<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUR VISION</td>
<td>1</td>
</tr>
<tr>
<td>OUR ORGANISATION</td>
<td>1</td>
</tr>
<tr>
<td>DIRECTOR’S REPORT</td>
<td>2</td>
</tr>
<tr>
<td>FROM THE STAFF</td>
<td>2</td>
</tr>
<tr>
<td>WHAT WE DO</td>
<td>6</td>
</tr>
<tr>
<td>RESEARCH</td>
<td>6</td>
</tr>
<tr>
<td>TEACHING</td>
<td>19</td>
</tr>
<tr>
<td>WORKFORCE</td>
<td>25</td>
</tr>
<tr>
<td>PARTNERS AND FUNDERS</td>
<td>37</td>
</tr>
</tbody>
</table>
OUR VISION

“Improve mental health for infants, children and young people through research, teaching and workforce development.”

The aim of the Werry Centre for Child and Adolescent Mental Health is to improve the mental health of New Zealand’s young people by:

- undertaking research in child and adolescent mental health;
- providing training of a high quality to mental health professionals;
- providing expert advice to support the development of excellent infant, child and adolescent mental health services; and
- supporting the child and adolescent mental health workforce nationally.

OUR ORGANISATION

The Werry Centre is a national centre for infant, child and adolescent mental health situated within the Department of Psychological Medicine at the University of Auckland. It has three arms, namely research, teaching and workforce development. The Centre is involved in the development and promotion of evidence-based approaches to healthcare as well as supporting clinical staff and services working with infants, children and adolescents throughout New Zealand to deliver good care to their consumers.

The Werry Centre has a shared leadership approach, with leads from each of the three arms participating in the Senior Management Team (SMT) to ensure co-ordination and strategic development.
DIRECTORS REPORT

Professor Sally Merry, Head of Department of Psychological Medicine, Director of the Werry Centre and Cure Kids Duke Family Chair

We have had a very productive and successful year at the Werry Centre. On the research front we have had very welcome funding from Rod and Patricia Duke through Cure Kids for the establishment of the Cure Kids Duke Family Chair in Child and Adolescent Mental Health. This strategic development ensures a dedicated team to lead research in child and adolescent mental health into the future. It has substantially increased the tenured research team in child psychiatry at the University of Auckland, and in 2015 we welcomed Dr Grant Christie as a senior lecturer. We have a number of large research projects underway, and have had success in obtaining further large grants. In 2015 we developed a new masters level course to provide training for the increasing youth forensic workforce and this will be run in 2016. Other postgraduate and undergraduate teaching continues to be well regarded in the sector, and highly rated by students. The workforce development team has also been very busy with work on many fronts. The invitation from Professor John Weisz, Harvard University, to write a chapter outlining the work at the Centre for his book on Evidence Based Therapies for Children and Adolescents (3rd Edition) published by Guildford Publications Inc is a heartening indication that the work of the Centre has an international profile.

FROM THE STAFF

Dr Karolina Stasiak, Senior Research Fellow

Research at the Werry Centre continues to flourish and the substantial philanthropic funding from Rod and Patricia Duke through Cure Kids for the Cure Kids Duke Family Chair in Child and Adolescent Mental Health, and for a research fellow to support this ensures ongoing leadership in this important area. Professor Sally Merry was appointed to the Chair in March 2015, and I have been fortunate in being given the position of Senior Research Fellow. We are very grateful to the team at Cure Kids and to Rod and Patricia Duke for this support, and also to the Downtown Auckland Branch of Rotary, which has provided support for research at the Werry Centre for many years, and who facilitated the link with Cure Kids and the Duke Family.

One of the main highlights for 2015 has been the award of the highly contested funding from the Ministry of Business, Innovation and Employment for the National Science Challenge. Professor Sally Merry’s team comprising, among many, Drs Karolina Stasiak, Terry Fleming, Hiran Thabrew, Grant Christie and Professor Jim Warren (Computer Science) are part of the Better Start Challenge. Their work will focus on developing a ‘go to’ online portal that will host youth friendly interventions for
common adolescent mental health problems. They will work collaboratively with Māori and Pacific communities to capitalise on the opportunities that come with emerging behavioural intervention technologies (BITS) to make evidence-based interventions more accessible to the wider population.

A large multisite randomised controlled trial (the TrACY study) led by Professor Merry and Dr Sue Crengle in collaboration with Prof John Weisz (Harvard University) has successfully recruited 205 participants and is on track to be completed in 2016. In June 2015, we fare-welled Dr Mathijs Lucassen (who has been appointed to a position of Lecturer in Mental Health at the Open University in the U.K.) and welcomed Dr Sarah Hopkins in the role of Study Manager to coordinate the TrACY study.

There have been several important and impactful publications produced by the team including further dissemination of findings related to SPARX (online therapy for adolescent depression). Dr Stasiak led an invited publication for a special volume of the Journal of Child and Adolescent Psychopharmacology (review of online therapies for child and adolescent depression and anxiety). Dr Wouldes’s team has been busy analysing and publishing results from the longitudinal research on the prenatal methamphetamine exposure. Two abstracts from the 4.5 year data were presented at the 2015 International Society for Research on Child and Adolescent Psychopathology (ISRCAP) Conference in Portland, Oregon, and a further publication of the 4.5 year results was published in Scientific Reports in November of 2015 [http://www.nature.com/articles/srep16921](http://www.nature.com/articles/srep16921).

There are a number of PhD candidates at various stages of their research. Congratulations to Joanne Blackett who completed her doctorate on exploring the acceptability and feasibility of Problem Solving Therapy for young people who self-harm. Our other PhD candidates are engaged in a number of worthwhile, and often challenging projects. Providing support for parents of young children is a theme in three of the projects, two in South Auckland with Māori families facing a number of challenges, and one in the Bay of Plenty. Other projects are focused on the potential for e-mental health to improve well-being of children and young people. It is heartening to see the progress in our own internal workforce development, and particularly encouraging to be supporting our two Māori PhD candidates, who have been carrying out the research in difficult circumstances but have nevertheless persevered. Both are writing up their theses and it will be exciting to see this work published in due course.

**Vas Ajello, Professional Teaching Fellow, CAMH Certificate Coordinator**

In 2015 we again had students from CAMH and similar services from around the country. Seventeen completed the Postgraduate Certificate in Child and Adolescent Mental Health. Students included counsellors, psychologists, occupational therapists, nurses, social workers and a doctor. Online learning combined with face-to-face teaching and class interaction again proved effective. Students said they learnt a lot from sharing resources and approaches to their work, including in-class presentations of videos of clinical interviews.
Sue Dashfield, General Manager, Workforce Development

2015 was a successful year for the Workforce team and we were pleased to welcome some valuable new members to our team. Our team has benefitted from the additions of Dr Luci Falconer, Senior Advisor; Stacey Porter, Māori Advisor; Stephanie Brown, Project Support; Abigail Milnes, Bronwyn Pagey and Michelle Fowler, Project Managers; Leanne Eruera, Business Analyst; and Rachel Zondag, Core Services Manager. This brings our team up to 24 (16.3 FTE).

Although the Infant, Child and Adolescent Mental Health and Addiction workforce might be smaller than our adult sector, it is no less varied in both service settings and professional groups. We enjoy the variety of work undertaken in pursuit of a highly skilled and competent sector and deliver guidelines, competency tools, training events, practice improvement methodology, on-line training and workshops to meet their needs. Highlights included leading the workforce centres in the Supporting Parent, Health Children (COPMIA) Project and the development of the Ministry of Health guidelines, establishing online learning Co-existing Problems (CEP), Foundations in Infant, Child and Adolescent Mental Health, and E-Skills Plus on line. We also developed He Aratakinga, a guideline to the Choice and Partnership Approach (CAPA) in Kaupapa Māori Services that provides guidance for providers wanting to develop services for Māori by drawing on the experience of existing mental health services.

“I am sorry, I can't say which one was the best. I found all speakers amazing and the presentations very interesting and they will enhance my practice!”

Child Training Day (Neuro Development)

“Great diversity of 'caught' as well as 'taught' ways of approaching Pasifika issues. I appreciated the transparent/ humbleness of speakers. Valued the speakers as teachers and motivators that encourage my work as a counsellor working with P.I.”

Leveki – Pacific Fono

“Well delivered - excellent combination of learning sessions and practical role plays to ensure skills learned. Great to have the opportunity to observe/take part in “real life” therapy situation.”

Werry Centre funded and organised PCIT training

“Brilliant relaxed easy day - full of great speakers, great food, great handouts & very good information. One of the best workshops in 11 years”

Southern Primary Forum – Youth Co-existing problems
As well as supporting DHB and NGO ICAMH and Addiction services, we maintain our important national role in supporting and delivering training in the two parenting programmes - Triple P and Incredible Years Parent.

“Inspirational day, professionally and personally. I have made many notes of key areas, tips to take away to my workplace. Wide range of presence of Triple P in different organisations, great. Would it be possible to access the presentations after today? If so maybe mention this before the day next time. Thank you so much for the opportunity to attend today.” Triple P Practice Forum

“Keep these hui going, as it supports and enhances what we have in terms of knowledge & skills to further our growth and development on our journey. Rejuvenating!” IY Māori Hui

Our team of two Youth Consumer Advisors (YCAs) provide a youth consumer’s perspective into our Werry Centre work programme as well as supporting the Youth Consumer Advisors sitting in Clinical Services around the country. Our YCAs also work nationally to advocate for the benefits of investing in and supporting youth consumer input in the planning, delivery and improvement of services. The National Youth Consumer Advisor Forum is held twice yearly to bring together Youth Consumer Advisors from around New Zealand who are in CAMHS, AOD or NGO providing services to young people. These forums provide an opportunity for Youth Consumer Advisors to support each other as their positions can be very isolating. They also provide a safe environment for discussions to emerge around current work projects. The Youth Consumer Advisors have a chance to share project ideas, celebrate successes and to debrief around any challenges they may be facing in their roles.

“I had a great few days and really feel like we’re friends as well as colleagues” YCA Forum Gisborne

In 2015 we released our 6th biennial Infant, Child and Adolescent Mental Health and Addictions workforce stocktake. To partner this data filled report, detailing comparative workforce and access information by DHB, region and ethnicity, we produced some great info- graphic images to easily represent the key findings. The stocktake provides a rich information source for managers, clinicians and planners.

“I want to say a big thanks to you and the team for once again producing a great piece of work and one that represents a significant achievement in terms of engagement with the sector to collect all the data. It will be a great resource and it has much more richness now we have such a time series of data.” Ministry of Health – Principal Advisor
WHAT WE DO

RESEARCH

The Werry Centre’s research programme underpins the policy and practice for the assessment and treatment of infants, children and adolescents with mental health problems. We participate in international research and regularly invite international academics to present workshops and presentations and our own academics present at international conferences. In 2015 Rod and Patricia Duke, through Cure Kids, donated funds to establish the Cure Kids Duke Family Chair in Child and Adolescent Mental Health. This provided a very welcome impetus to the research arm of the Centre, and the research team is keen to capitalise on this opportunity to extend the research done in the Centre.

Projects underway in 2015 include:

E-Therapy for depressed adolescents

We are proud to support the national roll out of SPARX (Smart, Positive, Active, Realistic and X-Factor Thoughts). The tool was developed by the team lead by Professor Merry and tested in a number of studies including a large randomised controlled trial (published in the British Medical Journal in 2012). The roll out of SPARX (launched in 2014) is one of the world’s first nationally implemented e-therapy initiatives for youth depression. SPARX was a finalist in Health and Science Innovation and received Highly Commended in Excellence in Social Innovation at the New Zealand Innovators Awards in 2015. We continue to monitor uptake, adherence and impact of SPARX and are working on publications to describe how e-therapies work in the ‘real world’.

We also continue to work collaboratively with overseas colleagues (including the Netherlands, USA, Canada and Australia). A trial of SPARX used a depression prevention tool is underway in Australia led by the Black Dog Institute in Sydney. A study of SPARX was recently completed with the indigenous young people of Northern Canada (the Nunavut Nations) and we hope to jointly publish and present the findings in the coming year.
Dr Terry (Theresa) Fleming has modified SPARX to be relevant for young people who do not identify as having depression. We have been consulting with youth through focus groups to assess the acceptability of the modified version (SPARX-R).

**SPARX** is an online program designed to help adolescents to cope with thoughts and feeling that make them feel down and depressed.

**SPARX** was evaluated in a large randomised controlled trial and the results have been published in the prestigious British Medical Journal.

**SPARX** also received two international awards for digital innovation.

**SPARX** was made available to all New Zealanders as part of the Prime Minister’s Youth Mental Health Project when Werry Centre researchers teamed up with the National Institute of Health Innovation (NIHI).

**SPARX** can be accessed at www.sparx.org.nz

**PEN Pilot Study**

This is a pilot study of prenatal environment and neurodevelopment. The study is currently piloting the materials and procedures necessary to investigate prenatal alcohol exposure (PAE), genetic and epigenetic interplay and infant neurobehavioural development. The study is funded to investigate these areas in a pilot sample of 100 participants. In-depth maternal lifestyle interviews are being conducted at multiple time points prenatally and again in the infancy period along with an infant neurobehavioural assessment, and the collection of DNA from mothers and babies for methylation and genotyping analysis, new born blood spots to pilot a new biomarker of PAE and cord blood from a subsample for genome-wide methylation analysis. Funding from the HPA has been received in 2015 to pilot observable and measurable neurobehavioural markers of PAE at 12 months of age that can better inform the diagnostic criteria for FASD, and thus aid earlier intervention to promote better outcomes for affected individuals. Principal Investigators include S Stevens and T Wouldes. Principal Funders include FRDF New Staff Grant (2013-2014), School of Medicine PBRF (2014), Health Promotion Agency (2015-2017).
The TrACY Study

The TrACY study is funded by the Health Research Council of New Zealand and involves carrying out a rigorous real world clinical trial to test whether training in MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct problems) results in the delivery of more evidence-based therapy content (EBT) and better mental health outcomes for children and adolescents than usual care. The study is designed to show effectiveness separately for Māori and Pacific children. If the results are positive, funding will be sought to implement national MATCH-ADTC training using existing expertise at the Werry Centre. The co-principal investigators for the TrACY study are Professor Sally Merry and Dr Sue Crengle. In February 2014, 64 clinicians from all around New Zealand were funded to attend a training conducted by Professor Weisz (Harvard University) and his team. The study is funded by the Health Research Council (2013-2016). By the end of 2015, 205 participants were recruited and will be followed up in 2016. The study is on track for completion within time and budget for October 2016.

IDEAL study

In 2005 Auckland became the fifth site in the Infant Development, Environment and Lifestyle (IDEAL) prospective longitudinal study which is the only large scale study investigating the physical and psychological outcomes of children born to mothers using methamphetamine (street names P, Pure, Burn, Ice, Crystal, Ecstasy, E) during their pregnancy. The IDEAL Study is a multi-site longitudinal collaborative study made up of four U.S. sites where methamphetamine use is prevalent including Honolulu, Hawaii, Des Moines, Iowa, Los Angeles, California and Tulsa, Oklahoma. With funding from the National Institute on Drug Abuse (NIH). The NZ IDEAL Study has collected developmental data on 107 MA exposed children and a comparison group of 115 non-exposed children at birth, 1, 12, 24, 30 and 36 months. In 2012 the NZ IDEAL Study received funding to extend the NZ study to investigate executive function and other neurodevelopmental outcomes, and school readiness in this group of children (4.5 years of age) and in the first year of formal schooling at 5.5 years of age. The data collection for the 4.5 year follow-up was completed in 2014 and the 5.5 year follow-up will be completed in 2015. Further funding was obtained in 2014 to extend the follow-up of these children until the age of 6.5. Two abstracts from the 4.5 year data were presented at the 2015 International Society for Research on Child and Adolescent Psychopathology (ISRCAP) Conference in Portland, Oregon, and a further publication of the 4.5 year results was published in Scientific Reports in November of 2015. The principal funders for the follow-up investigations include the Auckland Medical Research Foundation (2012-2014), Faculty Research Development Fund (2012-2014) and the Neurological Foundation (2013-2016). Co-principal investigators include Associate Professor Trecia Wouldes and Professors Linda LaGasse and Barry Lester from the Center for the Study of Children at Risk, Alpert Medical School, Providence, Rhode Island.
**BRAVE-online**

Drs Karolina Stasiak and Stephanie Moor (University of Otago, Christchurch) evaluated BRAVE-ONLINE. It is an Australian developed computerised CBT program for children and adolescents with clinical anxiety. It uses child/youth friendly animations, sound clips, interactive quizzes and games. The program consists of ten 1-hour child/youth modules supported by parent sessions.

Following the Canterbury earthquakes, many young people experienced a variety of mental health and behavioural problems including depression, anxiety, substance abuse and post-traumatic stress disorder. Using the internet to bring evidence-based interventions presented an opportunity to deliver therapy efficiently and at a family’s convenience. We evaluated BRAVE-ONLINE with 42 families from Canterbury in an open trial to test the feasibility and acceptability of an e-therapy approach in a New Zealand context. We designed the study in a way to allow us to compare the results with those obtained in randomised controlled trials conducted in Australia. A manuscript with the study’s results is under review. BRAVE-ONLINE continues to be accessible to the residents of Canterbury with a referral from a general practitioner.

**Game for Health**

The Game for Health study, undertaken by Drs Hiran Thabrew, Karolina Stasiak and Sally Merry, explores the role of eHealth interventions for children and adolescents with long term physical conditions. In 2015, the study’s initial phase included a qualitative analysis of psychological issues affecting these children and their families, as well as potential requirements from future eHealth interventions. Anxiety was identified as a common issue amenable to intervention using eHealth games. This report was accepted for publication in the Journal of Paediatrics and Child Health. In addition, two Cochrane systematic review protocols were completed to survey the effectiveness of psychological interventions and eHealth interventions for addressing anxiety and depression in children and adolescents with long term physical conditions. The next phase of work includes completion of these Cochrane reviews and a third systematic review of biofeedback interventions for addressing anxiety and depression in the target population. Following this, a prototype eHealth intervention, probably addressing health-related anxiety and including a biofeedback component, will be developed and tested for acceptability and effectiveness.

**National Science Challenge**

The Werry Centre research team will lead a new e-mental health project as part of the National Science Challenge – A Better Start: E Tipu e Rea. Funding was confirmed late in 2015 by MBIE and will be launched in 2016. The main aims are to reduce obesity and improve literacy and mental health in New Zealand children (see http://www.abetterstart.nz/).

It is well recognised that mental health problems are common in young people, and many struggle to get help. Our solution, through the research project funded by MBIE, is to increase detection and access to evidence based interventions by partnering with Māori and Pacific to facilitate a co-design approach to develop and test a digital platform of e-health interventions. The platform will consist of e-screening as
well as access to effective intervention using Behavioural Intervention Technologies (BITS). These will be based on known effective interventions with a focus on building resilience and wellness. The vision is that this will be the “go to” place (the ‘Trademe’) for youth well-being. Our digital platform is intended as a first-tier intervention and will link with second and third tier services for the young people who require more than an e-health approach. By increasing access to therapy available ‘anywhere and anytime’ we aim to improve mental health in the short term and go on to demonstrate improved long term outcomes with better school retention and employment and reduced self-harm, substance abuse, antisocial behaviour and mental illness.

A Better Start is hosted by the Liggins Institute at the University of Auckland, in collaboration with the University of Otago, the University of Canterbury, Victoria University of Wellington, Massey University, the University of Waikato, Auckland University of Technology and AgResearch Limited.

RESEARCH COLLABORATIONS AND CONTRIBUTIONS

The following table provides a summary of research projects, collaborations and funding contributions for 2015.

<table>
<thead>
<tr>
<th>Project</th>
<th>Principal Investigator</th>
<th>Funding</th>
<th>Funder</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modular evidence based treatment of child and adolescent mental health problems. The “TrACY study”</td>
<td>S Merry In collaboration with Harvard</td>
<td>$1,674,507.00</td>
<td>Health Research Council</td>
<td>01/10/2013-30/09/2016</td>
</tr>
<tr>
<td>Infant Development, Environment and Lifestyle (IDEAL) Study Longitudinal study of prenatal methamphetamine exposure 4.5, 5.5 and 6.5 year follow-up</td>
<td>T Wouldes, L LaGasse, B Lester</td>
<td>$108,250</td>
<td>Neurological Foundation</td>
<td>2013-2016</td>
</tr>
<tr>
<td>Longitudinal study at 24 and 54 months of children at risk of neonatal hypoglycaemia</td>
<td>Harding, J. E., Alsweiler, J., Wouldes, T. A., Gamble, G., Thompson, B., Edlin, R.</td>
<td>$1,599,936.00</td>
<td>Health Research Council</td>
<td>2015-2020</td>
</tr>
<tr>
<td>Study Title</td>
<td>Investigator(s)</td>
<td>Funding Amount</td>
<td>Funding Source</td>
<td>Duration</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td>----------------</td>
<td>-----------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Longitudinal study at 24 and 54 months of children at risk of neonatal hypoglycaemia (continued)</td>
<td>J Harding, T Wouldes, Chase, G., Harris, D., Ansell, J., Rodgers, J., Bevan, D., Middlemiss, P., Thompson, B.</td>
<td>$2,367,000 USD ($3,610,787 NZ)</td>
<td>National Institute of Health</td>
<td>2011-2015</td>
</tr>
<tr>
<td>Prenatal Environment and Neurodevelopment (PEN) Pilot Study</td>
<td>S Stevens T Wouldes</td>
<td>$120,000</td>
<td>Health Promotion Agency</td>
<td>06/2015 – 12/2017</td>
</tr>
<tr>
<td></td>
<td>S Stevens T Wouldes B Thompson N Anstice</td>
<td>$10,000</td>
<td>The NZ Optometric Vision Research Foundation</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>Narayan, Pritika J, Feisst, Vaughan J; Stevens, Suzanne E; Wouldes, Trecia A; Chamley, Lawrence W; Dragunow, Michael;</td>
<td>$72,137</td>
<td>The University of Auckland Liggins GRAVIDA, ResProject</td>
<td>2015-2016</td>
</tr>
<tr>
<td>HABITS (as part of the National Science Challenge)</td>
<td>S Merry K Stasiak</td>
<td>Overall Challenge funding confirmed</td>
<td>MBIE</td>
<td>2015 - 2018</td>
</tr>
<tr>
<td>Cure Kids Duke Family Chair of Child and Adolescent Mental Health Research (Professor Sally Merry)</td>
<td>S Merry</td>
<td>$112,500</td>
<td>Cure Kids</td>
<td>2015</td>
</tr>
<tr>
<td>Game For Health project</td>
<td>H Thabrew</td>
<td>$10,000</td>
<td>Oakley Foundation</td>
<td>1/07/ 2014 - 1/12/ 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$22,140</td>
<td>Starship Foundation</td>
<td></td>
</tr>
</tbody>
</table>
Research outputs 2015

Published in 2015

Peer reviewed articles


CHEEK C, FLEMING T, LUCASSEN M, BRIDGMAN H, STASIAK K, SHEPHERD M, OPIN P . Towards A Taxonomy of Design Elements For Serious Games For Mental Health. Journal of Medical Internet Research (Accepted)


FLEMING, T; LUCASSEN, M; STASIAK, K; SHEPHERD, M; MERRY, S. (2015) The impact and utility of computerised therapy for educationally alienated teenagers: the views of adolescents who
participated in an Alternative Education based trial" Clinical Psychologist. Jan 5
DOI: 10.1111/cp.12052. 2015.


SHEPHERD, M; FLEMING, T; LUCASSEN,M; STASIASK; LAMBI; MERRY, S.N. The Design and Relevance of a Computerized Therapy Program for Indigenous Maori Adolescents. *Journal of Medical and Internet Research (JMIR) Serious Games* 2015;3(1):e1 doi:10.2196/games.3804


Chapters

Conference presentations by Research and Teaching

Throughout 2015, Werry Centre staff from across the organisation were invited to speak at international and national conferences.


Fleming, T. Teens Striving for Excellence; When do stress and anxiety become something to worry about. Invited presentation for New Zealand School Trustee Association Conference, with the Health Promotion Agency, Auckland.

Fleming, T. Presentations to invited working groups (of e-mental health and gaming academics in the Netherlands, Denmark, Italy, Spain, Switzerland) at VU University Amsterdam and University of Valencia, Spain. Invited presentation and consultation workshop with post-graduate students from University of Valencia and Universitat Jaume 1 Valencia

Hetrick S, Fleming T, Serious games for the treatment or prevention of depression. International Mental Health Conference, Gold Coast, Australia.


Poppelaars, M; Tak, Y; Lichtwarck-Aschoff,A; Engels,R; Loebl, A; Merry,S; Lucassen, M; Granic,I. Comparing School-based and Computerized Indicated Depression Prevention Programs: a Randomized Controlled Trial. Poster. SRCD Biennial Meeting March 19 - 21, Philadelphia, Pennsylvania, USA. 2015


**Conference presentations by Workforce Development**


Anstiss, T. Sept 2015 “Accreditation in Incredible Years for Maori in Aotearoa” to International Incredible Years Mentor Meeting, Seattle

Dunnachie, B. Tuesday March 31st: Paper presented on ‘Supporting Parents Healthy Children’ (Formerly COPMIA) at the ACCAN: 14th Australasian Conference on Child Abuse and Neglect, ACCAN 2015, Rendezvous Hotel, Auckland

Dunnachie, B. Saturday July 11th: Paper presented on ‘Supporting Parents Healthy Children’ (Formerly COPMIA) at AHDA (Australasia Human Development Association) Conference in Wellington

Dunnachie, B. Tuesday Sept 3rd: Paper presented on ‘Supporting Parents Healthy Children’ (Formerly COPMIA) at the 2015 Cutting Edge Conference in Nelson
Dunnachie, B. Monday 21st Sept: Poster presented on ‘Supporting Parents Healthy Children’ (Formerly COPMIA) at the Psychiatry in Perspective. The Royal Australian and New Zealand College of Psychiatrists 2015 new Zealand Conference - Novotel Tainui, Hamilton

Dunnachie, B. Wednesday 30th Sept: Paper presented on ‘Supporting Parents Healthy Children’ (Formerly COPMIA) at the Faculty of Child and Adolescent Psychiatry Conference - Vila

Research Students

Students completing in 2015


PhD Students

- Amy Rosso. (Masters Public Health, University of Auckland). Behavioural disinhibition at 4.5 years of age in children exposed prenatally to methamphetamine “P”. Principal Supervisor Dr Trecia Wouldes, Co-supervisor Professor Fred Seymour (Enrolled 2013).

- Brett Knock (MSc Health Psychology, University of Auckland). Depression and other psychological factors associated with treatment of Hepatitis C (HCV) using pegylated interferon. Principal Supervisor Dr Trecia Wouldes, Co-supervisor A.P. Roger Booth. (Submitting 2015).

- Dianne Lees. An evaluation of the efficacy of adding a structured home intervention to improve outcomes for high-risk families/whānau attending the Incredible Years Parent Programme. Primary supervisor S Merry. Joint supervision with Prof David Fergusson, Otago University.


- Hiran Thabrew. Game for Health: An evaluation of the use of eHealth interventions to address the psychological needs of children and young people experiencing chronic illness. Enrolled 2014. Primary supervisor S Merry. Joint supervision with Dr Karolina Stasiak.

- Judith Ansell (MA Registered Psychologist). Developmental Sequelae of Neonatal Hypoglycaemia. Principal Supervisor Distinguished Professor Jane Harding, Co-supervisor Dr Trecia Wouldes. (Submitted 2014).


- Ryan Jim San Diego. (MSc Clinical Psychology, De La Salle University, Philippines). Developmental outcomes of children at 4.5 years who had risk factors at birth
associated with neonatal hypoglycaemia. Principal Supervisor Dr Trecia Wouldes, Co-supervisor Distinguished Professor Jane Harding (Enrolled 2013).

- Szu-Ying (Xavier) Chiang. The effects of Culture, Sexual Identity Management, and Internalized Homophobia on Psychological Distress among Chinese and other Asian LGBT students at the secondary and tertiary schools in New Zealand. Enrolled 2014. Primary supervisor S Merry. Joint supervision with A/Prof Simon Denny and Dr Terry Flemming.


Trecia Wouldes is Advisor to the following PhD Candidates

- Yvonne Andersen. RCT Intervention trial for obesity in children. 5-16 years of age. (Enrolled 2011)


- Anna Tottman. Protein, Insulin and Neonatal Outcomes: The Piano Study—Developmental Outcomes at 7 years. (Enrolled 2012)

- Arijit Chakraborty. Motion coherence and vision outcomes at 4.5 years in children at risk of neonatal hypoglycaemia and children exposed to methamphetamine and other recreational drugs. (Enrolled 2012)

Terry Flemming is Advisor to the following PhD Candidate

- Kuosmanen, T Computerised CBT, University of Galway (Enrolled 2014).

Masters dissertations

- Anke Dings, cCBT implementation, Radboud University, Nijmegen, Joint supervisor, Terry Fleming

- Iris Van Der Ven, cCBT implementation, Radboud University, Nijmegen, Joint supervisor, Terry Fleming

- Saar Kroes, cCBT implementation, Radboud University, Nijmegen, Joint supervisor, Terry Fleming

- Barbiellini Raquel – MSc - E-therapy in Youth Addiction Services: Using a computerized cognitive behavioural therapy (cCBT) programme (SPARX-R) to enhance treatment for young people attending a community alcohol and other drug (AOD) service. Principle supervision – David Newcombe, Co supervisor – Grant Christie.
TEACHING

The Werry Centre delivers undergraduate and postgraduate teaching through the University of Auckland’s Faculty of Medical and Health Sciences. Although the Werry Centre is part of the Department of Psychological Medicine, it has a national focus and a strong role in the provision of education and training in child and adolescent mental health across New Zealand. Use is made of e-learning and flexible teaching methods.

UNDERGRADUATE TEACHING

HLTHPSYC 122 - Behaviour, Health and Development (Dr Susan Stevens)

As Coordinator of this paper, Dr Stevens provides oversight for all teaching including 24 lectures and 10 tutorials. The majority of lectures are provided by Dr Stevens, Dr Karolina Stasiak and Associate Professor Wouldes with selected lectures provided by members of the Health Psychology and Psychiatry teaching staff in the Department of Psychological Medicine. This paper is a core paper for the bachelor of health science, nursing and food science/nutrition degrees. It is a paper that was specifically designed to provide an introduction to behavioural and developmental theories that have particular relevance for the health care professional. It is taught from a bio psychosocial lifespan model of behaviour, health and development. In 2015 426 students were enrolled.

MBCHB Degree in Medicine (Associate Professor Trecia Wouldes)

Year 2 Coordination

MBCHB 221 and 321 (Year 2 and Year 3 of the Medical Programme) - Co-coordinator of the Human Early Life Development Integrated Learning Activity (HELD ILA) (Associate Professor Wouldes)

This integrated Learning Activity is a project that all Year 2 and Year 3 Medical students must complete during Phase 1 of the Medical Programme. In year 2 of the MBCHB degree students are assigned a family that is pregnant. They are required to carry out periodic developmental assessments of the child and interview the family for the first 12 to 14 months after the birth of the child. This study has been part of the Medical curriculum for over 32 years. In addition to cognitive and motor skills a further screening for social and emotional development and the home environment has been added. In 2015 there were 287 students enrolled.
**MBCHB 221 (Associate Professor Wouldes)**

Associate Professor Wouldes coordinated the developmental teaching in Year 2 of the Medical Programme (10 lectures) and provided 4 lectures in infant and toddler development and 3 further lectures related to conducting the HELD ILA. This teaching was designed to provide the basic skills and information to carry out the assessments in the Human Early Life and Development (HELD) Integrated Learning Activity (ILA). The HELD ILA is a collaborative project between the Departments of Psychological Medicine, Paediatrics and Obstetrics and Gynaecology. In addition to teaching core content of this ILA Associate Professor Wouldes provides the coordination of this project for the Year 2 and 3 Medical Students.

**MBCHB Years 5 and 6 of the Medical Programme (Coordinated by Dr Thabrew)**

Clinical placements in child psychiatry for medical students are difficult because the services are small and understaffed. With the increase in medical student numbers over the past 10 years (currently around 260 students per year), clinical training has been expanded to DHB regions - namely Auckland, Waitemata, Counties Manukau, Northland, Waikato, Bay of Plenty and Taranki. Fifth year students in each region receive child and adolescent psychiatry teaching via small group tutorials, campus block sessions and online material via the MyPsychiatry website. These are all coordinated by the Werry Centre. Where possible Year 6 students have child and adolescent psychiatry clinical attachments at different DHBs.

**POSTGRADUATE TEACHING**

The Werry Centre is contracted by Skills Matter, Te Pou to coordinate and deliver the Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health). This programme has been running continuously since 1998 and the funding, together with workforce development and turnover, has meant that it is usually fully subscribed. The Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health) comprises 60 points which can be used towards the Postgraduate Diploma (120 points).

The Certificate programme consists of three courses: two 15 point single semester courses (Development and Psychopathology) and a double semester 30 point course on Assessment &
**Treatment planning.** The courses are offered through web-based learning and campus block teaching. In 2015, there were 39 students from all over New Zealand, including **11 South Island students.** Most students are nurses, social workers or occupational therapists. Most complete the Certificate in two years. In 2015, four students completed over one year and 13 over two years (the remaining three did stand-alone courses, not the full certificate).
Age of postgraduate certificate students

Postgraduate certificate enrolments funded
The following is a list of the courses that are part of the Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health):

**Semester 1**

**PSYCHIAT 747: Child and Adolescent Development -15 Pts**  
*(Coordinated by Vas Ajello)*

PSYCHIAT 747 explores different perspectives and domains of development relevant to child and adolescent mental health. It consists of one two-day teaching block (March) at Grafton campus, student-led seminars in regional centres and is mostly online teaching and learning (including discussions). In 2015, 24 students were enrolled.

**Semester 2**

**PSYCHIAT 740: Child and Adolescent Psychopathology -15 Pts**  
*(Coordinated by Vas Ajello)*

PSYCHIAT 740 is the first “semi-open access” course. The paper explores different models of psychopathology for common and important mental disorders in childhood and adolescence, including Māori and Pacific cultural variations. Teaching and learning (including discussions) is entirely online. Only enrolled students can do the assignments, access discussions and gain credits for the course. However, all those interested can subscribe (free of charge) and gain access to the course website with all the course materials, including online presentations and resources useful to work in child and adolescent mental health. In 2015, 25 students were enrolled.

**Semesters 1 & 2**

**PSYCHIAT 768: Assessment, Formulation and Treatment Planning in Child and Adolescent Mental Health Assessment - 30 pts**  
*(Coordinated by Vas Ajello and Hiran Thabrew)*

PSYCHIAT 768 focuses on the clinical skills of assessment, formulation and treatment planning for children and adolescents with mental health problems, and their families. There are four two-day teaching blocks (March, May, July & September) at Grafton campus, and also small group tutorials via audio conference and online communications. In 2015, 17 students were enrolled.

**Other Courses in Infant, Child and Adolescent Mental Health**

After the Certificate, there are five other courses in Child & Adolescent Mental Health coordinated by Werry Centre staff that can lead to a Diploma (another 60 points). These include:
- Cognitive Behaviour Therapy papers (CBT 769 & 770, each 15 pts) Coordinated by Tania Cargo
- Theory of Therapy in Child and Adolescent Mental Health (PSYCHIAT 741, 15 pts) Coordinated by Tania Cargo
- Infant Mental Health, Early Environments and Nurturing Relationships (PSYCHIAT 771, 15 pts) Coordinated by Trecia Wouldes
- Infant Mental Health, Classification of Psychopathology and Effective Treatment (PSYCHIAT 772, 15 pts) Coordinated by Trecia Wouldes
- Youth Forensic Psychiatry (PSYCHIAT 733, 30 pts) Coordinated by Craig Immelman and Susan Hatters- Friedman (prepared in 2015; to begin in 2016)

It has been a challenge to secure funding for graduates of the Certificate to go on to Diploma courses. In 2015 we managed to secure funding to support trainees to do the Cognitive Behavioural Therapy courses (CBT 769 and CBT 770) for 2016. We are also pleased to have secured funding for the Youth Forensics special topic (PSYCHIAT) for 2016.

**PhD Students**

Refer to Research section (page 10)

**Child Psychiatry for Registrars**

Dr Hiran Thabrew from the Werry Centre organises the child and adolescent block of basic psychiatric registrar training and the child and adolescent component of fifth year medical student teaching. There were 10 registrars in the child and adolescent block of psychiatry training in 2015. Dr Thabrew is also the university representative on the advanced training committee for psychiatry training.

**Advanced training in Child and Adolescent Psychiatry**

Dr Mirsad Becic organises the academic programme for Advanced Training in Child & Adolescent Psychiatry. This is a two year subspecialty programme for psychiatry trainees who have completed their basic training requirements, and have been accepted onto the advanced programme. It is open to trainees from the North Island, and is one of two advanced programmes in New Zealand. The training is run in conjunction with sites around Australia and New Zealand. There were 6 Trainees in 2015.


WORKFORCE

The Werry Centre keeps track of recruitment and retention issues across the Infant, Child and Adolescent Mental Health/Alcohol and Other Drug (ICAMH/AoD) workforce and draws on international best-practice solutions to deal with workforce challenges, from a governmental and system level, down to the support of an individual clinician’s learning.

We are currently involved in a range of projects that help to improve service delivery and facilitate clinician training.

CO-EXISTING PROBLEMS

The Co-existing Problems (CEP) project is a joint workforce centre project, led by Matua Raki. The Werry Centre has developed resources to enhance the delivery of services to children and youth who experience co-existing mental health and addiction problems. It is estimated that between 66% and 76% of young people who have a substance use disorder also have a co-existing mental health disorder[1].

In 2015, the Werry Centre launched the CEP Practitioner E-Learning resource that focusses on skill development for mental health and AOD child and youth practitioners on Youth and CEP. Feedback on the resource to date has been excellent.

"I’m up to CEP 6 and it is an awesome resource. I think it will be brilliant for orientation to our service as many new staff come from AOD or MH work but not from a CEP model. It will also help remove some stigma that our clients experience as well as helping those in CAMHS teams promote CEP to those who are focused just on mental health. It’s also been hugely affirming in terms of how we work :) “

We also surveyed Youth CEP Practitioners to explore further opportunities for business development.

We continue to identify, support and resource Youth CEP Enhanced Practitioners in each DHB region. In 2015, 20 Youth CEP Enhanced Practitioners offered CEP workshops inclusive of the SACS-BI training to their local services.

The Werry Centre’s SACS-BI Train the Trainer Workshops have led to there now having trainers providing the SACS-BI workshops in most areas in New Zealand. In 2015, 970 people attended 86 trainings that were offered.

COPMIA

Whilst many children of parents who have mental health and/or addiction problems fare well, a proportion are vulnerable to a range of poor outcomes, including increased risk of developing mental health issues. The COPMIA project aims to increase the capability of health professionals to identify and attend to the needs of these children and their family/whānau.

The Werry Centre along with the Ministry of Health and the other workforce development centres, have developed a guideline for supporting children of parents with mental illness and/or addiction issues (COPMIA), and families and whānau. The guideline, Supporting Parents, Healthy Children: Supporting parents with mental illness and or addiction and their children, was launched by the Ministry of Health in September 2015.

The across-workforce programme project team commenced a supported implementation process of the guideline. This included engaging with all providers of specialist mental health and addiction services, and NGOs nationally.

COPMIA Champions were identified to support implementation of the guideline.

In 2015, the Werry Centre hosted the Director of COPMIA Australia, Brad Morgan to deliver a two day workshop in Southland. We trialled and amended COPMIA-focused training resources for the New Zealand context that the workforce is now accessing.

The Werry Centre also presented on COPMIA at national and international conferences throughout the year.
CHOICE AND PARTNERSHIP APPROACH

The Choice and Partnership Approach (CAPA) is a service redesign model offering choices to young people and their families in their dealings with mental health and addiction services, and partnership with clinicians during treatment. The Werry Centre continues to support ICAMHS/AOD and NGO services to achieve adherence to the Choice and Partnership Approach service model.

In 2015 we provided:

We also undertook an online e-survey of ICAMHS/AOD services to determine the extent to which the Choice and Partnership Approach is used nationally and any benefits it has had on referral management and treatment pathways. We received 49 responses from DHB and NGO ICAMH/AOD services, 30 of which (all DHB services) indicated that they implemented CAPA.

He Aratakinga: The Choice and Partnership Approach in Kaupapa Māori Services was published in 2015. The resource aims to explain the principles of the Choice and Partnership Approach from a kaupapa Māori worldview and provide guidance for
kaupapa Māori services and mental health providers wanting to develop services for Māori.

The Werry Centre’s quarterly Choice and Partnership network meetings and annual national forums continue to provide opportunity for service managers to discuss challenges and share solutions on managing service demand and capacity. The Werry Centre website now has a Choice and Partnership resource page so that CAPA services can share resources.

DEVELOPMENT OF AN ONLINE PLATFORM

Following the Werry Centre website update in 2014, further redevelopment of the Werry workforce website and e-learning resources was undertaken in 2015. Additional trainings for specialist infant, child and mental health professionals, primary health professionals and other professionals interested in mental health were redeveloped in e-learning and blended formats hosted via the website. There are e-Learning courses on HEEADSS, Foundations in ICAMH, and CEP.

During the website revamp, multiple event-related databases were also combined into a single database with the aim of being able to better connect with stakeholders and promote training to appropriate audiences.
The Real Skills Plus ICAMHS/AOD competency framework was designed for the specialist infant, child and youth mental health and AOD workforce and builds on real skills plus ICAMHS, that was developed in alignment with Let’s Get Real.

The second edition of the framework Real Skills Plus ICAMHS/AOD was launched in 2014 and includes a primary level for primary health practitioners. The framework defines the skills, knowledge and attitudes that a practitioner needs in order to work with infants, children and young people who may have mental health or AOD concerns. It is designed to sit alongside and support other professional competencies or registration requirements.

An electronic tool (E-skills plus (ESP)) was launched in December 2015 to make the Real Skills Plus framework more user friendly and results more readily available to clinicians. The E-Tool also generates service, team, professional groups, region and national reports, which can inform service planning, development and delivery.

A key focus for 2015 has been developing and trialling the tool in primary health services and further embedding the framework in secondary ICAMH/AOD services. Ongoing promotion of the framework and tool has occurred at various Werry Centre events and engagements throughout the year. Since its launch in December 2015, 87 users have accessed ESP and there has been interest from a number specialist services for team reports.

**CO-EXISTING PROBLEMS IN YOUTH**

Co-existing problems (CEP) e-learning aims to upskill health professionals working with young people to feel more confident in identifying and providing treatment for those issues associated with CEP.

There are nine CEP courses written for primary care and specialist mental health and alcohol and other drug (AOD) services. Each course can be completed in any sequence once the introductory course is completed. In 2015 935 users have completed the CEP courses.
FOUNDATIONS IN INFANT CHILD AND ADOLESCENT MENTAL HEALTH

Foundations in Infant, Child and Adolescent Mental Health provides an introduction for primary-level professionals who want to improve their knowledge, skills and attitudes for working with infants, children and adolescents with, or at risk of having, mental health, alcohol or drug issues.

There are four courses in the Foundations in ICAMH series. Each course provides learning on normal childhood development as well as common issues and problems related to each stage of a child’s life. In 2015 1035 users have completed the Foundations in ICAMH e-learning.

HEEADSSS

The HEEADSSS (Home, Education/employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) Assessment tool is a key instrument for primary health care workers to identify mental health and AOD concerns early and other factors to assist young people in their development.

The Werry Centre continues to support the Sector by:

- providing training resources to people we have supported to develop as trainers
- reviewing E-Learning training
- promoting the HEEADSSS e-learning at every opportunity
- providing E-Learning access data to the (Ministry of Health’s ) Prime Minister’s Youth Mental Health Initiative.

447 professionals completed HEEADSSS e-learning
Youth health sector groups (Ara Taiohi, Centre for Youth Health, The Youth Collaborative and SYPHANZ) all report that they have integrated the online training into their face to face training programmes.

**STOCKTAKE & DIRECTORY**

The biennial Werry Centre Stocktakes of the infant, child and adolescent mental health/AOD workforce and access to service paints a picture of trends in the sector. The 2014 ICAMH/AOD workforce data was disseminated during 2015. Planning for the 2016 workforce stocktake will commence from early 2016.

**AUTISM SPECTRUM DISORDER**

The Werry Centres’ Autism Spectrum Disorder (ASD) Specialists’ Training Package is built on international research and best practice in the New Zealand context. It addresses two aspects of ASD:

- Diagnostic Assessment
- Treatment and Management

Two training workshops were delivered in 2015 in Wellington for specialist professionals who assess, diagnose and manage Autism Spectrum Disorders.

**REGIONAL ENGAGEMENT**

The Werry Centre continues to maintain relationships with ICAMHS/AOD leaders across the 20 DHB’s and with key NGO organisations. Contact with key clinical and service leaders has enabled us to understand DHB and NGO key priorities and advocate for workforce development initiatives to be offered in these areas. The Werry Centre offers a “menu” of workforce and service improvement options tailored to each DHB region through our close engagement with ICAMH/AOD services and related sectors across all regions.

Five regional forums were held over 2015 (2 in southern, 2 in central, and 1 in the northern region). These forums enable clinical and service leads across regions to share strengths and struggles, innovations and solutions. In addition there are regular workforce development forums offered by DHBs across the country which are attended by the Werry Centre’s Senior Advisors, for example 4 in the Midland Region, 2 in Central, and 2 in the Southern region.

In 2015, we participated in workforce development planning with Central TAS and the Southern Alliance, attended the Collaborative Hui for youth, research and training in Christchurch and attended numerous DHB planning sessions as requested. We also hosted three training events for generalist and specialist
workforces on Eating Disorder, Neuro-developmental disorder, and Mother-Infant assessment.

Three of the regional ICAMH/AOD forums focused on the Primary Sector. These forums are becoming increasingly popular. In the Southern region registrations far exceeded initial capacity leading to the forum being offered on two days.

**SECTOR LEADER DAYS**

Regular “sector days” provide opportunities for clinical leaders and service managers to share innovative practice and service development ideas and foster networking and leadership support. Sector Days are organised and delivered by the Werry Centre and planned with a joint sector/Ministry of Health advisory group. These national days also bring opportunity for the ICAMHS sector to hear from the Ministry of Health directly on new policy and service direction.

Three sector days were held in Wellington. Representation from at least 15 DHB ICAMHS and key NGO’S is achieved at each sector day and on average 50-60 Leads attend. An end of year sector wide evaluation E-Survey on Sector days was very positive, providing a clear mandate for Sector Days to continue in 2016.

The Werry Centre also coordinates and facilitates a teleconference of the child and youth sub-group of the International Mental Health Leadership Initiative. This forum provides an information exchange on contemporary evidence-based practice to inform NZ ICAMH/AOD service planning, development and delivery.
YOUTH CONSUMER & FAMILY/WHĀNAU INITIATIVES

Active youth consumer and family/whānau participation in services leads to improved outcomes for infants, children and adolescents and their families/whānau who access mental health and addiction services.

A key focus for the Werry Centre has been to support youth consumer advisors nationally through providing information and resources and employing youth advisors to advise on Werry Centre project work and related activity. Ongoing partnership with family advisors also continues to strengthen the role that families can have in improving service quality.

Over 2015 a tool kit for services employing youth advisors was drafted to provide templates of job descriptions, interview questions and other helpful information for services. A youth consumer participation workshop was held at Health West in Auckland supporting the service to further develop and utilise their Youth Consumer Advisory (YCA) roles.

The Werry Centre continues to hold twice-yearly YCA forums to support young people working in consumer advisory roles network and share ideas. The first YCA forum in 2015 was held in Auckland in April and was based at a local service. This was the first year that the forums were extended to two-day events to support the National Youth Consumer Advisors Network - an advocacy group formed from participation at the forums. In August the second YCA forum was held at a marae in Gisborne and was the first forum where training was provided, focussing on te Tiriti o Waitangi.

In 2015, Youth advice has also informed the development of broader Werry Centre and cross workforce agency projects, particularly the new online platform, the development of the Supporting Families, Healthy Children guidelines, and the CEP project.

PRIMARY CARE TRIPLE P

As part of a whole of government approach to reducing conduct problems the Ministry of Health is leading an initiative to respond to early childhood behavioural difficulties. The Triple P Parenting Programme, Child and Adolescent Mental Health and Special Education Services (e.g. Incredible Years programmes) and Intensive Behaviour Support teams form the foundations of this inter-agency, inter-sector response.

The Werry Centre provides national coordination for the Primary Care Triple P initiative operating in four District Health Board regions (Waitemata, Counties Manukau, MidCentral, and Bay of Plenty).

The Project’s objectives are to:

- increase the number of primary care practitioners delivering evidence based parenting support
- increase the number of families accessing evidence-based parenting support
- clarify the pathways between primary care parenting support and intensive parenting support.

In 2015

To date 480 practitioners from social services, education, and health have been trained to deliver Primary Care Triple P and Triple P Discussion Groups (TPDG). The training enhances practitioners’ self-reported adequacy, confidence, and proficiency conducting parent consultations about child behaviour. Over 4500 caregivers have participated in the programmes to date. Parents and caregivers report on average child behaviour being less difficult; parenting more rewarding, less demanding, less stressful, and less depressing; parental confidence higher; greater agreement on discipline; and experiencing more support by their partner.

**INCREDIBLE YEARS PARENT WORKFORCE PROGRAMME**

The Incredible Years (IY) workforce development programme aims to build and maintain a sustainable workforce of trained and skilled group leaders offering Incredible Years parent programmes across regions. In 2015, a range of workshops and trainings were held to support group leaders to deliver the programme with high model fidelity to ensure the best outcomes for whanau. Services are also supported to implement the programme - eight IY Managers Meetings were held around the country to identify challenges and solutions to ongoing implementation of the IY programme. Feedback from these meetings was very favourable - “I believe that the meeting was valuable...I’m pleased that I travelled from ...to attend the meeting”.

The Werry Centre is developing a framework incorporating Primary Care Triple P, Incredible Years basic parent programme, Incredible Years Specialist Service and Parent Child Interaction Therapy to ensure a stepped care approach to delivering evidence-based parent programmes. To support implementation of advanced IY and Parent-Child Interaction Therapy (PCIT), the Werry Centre hosted an international PCIT trainer to provide training.

This year the Ministry of Education confirmed funding of IY for another three years.
During 2015

We continue to reduce barriers for DHB applicants to all Werry Centre IY events, by including zero training fees and automatic training placement.

Incredible Years Peer Coach Training 2015
We ensure priority allocation of a minimum of training places for Māori and Pacifica on IY workshops and offer additional accreditation Māori hui and Pacific fono to incorporate cultural and program best practice. We also continue to build a cohort of peer coaches by training highly skilled group leaders each year to move into the role.

**CONSULTATION AND ADVICE**

As a national centre involved in developing and promoting evidence-based approaches to healthcare as well as supporting services and staff working with infants, child and adolescents, the Werry Centre provides advice to Government and other workforce centres. In 2015, we provided advice and feedback on:

- Written feedback on Te Pou project ‘Social determinants of mental health and addiction across the life course’
- Written submission and working group participation on Mental Health and Addiction Workforce Action Plan
- Written submission on the NZ Health Strategy 2015
- Bronwyn Dunnachie on the advisory group for the Ministry of Health on Youth AOD Exemplar Services
- Bronwyn Dunnachie on the working group providing feedback on KPI development of CAMHS in New Zealand
- Bronwyn Dunnachie and Hiran Thabrew are members of Te Pou’s Clinical reference group
- Hiran Thabrew and Kelly Pope on the working group providing feedback on development of a national mental health outcomes framework
- Tania Anstiss facilitated the Counties Manukau DHB Hui on First 2000 days work
- Tania Anstiss on Incredible Years National Practice Group
- Tania Anstiss on Incredible Years National Forum
- Working Group Sue Dashfield, National Moderator on the PHO Assessment Reviews Work Counts.
PARTNERS AND FUNDERS

Over the past decade the Werry Centre has been privileged to work with many clinicians and service leaders. Funding partnerships with a range of organisations have contributed to the success of the Werry Centre’s broad work programme. In 2015, Werry Centre partners included:

The Ministry of Health and Health Workforce New Zealand

The Werry Centre is contracted with the Ministry of Health and HWNZ to support ICAMHS workforce development and to deliver post-graduate teaching in Infant, Child and Adolescent Mental Health, for senior trainees in child psychiatry and for the post-graduate certificate in child and adolescent mental health.

The Ministry of Education

The Werry Centre is contracted with the Ministry of Education to implement the Incredible Years Parent Workforce Programme.

The Ministry of Business Innovation and Employment (MBIE)

The Werry Centre has partnered with a number of researchers nationally to be funded for the Better Start E Tipu E Rea National Science Challenge http://www.abetterstart.nz/ funded by MBIE. The Werry Centre researchers have led the proposal to develop an online portal that will host youth friendly interventions for common adolescent mental health problems. This is one of four projects in the Challenge, with others focusing on obesity, literacy and the use of Big Data to track long-term outcomes.

Skills Matter - Te Pou

The Werry Centre is contracted by Skills Matter, Te Pou to coordinate and deliver the Postgraduate Certificate in Health Sciences (Child and Adolescent Mental Health).

Health Research Council (HRC)

The HRC supports research that has the potential to improve health outcomes and delivery of healthcare, and to produce economic gain for New Zealand. HRC funding for the Werry Centre include funding for the TrACY study on the effects of using a modular delivery of psychological treatment of child and adolescent mental health problems, and a longitudinal study at 24 and 54 months of children at risk of neonatal hypoglycaemia.

Cure Kids

Cure Kids fund research to find cures for serious health conditions that affect many of our children. Cure Kids partners with the Werry Centre by providing funding for Professor Sally Merry’s role as the Cure Kids Duke Family Chair of Child and Adolescent Mental Health Research, for Dr Karolina Stasiak as a senior research fellow and discretionary funding to support research undertaken.
Starship Foundation

The Starship Foundation has funded the Game for Health study that explores the role of eHealth interventions for children and adolescents with long term physical conditions.

Oakley Foundation

The Oakley Mental Health Research Foundation has provided funding for the Game for Health study.

NZ Optometric Vision Research Foundation

The New Zealand Optometric Vision Research Foundation (NZOVRF) provides funds for local research and vision care projects. NZOVRF partners with the Werry Centre by providing funding support for Prenatal Environment and Neurodevelopment (PEN) Pilot Study.

Neurological Foundation

The Neurological Foundation partners with the Werry Centre to fund the Infant Development, Environment and Lifestyle (IDEAL) Study Longitudinal study of prenatal methamphetamine exposure 4.5, 5.5 and 6.5 year follow-up

Liggins Institute

The Liggins Institute aims to improve life-long health through excellent research into long term consequences of early life events. Its focus on the importance of early life nutrition and the emerging field of developmental epigenetics has led to funding the Werry Centre’s Prenatal Environment and Neurodevelopment (PEN) Pilot Study.

GRAVIDA National Centre for Growth and Development

GRAVIDA is the largest of New Zealand’s seven Centres of Research Excellence. As a national centre for growth and development, GRAVIDA seeks to reveal how conditions encountered in early life affect the way an individual grows and develops throughout life. GRAVIDA is currently providing funding support for the Prenatal Environment and Neurodevelopment (PEN) Pilot Study.

The University of Auckland Faculty Research Development Fund

The University of Auckland Faculty Research Development Fund has funded the Prenatal Environment and Neurodevelopment (PEN) Pilot Study. This study is currently piloting materials and procedures necessary to investigate prenatal alcohol exposure (PAE), genetic and epigenetic interplay and infant neurobehavioural development.

Health Promotion Agency

The Health promotion Agency (HPA) is partnering with the Werry Centre to provide funding for the Prenatal Environment and Neurodevelopment (PEN) Pilot Study.
**Resproject**

Resproject has provided funding for Prenatal Environment and Neurodevelopment (PEN) Pilot Study.

**National Institute of Health**

The National Institute for Health is the major funder of health related research in the United States. The NIH have provided funding for the Liggins Institute’s longitudinal study at 24 and 54 months of children at risk of neonatal hypoglycaemia for which Professor Jane Harding is the lead researcher. Associate Professor Trecia Wouldes from the Werry Centre is a named investigator for the study.

---

1 Chart represents contracted funding.
Financial Breakdown

**RESEARCH**
- $2.1M
  - HRC 41.7%
  - Neurological Foundation 1.7%
  - National Institute of Health 42.9%
  - HPA 2.85%
  - UoA, Liggins, GRAVIDA, ResProject 3.4%

**TEACHING**
- $365,612
  - Skills Matter - Te Pou 87.5%

**WORKFORCE**
- $3.29 M
  - Ministry of Health 91.6%
  - Ministry of Education 8.4%
  - HWNZ 12.5%
  - Cure Kids 5.3%
  - Oakley Foundation .47%
  - Starship Foundation 1%
  - NZOVRF .47%
  - ResProject 3.4%
  - Starship 1%