and insomnia in a pre-post trial.³ These findings have been published.

iBobbly

- 25 Another example of the product of our research is the 'iBobbly' application. iBobbly began in 2011 when Black Dog was given Federal government funding to develop a suicide prevention tool. iBobbly is the world's first suicide prevention application designed by and for young Aboriginal and Torres Strait Islanders in Australia. It delivers therapy in a culturally relevant way. Black Dog worked closely with an indigenous community in Broome to develop the application;
- 26 Black Dog conducted a short RCT in relation to the use of iBobbly in the Kimberley WA. The results of the trial indicate that the application was effective.⁴ We found there was a 42% reduction in depression, a 28% reduction in distress and a 30% reduction in suicide ideation. The application was well tolerated, drop-out rates were very low, and adherence was very high (less than 3% dropped out). Last year the iBobbly 2.0 app version was evaluated in a larger RCT involving over 400 participants from six communities across New South Wales, Western Australia, the Northern Territory and

¹ Perry, Y., et al., Preventing Depression in Final Year Secondary Students: School-Based Randomized Controlled Trial. *Journal of medical Internet research*, 2017. 19(11): p. e369.

² Christensen, H., et al., Effectiveness of an online insomnia program (SHUTi) for prevention of depressive episodes (the GoodNight Study): a randomised controlled trial. *The Lancet Psychiatry*, 2016. 3(4): p. 333-341.

³ Werner-Seidler, A., et al., Pilot evaluation of the Sleep Ninja: a smartphone application for adolescent insomnia symptoms. *BMJ Open*, 2019. 9(5): p. e026502.

⁴ Tighe, J., et al., Ibobblly mobile health intervention for suicide prevention in Australian Indigenous youth: a pilot randomised controlled trial. *BMJ Open*, 2017. 7(1): p. e013518.

Queensland.⁵ Interim results are promising and full findings from this larger trial will be available in late 2019.

- 27 One of our largest projects to date is 'The Future Proofing Study'. This project is the largest global intervention trial of psychological prevention for depression in young people. It is designed to test whether we can scale up the implementation of effective school-based programs to make a difference at the population level and be used in all schools. This trial is not so much about effectiveness as about implementation. This project aims to recruit 20,000 Australian students, 10,000 of whom will be assigned to SPARX-R and 10,000 of whom will form the control condition. The trial commences in schools on 24 July 2019. This five-year study follows students from Year 8 to Year 12, collecting baseline data at 12, 24 and 60 months. The trial has ethics approval to link individual student data to health records including birth and childhood medical records. This will help us understand the causes of mental illness, who gets ill and when, and whether our project averts such illness. For research into diseases such as cancer, a trial of this size is normal, however, this is a first in mental health.
- 28 The 'Future Proofing' project uses technology to deliver the relevant intervention (SPARX-R) to students, and to collect data on mental health symptoms through self-reporting. It also uses technology that sits on the mobile phone and 'passively' collects data in real time such as:
 - (a) collecting activity data through passive signals such as the phone's accelerometer, location, swipe speed and how the phone is used generally; and
 - (b) collecting data from active signals for example requesting participants respond to a particular question and capturing the response by voice recording software. This provides an opportunity to understand whether we can detect depression from the student's tone of voice. Data can also be collected concerning the student's cognitive and attentional processes by delivering short 'tests' of memory and attention. The program also allows self-reporting in bursts – i.e. it asks the relevant student to report how they are feeling over short periods (for example every hour for 8 hours).
- 29 The collection of data from smartphones such as the above, aims to collect data that may signal meaningful behaviour related to mental health conditions. For instance, low levels of activity and staying close to home may indicate depression. This new 'science of behaviour' has been labelled 'digital phenotyping'.⁶ Digital phenotyping is the moment-by-moment, in situ quantification of the individual-level human phenotype using

⁵ Shand, F., et al., The iBobbly Aboriginal and Torres Strait Islander app project: Study protocol for a randomised controlled trial. *Trials*, 2019. 20(1): p. 198.

⁶ Insel, T.R., Digital Phenotyping: Technology for a New Science of Behavior Digital Phenotyping Digital Phenotyping. *JAMA*, 2017. 318(13): p. 1215-1216.

data from personal digital devices.⁷ The research literature at the moment indicates that these signals can be meaningfully linked to certain mental health conditions (such as bipolar disorder)^{8,9}, but we need to test the 'hype' against the reality and determine whether individual level data is related to behaviour. This is the aim of one component of the Future Proofing Study.

Clinical Services

- 30 Black Dog's Clinics were first established in 1999 in the Mood Disorder Unit, attached to the Prince of Wales Hospital, Randwick. This unit became Black Dog in 2002. Our clinics continue to innovate and improve the traditional treatment paradigms, in particular the assessment and management of people with severe and persistent mental illnesses including treatment-resistant mental health conditions.
- 31 Black Dog now provides a range of clinics including: Depression, Bipolar, Psychology, Rural and regional telepsychiatry, TMS Treatment and Neurostimulation.
- 32 Over the past ten years Black Dog's Depression Clinic has established reputation for being a world leader in the assessment and management of complex, difficult to treat cases of depression. Over the last decade, an increasing gap in care has emerged for those suffering from depression that is too complicated to be managed by general practitioners, but not severe enough to qualify for the very limited provisions of more specialist mental health services. Each year it is estimated that over 360,000 adults fall into this gap, leading to inadequate management of their depression at an enormous cost to them, their families and government.
- 33 The Depression Clinic is the flagship clinical service of Black Dog. Historically it has tended to focus on very complex, treatment resistant cases. Over the last 16 years, the Depression Clinic has helped thousands of patients whose symptoms have not responded to usual treatments, with a range of new treatments, some of which have now become standard treatments around the world.
- 34 However, the evolving nature of mental health presentations in Australia now demand that Black Dog's Depression Clinic needs to evolve. In 2017, Black Dog published a landmark paper in the Medical Journal of Australia, which showed that even though there was no evidence that the prevalence of depression had increased in Australia over the last decade, there was a dramatic increase in the cost of depression, in particular due to those with depression being unable to work. The reasons for this are

⁷ Onnela, J.-P. and S.L. Rauch, Harnessing Smartphone-Based Digital Phenotyping to Enhance Behavioral and Mental Health. *Neuropsychopharmacology*, 2016. 41: p. 1691.

⁸ Barnett, I., et al., Relapse prediction in schizophrenia through digital phenotyping: a pilot study. *Neuropsychopharmacology*, 2018. 43(8): p. 1660-1666.

⁹ Faurholt-Jepsen, M., et al., Objective smartphone data as a potential diagnostic marker of bipolar disorder. *Australian & New Zealand Journal of Psychiatry*, 2018. 53(2): p. 119-128.

complex and almost certainly multiple, but one key problem is that now most people (60%) diagnosed with depression, do not see a mental health professional. The public mental health services in Australia are primarily set up to assess and manage those with severe and enduring mental health problems, meaning the vast majority of those with depression are deemed not sufficiently complex enough to access specialist services. These individuals will usually be treated by their GPs. However, over the years the management of depression has become increasingly complex and specialised, leaving an increasing number of individuals failing in the gap beyond what a GP is reasonably able to manage.

- 35 We propose that the key to dealing with this increasing problem is to provide GPs with greater support so that they can confidently manage common mental health problems such as depression either in isolation or with a shared care arrangement with mental health experts. Such systems of increased support and shared care have revolutionised the treatment of other chronic health problems such as diabetes and high blood pressure. Black Dog proposes that a similar model can revolutionise the care of Australians suffering depression.
- 36 Black Dog's specialist psychiatrists, psychologists and exercise physiologist assists with diagnosis, better management of medication, treatment, exercise programming and social prescribing.

Workplace Training

- 37 Mental illness is now the leading cause of sickness absence and long-term work capacity in Australia.
- 38 Research shows that risk and protective factors inherent in work environments, can be controlled and positive mental health and wellbeing can be achieved.
- 39 Evidence-based workplace mental health and wellbeing programs at the individual, team and organisational levels are effective in reducing stigma, building personal and organisational resilience, identifying mental health issues in workers and their colleagues and promote help seeking.
- 40 Australia's only Workplace Research and Training Unit is undertaking world first research into workplace mental health in high risk industries, for example Post Traumatic Stress Disorders in First Responders and mental illness and suicide in Junior Doctors.
- 41 Since 2016 Black Dog has delivered face-to-face workplace training to 34,626 workers in private businesses and government, trained 9,508 health professionals and delivered training to 88,244 workers in the community.

Mindgardens

- 42 The Mindgardens Neuroscience Network (**Mindgardens**) is an innovative organisation dedicated to clinical excellence, research and education in neurological, mental health and substance use disorders. Established in 2018, it brings together the strengths of four founding partner organisations: Black Dog, Neuroscience Research Australia, South Eastern Sydney Local Health District and UNSW Sydney, to form the largest hub of scientists and clinicians working on the brain disorders in the southern hemisphere.
- 43 Mindgardens own work ("A Review of the burden of disease for neurological, mental health and substance disorders in Australia") points to the enormous burden and cost of brain disorders, estimated to be in excess of \$74 billion in 2017 across Australia. Into the future Mindgardens has estimated that these brain disorders will have a greater cost to the Australian economy than heart disease, cancer, and respiratory disease combined
- 44 The Mindgardens Neuroscience Network is supported by the Federal Government under the Hospital and Community Infrastructure Scheme. The initiative received \$7m in funding over 2 years 2019/20 and 2020/21 to deliver Phase 1 of the Mindgardens Comprehensive Brain Disorders Centre.
- 45 The first comprehensive brain disorders centre in Australia will bring together clinical excellence research and education with the specific aim to improve patient outcomes. Its aim is to enhance and create synergies based on the neuroscience, clinical and research capacity on the Randwick campus and more broadly South East Sydney Local Health District. It will establish a model care system illustrating the virtual cycle of research and translation with the patient, carer and population at the centre.
- 46 Apex Clinics will be established to provide a holistic model of care for patients with access to a range of integrated treatments, expert clinical services and research participation.

Technology and e-health

- 47 'E-health' involves the use of information technology in the delivery of health solutions. Primarily, it refers to the use of internet-based interventions for therapy or prevention. M-health involves the use of mobile phones in delivering health interventions.
- 48 E-health is perceived by some consumer organisations and health organisations to be 'second-rate'. This view appears to stem from the view that e-health services are cheaper and thus can be seen to be an inadequate response to mental health problems – a cheap way to fob people off. However, I do not believe it is appreciated that many people who have mental health problems enjoy using and gain many benefits from

relevant electronic applications. The research evidence suggests that they are highly effective.

49 There are a number of benefits to e-health. It is increasingly recognised that we cannot provide face-to-face services to improve psychological health. Our current model of health delivery will not reach the 60% of Australians who do not seek help.¹⁰ Although psychological interventions are highly effective, most people affected by mental health problems do not gain the benefits of this knowledge.¹¹ This is why technology is a potential solution – it can provide high quality services to those who cannot or will not seek help from largely privatised mental health services.^{12,13} Technological solutions can be used within and outside the ‘health care system’, for example:

- (a) in schools, screening via e-health apps will identify children at risk of mental health problems easily and in a less cumbersome way than by face-to-face assessment. This means that students who provide answers that are potentially concerning, relevant school counsellors can target them more efficiently;
- (b) in general practice, many patients with mental health problems essentially will not let their GP know. Black Dog offers a StepCare Service, an online mental health service for GPs to screen and help patients with anxiety or depression whom may not previously been detected. Regardless of the reason for a visit to the GP, patients can choose to do the 5-minute screening survey via a mobile tablet in the waiting room. These results are sent immediately to the GP. If patients are showing signs of common mental health disorders, GPs can discuss treatment options including digital mental health treatment programs. Depending on need, patients are recommended evidence-based prevention, early intervention and treatment and monitored for 18 weeks. Results from the research trials were positive, of the 33% of patients with some mental health issues, 38% were new cases which would not have been previously identified. Black Dog’s StepCare service is currently being used by 65 general practices across NSW, QLD, VIC and ACT. However more GPs need to take up this service, to reduce the stigma of speaking about mental health- even with a GP;
- (c) the unwillingness demonstrated by men to speak about their challenges can be alleviated by e-health. Web-based interventions represent an alternative treatment option for men, are effective in reducing anxiety and depression, and have potential for wide dissemination; and

¹⁰ Christensen, H. and I.B. Hickie, Using e-health applications to deliver new mental health services. *Medical Journal of Australia*, 2010. 192(S11): p. S53-S56.

¹¹ Harvey, A.G. and N.B. Gumpert, Evidence-based psychological treatments for mental disorders: modifiable barriers to access and possible solutions. *Behaviour research and therapy*, 2015. 68: p. 1-12.

¹² Andrews, G. and N. Titov, Is internet treatment for depressive and anxiety disorders ready for prime time? *Med J Aust*, 2010. 192(11 Suppl): p. S45-7.

¹³ Ferguson, T., Online patient-helpers and physicians working together: a new partnership for high quality health care. *BMJ*, 2000. 321(7269): p. 1129.

- (d) online programs work well in rural settings. Research shows that fewer people in rural areas seek help for mental disorders.¹⁴ This is likely due to a number of potential barriers including the lack of accessibility of services.¹⁵ According to rural GPs, the greatest need for mental health services relates to the provision of CBT and education about depression.¹⁶

Difficulties with implementation

- 50 E-Health is often incorrectly perceived to be second-rate and ineffective and there is a need to learn how to change these attitudes. By way of example, a barrier to the implementation of e-health comes from working GPs, who are not incentivised to use e-health programs. GPs are being paid through Medicare. There needs to be more incentives for GPs to use and recommend e-health initiatives. In addition, sometimes the simplest solution for GPs is to send patients to a psychologist, as this straightforward process is already in place.

Future

- 51 Young people are becoming increasingly digitally inclined and mobile telephones are a large part of their lives. As a result of the way children use technology, there is international recognition that digital interventions represent a potential solution to gaining knowledge around mental health and developing and learning how to cope and respond better. Internet applications, virtual reality, social supported chats, and technology in a broad sense can be used in different ways, and in different forums, to deliver mental health training and interventions.
- 52 The collection of digital data provided willingly by individuals, in combination with their background information, allows us to create a profile of an individual. A high level of trust in the collection and storage of this data is essential. As this data affects all services, it is important that people have ownership over their own data and medical records.
- 53 There are a number of current and potential future technological developments which may provide assistance to people with mental illness for example:
- (a) Black Dog has developed a Suicide Prevention Intelligence System (**SPIS**), a data platform in order to prevent suicide attempts and deaths. Black Dog secured ethic approvals to acquire and analyse datasets from ambulance,

¹⁴ Caldwell, T.M., A.F. Jorm, and K.B.G. Dear, Suicide and mental health in rural, remote and metropolitan areas in Australia. Medical Journal of Australia, 2004. 181(S7): p. S10-S14.

¹⁵ Quine, S., et al., Health and access issues among Australian adolescents: a rural-urban comparison. Rural Remote Health, 2003. 3(3): p. 245.

¹⁶ Wright, M.J., et al., Caring for depressed patients in rural communities: general practitioners' attitudes, needs and relationships with mental health services. Australian Journal of Rural Health, 2005. 13(1): p. 21-27.

police, hospital, population and the National Coronial Information Service, to map suicide deaths (at home and away), attempts, clusters, risk areas, means and health services. These geospatial maps are overlaid with age, occupation and other ABS population and social indexes to provide suicide audits. These audits effectively evaluate, target and improve local suicide prevention activities. SPIS is used in Black Dog's Australian first evidence-based, integrated and community led suicide prevention trials known as LifeSpan.

In partnership with the Australian National University and SAS Institute, Black Dog is developing a unique text mining algorithm for the automation of attempt coding. This model is based on over 450,000 ambulance call outs which identifies, evaluates and flags suicidal ideation, attempt, denial and self-harm - an Australian first;

- (b) technology can be used in the area of suicide prevention. CCTV footage has traditionally been used to identify antisocial conduct. However, this type of technology could be used to identify and analyse behaviours which indicate that someone is at risk of self-harm, **before** they make an attempt to take their life.

Black Dog is currently working on a project which uses CCTV and artificial intelligence to analyse whether certain behaviour, for instance pacing, indicates suicidal ideation. If someone has made a previous suicide attempt at a particular location, it might be possible in the future to assess if they are returning to that location and, if they do so, send an alert to their family or friends; and

- (c) Black Dog is also trialling a number of interventions specifically in suicide prevention which deliver psychological help online including:
 - (1) 'Living with Deadly Thoughts' an intervention program offered through the internet which we are currently preparing for public use;
 - (2) RAFT is a digital app that we are also trialling to deliver help after a suicide attempt;
 - (3) 'Lifebuoy' is a youth app for suicide prevention ; and
 - (4) use of medical devices in suicide prevention within hospital, measuring pulse oximetry (oxygen levels) continuously for high risk patients will this avoid deaths between nursing observation periods.

A systems approach to suicide prevention

- 54 By 2030 mental health disorders will be the leading cause of disease burden worldwide. In Australia suicide statistics are at record levels:

- (a) suicide is the leading cause of death of Australians aged 15-44 years;¹⁷
 - (b) every day, 8 Australians die by suicide and rates have increased over the last decade;¹⁸
 - (c) 65% of people with mental illness do not access any treatment;¹⁹ and
 - (d) 50% of all cases of mental illness develop during adolescents and 75% by the age of 25.²⁰
- 55 Black Dog is Australia's Centre of Research Excellence in Suicide Prevention, funded by the NHMRC and philanthropy. After many years of research, analysis and trials, there is evidence that large-scale, multi-pronged interventions are considered best practice in the reduction of suicide.
- 56 Black Dog reviewed all international evidence on suicide prevention and brought to Australia the most effective systems-approach with the strongest evidence-base (RCT or meta-analysis) for reducing suicide attempts and deaths. We improved this model with further input from stakeholders and adapted it for Australian communities. Known as LifeSpan, it is the world's first evidence-based, integrated and community led approach to suicide prevention. The first ever trials in NSW were funded by a \$15m philanthropic donation from the Paul Ramsay Foundation.
- 57 Uniquely, LifeSpan includes nine strategies which have the strongest evidence for suicide prevention being:
- (a) using evidence-based treatment for suicidality;
 - (b) improving emergency and follow-up care for suicidal crisis;
 - (c) equipping primary health care to identify and support people in distress;
 - (d) improving the competency and confidence of frontline workers to deal with suicidal crises;
 - (e) promoting help-seeking, mental health and resilience in schools;
 - (f) training the community to recognise and respond to suicidality;
 - (g) engaging the community and providing opportunities to be part of the change;
 - (h) encourage safe and purposeful media reporting; and
 - (i) improving safety and reducing access to means of suicide.

¹⁷ World Health Organization, The global burden of disease: 2004 update. 2004.

¹⁸ Australian Bureau of Statistics, Causes of Death. 2017, Australian Bureau of Statistics: Canberra.

¹⁹ Australian Bureau of Statistics, Australian Social Trends. 2009, Australian Bureau of Statistics: Canberra.

²⁰ Kessler, R.C., et al., Age of onset of mental disorders: A review of recent literature. Current opinion in psychiatry, 2007. 20(4): p. 359-364.


- 58 LifeSpan is being trialled by Black Dog across four sites in NSW and currently provides expertise and support to 29 suicide prevention trial sites across Australia. An economic evaluation estimates that LifeSpan could reduce suicide deaths by 20% and attempts by 30%.²¹
- 59 So far Black Dog's LifeSpan trials have achieved:
- (a) development of an Australian first Suicide Prevention Intelligence System as mentioned above. This provide accurate, comprehensive and analysed suicide data for community and health services to improve planning and evaluation of their suicide prevention activities on the ground;
 - (b) 6,598 community gatekeepers (including GPs) trained in Question Persuade, Refer (QPR) program in NSW LifeSpan trial sites and supported National Suicide Prevention Trial sites;
 - (c) YAM (Youth Aware of Mental Health) rolled out to 71 schools (Independent, Public and Catholic) and 8,500 young across the NSW LifeSpan Research Trial sites in partnership with the NSW Department of Education;
 - (d) over 7,000 responses to our Community Survey across four trial sites and three control sites, with over 4,000 participants wanting follow-up;
 - (e) 32 workshops delivered to 419 psychologists, allied health professionals and GPs for Advanced Training in Suicide Prevention and Talking about Suicide courses; and
 - (f) StepCare roll-out in general practices within trial sites, and more than 650 patients have been screened for depression, anxiety, and suicidal thinking.
- 60 Final independent evaluations will be completed mid-2020. However, communities across Australia are calling out for the LifeSpan approach to build a whole of community safety-net to prevent suicide deaths and attempts.

Summary

- 61 Most people suffering from mental health disorders are in need of psychological or psychiatric treatment which they either do not receive, or receive treatment at doses too low for it to be effective. Continuing to focus on the current mental health model of service provision is not going to change this need. We must consider how to scale up and implement other models of mental health 'care' through schools, through workplaces, communities, through the internet and technology. Technology is scalable and given the right conditions, highly effective. Technology is pervasive and accepted as integral to daily life. There is a reluctance to invest the millions needed to provide

²¹ Black Dog Institute, LifeSpan 2016 Implementation progress Annual Report. 2016, Black Dog Institute: Sydney.

new therapeutic devices and digital therapies. We only have few research funding mechanisms to bring digital therapeutics up to scale. This must change.

sign here ► 

print name Scientia Professor Helen Christensen AO

date 18 July 2019



**Royal Commission into
Victoria's Mental Health System**



ATTACHMENT HC-1

This is the attachment marked 'HC-1' referred to in the witness statement of Professor Helen Christensen AO dated 18 July 2019.



Scientia Professor Helen Christensen AO

Director and Chief Scientist | Black Dog Institute

CURRICULUM VITAE

I. PERSONAL DETAILS

Name: Helen CHRISTENSEN
 Position: Chief Scientist and Non-Executive Director, Black Dog Institute
 Scientia Professor and Professor of Mental Health, UNSW Sydney
 Email: h.christensen@blackdog.org.au
 Web: www.blackdoginstitute.org.au
 Address: Black Dog Institute Hospital Road, Randwick NSW 2031

BROAD RESEARCH AREAS

Public Health; Mental Health; Suicide; Prevention and early intervention; Technology and e-health

II. ACADEMIC AND EMPLOYMENT HISTORY

Academic Qualifications

1988 PhD, UNSW Sydney (Part Time)
 1982 Master of Psychology (Honours, 1st Place), UNSW Sydney (Part Time)
 1977 Bachelor of Arts (Honours), University of Sydney (Full Time)

Current Appointments

2018- Co-Interim CEO, Mindgardens Neuroscience Network
 2015- Fellow of the Australian Academy of Health and Medical Sciences
 2015- Scientia Professor, UNSW Sydney
 2012- Chief Scientist and Non-Executive Director, Black Dog Institute
 2012- Professor of Mental Health, UNSW Sydney
 2012- Emeritus Professor, Australian National University (ANU)
 2012- ANU Public Policy Fellow, Institute of Public Policy, ANU
 2004- Fellow of the Academy of the Social Sciences in Australia

Previous Appointments

2017-2018 Non-Executive Director, R U OK?
 2012-2013 Executive Director, Black Dog Institute, UNSW Sydney
 2005-2012 Director, Centre for Mental Health Research, ANU
 2002-2012 Professor, ANU (Level E Research-only criteria)
 2001-2005 Deputy Director, Centre for Mental Health Research, ANU

1991-1992 Visiting Fellow, Psychiatry, St Thomas's Hospital, London
 1991-1992 Visiting Fellow, Institute of Psychiatry, De Crespigny Park, London
 1985-1988 Tutor, School of Psychology, UNSW Sydney
 1984-1985 Research Psychologist, Quality Assurance Project, Prince Henry Hospital
 1981-2000 Research Fellow, Senior Research Fellow, Fellow, CMHR, ANU
 1977-1980 Tutor, School of Psychiatry, UNSW Sydney

Appointments within the NHMRC Fellowship Scheme

2019-2023 NHMRC Elizabeth Blackman Fellowship in Public Health
 2014-2018 NHMRC John Cade Fellowship in Mental Health Research
 2009-2013 NHMRC Senior Principal Research Fellowship (Appointment)
 2004 NHMRC Principal Research Fellowship (Promotion out of Round)
 1997 NHMRC Senior Research Fellowship (Appointment)
 1994 NHMRC Douglas Wright Fellowship (Appointment)

Appointments within the Health Sector

1995 Registered Psychologist, ACT
 1990 Honorary Research Psychologist, The Canberra Hospital
 1980-1986 Private Practice
 1980-1984 Psychologist, Senior Psychologist, Sydney Technical College

III. AWARDS AND HONOURS

International

2019 International Society for Research on Internet Interventions (ISRII) Life-time Achievement Award
 2014 Roddy D Brickell Memorial Award, Division of Child Psychiatry, Columbia University
 2013 International Society for Research on Internet Interventions (ISRII) Leadership Award

National

2019 Officer of the Order of Australia (AO) for distinguished service to medical research through the development of on-line mental health treatment programs, Australia Day Honours 2019
 2015 Special TheMHS Award – Research Focus: Presented to NHMRC Centre for Research Excellence (CRESP), Black Dog Institute; by The Hon Dr Kay Patterson, National Mental Health Commissioner, National Convention Centre, Canberra, 26 August 2015
 2015 LiFE Award for Excellence in Suicide Prevention – Research: Awarded to NHMRC Centre for Research in Suicide Prevention (CRESP) at 2015 Annual National Suicide Prevention Conference, Suicide Prevention Australia (SPA), Hobart, Australia
 2015 Inaugural Fellow, Australian Academy of Health and Medical Sciences
 2013 Australian Psychological Society Distinguished Contribution to Psychological Science Award, Australian Psychological Society (APS)
 2013-2018 NHMRC John Cade Fellowship in Mental Health Research (2014 –
 2013 Australian Society for Psychiatric Research (ASPR) Founders Medal
 2010 Silver Award for Achievement in E Health Services at The Mental Health Services (THEMHS) Conference
 2008 Rotary National Dissemination Award
 2007 The Australasian Society for Psychiatric Research (ASPR) Eli Lilly Award

- 2007 Gold Award for Achievement in Infant, Child and Adolescent Services/Programs at The Mental Health Services (THEMHS) Conference
- 2005 AHA Baxter Healthcare National Innovation Award: Health Outcomes
- 2004 Winner: Services Innovation, iAwards. The iAwards are the Australian ICT industry's national program honouring the year's "best of the best" in ICT.
- 2004 Mental Health Website Award; Best Website in the category 'International Mental Health Information Website', Internet, Media and Mental Health
International Conference, 21-24th April, 2004, Brisbane, Australia
- 1994 Australian Psychological Society Early Career Award (APS)

State and Institutional Prizes

- 2016 NSW Premier's Award for Leadership in Innovation
- 2013 Finalist, UNSW Innovation Awards (with Dr Shand and Ms Ridani)
- 2008 ANU Annual Media and Outreach Awards. Prize for large media coverage for "extending the profile of ANU through media and outreach areas".
- 2007 Special Focus Award, ACT Early Intervention Awards (for promoting best practice and excellence in mental health and community service delivery)
- 2007 Yogie Award, Youth Coalition of the ACT (to reward outstanding practice in working with young people in the ACT and surrounding area)
- 2004 ANU Prize for Innovative IT applications on Campus.
- 1974-1975 Ann Carslaw Bursary, University of Sydney
- 1972 Dux of School, Narrabeen Girls' High School

Distinctions

- 2015- Inaugural Fellow of the Australian Academy of Health and Medical Sciences
- 2010 NHMRC Academy
- 2010 APHCRI Travelling Fellowship
- 2007 APHCRI Travelling Fellowship
- 2004 Fellow of the Academy of the Social Sciences in Australia
- 2002 Finalist, Telstra Businesswomen's Award: ACT Government Sector
- 1982 Commonwealth Post Graduate Course Award
- 1973 Commonwealth University Scholarship

IV. SELECTED MAJOR CONFERENCE ACTIVITY (2010 – 2019)

INTERNATIONAL

Invited Keynote Addresses: XVI European Congress of Psychology, Russia (2019): *Using digital and e-health technologies to improve suicide prevention*. 21st Annual Conference of The International Society for Bipolar Disorders (ISBD) Conference, Sydney (2019): *Application of e-health technologies (web, apps, twitter etc.) for the treatment of depression and anxiety*. The World Psychiatric Association's Thematic Congress, Australia (2018): *Innovation in suicide prevention*. 29th International Congress of Applied Psychology (ICAP), Canada (2018): *Using digital technologies to improve suicide prevention. Harnessing technology to reduce suicide*

risk. International Academy of Suicide Research (IASR) / American Foundation for Suicide Prevention (AFSP) International Summit on Suicide Research, United States (2017); *Web-based interventions for mood disorders and suicidal behaviour*. 12th International Initiative for Mental Health Leadership (IIMHL) Leadership Exchange, Australia (2017); *Evidence based practice and digital tech*. Roddy D Brickell Memorial Award and Lecture on Adolescent Suicide, Columbia University, New York, USA (2014); *E-health interventions with suicidal outcome data: A review of online treatment and prevention trials*. 2013 World Congress on Suicide, Montreal, Canada (2013); *Anxiety disorders – Internet interventions*, 7th World Congress of Behavioural and Cognitive Therapies, Lima, Peru (2013); *eHealth & Suicide Prevention: What we know?* Suicide Prevention Conference 2012: Satellite Meeting of the Safety 2012 World Conference, Auckland, New Zealand (2012); *New forms of population prevention for depression*. Australasian Society for Bipolar Disorder Conference, Sydney, Australia (2011).

Major Conferences: The International Society for Research on Internet Interventions (ISRII) Conference 2019, Australia; *A brief review of web interventions for suicide prevention*. Global Consortium for the Prevention of Depression, Spain (2018). International Society for Research on Internet Interventions (ISRII) 9th Scientific Meeting, Berlin, Germany (2017); *Web-based interventions for mood disorders and suicidal behaviour*. 30th European College of Neuropsychopharmacology (ECNP) Congress, Paris, France (2017); *Two online suicide prevention programs: Randomised controlled trial data from Healthy Thinking and iBobbly*. IASR/AFSP International Summit on Suicide Research 2015, New York, USA (2015); *E-health programs in Australia*. 18th European Health Forum, Gastein, Austria (2015); *Internet interventions and trial considerations for suicide prevention*. 28th World Congress of International Association for Suicide Prevention (IASP), Montreal, Canada (2015); *Designing apps for acceptability and interactivity & Global health promotion and social media*. International Society for Research on Internet Interventions (ISRII) 7th Scientific Meeting, Spain (2014); *Prevention of anxiety using the internet: Preliminary findings*. International Society for Research on Internet Interventions (ISRII) 6th Scientific Meeting, Chicago, USA (2013); *Using the Internet and technology to deliver self-help programs. The Interpersonal-Psychological Theory of suicidal behaviour: Empirical test in a community sample; The Effect of Changes in Depression and Anxiety on Changes in Suicide Ideation: A Randomised Controlled Trial of a CBT internet program for sub-threshold Generalised Anxiety Disorder; Lowering risk factors for suicide: a RCT within a national helpline.; New scales to assess suicide attitudes and knowledge in the general population*. International Association for Suicide Prevention (IASP) World Congress, Beijing, China (2011); *Dissemination of Self-Help Worldwide: Preventing anxiety and depression: the results from an indicated RCT (community sample in Australia) and a selective RCT (medical trainees in USA)*. International Society for Research on Internet Interventions (ISRII), Sydney, Australia (2011); *E-health models in the delivery of mental health services; E-hub online self-help programs: BluePages, MoodGYM, e-couch; Case Studies: The Connected Psychologist: e-Mental Health Applications in Professional Practice*. 27th International Congress of Applied Psychology (ICAP), Melbourne, Australia (2010); *Adherence to an online CBT program for depression and anxiety: Predictors and outcome in a school-based population; E-Health Technologies and Internet-based Intervention*. 1st International Conference on Translational Medicine, Canberra, Australia (2010); *E-Health Technologies: Research and Development*. 1st International Youth Mental Health Conference, Melbourne, Australia (2010); *The Role of the Internet in Engagement*,

Help Seeking and Prevention. American Psychological Association 118th Annual Conference, San Diego, California, USA (2010).

Symposia / Workshop Panellist: Panellist: XVI European Congress of Psychology, Russia (2019): *Indigenous suicides – what can be done about it*. Invited symposium presentation: *Preventing suicide using smartphones and web programs: Randomised controlled trials*. Preventative Interventions for Depression, 31st International Congress of Psychology, Yokohama, Japan (2016); Invited panellist: 1st Symposia on Computing and Mental Health, ACM CHI Conference on Human Factors in Computing Systems, San Jose, California (2016); Workshop Panellist: *Innovative solutions for preventing and treating mental illness*. 18th European Health Forum Gastein, Austria (2015); Symposium Chair: *Symposium #84 – Interactive Online and Smartphone Intervention of Suicidal Ideation*. 28th World Congress of International Association for Suicide Prevention (IASP), Montreal, Canada (2015); Panellist: *National and International Perspectives*. Canadian Depression Research and Intervention Network (CDRIN) Meeting, Ottawa, Canada (2014); Panellist: *National and International Perspectives panel*, Canadian Depression Research and Intervention Network Conference, Ottawa, Canada (2014); Symposium Moderator: *Research Translation in the Digital Age*. International Society for Research on Internet Interventions (ISRII) 7th Scientific Meeting, Valencia, Spain (2014); Symposium: *Smartphones for smarter delivery of mental health programs*. International Society for Research on Internet Interventions (ISRII) 6th Scientific Meeting, Chicago, USA (2013); Symposium: *Integrating e-Health into clinical practice*. 7th World Congress of Behavioural and Cognitive Therapies, Lima, Peru (2013). Symposium: *Low Intensity CBT: Dawning of a New Paradigm*. World Congress of Behavioural and Cognitive Therapy (WCCBT), Boston, USA (2010); Workshop: *Innovations in ICT in Suicide Prevention*. 4th Asia-Pacific Regional Conference of the International Association for Suicide Prevention, Australia (2010); Workshop: *The Intersection of e-Health and Traditional Models*. 27th International Congress of Applied Psychology (ICAP), Melbourne, Australia (2010).

NATIONAL

Invited Keynote Presentations: Keynote Speaker: National Suicide Prevention Conference, Adelaide (2018): *Social media and community suicide interventions*. Opening address: The Future of Child and Adolescent Mental Health Conference, Sydney, NSW (2016); Keynote speaker: Rural and Remote Mental Health Symposium, Kingscliff, NSW (2016); CRESP Summit Opening Presentation: *Introduction to a national systems approach to suicide prevention*. Centre for Research for Suicide Prevention (CRESP) National Suicide Prevention Summit 2015, Canberra (2015); Keynote speaker: Suicide and Self-Harm Prevention Conference, QLD (2015); Keynote Speaker: *Using the Internet to prevent suicide*; 8th Primary Mental Health Care (PMHC) Conference, Australian College of Mental Health Nurses, Canberra (2015); Keynote presentation: *What are the priorities in suicide prevention?* The National Suicide Prevention Conference 2014, SPA, Perth (2014); Keynote presentation: *Prevention programs in schools: evidence, challenges and opportunities*. Inaugural Alliance for the Prevention of Mental Disorders (APMD) Conference, Adelaide (2014); Keynote Speaker: *Prevention of anxiety using a web intervention*. The Australasian Society for Psychiatric Research (ASPR) 2012 Conference, Fremantle (2012); Keynote Speaker: *Prevention of depression and anxiety using technologies: New directions and developments*. 1st National APS e-Psychology Conference, QLD (2012); President's Address, ASPR Annual General Meeting: *Lowering risk factors for suicide: a RCT within a national helpline; A test of*

Joiner's IPT model. Australian Society for Psychiatric Research (ASPR) Conference, Dunedin, New Zealand (2011); *Opening Keynote Address.* Australian Society for Psychiatric Research (ASPR) Conference, Sydney (2010).

Major Conferences: Australian Academy of Science - The Science of Us - Your Mental Health, Canberra (2018); *Innovative methods for mental health risk detection and novel interventions for mental health treatment.* The Alliance for the Prevention of Mental Disorders (APMD) - Optimising prevention of mental disorders, Noosa (2018); *The Prevention Hub: Australia's first and largest integrated research initiative into the prevention of anxiety and depression.* The Mental Health in Schools Conference 2018: From Awareness to Action: Building Mentally Fit Schools; *Preventing depression, anxiety and suicide in high school students.* 2018 National Round Table on the Mental Health of People with Intellectual Disability, Sydney; *A responsive mental health system.* Finding peace of mind: Navigating the marketplace of mental health apps, Sydney (2017); *Apps and hype: Regulating new technologies.* Hunter Valley Family Law Practitioners Association (HVFLPA) Annual Conference, Sydney (2017); *Suicide prevention: Looking after your own mental health.* Society for Mental Health Research (SMHR), Canberra (2017). *Developing cost effective methods of treating the full spectrum of mental health issues.* 3rd Annual Digital Health Summit, Connect EXPO, Melbourne (2016); *Scoping data for systems approach to suicide prevention.* Australian Society for Bipolar and Depressive Disorders 2015 Conference, Sydney (2015); *Preventing depression through an insomnia intervention.* SMHR Society for Mental Health Research Conference, Brisbane (2015); *The science of social media.* The Australasian Society of Psychiatric Research (ASPR) / Society for Mental Health Research (SMHR) Conference, Adelaide (2014); *Social media and suicide: Harnessing the potential of social media for suicide prevention.* The National Suicide Prevention Conference 2014 (SPA), Perth (2014); *Research demonstrates efficacy of online programs.* 2014 Mental Health in the Australian Workplace Conference, Melbourne, (2014); *Delivering treatment and prevention via the internet for mental health disorders and suicide risk.* Health Informatics Conference, Adelaide, (2013); *Suicide ideation in response to depression and anxiety e-health interventions.* 23rd Annual, The Mental Health Services Conference (TheMHS), Melbourne (2013); *Community-based suicide prevention: Literacy, campaigns, messaging and collective impact. & How much does the population know about suicide? What are their attitudes to it?* Australian Suicide & Self-harm Prevention Conference, Queensland (2012); *From population trials to public health practice: an example of a global health service.* 1st National Symposium on Translational Psychiatry, Canberra (2011); *The Web GAD Prevention Project.* Australian Society for Psychiatric Research (ASPR) Conference, Sydney (2010).

Symposia / Workshop Panellist: Keynote Speaker: The Department of Psychiatry Annual Research Symposium - University of Melbourne. Presenter: Brain Sciences UNSW Symposium 2016, Minding the Brain: translating research to practice, UNSW, Sydney (2016); Presenter: NSW Chief Scientist and Engineer Breakfast Seminar Series, NSW Parliament House (2016). Panellist: NSW Police Biennial Mental Health Contact Officers Conference (hosted by NSW Police Mental Health Intervention Team), UNSW, Sydney (2015); Panellist: *Q&A Panel Session*, 8th Primary Mental Health Care (PMHC) Conference, Australian College of Mental Health Nurses, Canberra (2015); Presenter: *Plenary Panel*, SPA National Suicide Prevention Conference 2014, Perth (2014); Session Chair, Australasian Society of Psychiatric Research (ASPR) / Society for Mental Health Research (SMHR)

Conference, Adelaide (2014); Panellist, Meeting for Minds Mental Health Forum, Perth (2014); NMHRC Centre for Research and Excellence in Suicide Prevention (CRESP) Pre-Conference Workshop, 23rd Annual The Mental Health Services Conference (TheMHS), Melbourne (2013); Panellist: *Mental Health Panel*, 44th Annual Conference of the National Association of Australian University Colleges (NAAUC), Sydney (2012); *Suicide prevention in Australia using online technologies*. Commonwealth Department of Health and Ageing Australian Primary Health Care Institute, Canberra (2011); *Providing Accessible and Effective Interventions for Early Intervention and Prevention Through the Web*. NHMRC Mental Health Workshop and Scientific Symposium: Developing a more evidence-based mental health system. Canberra (2010); *E-cafe, e-hub process: Q & A session*. TheMHS: Mental Health Services 20th Annual Conference, Sydney Convention Centre, Sydney (2010); *Public Roundtable on Youth Suicide Prevention*. Standing Committee on Health and Ageing, Canberra (2010).

V. TRAINING

Students

Note: ANU did not allow NHMRC Fellows to supervise PhDs until 2001.

Honours / Masters Students

Student	Degree	Year	My role	Their current position
	Masters	2006 - 2012	Primary Supervisor	Unknown
	Honours	2011	Supervisor Panel	Unknown
	Honours	2011	Supervisor Panel	Unknown
	Honours	2011	Supervisor Panel	Unknown
	Honours	1992	Supervisor	Clinical Practice
	M Psych	1994	Supervisor	Clinical Practice
	M Psych	1998	Supervisor	Unknown
	Other program /interns hip	1999	Supervisor	Unknown
	Other program /interns hip	1999	Supervisor	Commonwealth Public Service

PhD Students

Student	Degree	Year	My role	Their current position
	PhD	2004	Supervisory Panel	Senior Research Fellow, Australian Institute for Primary Care and Ageing, La Trobe University.

	PhD	2005	Supervisory Panel	Director, Centre for Gambling Research, ANU.
	PhD	2006	Supervisory Panel	Senior Lecturer and Senior Consultant Neuropsychiatrist at the ANU and Canberra Hospital.
	PhD	2006	Advisor	Neuroscientist in the Brain Stimulation and Neuroimaging Lab at MAPrc, Melbourne.
	PhD	2007	Supervisory Panel	Commonwealth Public Service.
	PhD	2008	Supervisor	NeuRA, University of NSW.
	PhD	2008	Supervisor	Level B, Centre for Mental Health Research, ANU. NHMRC ECR Fellowship.
	PhD (converted to Masters)	2009	Supervisory Panel	Unknown.
	PhD	2009	Supervisor	Program coordinator, Academic Unit of General Practice and Community Health, ANU.
	PhD	2010	Supervisory Panel	Former Research Assistant. APHCRI, National Mental Health Commission.
	Clinical PhD	2011	Supervisor	Post-Doctoral Fellow, Centre for Mental Health Research, ANU.
	Clinical PhD	2011	Supervisor	Clinical Practice.
	PhD	2011-current	Primary Supervisor	Mental Health/Social Researcher, ANU; PhD Candidate, ANU
	PhD	2009-2012	Primary Supervisor	Behavioural Economics Adviser, Department of the Prime Minister and Cabinet
	PhD	2018-2012	Supervisory Panel	e-hub development manager, Centre for Mental Health Research, ANU.

	PhD	2009-2013	Supervisory Panel	Postdoctoral Research Fellow, ANU
	PhD	2010-2012	Supervisory Panel	Research and Evaluation, Department of Employment, Canberra, ACT
	PhD	Relinquished supervision from 2012	Supervisor	Unknown
	PhD	2012	Supervisory Panel	University of Western Sydney, Centre for Complementary Medicine.
	PhD	2012	Supervisory Panel	Unknown
	PhD	2010-2014	Primary Supervisor	Senior Lecturer and Head, Department of Psychiatry, Faculty of Medicine, University of Peradeniya
	PhD	2009-2013	Advisory Panel, University of NSW	Unknown
	PhD	2014-2017	Supervisory Panel, Black Dog Institute	Postdoctoral Fellow, Northwestern University, Chicago, USA
	PhD	2014-current	Supervisory Panel, Black Dog Institute / Alive and Kicking Goals	PhD Candidate and working as a psychologist providing clinical supervision and consultancy services to headspace, Lifeline, The Glen Rehab, and a member of Reachout Australia's Clinical Advisory group
	PhD	2014-current	Primary Supervisor, Black Dog Institute	Postdoctoral fellow, Black Dog Institute
	PhD	2016-current	Primary Supervisor	Clinical Psychologist, Counselling and Psychological Services, UNSW; Private Practice, Randwick.
	Academic Level D	2007 to current	Supervisor	Associate Professor, Centre for Mental Health Research, ANU

	PhD	2007 - 2011	Supervisory Panel	Research Specialist, Australian Public Service
	PhD	2007 - 2011	Primary Supervisor	Research Fellow, ANU
	PhD	2007 - 2011	Supervisory Panel	Senior Research Fellow, ANU College of Health and Medicine; ARC Discovery Early Career Researcher Award (DECRA)
	PhD	2006 - 2011	Primary Supervisor	Manager, Research and Policy, Royal Flying Doctor Service
	PhD	2006 - 2010	Primary Supervisor	Senior Research Fellow, Centre for Healthy Brain Ageing (CHeBA), UNSW
	PhD	2006 - 2009	Primary Supervisor	Associate Professor, Centre for Mental Health Research, ANU
	PhD	2018-current	Supervisory Panel	PhD Candidate, UNSW
	PhD	2019-current	Supervisory Panel	PhD Candidate, UNSW

Direct Mentoring Academic Staff

Staff	Position	Year	My role	Their current position
	Post doc	2006-2010	Primary Supervisor	Psychologist, Deakin, ACT
	Post doc	2006-2008	Primary Supervisor	Senior Research Officer, Study Manager, Neuroscience Research Australia (NeuRA)
	Post doc	2008-2012	Primary Supervisor	Assistant Professor, Psychology, Faculty of Health, University of Canberra
	Post doc	2008-2010	Primary Supervisor	Agriculture and health communicator, Plant Health Australia
	Post doc	2000	Supervisor	Level E Academic, ANU, Director, Centre for Mental Health Research, ANU.
	Post doc	2000	Supervisor	Level C Academic, Karolinska Institute.
	Post doc	2004	Supervisor	Level B Academic, Centre for Awareness of Science.
	Post doc	2006	Supervisor	APHCRI Senior Research Fellow.

	Post doc - TBC	2006	Supervisor	Unknown.
	Post doc- TBC	until 2008	Supervisor	Associate Professor at Flinders University.
	Post doc	2006-2008	Supervisor	Professor at ANU.
	Post doc - TBC	2008- TBC	Supervisor	Level A-B NHMRC Capacity Building Grant (HC as CIA).
	Level B - TBC	2009-current	Supervisor	Associate Professor, Centre for Mental Health Research, ANU
	Post doc	2010	Primary Supervisor	Assistant Professor in Psychology, Universite de Nice Sophia-Antipolis
	Post doc	2010-2012	Primary Supervisor	Clinical Psychologist; Cambridgeshire and Peterborough NHS Trust.
	Post doc	2011-2013	Primary Supervisor	Post Doctoral Fellow, Faculty of Behavioural and Movement Sciences, VU Amsterdam.
	Post doc	2012-2014	Primary Supervisor	Unknown.
	Post doc	2011-current	Mentor	Research Scientist, CSIRO Health and Biosecurity, Canberra; Visiting Research Fellow, School of Molecular and Biomedical Sciences, University of Adelaide
	NHMRC Early Career Fellowship, NHMRC Career Development Fellowship	2011-current	Supervisor	Associate Professor, Centre for Mental Health Research, ANU
	Post doc	2012-current	Primary Supervisor	Senior Research Fellow (Level C), UNSW; TRIP Fellowship, NHMRC; Research Director, LifeSpan Integrated Suicide Prevention

	Post doc	2012-current	Primary Supervisor	Research Fellow (Level B), UNSW; SMHR Fellow
	Post doc	2013-2016	Primary Supervisor	NSW Public Service.
	Post doc	2013-2018	Primary Supervisor	Research Fellow (Level B), UNSW; ECF, The Netherlands Organisation for Scientific Research
	Post doc	2013-2018	Primary Supervisor	Research Fellow (Level B), Centre for Mental Health Research, ANU; Supported by NHMRC CRE in Suicide Prevention.
	Post doc	2013-current	Primary Supervisor	Research Fellow (Level B), UNSW; SMHR Fellow
	Post doc	2014	Mentor	Assistant Professor of Preventive Medicine (Behavioural Medicine), Northwestern University.
	Post doc	2014-2015	Primary Supervisor, Black Dog Institute	Research Scientist, Dementia Collaborative Research Centre, UNSW Assistant
	Post doc	2015	Primary Supervisor	Postdoctoral Researcher, The Chinese University of Hong Kong.
	Post doc	2015	Primary Supervisor	Assistant Professor, University of Zaragoza, Spain.
	Post doc	2015-2016	Primary Supervisor	Research Fellow (Level B) and Clinical Psychologist, Telethon Kids Institute, with adjunct appointments at Black Dog Institute, UNSW and the Centre for Child Health Research, UWA.
	Post doc	TBC	Supervisor	Professor, ANU. Centre for Research on Ageing, Health & Wellbeing.
	Academic Career	2009-2013	Supervisor	Senior Research Fellow, National Drug Research

				Institute (NDRI), Curtin University
	Post doc	2015-2016	Primary Supervisor	Senior Lecturer, Beijing Forestry University
	Post doc	2015-current	Primary Supervisor	Research Fellow (Level B), UNSW Dr Michelle Tye, Post doc, Primary Supervisor (2015-current). Current position: Research Fellow (Level B), UNSW; ECF, NHMRC
	Post doc	2016-2017	Primary Supervisor	Lecturer (Level B), University of Western Sydney; ECF, NHMRC; Visiting Research Fellow, Black Dog Institute, UNSW
	Post doc	2016-current	Primary Supervisor	Research Fellow (Level B), UNSW
	Post doc	2016-current	Primary Supervisor	Postdoctoral Fellow (Level A), UNSW; Black Puppy Fellow, Black Dog Institute, UNSW

Mentoring Technical Staff

Staff	Position	Year	Their current position
	Medical career conversion	TBC	Senior Clinician CMHR, ANU
	Senior research officer	TBC	A Vice Chancellor's Award for Outstanding Contribution to research in the ANU, 2006.
	Medical career conversion	TBC	Unknown.
	-	TBC	Vice Chancellor's Award to contribution of non-academic staff to the University (nominated by HC).
	-	TBC	ANU Prize for Innovative IT applications on Campus (nominated by HC).
	Research Assistant	TBC	PhD in clinical psychology, Private practice, United Kingdom.
	Research Assistant	TBC	Research Psychologist, Queensland.
	Research Assistant	TBC	Commonwealth Public Service.

	Research Psychologist	TBC	Clinical Practice.
	Research Assistant	TBC	Commonwealth Public Service
	Research Assistant	TBC	Manager of Research and Evaluation at MHFA Australia
	MPH student, Research Assistant	2004	Commonwealth Public Service
	Research Assistant	TBC	Commonwealth Public Service.
	Research Assistant	TBC	Lifeline Research Co-ordinator, Brisbane.
	Research Assistant	TBC	Web GAD Project, BMRI.
	Research Assistant, Brain and Mind Research Institute	2009-2010	Senior Research Officer in the National Drug and Alcohol Research Centre (NDARC), Faculty of Medicine, UNSW
	Research Assistant	TBC	Web GAD project, ANU.
	Research Assistant	2012-2018	Research Assistant, Black Dog Institute
	Research Assistant	2013-2018	Youth Access Clinician, Headspace

Mentoring Technical Staff - Other

Mentoring and other activities to promote young research scientists have included the following:

At ANU: Participation on the ANU University EDGE Committee (1999-2001), producing two ANU working party documents (including one on the Merit Principle) in 1999 and 2000, the ANU Equity and Diversity Committee (2004-2006), a seminar promoting Women at ANU, CEDAM (2004), participation in Peerwise [a network that provides a forum of women academics at ANU to develop knowledge of academic life] (2004), initiation of an ANU leadership program for PhDs and postdocs, introduction of the Korten Prize for Best Published Research Paper by a PhD Candidate.

At ASPR: Chair of the ASPR Committee: established the first "Early Career Seminar" for the Australasian Society for Psychiatric Research (ASPR) (2002); as President of ASPR: initiated a mentoring of early career awards as part of the Conference Program with Prof Julio Licinio from JCSMR.

At ISRII: As Chair of ISRII establishing an international exchange program in e health.

In conjunction with the Black Puppy Foundation: Establishment of a new award for best PhD paper by an enrolled student Australia-wide; establishment of Black Puppy Fellowship for Post-Doctoral Researchers.

As Director of AFFIRM: Establishment of the AFFIRM early career award for the ASPR.

Regular speaking engagements to groups on “growing a career in mental health research”.

IASR Mentorship program at IASR New York 2016.

As Director of CRESP: Establishment of the Anika Foundation / BDI Scholarship in adolescent depression and suicide (2014 – 2016) (Supervisory role).

Establishment of the Annual NHMRC CRESP Best Research Paper Awards (2 award categories: Early Career Researcher & Senior Researcher).

VI. PEER REVIEW AND SCIENTIFIC DISCIPLINE INVOLVEMENT

EXECUTIVE ROLES IN RESEARCH SOCIETIES

2012-present: Member - The Australian Bipolar and Depression Society

2012-2013: Treasurer - International Society for Research into Internet Interventions (ISRII)

2009-2012: President - Australasian Society for Psychiatric Research (ASPR)

2009-2011: President - International Society for Research into Internet Interventions (ISRII)

2010: Member of the Scientific Advisory Committee - Schizophrenia Research Institute

2006-2008: Membership Committee - Academy of the Social Sciences in Australia

EDITOR OR EDITORIAL BOARDS, GRANT BODIES AND THESIS

Special Series

Psychology and Aging (2003) Series on longitudinal studies.

Medical Journal of Australia (2009) Special series on Australian e health interventions

Journal of Medical Internet Research (2010) Special series on e-health interventions

Editorial Boards

Gerontology: International Journal of Experimental and Clinical Gerontology (1998-2006)

Psychology and Aging (1999-2003)

Clinical Psychology Review (2006-2014)

Translational Psychiatry (2011-present)

Grant Assessor

17 organisations

Thesis Examiner and Assessor

16 National and International Universities

MEMBERSHIP EXECUTIVE COMMITTEES

2002 Expert Panel, Web and Tele-counselling, Department of Health and Aged Care.

2002 Expert Panel, Medicare Benefits Schedule for Focussed Psychological Strategies and Evidence Based Treatments, Department of Health and Aged Care.

2002 Member, ACT Suicide Prevention Policy Group.

2003, 2004 Member, Australian Health Information Committee, The Australian Government.

2003, 2004 Member, ISC Committee, The Australian Government.

2006-2008 Member, National Pregnancy Counselling Expert Advisory Committee.

2006 Member, MindMatters Resource Redevelopment Expert Forum.

2007 Executive, Quality Framework Standards Group, Department of Health and Ageing (DoHA).

2007	Expert Panel to assess FACSIA Community Mental Health Grants, MHCA.
2008	Expert Panel Member, Guidelines on the Management of Co-Occurring Alcohol and Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings.
2008-2012	Member, E Mental health Expert Reference Group.
2009	Consultation Workshop, National Mental Health Plan, Scarborough House, Canberra, ACT.
2010	Member, Reference Group: Crisis response and the role of emergency services, Suicide Prevention Australia.
2012	Expert Panel Member, National Mental Health Service Planning Framework Group, Joint initiative of NSW and QLD Health.
2012	R U OK? Scientific Advisory Group.
2013	Advisory Board Member, Consortium to submission to German Ministry. Led by Dr D Ebert, Philipps University, Marburg, Germany - Internet and mobile-based interventions for the prevention of mental disorders and chronic medical disease.
2013	Technical Advisory Panel, NHMRC Centre for Research Excellence in Mental Health Systems Improvement (CREMSI).
2014	Scientific Advisor for the American Foundation for Suicide Prevention.
2018	Advisory Panel Member, Million Minds Research Mission

NHMRC AND GRANT REVIEW SINCE 2001

2001, 2002	Member, Project Grants Mental Health Panel, NHMRC.
2003	Chair, Medical and Dental Scholarships B, NHMRC.
2003-2007	Member/Chair (2005+), Victorian C of E in Depression Research Grant Applications.
2004-2006	Member, Training and Awards Committee, NHMRC.
2004-2007	Chair, Public Health Scholarships, NHMRC.
2008-2009	Panelist, NHMRC 5h – Psychiatry/Psychology Panel.
2011	Member, NHMRC Workshop Committee.
2011	Member, NHMRC Academy.
2011	Member, NHMRC Research Fellowships Committee.
2012	Chair, NHMRC Research Fellowships Committee.
2014	Member, NHMRC Targeted Call for Research in Indigenous Suicide.
2014	Member, NHMRC Translational Faculty: Psychiatry
2015	Chair, NHMRC Research Fellowships Committee.
2016	Chair, NHMRC Practitioner Fellowships Committee
2017	Member, Grant Review Panel

CHAIR NATIONAL OR INTERNATIONAL MEETINGS SINCE 2005

2006	Convenor (with ADGP), What works for Mental Health Delivery, Parliament House, Canberra, Australia.
2009	Chair, Organising Committee, ISRII Satellite Conference, Canberra, Australia.
2010	Chair, Organising Committee, ISRII Conference, Sydney, Australia.
2013	Organising Committee, BDS.
2014	Organising Committee, International Society for Research in Internet Interventions (ISRII), Valencia, Spain.
2015	International Organising Committee, IASR International Summit on Suicide Research, New York, USA.

SELECTED COMMUNITY ACTIVITIES SINCE 2002

2002	Chair, Establishment Committee: Australian Foundation of Mental Health Research.
2003	Member, Organising Committee: Art for Answers, The National Gallery of Australia.
2003	Member, Organising Committee: Launch of the Australian Foundation for Mental Health Research, Parliament House, Canberra.
2004	Access to Government Dinners: Hon. Tony Abbott, Hon Amanda Vandstone, Ms Julia Gillard.
2006	Member, Organising Committee: Glow to Affirm Campaign, Mental Health Week.
2007	Launch of 'Strength to Speak' Awareness Campaign (Strength to Speak.com.au).
2008	Member, Organising Committee: Lecture at Parliament House, Mental Health Week, Organising Committee.
2009	Visit to Admiralty House, Sydney, October.
2009	Member, Organising Committee: Gourmet at Kirribilli House, Sydney.
2009	Member, Organising Committee: Canberra Business Council Lunch Mental Health Event.
2010	Member, Organising Committee: Canberra Business Council Lunch Mental Health Event.
2011	Member, Organising Committee: Canberra Business Council Lunch Mental Health Event.
2011	Youth Ambassadors Summit, Canberra, AFFIRM.
2011	AFFIRM: Gourmet at the Gallery, November, National Gallery of Australia.

VII. ATTRACTION OF COMPETITIVE RESEARCH FUNDING**CURRENT SUPPORT****ARC**

A/Prof J Epps (CIA) . . . Prof H Christensen (CIC) . . . ; Automatic speech-based assessment of mental state via mobile device; ARC Linkage Project 2018 – 2020 (3 years, UNSW) (LP160101360) (\$303,000.00)

Prof J Grundy (Hub Director) . . . Prof H Christensen (CIJ) . . . ; ARC Research Hub for Digital Enhanced Living; ARC Industrial Transformation Research Hub 2017 – 2021 (5 years, Deakin University) (IH170100013) (\$2,962,655.00)

Dr R Goecke (CIA) . . . Prof H Christensen (CIC) . . . ; Affective sensing technology for the detection and monitoring of depression and melancholia; ARC Discovery Project Shared Grant 2013 – 2015 (3 years, ANU) (DP130101094) (\$360,000.00)

A/Prof B Meiser (CIA) . . . Prof H Christensen (CIF) . . . ; Cluster randomised controlled trial of a psycho-educational intervention for people with a family history of depression for use in general practice; ARC Linkage Project 2012 – 2015 (3 years, UNSW) (LP120200075) (\$199,257.00)

NHMRC

Prof H Christensen (CIA) . . . ; A RCT of depression prevention in adolescents: the Future Proofing trial; NHMRC Project Grant 2018 – 2022 (5 years, UNSW) (APP1138405) (\$2,183,737.60)

Prof M Teesson (CIA) . . . Prof H Christensen (AI) . . . ; Healthy, wealthy and wise: The long-term effectiveness of an online universal program to prevent substance use and mental health problems among Australian youth; NHMRC Project Grant 2018 – 2022 (5 years) (APP1143555) (\$1,472,709.10)

A/Prof K Delbaere (CIA) . . . Prof H Christensen (AI) . . . ; A novel, technology-based program targeting physical, cognitive and mental well-being to maximise fall prevention in older people: an evidence-based multifactorial approach; NHMRC Project Grant 2018 – 2021 (4 years) (APP1139673) (\$1,475,781.10)

Prof M Teesson (CIA) . . . Prof H Christensen (CIC) . . . ; PRevention & Early intervention in Mental Illness and Substance use (PREMISE CRE); NHMRC Centre of Research Excellence 2017 – 2021 (5 years, UNSW) (APP1134909) (\$2,495,968.50)

A/Prof Philip Batterham (CIA), Prof H Christensen (CIB) . . . ; ImpleMentAll: Towards evidence-based tailored implementation strategies for eHealth; NHMRC - European Union (EU) Collaborative Research Grant 2017 – 2019 (3 years) (APP1142363) (\$459,914.30)

Dr A Calear, Prof H Christensen (Supervisor); Preventing suicide in young people: A public health approach; NHMRC Career Development Fellowship 2017 – 2020 (APP1122544) (\$425,048.00)

A/Prof N Cherbuin . . . Prof H Christensen (AI) . . . ; Mental health and the PATH to Midlife; NHMRC Project Grant 2016 – 2018 (3 years, University of Melbourne) (APP1106723) (\$707,823.00)

Dr A Calear, Prof H Christensen (CIB), Dr P Batterham; Suicide prevention in schools: A social connectedness approach; NHMRC Project Grant 2015 – 2017 (3 years, ANU) (APP1082914) (\$793,112.00)

Prof H Brodaty, Prof M Valenzuela, Prof P Sachdev, Prof J McNeil, Prof A Maeder, Prof N Lautenschlager, Prof L Jorm, Prof M Fiatarone Singh, Prof K Anstey, Prof G Andrews, Prof H Christensen (AI); Maintain Your Brain; NHMRC Dementia Research Team Grants 2015 – 2020 (APP1095907) (\$6,467,015.66)

Dr P Batterham, Prof H Christensen (Supervisor); Improving online mental health programs: Tailored assessment meets tailored therapy; NHMRC CDF Fellowship 2015 – 2018 (APP1083311) (\$411,768.00)

A/Prof J Proudfoot . . . Prof H Christensen (AI) . . . ; Self-help for depression and diabetes-related distress in people with Type 2 diabetes; NHMRC Project Grant 2015 – 2018 (4 years) (APP1083116) (\$857,251.90)

Prof H Christensen (CIA), Dr A Calear, Prof A Mackinnon, Dr P Batterham; Inoculating final year high school students - Effectiveness of a universal prevention program for depression in adolescence; NHMRC Project Grant 2014 – 2017 (4 years, UNSW) (APP1061072) (\$685,878.00)

Dr F Shand, Prof H Christensen (CIB), Prof L Jackson-Pulver, Prof A Mackinnon, Dr E Hunter, A/Prof J Burns, Dr M Shanahan; Using an app for suicide prevention among Indigenous people: a randomised controlled trial (iBobbly); NHMRC Project Grant 2014 – 2018 (5 years, UNSW) (APP1060477) (\$918,809.00)

Prof H Christensen (CIA – John Cade Fellow); NHMRC John Cade Fellowship in Mental Health Research – Prevention of depression using e-health technologies; (5 years, UNSW) 2014 – 2018 (APP1056964) (\$3,750,000.00)

Prof S Naismith, Prof H Christensen (CIB), Prof I Hickie; The Beyond Ageing Project: Phase 2; NHMRC Project Grant 2014 – 2017 (4 years) (APP1060397) (\$947,670.00)

Prof H Christensen (CIA), Dr B Van Spijker, Prof A Mackinnon, Dr A Cleave, Dr P Batterham; Reducing suicide ideation: a randomised controlled trial of a novel web intervention (LWDT: Living With Deadly Thoughts); NHMRC Project Grant 2013 – 2016 (3 years, UNSW) (APP1046317) (\$433,890.00)

Prof I Hickie, Prof P McGorry, Prof H Christensen (CIC), Prof M Berk, Prof S Naismith, Prof N Glozier, A/Prof J Burns, A/Prof A Guastella, Dr C Davey, A/Prof P Amminger; Optimising early interventions for young people with emerging mood disorders; NHMRC Centre for Research Excellence 2013 – 2018 (5 years) (CRE – APP1061043) (\$2,499,420.00)

Dr P Batterham, Dr M Sunderland, Dr N Carragher, Dr A Cleave, Prof T Slade, Prof H Christensen (CIF), Prof G Andrews, Prof A Mackinnon, D Cella; A new generation of screening tools for mental disorders – Development and population-based validation of hierarchical adaptive mental health screeners; ANU/NHMRC Project Grant Shared Grant 2013 – 2015 (APP1043952) (\$391,710.00)

Prof H Christensen (CIA), Prof I Hickie, Prof A Mackinnon, Dr A Cleave, Dr P Batterham, Prof N Martin, Prof J Butler, Prof M Teesson, Prof J Proudfoot; Centre for Research Excellence In Suicide Prevention (CRESP): Centre for Research Excellence for improving suicide prevention in Australia through better implementation of effective interventions, improved risk identification and evidence informed policy; NHMRC Centre for Research Excellence Grant 2012 – 2017 (5 years, UNSW) (CRE – APP1042580) (\$2,490,060.00)

Prof M Teeson, Prof A Baker, A/Prof K Mills, A/Prof F Kay-Lambkin, Prof P Haber, A/Prof A Baillie, Prof H Christensen (CIG), Prof M Birchwood (University of Birmingham, UK), Prof B Spring (Northwestern University Medical School, USA), Prof K Brady (Medical University of South Carolina, USA), Centre for Research Excellence in Mental Health and Substance Use: Translating innovative prevention and treatment strategies; NHMRC Centre for Research Excellence 2012 – 2017 (5 years, NDARC) (CRE – APP1041129) (\$2,442,370.00)

Dr P Batterham, Prof H Christensen (Supervisor); New methods for screening depression, anxiety and suicidality; NHMRC Early Career Fellowship 2012 - 2015 (APP1035262) (\$294,892.00)

Prof H Christensen (CIA), Prof N Glozier, Prof K Griffiths, Prof J Butler; A novel intervention targeting insomnia to prevent Major Depressive Disorder in the community (GoodNight Trial); NHMRC Project Grant 2011 – 2015 (APP1005867) (\$886,924.00)

Dr A Caelear, Prof H Christensen (Supervisor); Internet-based prevention and early intervention for youth mental health; NHMRC Early Career Fellowship 2011 - 2017 (APP1013199) (\$263,771.00)

Prof G Andrews, Prof P Sachdev, Prof H Brodaty, Prof S Lord, Prof H Christensen (Mentor); The prevention and management of mental disorders in older Australians; NHMRC Capacity Building in Population Health Research Grant 2009 – 2015 (APP568940) (\$2,044,525.00)

Other Funding Sources

Dr M Larsen, Dr F Shand, Dr K Morley, Dr P Batterham, Mr S Berrouguet, Prof P Haber, Prof G Carter, Prof H Christensen; Australian Rotary Health 2019-2020 (\$13,3793)

Dr A Werner-Seidler, Prof H Christensen, Prof K Boydell; NSW Health Early-Mid Career Fellowship 2017-2019; (\$358,260.00)

Dr S Harvey, Prof H Christensen (CIB), Prof P Proudfoot, Prof P Mitchell, N Cockayne, Prof J Santamaria, Prof R Bryant, Prof N Glozier, Prof I Hickie, Dr J Buchanan, A/Prof R Ryan, Prof R Calvo, Prof P Bohle, Prof L Salvador-Carulla, Dr A Fernandez Sanchez; Men@work project: Utilising new ehealth technologies to improve the mental health of Australian male workers; beyondblue/Movember Foundation/Movember Australian Mental Health Initiative 2015 – 2018 (\$2,878,621.00)

Dr A Nickerson, Mr D Keegan, Prof H Christensen (CIC); Tell Your Story: A digital intervention for reducing stigma in traumatized refugees; Beyond Blue/Movember Foundation/The STRIDE (Stigma Reduction Interventions: Digital Environments) Project 2015 – 2017 (\$450,000.00)

Dr S Vella, Prof T Okely, Prof H Christensen (CIC), Prof F Deane, Dr S Jones, Prof S Eckermann, Prof S Trost, Prof R Polman, Dr E Borkoles, Dr C Lonsdale; A national and sustainable sports-based intervention to promote mental health and reduce the risk of mental health problems in Australian adolescent males; Movember Australian Mental Health Initiative 2015 – 2017 (\$1,986,778.00)

Dr M Fuller-Tyszkiewicz, Dr B Richardson, Prof B Klein, A/Prof D Austin, Prof H Austin, Prof D Castle, Prof H Skouteris, Dr L Busija, Prof H Christensen (CII), A/Prof C Mihalopoulos; Timely intervention: Efficacy of a depression symptom monitoring smartphone app to deliver psychological intervention at time of greatest need; Australian Rotary Health Mental Health of Young Australians Research Grant 2015 (\$163,870.00)

Dr B O'Dea (Prof H Christensen (Supervisor), Dr P Batterham); Understanding suicide risk in Twitter: Applying the Interpersonal Theory of Suicidal Behaviour to a new frontier; Society for Mental Health Research (SMHR) Early Career Research Fellowship July 2015 – July 2016 (\$100,000.00)

Dr M Larsen (Prof H Christensen (Supervisor), Other researchers: Dr F Shand, Dr P Haber, A/Prof J Epps); RAFT: Reconnecting after a suicide attempt; Society for Mental Health Research (SMHR) Early Career Research Fellowship July 2015 – July 2016 (\$100,000.00)

Dr M Larsen, Dr J Epps, Dr N Cummins, Prof H Christensen; Automatic mobile mental health assessment with speech and social signals; UNSW Brain Sciences Seed Funding Grant, September 2015 – September 2016 (\$10,000)

Prof H Christensen; Primary Health Networks on evidence-based suicide prevention strategies; Department of Health, 2016 (\$97,981.76)

Prof H Christensen; Suicide prevention framework; NSW Mental Health Commission, 2015 (\$51,193.00)

Prof H Christensen; Systems approach to suicide; NSW Mental Health Commission, 2015 (\$131,178.80)

Prof H Christensen; iBobbly re-development; NSW Mental Health Commission, 2015 (\$161,934.00)

Prof H Christensen; Partnerships for Health 2014-2015; Department of Health, 2014 - 2015 (\$1,398,000.00)

Dr M Deady, Dr E Barrett, A/Prof K Mills, A/Prof F Kay-Lambkin, Dr P Haber, Dr F Shand, A Baker, A/Prof A Baillie, Prof H Christensen (CII), Ms L Manns, Prof M Teesson; Comorbid mental illness and illicit substance use: review of evidence for effective models of care; Sax Institute (Contract Research) NSW Drug and Alcohol Office (MHDAO) 2014 – 2015 (\$31,250.00)

Prof H Christensen (Supervisor); Black Dog Institute scholarship in adolescent depression and suicide; The Anika Foundation Scholarship 2014 – 2016 (\$105,000.00)

Prof J Proudfoot, Prof H Christensen (CIB), Prof K Wilhelm, D Hadzi-Pavlovic; Doing what comes naturally: Investigating the positive self-help strategies used by men to prevent depression and suicide; beyondblue National Priority Driven Research Support Scheme 2013 – 2015 (\$306,188.00)

Prof D Kavanagh, G King, Prof J Proudfoot, Prof H Christensen (CID), W Bonney, Prof K Griffiths, Dr J Reynolds, A/Prof J Bennett-Levy, A/Prof T Nagel; e Mental Health Support Services; Department of Health and Ageing Grant 2013 – 2016 (\$7,203,258.00)

Mr J Tighe, Prof H Christensen (Supervisor); Youth and wellbeing scholarship for suicide prevention. PhD Scholarship for Joe Tighe; CRC for Young People, Technology and Wellbeing Scholarship 2012 (\$92,667.00)

Prof I Hickie, Prof H Christensen (CIB), Prof K Griffiths, Prof R Tait, L Barney, Dr A Bennett, Dr K Bennett, Dr A Calear, Dr J Reynolds, Dr L Farrer; Young and Well National Surveys: Exploring the impact of technologies on young people's mental health and wellbeing; Department of Innovation, Industry, Science & Research: YAW CRC Young People, Technology & Wellbeing - Cooperative Research Centre 2011 – 2016 (\$427,619.00)

*Dr M Larsen, Dr F Shand, Dr K Morley, Prof P Haber, Prof H Christensen; FAST: Follow-up after a suicide attempt; Funding support from Ottomin Foundation, June 2015 – June 2018 (\$100,000)

*Prof H Christensen; Improving adolescent sleep problems to prevent depression; Funding support from The Myer Foundation, 2015 - 2015 (\$62,000.00)

*Prof H Christensen; Suicide Prevention Summit; Funding support from Mental Health Australia – Conference Funding, 2015 - 2015 (\$20,000.00)

*Dr M Larsen, Dr F Shand, Dr K Morley, Prof P Haber, Prof H Christensen; FAST: Follow-up after a suicide attempt; Funding support from AFFIRM: Australian Foundation for Mental Health Research, June 2015 – June 2016 (\$25,000)

*Prof H Christensen, Dr B O'Dea, Dr A Werner-Seidler, A/Prof J Anderson, Dr P Friend, Dr J Orman, A/Prof V Manicavasagar, Dr A Calear, Dr P Batterham; Integrated Adolescent Mental Health Clinic; Funding support from HSBC, 2015 - 2017 (\$517,071.00)

*Prof H Christensen, Mr J Tennant, Dr V Gordon, Ms K Denton, Gieng, Ms S Nolan; Regional Mental Health Education Program; Funding support from HSBC, 2015 - 2017 (\$488,800.00)

*Prof H Christensen; Systems approach to suicide; Funding support from The Paul Ramsey Foundation, 2016 - 2021 (\$14,760,000)

*Dr A Werner-Seidler, Prof H Christensen; Sleep Ninja: Pilot Evaluation of the sleep app. Funding support from The Corella Fund 2016 – 2016 (\$96,644.15)

*Prof H Christensen; StepCare; Funding support from NAB Foundation, 2016 - 2016 (\$200,000)

*Prof H Christensen; BTFGG - Youth Suicide Prevention; Funding support from FGG - Future Growth Fund, 2016 - 2016 (\$253,000.00)

*NB: Philanthropic funding support donated to BDI.

PREVIOUS SUPPORT (SINCE 2003)

NHMRC

NHMRC Project Grant (APP1002160) 2011-2014, 4 years, (Anstey, Christensen, Butterworth, Easteal, Cherbuin, Mackinnon) Causes and consequences of mental disorders, cognitive decline and dementia over the adult life course and the implications for mental health services: PATH Through Life - Wave 4, ANU (CIB). (\$1,158,380)

NHMRC SPRF Fellowship (APP525411) 2009-2013, 5 years, (Christensen), Uncoupled Senior Principal Research Fellowship, UNSW (CIA). (\$751,250)

NHMRC Project Grant (APP525419) 2008-2013, 4 years, \$618,050 (Griffiths, Mackinnon,

Kenardy), Can generalized anxiety disorder be treated using e-health interventions? The

effectiveness of an indicated prevention program for anxiety, UNSW (CIA).

NHMRC Capacity Building in Population Health (APP418020) 2007-2011, 5 years, \$2,054,947
(Christensen, Anstey, Griffiths, Easteal, Mackinnon, Butterworth) Translating population-based mental health and ageing research into evidence-based prevention and policy, ANU (CIA).

NHMRC Project Grant (APP418039) 2007-2010, 5 years, \$2,062,588, (Anstey, Christensen, Mackinnon, Butterworth, Easteal) A longitudinal study of depression, anxiety, substance use and cognitive change: PATH Through Life - Wave 3, ANU (CIB).

NHMRC Project Grant (APP471435) 2008-2010, 3 years, \$474,255 (Griffiths, Christensen, Mackinnon) The efficacy of a peer-to-peer online support group and an automated self-help internet intervention for depression, ANU (CIB).

NHMRC Uncoupled Research Fellowship (APP366781), 2006-2009, 3 years, \$713,750 (Christensen), ANU (CIA).

NHMRC Program Grant (APP179805) 2002-2007, 5 years, \$8,008,989 (Jorm, Christensen, Easteal, Anstey, Jorm, Rodgers) Causes and treatments for common mental health problems in the community (CIB).

OTHER

Australian Rotary Health Award: Living with deadly thoughts: reducing suicidal thoughts through a web-based self-help intervention. 2012-2012 (\$74,098.00)

beyondblue Commissioned Research Project (SB:CB6725) March 2013-March 2014,
(Proudfoot, Christensen, Hadzi-Pavlovic, Wilhelm) Doing what comes naturally: investigation of positive self-help strategies used by men to prevent depression and suicide, BDI (SI). (\$306,188)

beyondblue Commissioned Research Project (PN6865) Oct 2013-June 2014,
(Proudfoot, Christensen, Wilhelm, Hadzi-Pavlovic, Shand) Men's experiences with suicidal behaviour and depression, BDI (CIB). (\$10,000)

National Mental Health Commission Commissioned Project (CL0037) June 2013-July 2014,
(Christensen, Pirkis, Shand, Batterham, Spittal, Buckley, Woodward, Tighe) Study of peoples' experiences following a suicide attempt, BDI (CI). (\$306,192)

National Mental Health Commission, Literature Review, June 2013,
(Christensen, Beautrais, O'Neil, Shand, Petrie, Buckley) Literature Review of Suicide Prevention for the Development of the NMHC 2013 Report Card, BDI (CI). (\$41,131)

UNSW Brain Sciences Seed Funding, October 2013, (Christensen, Caine)
Attendance of Professor Eric Caine to Black Dog Institute, UNSW (CIA). (\$11,650)

UNSW Brain Sciences Seed Funding, August/September 2013, (Christensen, Selvaraj)
Attendance of Professor Sudhakar Selvaraj to Black Dog Institute, UNSW (CIA). (\$6,450)

Department of Health and Ageing, to Feb 2014, (Christensen, Tighe, Shand, Ridani) One-off funding for a mobile phone application to prevent suicide in Indigenous communities, UNSW (CI). (\$250,000)

UNSW Brain Sciences Seed Funding, August 2013, (Christensen, Beautrais)
 Attendance
 of Annette Beautrais to Black Dog Institute, UNSW, (CIA). (\$7,500)
UNSW Gold Star Award (APP1046306) 2013, 1 year, (Christensen, Calear,
 Batterham) Prevention at critical points: A randomised controlled trial of an e
 health application to prevent depression, suicide risk and anxiety in youth,
 UNSW (CIA). (\$40,000)
BUPA Health Foundation (formally the MBF Foundation) *Grants Program*, 31
 Oct 2010-31 Dec 2013, 3 years, (Hickie, Christensen, Naismith, MacKinnon,
 Walker, Banati, Norrie, Amminger, Bourne) The Beyond Ageing Project:
 Phase 2 (CIB). (\$448,634)
beyondblue National Priority Driven Research Program NDPR Grant, 1 July 2012-30
 June
 2014, (Glozier, Christensen, Griffiths, Naismith, Hickie, Ritterband) An RCT of
 the efficacy of adjunctive internet based CBTi in treating depression and
 anxiety in older men (SOMNA) (CIB). (\$391,364)
CSIRO SIEF John Stocker Postdoctoral Fellowship, 2011-2013, (Christensen,
 Fenech), ANU (CIA). (\$276,000)
National Mental Health Commission Literature Review, July-August 2012,
 (Christensen, Rosenberg, Butterworth, Leach, Olesen, Harvey, Harvey,
 Young, O'Hanlon, Rosen, O'Halloran, Glozier, Petrie, Ridani) Rapid Literature
 Review for the Development of the National Mental Health Commission 2012
 Report Card, BDI, (Project Leader). (\$40,000)
Rotary Project Grant – Mental Health of Young Australians Research, 2012,
 (Christensen, Griffiths, Reynolds, Bennett) Living with deadly thoughts:
 reducing suicidal thoughts through a web-based self-help intervention (pilot
 protocol), ANU (CIA). (\$67,362)
ACT Health and Medical Research Council, 2010, (Calear, Christensen), ANU
 (CIB). (\$38,924)
Our Wellness Foundation, 2010, 1 year, \$12,914 (Calear, Christensen), ANU (CIB).
Rotary, 2010, 1 year, \$38,000 (Tait, Christensen), ANU (CIB).
MBF Foundation, 2010-2014, 4 years, \$448,634 (CIB).
APHCRI Visiting Fellowship Program (Cuijpers), 2009, 1 year, \$13,518 (Griffiths and
 Christensen) (CIB).
APHCRI Visiting Fellowship Program (Ritterband), 2009, 1 year, \$18,808 (Griffiths
 and Christensen) (CIB).
The Heart Foundation and beyondblue, Cardiovascular Disease and Depression

Strategic

Research Program (G 08S 4048), 1 July 2009-31 December 2012, 4 years, \$594,200 (Hickie, Glozier, Naismith, Christensen, Neal) An RCT of a web-based intervention to improve depression, cognitive function and adherence in people with CVD (CREDO), UNSW (CID).

Beyondblue, 2009-2011, 3 years, \$50,083 (Walker, Christensen) Extension to the Beyond Ageing Project (CIB).

Commonwealth Department of Health and Ageing, 2008, 4 years, \$2,353,694 (Griffiths and Christensen) (CIB).

Australian Institute of Sport, 2008-2009, 2 years, \$190,000 (Christensen) (CIA).

APHCRI Stream 7, 2008, 1 year, \$40,000 (Christensen and Griffiths) (CIA).

APHCRI Travelling Fellowship, 2008, 1 year, \$38,690 (Christensen) (CIA).

MLC Foundation, 2008, 1 year, \$50,000 (Christensen and Griffiths) (CIA).

Research Council of Norway, (APP181827) 2007-2010, 3 years, \$918,035 Utilising the Internet to deliver mental health self-help interventions to underserved populations in rural areas (Forskerprosjekt), ANU is one of four collaborating partners.

Health Research Council of New Zealand, 2007-2011, 5 years, \$2,299,675 (Nada-Raja, McGee, Langley, Christensen, Marie, Mackinnon) An Internet-Based Cognitive Behaviour Therapy Self-Help for Depression: Recovery via Internet from Depression (RID) (CIE).

Commonwealth Department of Health and Ageing, 2007-2009, 2 years, \$413,082 (Christensen and Griffiths) (CIA).

Headspace Youth Services Development Fund Consortium, 2007-2009, 4 years, \$1,750,000 (Hickie), (Consortium member).

Lifeline Australia ARC Partnership, 2006-2009, 3 years, \$98,842 (Christensen, Griffiths, Mackinnon, Smith) (CIA).

Alzheimer's Australia Research, 2006, 1 year, \$61,404 (Anstey and Christensen) (CIB).

APHCRI Australia Primary Care Institute, 2006, 1 year, \$164,152 (Griffiths, Christensen, Macdonald) APHCRI Australia Primary Care Institute Stream 5 (CIB).

Australian Research Council Linkage Grant (LP0667970), 2006-2009, 3 years, \$279,325 (Christensen, Griffiths, Mackinnon, Smith) Internet technologies, health informatics, and statistical models, and new delivery platforms in call centres (CIA).

Vincent Fairfax Family Foundation, 2005-2009, 4 years, \$165,000 (Christensen and Griffiths) (CIA).

Mental Health Council of Australia, 2005 (3 months), \$15,000 (Mendoza, Butterworth, Farrer) Disability Support (CIE).

Australian Primary Health Care Research Institute, 2005-2006, 1 year, \$155,000 (Christensen, Griffiths, Wells, Butler) (CIA).

APHCRI Australian Research Institute, 2005-2006, 2 years, \$155,000 (Christensen and Griffiths) APHCRI Stream 4 (CIA).

Commonwealth Department of Health and Aging, 2005-2009, 4 years, \$128,000 (Jorm, Hickie)

The prevention of depression in older Australians: The Beyond Ageing Project - The addition of an exercise arm (CIA).

Beyondblue, 2004-2005, 2 years, \$40,000 (Jorm, Christensen, Griffiths) Evaluation supplement to Australia Japan Partnership (CIB).

Commonwealth Department of Health and Aging, 2004-2005, 2 years, \$20,000 (Christensen et al.) MoodGYM in schools (CIA).

Pfizer Neuroscience Research Grant, 2004, 1 year, \$30,000 (Looi, Kumar, Jorm) Late life depression, homocysteine, and neuroimaging study (CID).

Commonwealth Department of Health and Ageing, 2003, 3 years, \$300,000 (Jorm, Christensen, Griffiths) Australia Japan Project (CIB).

Beyondblue, 2003-2006, 3 years, \$1,600,000 (Jorm, Hickie, Christensen) The Beyond Ageing Project (CIC).

Commonwealth Department of Health and Ageing, 2003-2006, 3 years, \$298,000 (Griffiths, Hickie, Jorm, Moore) Internet-assisted Cognitive Behaviour Therapy in General Practice (MoodGYM) (CIA).

Beyondblue, 2002-2006, 4 years, \$500,000 (Griffiths, Kirkby) e-prevention site for beyondblue (CIA).

VIII. ACADEMIC OUTPUT AND RESEARCH PUBLICATIONS

CITATION INDICES (as of July 2019)

Number of citations: 46,786 (Google Scholar)
h-index: 119 (Google Scholar)
i10-index: 427 (Google Scholar)

PEER-REVIEWED PUBLICATIONS (as of July 2019)

Published research studies

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487. Treatment outlines for the management of obsessive-compulsive disorders. (1985). The Quality Assurance Project. *Australian and New Zealand Journal of Psychiatry*, 19(3):240-53.
488. Christensen H, Di Giusto E. (1982). The effects of sensory deprivation on cigarette craving and smoking-behaviour. *Addictive Behaviours*, 7(3):281-4.

RESEARCH PRESENTED AT PROFESSIONAL MEETINGS (from 2011 – current)

2017

1. Christensen, H., Meiser, B., Mills, L., Ahmad, R., Schofield, P. R., Peate, M., . . . Mitchell, P. B. (submitted). *A cluster randomised controlled trial of a psychoeducational intervention for people with a family history of depression*. Submitted to the World Psychiatric Association Thematic Congress, Innovation in Psychiatry: Effective Interventions for Health and Society, Melbourne, Australia.
2. Bull, C., Almond, T., Christensen, H., & Fenech, M. (2017). Chronic stress and suboptimal nutrition is associated with chromosome instability in dementia family carers. *Psychoneuroendocrinology*, 83, Supplement, 89. doi:10.1016/j.psyneuen.2017.07.479
3. Christensen, H. (2017). Presented at the International Society for Research on Internet Interventions (ISRII) 9th Scientific Meeting, Berlin, Germany.
4. Christensen, H. (2017). *Web-based interventions for mood disorders and suicidal behaviour*. Presented at the 30th European College of Neuropsychopharmacology (ECNP) Congress, Paris, France.
5. Nguyen, T., Nguyen, D. T., Larsen, M. E., O'Dea, B., Yearwood, J., Phung, D., . . . Christensen, H. (2017). *Prediction of Population Health Indices from Social Media using Kernel-based Textual and Temporal Features*. Paper presented at the 26th International Conference on World Wide Web Companion, Perth, Australia.

2016

6. Christensen, H. (2016). Presented opening address at the APS Psychologists in Schools Interest Group: The Future of Child and Adolescent Mental Health Conference, Sydney, NSW.
7. Christensen, H. (2016). Presented keynote address at the Rural and Remote Mental Health Symposium, Kingscliff, NSW.
8. Christensen, H. (2016). *Preventing suicide using smartphones and web programs: Randomised controlled trials*. Invited presentation at the Preventative Interventions for Depression Symposium, 31st International Congress of Psychology, Yokohama, Japan.
9. Calvo, R. A., Milne, D., Hussain, M. S., & Christensen, H. (2017). *Natural language processing in mental health applications using non-clinical texts*. Paper presented at the 2nd Symposia on Computing and Mental Health, ACM CHI Conference on Human Factors in Computing Systems, Denver, Colorado.
10. Larsen, M., Boonstra, T., Townsend, S., Christensen, H. (2016). *Measuring social connectivity and social withdrawal with a smartphone app*. Paper

- presented at the 8th Scientific Meeting of the International Society for Research on Internet Interventions, Seattle, WA, USA.
11. Ritterband, L., Riper, H., Mohr, D., Palermo, T., Kay-Lambkin, F., Christensen, H., . . . Van de Ven, P. (2016). *Challenges, controversies, and the future of developing, evaluating, and implementing Internet interventions*. Paper presented at the The 8th Scientific Meeting of the International Society for Research on Internet Interventions, Seattle, USA, 7-9 April 2016. <http://urn.kb.se/resolve?urn=urn:nbn:se:su:diva-134747>
 12. Christensen, H. (2016). *Developing cost effective methods of treating the full spectrum of mental health issues*. Presented at the 3rd Annual Digital Health Summit, Connect EXPO, Melbourne, Australia.
- 2015**
13. Nguyen T, O'Dea B, Larsen M, Phung D, Venkatesh S, Christensen H. *Differentiating subgroups of online depression-related communities using textual cues*. Full paper published in: Proceedings of WISE 2015 – Web Information Systems Engineering: Part II, Volume 9419; 16th International Conference, Miami, Florida, USA, November 1-3 2015: pp. 216-224 (DOI: 10.1007/978-3-319-26187-4_17). Springer International Publishing.
 14. Larsen, M., Cummins, N., Boonstra, T., O'Dea, B., Tighe, J., Nicholas, J., Shand, F., Epps, J., Christensen, H. *The use of technology in suicide prevention*. Full paper published in: Proceedings of the 37th Annual International Conference of the IEEE Engineering in Medicine and Biology Society, Milan, Italy, Friday 28 August 2015.
 15. Nicholas, J., Larsen, M., Christensen, H., Proudfoot, J. *Systematic assessment of mobile apps for bipolar disorder: features and content*. Abstract published in special issue of Bipolar Disorders from 17th Annual Conference of the International Society for Bipolar Disorders 2015.
 16. Christensen H. Preventing depression through an insomnia intervention. SMHR Society for Mental Health Research Conference 2015: Building a healthier future, Brisbane, Australia, 2 – 4 December 2015.
 17. Christensen H. Scoping data for systems approach to suicide prevention. Australian Society for Bipolar and Depressive Disorders 2015 Conference, Sydney, Australia, 6 - 8 November 2015.
 18. Meiser B, Peate M, Leviathan C, Schofield PR, Trevena L, Barlow-Stewart K, Dobbins T Christensen H, Sherman KA, Dunlop K, Mitchel PB. Development and pilot-testing of a psycho-educational intervention for people with a family history of depression for use in general practice. Australian Society for Bipolar and Depressive Disorders Meeting, Sydney, Australia, 6 - 8 November 2015.
 19. Larsen M, Boonstra T, Townsend S, Christensen H. Mobile phone systems to capture social networks. Australasian Society for Bipolar and Depressive Disorders Conference, Sydney, Australia, 6 - 8 November 2015.
 20. Christensen H. Two online suicide prevention programs: Randomised controlled trial data from Healthy Thinking and iBobbly. IASR/AFSP International Summit on Suicide Research 2015, New York, USA, 11 – 14 October 2015.
 21. Christensen H. E-health programs in Australia. 18th European Health Forum Gastein: Securing health in Europe. Austria, 30 September – 2 October 2015.
 22. Christensen H. Workshop panellist: Innovative solutions for preventing and treating mental illness, 30 September. 18th European Health Forum Gastein: Securing health in Europe, Austria, 30 September – 2 October 2015.
 23. Christensen H. eHealth for depression prevention. Prevention of Depression: Current Opinion; Event held by Centre for Healthy Brain Ageing (CHeBA),

- POWH, and the Neuropsychiatric Institute, School of Psychiatry, UNSW; Randwick, UNSW, Sydney, Thursday 17 September 2015.
24. Christensen H. Panellist Member: Future directions for depression prevention Panel Discussion. Prevention of Depression: Current Opinion; Event held by Centre for Healthy Brain Ageing (CHeBA), POWH, and the Neuropsychiatric Institute, School of Psychiatry, UNSW; Randwick, UNSW, Sydney, Thursday 17 September 2015.
 25. Christensen H. Summit Opening Presentation: Introduction to a national systems approach to suicide prevention. Centre for Research for Suicide Prevention (CRESP) National Suicide Prevention Summit 2015, Parliament House, Canberra, Australia, 10 August 2015.
 26. Christensen H. Keynote speaker: Suicide and Self-Harm Prevention Conference: Suicide and self-harm prevention across the lifespan, Cairns, QLD, Australia, 24 – 26 June 2015.
 27. Christensen H., Shand F, van Spijker B, Solomon D. Internet interventions and trial consideration for suicide prevention. 28th World Congress of International Association for Suicide Prevention (IASP), Montreal, Canada, 16 – 20 June 2015.
 28. Christensen H. Symposium Chair: Symposium #84 – Interactive Online and Smartphone Intervention of Suicidal Ideation. 28th World Congress of International Association for Suicide Prevention (IASP), Montreal, Canada, 16 – 20 June 2015.
 29. Van Spijker B., Christensen H. Reducing suicidal thoughts through web-based self-help: a randomised controlled trial in the Australian general population. 28th World Congress of International Association for Suicide Prevention (IASP), Montreal, Canada, 16 – 20 June 2015.
 30. Christensen H. Keynote speaker: Using the Internet to prevent suicide. 8th Primary Mental Health Care Conference - Australian College of Mental Health Nurses Conference, Canberra, Australia, 13 – 14 March 2015.
 31. Christensen H. Panellist: Q & A session. 8th Primary Mental Health Care Conference – Australian College of Mental Health Nurses Conference, Canberra, Australia, 13 – 14 March 2015.
 32. Christensen H. Research in suicide prevention. NSW Police Force - Policing and Mental Health Conference 2015 - Biennial Mental Health Contact Officers Conference: Suicide prevention, intervention and postvention, University of NSW, Sydney, Australia, 3 - 4 March 2015.
 33. Christensen H., Fogarty A. Men, coping and suicide: Data from the Black Dog. The MHS Summer Forum 2015 - Men's Mental Health: Building a Healthier Future, Sydney, Australia, 20 February 2015.
- 2014**
34. Christensen H. Session Chair: SMHR Founders Medal Award and BUPA Oration. The Australasian Society of Psychiatric Research (ASPR) / Society for Mental Health Research (SMHR) Conference 2014, Adelaide, Australia, 3 – 5 December 2014.
 35. Christensen H. The science of social media. The Australasian Society of Psychiatric Research (ASPR) / Society for Mental Health Research (SMHR) Conference 2014, Adelaide, Australia, 3 – 5 December 2014.
 36. Christensen H. Keynote presentation: Prevention programs in schools: evidence, challenges and opportunities. Inaugural Alliance for the Prevention of Mental Disorders (APMD) 2014 Conference, Adelaide, Australia, 2 December 2014.

37. Christensen H. Presentation at the Kolling Institute of Medical Research Seminar Series, Royal North Shore Hospital, Sydney, Australia, 12 November 2014.
 38. Christensen H., Hickie I. Presentation at the 2nd World Congress of Integrated Care Conference, Sydney, Australia, 23 – 25 November 2014.
 39. Christensen H., Shand F, Ridani R, Tighe J. Designing apps for acceptability and interactivity. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014
 40. Christensen H. Symposium Moderator: Research Translation in the Digital Age. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 41. Calear A., Christensen H, Batterham P, Mackinnon A, Griffiths K. The Y-Worri Project: An evaluation of the e-couch Anxiety and Worry program in schools. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 42. Christensen H. Global health promotion and social media. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 43. Shand F., Christensen H, Tighe J, Ridani R, Burns J. The iBobbly suicide prevention app: results from a pilot randomised controlled trial. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 44. O'Dea B., Batterham P, Milne D, Paris C, Christensen H. Depressed and suicidal statements on Twitter: an exploration of context and response. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 45. Larsen ME., Boonstra T, Christensen H. Application of mHealth for online and offline social connectedness. ISRII 7th Scientific Meeting, Valencia, Spain, 23 – 25 October 2014.
 46. Christensen H. Social media and suicide: Harnessing the potential of social media for suicide prevention. The National Suicide Prevention Conference 2014: Suicide Prevention Australia. Perth, Western Australia, 23 – 26 July 2014.
 47. Christensen H. Presenter on Plenary Panel: Keynote presentation: What are the priorities in suicide prevention? The National Suicide Prevention Conference 2014: Suicide Prevention Australia. Perth, Western Australia, 23 – 26 July 2014.
 48. Christensen H. Identifying the early warning signs of psychological injury. 3rd Annual Psychological Injury Management Summit, Sydney, Australia, 23 – 25 June 2014.
 49. Christensen H. Presentation at the inaugural "Meeting for Minds" Mental Health Forum, Perth, WA, 14 – 15 May 2014.
 50. Christensen H. 2014 Roddy D. Brickell Memorial Award Presentation & Lecture: Harnessing technology to reduce suicide risk. Columbia University, New York, USA, 2 April 2014.
 51. Harvey S., Christensen H. Potential for application of online programs in the workplace. Mental Health in the Australian Workplace Conference 2014, Melbourne, Australia, 19 – 20 March 2014.
 52. Christensen H. Panellist: National and International Perspectives. Canadian Depression Research and Intervention Network (CDRIN) Meeting, Ottawa, Canada, 26 – 27 March 2014.
- 2013**
53. Bull C., Christensen H, Fenech M. (2013). Cortisol is associated with longer telomeres and reduced nuclear division, but is non-genotoxic in lymphocytes cultured under folate-deficient conditions. Poster presented at the 20th

- Annual Meeting of the Psychoneuroimmunology Research Society (PNIRS), Stockholm, Sweden, 5 - 8 June 2013.
54. Ridani R, Shand F, Tighe J, Christensen H. An app for suicide prevention amongst Indigenous youth: Design of an Australian study. Poster presented at the 11th Annual Conference of the Association for Contextual Behavioural Science, Sydney, Australia, 8 -12 July 2013.
 55. Van Spijker BAJ, Christensen H, Mackinnon A, Griffiths K, Calear AL, Batterham PJ, Kerkhof AJFM, van Straten A. (2013). Web-based self-help for suicidal thoughts: Results of a Dutch trial and the design of an Australian study. Poster presented at the International Society for Research on Internet Interventions (ISRII) 6th Scientific Meeting, Chicago, Illinois, USA, 16 - 18 May 2013.
 56. Batterham P, Christensen H. (2013). The application of the Interpersonal-Psychological Theory to multiple measures of ideation. Poster presented at the 46th Annual Conference of the American Association of Suicidology (AAS), Austin, Texas, USA, 24 - 27 April 2013.
- 2012**
57. Gulliver A, Griffiths KM, Christensen H, Mackinnon A, Calear AC, Parsons A, Bennett K, Bennett A, Batterham P, Stanimirovic R. (2012). Internet-based interventions to promote mental health help-seeking in elite athletes: 6-month follow-up of a randomised controlled trial. Poster presented at the Australasian Society for Psychiatric Research (ASPR) 2012 Conference, Fremantle, Western Australia, Australia, 5 - 7 December 2012.
 58. Bull C, Christensen H, Fenech M. (2012). Cortisol is associated with increased DNA and longer telomeres in lymphocytes cultured under folate-deficient conditions. Poster presented at the 41st Annual Conference of the International Society for Psychoneuroendocrinology, New York, USA, 11 - 14 September 2012.
 59. Donker T, Bennett K, Bennett A, Mackinnon A, van Straten A, Cuijpers P, Christensen H, Griffiths KM. (2012). Internet-delivered Interpersonal Therapy vs. internet-delivered Cognitive Behaviour Therapy for adults with depressive symptoms: A Randomized Controlled Noninferiority Trial. Poster presented at the first European Congress for Social Psychiatry, Geneva, Switzerland, 4 - 6 July 2012.
 60. Bunce D, Batterham P, Christensen H. (2012). Depression, anxiety and 12-year cognitive change in community-dwelling adults aged 70 and over. Poster presented at the Cognitive Ageing Conference, Atlanta, Georgia, 19 - 22 April 2012.
- 2011**
61. Tait RJ, McKetin R, Kay-Lambkin F, Geddes J, Bennett K, Griffiths K, Christensen H. (2011). Breakingtheice: Protocol for an online intervention for psychostimulant misuse. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.
 62. Moller C, Murray K, Calear AL, Farrer L, Christensen H, Griffiths K, Bennett K, Bennett A. (2011). Beacon: An online portal of mental and physical e-health applications. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.
 63. Gulliver A, Griffiths K, Christensen H, Mackinnon A, Calear AL, Parsons A, Bennett K, Bennett A, Stanimirovic R. (2011). TEAMS: A randomised controlled trial of an online intervention to promote mental health help-seeking in elite athletes. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.

64. Donkin L, Christensen H, Naismith SL, Neal B, Hickie IB, Glozier N. (2011). A systematic review of the impact of adherence on the efficacy of e-therapies. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.
65. Calear AL, Christensen H, Mackinnon A, Griffiths KM, Brewer JL. (2011). The Y-Worri pilot project: e-couch anxiety and worry program in schools. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.
66. Brewer JL, Walker JG, Christensen H, Mackinnon A, Batterham PJ, Calear AL. (2011). Online promotion and measurement of adolescent physical activity: IN2SHAPE randomised controlled trial. Poster presented at the International Society for Research on Internet Interventions (ISRII), Sydney, Australia, 6 - 8 April 2011.
67. Murray K, Calear A, Moller C, Farrer L, Christensen H, Griffiths K, Bennett K, Bennett A. (2011). Beacon: A database of online applications for mental and physical health. Poster presented at the 46th Annual Australian Psychological Society (APS) Conference, Canberra, Australia, 4 - 8 October 2011.
68. Christensen H, Griffiths KM, Bennett K, Bennett A, Calear A, Farrer L, Batterham P, Mackinnon A. (2010). Preventing mental disorders using Internet technology. Poster presented at the 27th International Congress of Applied Psychology (ICAP), Melbourne Convention Centre, Melbourne, Australia, 11 - 16 July 2010.

POLICY DOCUMENTS, REPORTS, EDITORIALS AND COMMENTARIES

1. Christensen, H. (2018). Three actions to reduce suicide deaths and attempts. *Australasian Psychiatry*, 26(2), 125-127. doi:10.1177/1039856218762641
2. Firth, J., Torous, J., Carney, R., Newby, J., Cosco, T. D., Christensen, H., & Sarris, J. (2018). Digital technologies in the treatment of anxiety: Recent innovations and future directions. *Current Psychiatry Reports*, 20(6). doi:10.1007/s11920-018-0910-2
3. Calvo, R. A., Dinakar, K., Picard, R., Christensen, H., & Torous, J. (2018). Toward impactful collaborations on computing and mental health. *Journal of Medical Internet Research*, 20(2). doi:10.2196/jmir.9021
4. Bhugra, D., Tasman, A., Pathare, S., Priebe, S., Smith, S., Torous, J., . . . Ventriglio, A. (2017). The WPA-Lancet Psychiatry Commission on the Future of Psychiatry. *The Lancet Psychiatry*, 4(10), 775-818. doi:10.1016/S2215-0366(17)30333-4
5. Christensen, H., Reynolds, C. F. R., & Cuijpers, P. (2017). Protecting youth mental health, protecting our future. *World Psychiatry*, 16(3), 327-328. doi:10.1002/wps.20437
6. Cuijpers, P., & Christensen, H. (2017). Are personalised treatments of adult depression finally within reach? *Epidemiology and Psychiatric Sciences*, 26(1), 40-42. doi:10.1017/S204579601600007X
7. Venkatesh, S., & Christensen, H. (2017). Using life's digital detritus to feed discovery. *The Lancet Psychiatry*, 4(3), 181-183. doi:10.1016/S2215-0366(16)30351-0
8. Batterham, P. J., McGrath, J., McGorry, P. D., Kay-Lambkin, F. J., Hickie, I. B., & Christensen, H. (2016). NHMRC funding of mental health research. *Medical Journal of Australia*, 205(8), 350-351. doi:10.5694/mja16.00179
9. Batterham, P. J., Torok, M., Krysinska, K., Shand, F., Calear, A. L., Cockayne, N., & Christensen, H. M. (2016). Best strategies for reducing the

- suicide rate in Australia: Response to Pirkis. *Australian and New Zealand Journal of Psychiatry*, 50(4), 386. doi:10.1177/0004867416638518
10. Carter, G., Page, A., Large, M., Hetrick, S., Milner, A. J., Bendit, N., . . . Christensen, H. (2016). Royal Australian and New Zealand College of Psychiatrists clinical practice guideline for the management of deliberate self-harm. *Australian and New Zealand Journal of Psychiatry*, 50(10), 939-1000. doi:10.1177/0004867416661039
 11. Christensen, H., Cuijpers, P., & Reynolds, C. F. (2016). Changing the direction of suicide prevention research: A necessity for true population impact. *JAMA Psychiatry*, 73(5), 435-436. doi:10.1001/jamapsychiatry.2016.0001
 12. Christensen, H. M. (2016). Suicide prevention in Australia: Where to from here. *InPsych*, 38(1), 8-9.
 13. Kryszinska, K., Batterham, P. J., Tye, M., Shand, F., Caele, A. L., Cockayne, N., & Christensen, H. (2016). Best strategies for reducing the suicide rate in Australia. *Australian and New Zealand Journal of Psychiatry*, 50(2), 115-118. doi:10.1177/0004867415620024
 14. Nicholas, J., Boydell, K., & Christensen, H. (2016). mHealth in psychiatry: Time for methodological change. *Evidence-Based Mental Health*, 19(2), 33-34. doi:10.1136/eb-2015-102278
 15. Werner-Seidler, A., Perry, Y., & Christensen, H. (2016). An Australian example of translating psychological research into practice and policy: Where we are and where we need to go. *Frontiers in Psychology*, 7, 200. doi:10.3389/fpsyg.2016.00200
 16. Tye M, Shand F, Kryszinska K, Batterham P, Konings P, Caele A, Cockayne N. and Christensen H. (2015). *A Systems Approach to Suicide Prevention: Implementation Plan*. Sydney: Black Dog Institute for the Mental Health Commission of NSW. (Confidential; not for public release yet; as of November 2015)
 17. NHMRC Centre for Research Excellence in Suicide Prevention and Black Dog Institute. (2015). *Proposed Suicide Prevention Framework for NSW*. Report prepared by NHMRC Centre for Research Excellence in Suicide Prevention and Black Dog Institute, for the NSW Mental Health Commission. Available at: http://www.blackdoginstitute.org.au/docs/PROPOSEDSUICIDEPREVENTIONFRAMEWORKFORNSW2015-20204Aug2015_v3.pdf
 18. Christensen H, Cuijpers P, Proudfoot J. Response to Gilbody et al (15 Nov 2015). Response to Re: Computerised cognitive behaviour therapy (cCBT) as treatment for depression in primary care (REEACT trial): large scale pragmatic randomised controlled trial. *BMJ*. 351:h5627.
 19. Christensen H, Proudfoot J. (8 Jan 2015). *Online Services for Mental Health: Report on E-health technologies*. Policy document prepared for 'Digital Dog' Black Dog Institute. Available at: <http://digitaldog.org.au/policy-documents-on-e-health/>
 20. The Australian eMental Health Alliance and Black Dog Institute. (2015). *Saving Lives with Nationally Integrated eMental Health Services*. Report prepared for 'Digital Dog' Black Dog Institute. Available online at: <http://digitaldog.org.au/wp-content/uploads/2015/03/Saving-lives-nationally-integrated-eHealth.pdf>
 21. NHMRC Centre for Research Excellence in Suicide Prevention (CRESP) and Black Dog Institute; in partnership with University of Melbourne, Lifeline, and the Australian National University. (2014). *Care After a Suicide Attempt (CAASA Report): A report prepared for the National Mental Health*

- Commission. Available at:
<http://www.blackdoginstitute.org.au/docs/CareAfteraSuicideAttempt02-09-15.pdf>
22. Christensen H, Proudfoot J, Woodward A, et al. (2014) *e-Mental Health Services in Australia 2014: Current and future*. Report to the National Mental Health Commission. Available at: <https://emhalliance.fedehealth.org.au/wp-content/uploads/sites/42/2014/10/e-Mental-Health-in-Australia-2014.pdf>
 23. Christensen H. & Petrie, K. (2013). Time to focus on prevention of mental health disorders. In D. Singerman (Ed.). *Perspectives: Mental Health and Wellbeing in Australia*. (pp. 12-13). Australia: Mental Health Council of Australia. Available at:
http://www.mhca.org.au/index.php/component/rsfiles/download?path=Publications/MHCA%20Perspectives%20Mental%20Health%20and%20Wellbeing%20in%20Australia_publication.pdf&Itemid=539
 24. Christensen H., Petrie K. & Batterham P. (2013). The past, present and future of mental health research. In: Mendoza J, Bresnan A, Rosenberg S, Elson A, Gilbert Y, Long P, Wilson K, & Hopkins J. *Obsessive Hope Disorder: Reflections on 30 years of mental health reform in Australia and visions for the future*. Perspectives Report. Caloundra, QLD: ConNetica. Available at:
<http://connetica.com.au/ohd-landing-page>
 25. Burns JM, Davenport TA, Christensen H, Luscombe GM, Mendoza JA, Bresnan A, Blanchard ME & Hickie IB. (2013). *Game On: Exploring the Impact of Technologies on Young Men's Mental Health and Wellbeing. Findings from the first Young And Well National Survey*. Melbourne, Victoria: Young and Well Cooperative Research Centre. Available at:
http://youngandwellcrc.org.au/safe-and-supportive/national-surveys?utm_source=Young+and+Well+CRC&utm_campaign=6ebe6c02b3-RPL_Recruitment_20130124&utm_medium=email&utm_term=0_0473a717df-6ebe6c02b3-
 26. Christensen H. (2012). Suicide prevention. In: Christensen H. & Rosenberg S. (Eds. *National Mental Health Commission – Rapid Literature Review*. Black Dog Institute, Sydney; submitted to National Mental Health Commission as contribution to content for the National Mental Health Commission 2012: A Contributing Life, the National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC. <http://www.mentalhealthcommission.gov.au/our-report-card/supporting-documents.aspx>
 27. Christensen H. & Rosenberg, S. (Eds.) *National Mental Health Commission – Rapid Literature Review 2012*. Black Dog Institute, Sydney; submitted to National Mental Health Commission as contribution to content for the National Mental Health Commission 2012: A Contributing Life, the National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC. Available at:
<http://www.mentalhealthcommission.gov.au/our-report-card/supporting-documents.aspx>
 28. Christensen H, Griffiths K, Gulliver A & Clack D. (2008). *Models in the Delivery of ehealth*. Canberra: APHCRI - Australian Primary Health Care Research Institute, 2008: 25-38.
 29. Macdonald E, Gulliver A, Christensen H, Griffiths KM. (2007). *Primary Care Management of Comorbid Mental Health and Drug and Alcohol Problems: Co-occurring depression/anxiety problems and substance abuse problems*. Canberra: APHCRI - Australian Primary Health Care Research Institute.

30. Christensen H. (2007). Book Review: Hands-on help. Computer-aided psychotherapy. *Australian and New Zealand Journal of Psychiatry*, 41(10):857.
31. Christensen H. (2007). Comment: Computerised therapy for psychiatric disorders. *The Lancet*, 370 (9582):112-113.
32. Christensen H, Griffiths K, Wells L, Kljakovic M, Sheehan J, Clack D, et al. (2006). *Models of Mental Health Delivery: efficacy, support and policy*. Canberra: APHCRI - Australian Primary Health Care Research Institute.
33. Christensen H. (2005). Strengthening early detection and early treatment. In: Lapworth J. (Ed.). *The National Chronic Disease Strategy*. Canberra: Commonwealth Department of Health & Ageing.
34. Christensen H, Hocking BM, Smith D. (2005). Web and telecounselling in Australia - author reply. *Medical Journal of Australia*, 182(1):46.
35. Centre for Mental Health Research. (2005). *Mental Health Literacy Survey*. Australia Japan Research Partnership: Canberra: Commonwealth Department of Health & Ageing.
36. Griffiths KM, Christensen H, Barney L, Jenkins A, Kelly CP. (2004). *Promoting Consumer Participation in Mental Health Research: a national workshop*. Canberra: Centre for Mental Health Research, ANU. (Report to the Commonwealth Department of Health & Ageing).
37. Griffiths KM, Blomberg S, Christensen H. (2003). *Consultation Report: An evaluation of the discussion paper: 'e-mental health in Australia: Implications of the Internet and related technologies for policy'*. Canberra: Commonwealth Department of Health & Ageing.
38. Griffiths KM, Christensen H. (May/June 2003). MoodGYM and BluePages: Making a difference. *OpenMind: The Mental Health Magazine*, 121.
39. Christensen H, Griffiths KM, Evans K. (2002). *e-Mental health in Australia: implications of the Internet and related technologies for policy*. Canberra: Commonwealth Department of Health & Ageing.
40. Griffiths K, Christensen H. (2001). Quality of health information about depression on internet - Authors' reply. *British Medical Journal*, 322:1366.
41. Jorm A, Griffiths K, Christensen H & Medway J. (2001). *Research Priorities in Mental Health*. A report commissioned by the Mental Health and Special Programs Branch of the Commonwealth Department of Health and Ageing. Canberra: Centre for Mental Health Research, ANU.
42. National Health and Medical Research Council (Australia). (1997). *Depression in young people: Clinical Practice Guidelines*. Canberra: Australian Government Publishing Service.
43. National Health and Medical Research Council (Australia): Quality of Care and Health Outcomes Committee. (1995). *Guidelines for the development and implementation of Clinical Practice Guidelines*. Canberra: Australian Government Publishing Service.
44. Christensen H. *Submission from the Centre for Mental Health Research to the Senate Select Committee on Mental Health*. Canberra: Centre for Mental Health Research, ANU.

BOOKS AND OTHER CONSUMER MATERIALS; NON-PEER REVIEWED OUTPUTS

1. Werner-Seidler, A., Calear, A. L., & Christensen, H. (2019). CBT Prevention Programs. In K.S. Dobson & David J. Dozois (Ed.), *Handbook of Cognitive Behavioural Therapy*. New York: Guilford Press.
2. Russell, D., & Christen, H. (2018). The Research Files Episode 45: Suicide prevention strategies in schools. Melbourne, Australia: Australian Council for Educational Research (ACER).
3. Christensen H, Petrie K. (Oct, 2015). Time to focus on prevention of mental health disorders. *Mental Health Magazine*. October edition; available online [29 Oct 2015] at: <http://mentalhealthmagazine.com.au/index.php/2015/10/29/time-to-focus-on-prevention-of-mental-health-disorders/>
4. Lyons, A., Rozborj, T., Pitts, M., Mitchell, A., & Christensen, H. (2015). *Improving E-therapy for Mood Disorders among Lesbians and Gay Men: A practical toolkit for developing tailored web and mobile phone-based depression and anxiety interventions*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
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E-MENTAL HEALTH DETECTION AND DELIVERY PROGRAMS

While leading the 'Digital Dog' (<http://digitaldog.org.au/>) research group at the Black Dog Institute

- 'myCompass' <https://www.mycompass.org.au/> (publicly available fully automated online self-help program for adults with mild-to-moderate depression and anxiety)
RCT: Proudfoot J, Clarke J, Birch M-J, Whitton AE, Parker G, Manicavasagar V, Harrison V, Christensen H, Hadzi-Pavlovic D. (2013). Impact of a mobile phone and web program on symptom and functional outcomes for people with mild-to-moderate depression, anxiety and stress: a randomised controlled trial. *BMC Psychiatry*. 13:312.
- 'BiteBack' <http://www.biteback.org.au/> (publicly available online positive psychology program for youth aged 12 – 18)
Feasibility trial: Manicavasagar V, Horswood D, Burckhardt R, Lum A, Hadzi-Pavlovic D, Parker G. Feasibility and effectiveness of a web-based positive psychology program for youth mental health: Randomized Controlled Trial. *J Med Internet Res* 2014; 16(6):e140.
- 'Living with Deadly Thoughts' (in collaboration with ANU and VU University and Medical Centre Amsterdam; an online self-help program for suicidal ideation)
RCT Protocol: Van Spijker BA, Caelear AL, Batterham PJ, Mackinnon AJ, Gosling JA, Kerkhof AJ, Solomon D, Christensen H. (Feb, 2015). Reducing suicidal thoughts in the Australian general population through web-based self-help: study protocol for a randomized controlled trial. *Trials*. 16(1):62.
- 'Living with Deadly Thoughts for Young People' (with ANU; trial of 'Living with Deadly Thoughts' in young people)
- 'SHUTi' for the prevention of depression
<https://www.blackdoginstitute.org.au/getting-help/self-help-tools-apps/shuti> (in collaboration with University of Virginia and BeHealth Solutions; an online CBT-based insomnia intervention to reduce depression symptoms and prevent escalation into clinical depression)
RCT: Christensen, H., Batterham, P. J., Gosling, J. A., Ritterband, L. M., Griffiths, K. M., Thorndike, F. P., . . . Mackinnon, A. J. (2016). Effectiveness of an online insomnia program (SHUTi) for prevention of depressive episodes (the GoodNight Study): a randomised controlled trial. *Lancet Psychiatry*, 3(4), 333-341. doi:10.1016/S2215-0366(15)00536-2

- 'Black Dog SnapShot'* <https://www.blackdoginstitute.org.au/getting-help/self-help-tools-apps/snapshot> (a publicly available mobile app that helps users to keep track of their mental health and well-being)
- 'iBobbly'* (in collaboration with AKG, HITnet Innovations, Thoughtworks, Muru Marri Indigenous Health Unit NSW, YAW-CRC, Goolari Media WA, BackTrack NSW; the world's first suicide prevention app designed specifically for use by Indigenous youth)
- 'The Ground Truth'* (in collaboration with PRADA, Deakin University; an initiative that aims to analyse social media and blog conversation data to profile users' mental health using machine learning and algorithmic predictive systems)
- 'We Feel'* <http://wefeel.csiro.au/#/> (in collaboration with CSIRO, and with support from Amazon AWS and GNIP; a platform that analyses real-time social media data, in particular Twitter posts, to monitor emotional states using linguistic analysis)
- 'SPARX'* (in collaboration with the University of Auckland; an online automated universal depression prevention CBT intervention for adolescents in a school-based setting)
- 'Staying Connected'* (an app which uses mobile sensor and Bluetooth functionalities to examine and map social connectivity)
- 'RAFT' Reconnecting After Suicide Attempt* (a brief messaging intervention for individuals following a hospital-treated suicide attempt, currently under trial)
- 'Spark'* (a positive psychology mobile app designed to build resilience, increase well-being, and deepen social connections, currently in development)
- 'myCompass Now'* (a mobile app version of *'myCompass'*, currently in development)
- 'Sleep Ninja'* (an interactive mobile app designed to help young people improve their sleep, currently under trial)
- 'Smooth Sailing'* (an online stepped care clinic for adolescents, delivered in the school setting, currently under trial)
- 'Relationship App'* (a mobile app designed to help young people navigate relationships with their parents and friends, currently in development)
- 'Beacons'* (in collaboration with Google; an initiative that seeks to identify suicide risk using novel technology)
- 'Lighthouse Project at Gap Park'* (in collaboration with iCetana, Woollahra Municipal Council, Rose Bay Local Area Command [NSW Police], ECS Services; this initiative seeks to use machine learning technology to identify risk behaviour at suicide hot spots)
- 'Speech signals in depression'* (a mobile app to help detect mental health risk and mental state, currently in development)
- 'Kurdiji'* (a mobile app for Indigenous youth, designed to build a stronger sense of cultural identity and connection, and help build resilience and protect against suicidal thoughts, currently in development)
- 'StepCare'* (an online platform that assists provides universal screening for modifiable risk behaviours and mental health symptoms in primary care, and guideline-based treatment recommendations, currently under evaluation)

E-MENTAL HEALTH DETECTION AND DELIVERY PROGRAMS

Prior to working at the Black Dog Institute:

'MoodGYM' <http://moodgym.anu.edu.au>

'BluePages' <http://bluepages.anu.edu.au>

'BlueBoard' <http://blueboard.anu.edu.au>

'E couch' <http://ecouch.anu.edu.au>

'Beacon' <http://beacon.anu.edu.au>

Anxiety Education for Health Professionals (AEHP) Online Continuing Professional Development (CPD) Course in Anxiety Disorders
<http://www.anxietyeducation.edu.au/>

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