The Rebound Pilot Study - Dr Simon Rice, Research Fellow at Orygen, The National Centre of Excellence in Youth Mental Health

Part B

1. Briefly describe your research (maximum 400 words)

The Rebound pilot study was led by Dr Simon Rice, and aimed to implement a world-first peer-support enabled social network for depression relapse prevention (see Figure 1). Rebound has been developed by a multidisciplinary team including clinical psychologists, psychiatrists and service consumers and uniquely integrates:

(i) online social networking,
(ii) individually tailored psychosocial interventions and,
(iii) peer-to-peer, and professional clinical moderation in a single platform.

Rebound adopts an evidence-based strengths approach. Peer and clinical moderation follows the ‘supportive accountability’ theory-driven model of online engagement, focusing on experienced, trustworthy and accountable peer and expert moderators. Peer moderators are trained and supported young people with a recent lived experience of mental ill-health. We also maintain engagement with participants via postcards (see Figure 2) and regular structured social catch-ups.

The treatment completion phase of Rebound concluded in March 2015. 42 young people (mean age 18.5 years; 50% males) were recruited from three youth mental health services. Inclusion criteria were: (i) age 15-25, (ii) prior diagnosis of depression within last 6 months. All participants were assessed at baseline and at 3-months. Highlighting the feasibility and acceptability of Rebound, there was a total of 3,034 logins (avg. 72.2 logins per user), with 68% logging on >10 times. Participants completed an average of 5 therapy modules. The social networking features were used by all participants, with 2,146 postings (avg. 51.1 posts per user). There were no adverse incidents.

Relapse prevention results from the pilot were highly encouraging. At baseline, 37 participants (88%) met criteria for MDD in partial remission, with 5 participants (12%) being in full remission. At follow-up, significantly more participants (n=19; 45.2%) met criteria for full remission (i.e., no signs or symptoms in previous 2-months; p<0.001). Only 6 participants (14.3%) met diagnostic criteria for MDD (i.e., relapse) within the month preceding follow-up assessment. Depression scores improved significantly (d=0.45, p=0.014).

Qualitative feedback indicated that 100% of users rated Rebound within the positive range (e.g., ‘I liked the idea that you can go on there whenever’). 100% of users experienced the system as safe and supportive (e.g., ‘I like the idea of having a place like that where a focus is on mental health problems. People deactivate Facebook accounts due to bullying and that’s not possible to happen on Rebound’). All but one participant (96%) would recommend Rebound to another young person who had experienced depression.

2. Describe how your research illustrates Innovation, Best Practice or Excellence (maximum 200 words)

The Rebound intervention is highly innovate – it is the world’s first social network based intervention for depression relapse prevention. Rebound draws on three major strands of clinical e-mental health innovation. Firstly, Rebound extends existing online interventions
by providing young people with real-time social networking (improving intervention engagement, peer interaction and timely clinical and peer moderation). Secondly, Rebound provides a suite of individually tailored psychosocial interventions that supplement (not simply reinforce) acute phase treatment. Interventions draw on an evidence-based positive psychology (i.e., strengths) framework and include engaging multimedia content on diverse topics. Thirdly, Rebound provides an innovative model of integrated mental health support. Rebound includes trained peer supporters (referred to as Super Users) who are young people with a recent lived experience of mental ill-health. Super Users are critical in modelling a hopeful message within the social network. They welcome new users, share their perspectives and experiences and encourage ongoing engagement. Super Users are formally supported by expert clinical moderators (registered mental health practitioners). Each Rebound participant is allocated to an expert clinical moderator, who develops a formulation-based approach (informed by baseline interview data) to their ongoing engagement. Expert clinical moderators also oversee daily safety checks and any clinical follow-up.

3. Summarise the potential contribution to and/or implications for society (maximum 200 words)

The Rebound study is a world-first intervention bringing together innovative online social networking, tailored e-mental health interventions and integrated peer-to-peer, and professional clinical moderation in a single platform. The Rebound study has demonstrated feasibility, acceptability, safety and initial treatment benefit. These findings will be instrumental in the development of the next generation of online youth e-mental health intervention. Extension of the Rebound study is currently underway, with our team recently receiving a major grant from the Young and Well Cooperative Research Centre (>$1M). This funding will see the Rebound intervention implemented at a population level, in partnership with eheadspace, the existing federally funded e-mental health clinical service for young people experiencing psychological distress. This population-based expansion of Rebound will provide an innovative model to better managing e-mental health service demand (at present existing e-mental health services have to turn away young people at periods of peak demand). Most importantly, expansion of the Rebound intervention will contribute to realising the full potential of mental health early intervention. Rebound provides a safe, non-stigmatising peer-support enabled online platform that is highly engaging and responsive for the management of disabling, distressing and costly high prevalence disorders for young Australians.

4. Describe any contribution by Mental Health consumers/persons with lived experience other than as subjects (e.g. reference group, researcher) (Maximum 200 words)

The success of the Rebound intervention has been largely driven by participatory design principles. Our team have engaged consumers for the outset, basing the development of the Rebound online platform and intervention content on reference group and focus group feedback. Rebound was developed based on consumer (young people experiencing mental ill-health) feedback requesting access to a positive supportive online community that included real time social networking, peer support, therapy content and responsive input from youth mental health clinicians. An integral component of the Rebound intervention is the peer support element. Consumers within the Rebound social network can choose to offer emotional support to others (while also experiencing emotional support from others). In addition, the intervention includes trained and supported peer moderators,
referred to as *Super Users* (who are similar-aged peers of participants) with a lived experience of previous mental ill-health. The inclusion of peer moderators (former service consumers) within the research team provides a real-life link between clinicians providing expert moderation and participants themselves. We have found this to be essential in modelling a hopeful recovery-focussed message within the social network, while also providing participants with examples of similar others who have successfully managed mental ill-health.

5. **Attach a brief Curriculum Vitae (maximum 4 pages)**

Please see below.
Dr Simon Rice  
Clinical Psychologist & Research Fellow  
Orygen, The National Centre of Excellence in Youth Mental Health  
Centre for Youth Mental Health, The University of Melbourne  
Locked Bag 10 (35 Poplar Rd)  
Parkville VIC 3052  
0419 497 599  
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**Qualifications**

Graduate Certificate in Clinical Epidemiology, University of Newcastle – 2014  
Doctor of Philosophy (Psychology), Australian Catholic University, Melbourne – 2012  
Master of Psychology (Clinical), Australian Catholic University, Melbourne – 2012  
Bachelor of Science, Honours (Psychology), University of Tasmania, Hobart – 2006  
Graduate Diploma of Education (Secondary), Australian Catholic University, Melbourne – 2002  
Bachelor of Behavioural Science, La Trobe University, Bundoora – 2000

**Awards and Prizes**

2015 – Society for Mental Health Research, Early Career Fellowship, competitive awarded including $75,000 salary support, plus $25,000 project support.  
2015 – Beck Institute Postdoctoral Student Award, competitive award (>830 applicants) from the Beck Institute (University of Pennsylvania, USA) to attend 3-day workshop of CBT for suicidality; $1,500.  
2014 – Early Career Scholar Award, awarded by the Society of Mental Health Research at their annual conference, Adelaide. Inclusive of complimentary conference registration; $990.  
2012 – PhD Thesis Awarded *Summa Cum Laude* (highest academic merit) by international examiner.  
2010 – Australian Psychological Society, College of Clinical Psychologists, Student Prize, acknowledges postgraduate clinical psychology who demonstrate high levels of clinical skill and ability to design and conduct clinically relevant research.  
2009 – 2011 Australian Postgraduate Award with Stipend, PhD scholarship awarded by Australian Commonwealth Government.  
2008 – Research Tuition Assistance Scholarship, awarded by School of Psychology, Australian Catholic University, Melbourne.

**Research Funding (grants & consultancy)**

*Total research funding awarded as Chief Investigator: $1,943,700*

2016  
Therapeutic alliance as a predictor of suicidal ideation in young people: Funded by North Western Mental Health $2,000

2015 – 2016  
Development of Tasmanian Youth Suicide Prevention Strategy: Funded by the Tasmanian State Government $172,111

2015 – 2016  
Developing guidelines for delivering online mental healthcare: A Delphi study: Funded by the Young and Well Cooperative Research Centre $60,000

2015 – 2016  
Society for Mental Health Research, Early Career Fellowship, $100,000

2014 – 2016  
Moderated online social therapy (MOST+): Funded by the Young and Well CRC for nationwide expansion of the MOST model into *headsplace* $1,024,100

2014 – 2015  
Elite sportspeople mental health and wellbeing project: Funded by the Australian Football League, Cricket Australia and the Professional Footballers Association; $229,750

2013 – 2015  
Preventing relapse of major depressive disorder in young people, funded by HCF Health and Medical Research Foundation; $199,959

2013 – 2014  
Development of practice principles for the management of persistent suicidal ideation in young people with major depressive disorder; funded by Orygen Youth Health Research Centre; $3,000

2009 – 2011  
Development and psychometric validation of the Male Depression Risk Scale, funded by APA PhD Scholarship; $65,000

2009 – 2010  
Workplace mental health and wellbeing climate survey, funded by the Country Fire Authority, VIC; $68,000

2009 – 2010  
Workforce psychological wellbeing project, funded by the Uniting Church of Australia, $7,500

2007 – 2011  
Competitive student research grant scheme, funded by Australian Catholic University $3,000
Employment History

Current Positions:

Orygen, The National Centre of Excellence in Youth Mental Health
Centre for Young Mental Health, The University of Melbourne
Research Fellow
Commenced Feb 2013 – Aug 2013 (0.4 EFT); Aug 2013 – Feb 2015 (FT)
Current: Mar 2015 – (0.8EFT)
– Project Coordinator – MOST+ e-mental health project, in collaboration with headspace (0.6 EFT)
– Research Fellow at headspace Centre of Excellence in Youth Mental Health (0.2 EFT)
– Project Coordinator – Fish Oil Youth Depression Study (ceased in this role Jan 2015)

Orygen Youth Health Clinical Program, Parkville, VIC
Youth Mood Clinic - Clinical Psychologist
Commenced: Oct 2011 – Jan 2013 (FT); Feb 2013 – Aug 2013 (0.6EFT)
Current: Mar 2015 – (0.2 EFT)
– Provision of psychological therapy, risk assessment and case planning for young people
– Provision of family work in complex cases
– Crisis planning and intervention for suicide risk
– Seconded to 6-mth research project investigating the management of chronic suicidality

Previous Positions:

School of Psychology – Australian Catholic University, VIC
Research Assistant (Part Time), May 2007 – Dec 2011
– Research assistant to Professor of Psychology
– Project management, preparation of manuscripts, human research ethics submissions

Austin Health, Veteran Psychiatry Unit, PTSD Program, Heidelberg, VIC
Provisional Psychologist (Clinical Placement; Part Time), Jun 2009 – Dec 2009
– Co-facilitation of group therapy programs delivered to Defence Force Veterans
– Provision on ongoing individual therapy and psychological assessment

Editorial Boards

2015 – current Archives of Depression and Anxiety

Other Positions & Committee Membership

2016 – current Graduate Research Committee, Orygen The National Centre of Excellence in Youth Mental Health
2015 – current Early Career Psychology Committee, Australian Psychological Society
2015 – current Translational Neurobiology Consortium, Co-chair (Clinical Assessments Panel)
2015 – current Cricket Australia – Player Development and Wellbeing Committee
2014 – current Clinical Moderator – ReFrameIT Online Suicide Prevention Intervention
2014 – current Clinical Moderator – Moderated Online Social Therapy (MOST) projects
2014 – current Member of Social Media Suicide Prevention Research Working Groups, Facebook Inc.
2014 – current Advisory Group Member – Paternal Perinatal Depression Initiative Screening Project (the SMS4DADS Screening Project)
2013 Advisory committee for development of online mental health interventions for same-sex attracted people; La Trobe University
2012 – 2013 Australian Society for Psychiatric Research, Member of Conference Organising Committee, Member of Conference Scientific Committee, Coordinator of Conference Social Committee, Invited session chair: Trauma and psychopathology
2010 – 2011 APS College of Clinical Psychologists, Conference Organising Committee
2010 Symposium Coordinator, Men’s Mental Health, Int. Congress of Applied Psycholog (Melbourne)

Invited Presentations (International & National)

Rice, SM. (2014, May). The Facebook Suicide Prevention Summited. Keynote presentation at the Download to Uplift Conference, hosted by Facebook Australia & New Zealand, Sydney, AUS.

Rice, SM. (2014, February). Youth mental health and social networking: Opportunities for intervention and
Rice, SM. (2014, February). Social networking and opportunities to promote meaning in youth mental health. Paper presented at the Suicide Prevention Summit hosted by Facebook Incorporated, Palo Alto, CA, USA.

Rice, SM. (2011, July). Findings from the KooWeeRup Men’s Shed Evaluation Project. Presentation to the Department of Health, State Government of Victoria, Traralgon Region, AUS.

Selected Peer Reviewed Publications

39. Sung-Wan Kim; Min Jhon; Jae-Min Kim; Stefan Smesny; Simon Rice; Michael Berk; Claudia M Klier; Patrick D McGorry; Miriam R Schäfer; G. Paul Amminger. (In Press). Relationship between erythrocyte fatty acid composition and psychopathology in the Vienna omega-3 study. Accepted 28/02/16 for publication in PLoS ONE.


**Selected Conference Presentations (Oral & Poster)**


6. Referees
   a. 1 written ‘reference’ from someone familiar with the research – please see below, provided by:
      A/Prof. Mario Alvarez-Jimenez
   b. 1 referee who may be contacted by phone:
      Prof. John Gleeson, Head of School, Australian Catholic University
      john.Gleeson@acu.edu.au; 03 9953 3212
Re: TheMHS 2015 Early Career Research Award –Reference for Dr Simon Rice

I undoubtedly support Dr Rice’s application for the TheMHS 2015 Early Career Research Award. I have provided Dr Rice with direct mentorship and supervision since 2012. Throughout this period, Dr Rice has consistently shown a remarkable commitment to his research and clinical roles, going above and beyond my expectations in terms of work ethic, leadership potential, initiative and quality of his outputs (as clearly evidenced by his CV).

Dr Rice led the successful Latitudes pilot study (including securing a $200,000 category A grant). This study evaluated a word-first peer-led online social media intervention for young people with depression and laid the foundation for his ongoing work in youth e-mental health. Over the course of this study Dr Rice demonstrated leadership capacity coupled with remarkable dedication and clinical knowledge. He is a team player and his contribution to the research program has been exceptional, expanding our research capacity and expertise and supporting our outstanding growth in terms of grant funding and number of research projects.

Since completing his PhD in 2012, Dr Rice has shown high productivity including attracting over $1.9M in competitive funding. He currently holds an Early Carer Fellowship from the Society for Mental Health Research (valued at $100,000), has made 22 presentations at national and international conferences (including invited presentations at Stanford University and Facebook headquarters at Silicon Valley), has published 39 peer-reviewed articles (57% as first author) and attained highly competitive research awards (e.g., 2014 Society for Mental Health Research Early Career Scholar Award, 2013 Australasian Society for Psychiatric Research Best Debut Oral Presentation, 2015 Beck Institute Philadelphia Postdoctoral Scholarship). He will be a funded visiting fellow to the University of British Columbia, in Vancouver in October 2016.

Dr Rice is based in my team (Online Interventions & Innovation Research) at the Centre for Youth Mental Health (University of Melbourne) and Orygen, The National Centre of Excellence in Youth Mental Health. Orygen is the largest youth mental health focused organisation in the world. For over two decades, Orygen has had international influence on the creation of a clinical and research focus on youth mental health. Of particular relevance to this application, our research group has internationally led the development of youth-focused and youth-led online social media interventions. Since 2010, the online interventions team has been involved in 15 successful grant applications totaling over $7M in competitive funding. The online research program spans across 3 Australian and 2 international universities, 5 university departments, 9 research projects (including 2 large RCTs of online interventions to promote long-term recovery youth mental health) and 6 clinical services. Importantly, we have established an ongoing and productive collaboration with eheadspace national office and e-headspace (Australia’s National Youth Mental Health Foundation). This will enable the conduct and successful completion of Dr Rice’s future research endeavors, into population-level youth e-mental health interventions. Finally, we have ready access to state-of-the-art technologies (e.g., fast and secure online servers, Internet-enabled devices, wearable technology, modern usability and testing labs, etc.) as well as frontline clinical services (i.e., Orygen Youth Health Clinical Program, eheadspace services, eheadspace) providing care to thousands of young people suffering from mental disorders. Thus, we have direct access to the target clinical population.

In sum, Dr Rice is an emerging research leader in youth mental health and online interventions with an exceptional potential to become an international leader in the field. His high level of productivity, work ethic, research and clinical skills (being a prolific researcher as well as a registered and practicing clinical psychologist) together with his demonstrated leadership make him an exceptional candidate for the TheMHS 2015 Early Career Research Award. This award will further propel Dr Rice to research independence, both supporting his career and contributing to a highly innovative and key area of research with potential to help thousands of vulnerable young people across Australia and internationally. I therefore have no hesitation to endorse this application and will continue to support Dr Rice in his research career.

A/Prof Mario Alvarez-Jimenez PhD DClinPsy MAResearchMeth
Head Online Interventions and Innovation Research
Orygen, The National Centre of Excellence in Youth Mental Health
The University of Melbourne
Figure 1: Characteristics of the Rebound intervention.
Figure 2: Examples of Rebound postcards sent via Australia Post (to help maintain engagement).