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FROM THE HEAD OF MELBOURNE SCHOOL OF PSYCHOLOGICAL SCIENCES

Our School is committed to improving the human condition through psychology. We bring together interdisciplinary researchers from the social sciences, epidemiology and public health; preventative, clinical and primary care medicine; and from basic and applied sciences, ensuring that we are uniquely positioned to address some of the grand challenges faced by our society.

Welcome to *Impact*, the highlights periodical for Melbourne School of Psychological Sciences (MSPS). We are delighted to celebrate the accomplishments of our academics and student body who contribute to our psychology research, engagement and teaching and learning. This is a landmark time for our School, with more illustrations of the significant social impact that our world-class research has had on society.

Our research profile continues to grow both locally and internationally with the establishment of our research hub model, which aims to provide structure to our vast body of research. Our hubs include the Ethics and Well-being Hub, the Decision Science Hub, the Complex Human Data Hub and the Clinical Neuroscience Translation Hub. The School has also established the Melbourne Centre for Behaviour Change.

Recognised as one of the finest psychology schools in the world, the Melbourne School of Psychological Sciences attracts some of the best students nationally and internationally to our broad range of programs. Recently, we introduced the Bachelor of Biomedicine Psychology major where students learn about every stage of human behaviour, from behavioural neuroscience to cognitive processes, and the practical aspects of developmental, social and clinical psychology. We also launched the Master of Applied Psychology for graduates who want to develop practical application skills and to employ them in the world of business, government, the non-profit sector, marketing, consumer and social research, and health.

Our School recognises the importance of collaboration and highly values our partnerships, the growth of which has been a major focus of our recent efforts. We are committed to working with partners in the community, industry and government, as well as those with a lived experience of mental health issues. Our research and teaching relies on strong existing partnerships with a range of clinical, industry, hospital, community and government organisations, and we are pleased to be building new relationships with SANE Australia, ReWire, Cancer Council Victoria, the Australian and US Defence Forces, MS Research Australia, the World Antidoping Agency, the Bill & Melinda Gates Foundation, the Mental Health Foundation Australia, Phoenix Australia, the Butterfly Foundation and the Parent-Infant Research Institute. We look forward to establishing many more partnerships in the coming years.

Engaging with our community is an intrinsic part of our mission. Our globally engaged academics seek to share and promote the use of psychological knowledge in solving major social and health challenges. We recently launched our PsychTalks public engagement program. PsychTalks showcases dynamic speakers through a number of community-focused events across a range of disciplines, encouraging constructive debate on issues of regional and global relevance and has proven to be a highly engaging model for our community. We have also had wonderful success with our May Lecture Series which has seen a range of distinguished academics from the School speaking on topics of behaviour change, human and artificial intelligence and emotional stability.

We also proudly welcome our ambassador for stigma in mental illness, Osher Gunsberg. Osher is one of Australia’s most recognisable media personalities and we are thrilled that he is supporting our important research and engagement activities.

Our School has a rich history, spanning over 70 years. Recently we established the MSPS Alumni Community, which we hope to build into one of the strongest and most impactful alumni communities here at the University of Melbourne. We seek to enrich our relationship with our alumni to help them develop their careers, continue their learning, and provide opportunities for them to contribute to the global impact of our School.

My heartfelt thanks to our committed and unified academics, clinicians and professional staff, for whom we depend upon to ensure our vision and mission comes to life. I offer my sincere thanks to Professor Shitij Kapur who so generously offers his dedicated guidance and wise counsel.

Finally, I wish to express my sincere gratitude to our donors and supporters. The generosity of our donors enables us to shape the future of MSPS and grow the mental health workforce in Australia.

Professor Sarah Wilson
Head of Melbourne School of Psychological Sciences
The Melbourne School of Psychological Sciences continues to produce ground-breaking research and innovative social impact through its research, engagement and teaching and learning initiatives.

"I have been particularly struck by the impact of the PsychTalks community engagement series, which is a highlight of the Faculty’s engagement strategy."

MSPS benefits from strong interdisciplinary collaborations of relationships with across the University, and from a remarkable collection of hospitals, research institutes, industry and government.

The School is instrumental in generating the next generation of leaders in psychology nationally and internationally and has continued to support innovation with considerable impact by supporting early Career researcher support schemes and investing significantly in studentships to some of our best and brightest.

Recently the School invested $700K in the MDHS Scholarship Fund to support Indigenous students, students experiencing financial hardship and disadvantage, support for Master of Applied Psychology Students and for students living away from home on placement or on internship. This is a very new and exciting investment which will benefit students over the coming years.

I have been particularly struck by the impact of the PsychTalks public engagement program, which is a highlight of the Faculty’s engagement strategy. It is wonderful to witness first hand the social impact of this innovation, and to see so many faces from our community and partner organisations come together to collaborate at these events.

In summary, I commend Professor Sarah Wilson and the staff of MSPS on their accomplishments and I am looking forward to highly successful years ahead.

Professor Shitij Kapur
Dean, Faculty of Medicine, Dentistry and Health Sciences, Assistant Vice-Chancellor (Health)
EXCELLENCE

#1 TOP UNIVERSITY IN THE ASIA-PACIFIC FOR PSYCHOLOGY

#1 TOP RANKED UNIVERSITY IN AUSTRALIA

#18 QS WORLD RANKINGS (2019 PSYCHOLOGY)

#6 6TH IN THE WORLD FOR GRADUATE EMPLOYABILITY

EDUCATION

Graduate researchers 3.8%
Other Graduate 5.4%
Graduate (coursework) 9.6%
Undergraduate 81.2%

ENGAGEMENT

PSYCHTALKS PUBLIC ENGAGEMENT SERIES

SPEAKERS & MODERATORS
MELBOURNE SCHOOL OF PSYCHOLOGICAL SCIENCES: 22
MELBOURNE GRADUATE SCHOOL OF EDUCATION: 1
DEPARTMENT OF PSYCHIATRY: 1
FACULTY OF BUSINESS AND ECONOMICS: 1
PERSONS WITH LIVED EXPERIENCE OF MENTAL ILLNESS: 4
PARTNER ORGANISATIONS: 8
DOCUMENTARY FILM MAKER: 2
BUDDHIST MONK: 1
MINDFULNESS PRACTITIONER: 1
ABC RADIO BROADCASTERS: 4
PROFESSIONAL COMEDIAN AND ALUMNUS: 1

EVENT PARTNERS

REGISTRATION
4240 PEOPLE REGISTERED FOR PSYCHTALKS EVENTS
2056 OF THOSE WERE WAIT-LISTED
RESEARCH

ETHICS AND WELL-BEING HUB
THE SCIENCE OF DOING GOOD AND FEELING WELL

COMPLEX HUMAN DATA HUB
THE SCIENCE BEHIND HOW WE MEASURE HUMAN EXPERIENCE AND BEHAVIOUR

DECISION SCIENCE HUB
THE SCIENCE BEHIND OUR CHOICES

CLINICAL NEUROSCIENCE TRANSLATION HUB
ADVANCING, UNDERSTANDING AND DEVELOPING INNOVATIVE PERSONALISED INTERVENTIONS FOR MENTAL AND NEUROLOGICAL DISORDERS

MELBOURNE CENTRE FOR BEHAVIOUR CHANGE
THE SCIENCE BEHIND INTERVENTIONS TO INITIATE BEHAVIOURAL CHANGE FOR THE BENEFIT OF INDIVIDUALS AND SOCIETY

$3.2M
ANNUAL RESEARCH INCOME OF (2018)

526
X+ PEER-REVIEWED PUBLICATIONS EACH YEAR

7.9% OF PUBLICATIONS IN TOP 1% OF JOURNALS

31.9% OF PUBLICATIONS IN TOP 5%

GRADUATE STUDENT NUMBERS IN TERMS OF HEADCOUNT (2018)

Graduate research 30%
Graduate Diploma of Psychology 31.2%
Graduate Coursework 16.1%
Honours Year 16.8%
What if we could inoculate future generations from our mental illness epidemic? The most exciting research in mental health today involves not only how to treat mental illness, but how to prevent it in the first place.

Our world-leading research program encompasses several broad research themes, all aimed at better understanding the human experience for the betterment of society. Our diverse body of research explores a range of projects with real impact, from investigating how music’s ability to trigger our deepest memories and emotions could help improve quality of life for people with dementia, to the development of phone apps that track the lives of patients with bipolar disorder to understand, monitor and even predict the sudden swings between their manic and depressive episodes.
We make hundreds, maybe even thousands of decisions every day. Some we think of consciously, and others not so much.

**Should I have another coffee?**
**Do I cross the road at the crossing?**
**What will I have for dinner?**

Sometimes these outwardly insignificant decisions can have a larger impact than we might expect.

With a rich long-standing tradition of psychological research and teaching, the Melbourne School of Psychological Sciences makes an important contribution to the science of decision making. And now, the School’s Decision Science Hub (DSH) aims to answer not only the question of how decision-making works but also whether we can help people make better decisions.

The Decision Science Hub's research makes a significant contribution to the way we understand how and why decisions are made. By taking into account cognitive and neural processes, our researchers are considering important questions that are relevant to contemporary life.
ABOUT THE DSH
The Decision Science Hub (DS Hub) conducts research that has a significant, real-world impact on our communities. The Hub is lead by Associate Professor Stefan Bode.

Studying the cognitive and neural processes that inform decision-making, the DS Hub provides a platform that enables researchers to take a multidisciplinary approach. This means they collaborate with experts from a variety of disciplines, research institutions, and external partners, including the government, healthcare sector and industry.

Decision-making directly impacts our behaviours and well-being. You might be thinking about having another cigarette, or what news publication you’ll read. It could even be something as simple as deciding how to interact with someone based on their body language. If made poorly, our everyday decisions can negatively affect our health, safety, finances and many other areas of our life, today and into the future.

REAL WORLD IMPACT
Communities in Australia experience many major chronic health and well-being challenges, from poor mental health, cancer and obesity through to family and career issues. Our decisions shape all of these challenges.

If more can be learned about how and why we make the decisions we do, this knowledge can be used for informing strategies for positive change for the individual but also for designing interventions and policy development, aimed at helping large groups of people with their decisions. The DS Hub’s research spans from very basic cognitive and neural modelling that explains fundamental decision processes, to disorders of decision systems (for example, psychological disorders or addiction), through to complex decisions in social interactions and in the population. The integration of these different streams of research will be key to benefitting our communities in meaningful ways.

CURRENT RESEARCH PROJECTS
The research conducted within the DS Hub spans a variety of diverse topics that include attention, basic visual processes, how the brain predicts what will happen next, addiction, neurotransmitters, how decisions are related to consciousness, and risk taking in clinical populations. Some of our recent projects include whether reward processing and learning are altered in smokers, how difficult decisions change our preferences, and whether graphic warnings on unhealthy food are likely to make us think twice about consuming them. And, whether mindfulness can actually help us to make better decisions improve our cognitive functioning.

Case study: Working with Cancer Council Victoria
A key DSH collaborator is Professor Melanie Wakefield from the Centre for Behavioural Research in Cancer at the Cancer Council Victoria. She is known internationally for her studies that have demonstrated the value of mass-reach campaigns and tobacco control policies on the behaviour of smokers, and many other similarly successful projects that have improved the lives of millions of Australians.

Professor Wakefield and DSH researchers are focusing on obesity prevention and how to encourage people to avoid unhealthy foods and beverages. This involves understanding what happens in the brain when decisions about food are made before and after being exposed to health warning messages, and what type of messaging could help to prevent unhealthy decisions.

WHAT’S NEXT?
Associate Professor Bode’s vision for the DSH is an ambitious one: to establish an internationally recognised platform that enables the pursuit of well-balanced ideas and research questions with real-world applications. He is realising this goal through the excellent hub researchers, and the variety of collaborative partners involved with existing projects; however, there’s always more to be done.

Moving forward, the DSH aims to expand its partnership base. Some areas for potential collaboration – and mutually beneficial relationships – are the superannuation and retirement sector, the defence sector, as well as population health and well-being. In addition to this, strategic partnerships may also involve the tech industry for broader reach.

These are questions that, if better understood, could influence health outcomes and the well-being of millions of Australians. Once it is known how we can really help people translate their intention into positive behavioural change, we might one day see a world in which people can say no to drugs, choose to save money for their future – and maybe even opt for a piece of fruit to battle the afternoon sugar craving, rather than a chocolate bar...
WOULD GRAPHIC WARNINGS ON UNHEALTHY FOOD MAKE YOU THINK AGAIN?

A new study shows that health warnings on packaged foods can help us make healthier choices – but it’s negative messaging that really drives the point home.

Strategically placed junk food on display at the supermarket checkout has little to recommend it to the smarter parts of our brains. But to our impulsive side, taste is all that matters. We may avoid the confectionary aisle but we have to pass through the checkout where our impulses can be overwhelmed by the lure of the sugar fix.

DSH Director Associate Professor Stefan Bode says the checkout trick is just one of many ‘environmental cues’ that food companies use to market their products, from packaging to lifestyle messages and popular culture.

But how alluring would that chocolate be if the packaging was slapped with a picture of decaying teeth or a diseased heart?

New research by the DS Hub and Cancer Council Victoria (CCV), published in both NeuroImage: Clinical and Appetite, suggests that just like warnings on cigarette packaging, when it comes to junk food – the more graphic and negative the message is the better. But they also found that positive imagery or negative text-only warnings can work too.

TACKLING RISING OBESITY

Rates of obesity worldwide have almost tripled since 1975.

Around 13 per cent of adults are now obese the world over, and 39 per cent are overweight. The epidemic is worse in richer countries (OECD) where nearly 20 per cent of adults are obese.

Beyond hypothetical surveys there isn’t enough research into what sort of food labelling would be the most effective. Researchers developed a unique experiment where hungry patients received portions of food that matched their choices before and after viewing health warnings.

"Most of the research in this area is based on surveys where researchers ask people whether they think various messages would change their behaviour, but we know there can be a massive mismatch between people’s intentions and their actual behaviour," says Associate Professor Bode.

COMPARING WARNINGS

DS Hub and Cancer Council Victoria research team recruited 95 participants who hadn’t eaten for at least four hours to watch a screen-based experiment. Afterwards they could have a snack food that matched their preference.

Each participant was then shown colour pictures of 50 snack foods ranging from chips, chocolate bars and biscuits, to nuts, fruits, and vegetables.

They were asked to rate on a scale how much they would like to eat each food at the end of the experiment.

Participants were then shown 10 health warnings from one out of five possible categories: text-only positive messages, text-only negative messages, positive text and graphic messages, negative text and graphic messages, and lastly, messages that only showed scrambled images and unreadable text as a control.

In reversal, they had to rate health foods in the same way. This was to see if the health warning had influenced their preferences. The research found that neither the control messages nor the positive text-only messages had any impact.

However, negative text-only messages, and imagery combined with positive text were both effective in encouraging people to revise their initial choice for a healthier option.

But the strongest effect was observed for negative text combined with imagery. It was twice as effective in making people change their minds as the other messages.

To try and better understand what was going on in the brain when people evaluate foods after seeing health messages, the researchers also monitored participants’ brain activity using non-invasive electroencephalography (EEG), in which electrodes are attached to the head.

Find out more: psychologicalsciences.unimelb.edu.au/research/hubs/decision-science-hub
DISRUPTING OUR IMPULSES

The researchers wanted to know what kinds of thinking processes were influenced by the warning messages. The results suggest that warning labels prompted participants to exercise more self-control, rather than act on impulse. The brain signals allowed them to ‘see’ how the warning messages were working.

“One of the aims of the project is to try to unravel what mechanisms are at work when we make choices on what to eat, so that we can develop effective health messages”, says co-researcher Dr Helen Dixon, a behavioural scientist with the Cancer Council of Victoria and an honorary researcher at the University of Melbourne.

“Strong cues like anticipated taste, tend to work on us in a more unconscious way, and therefore health messages need to disrupt these more impulsive, hedonistic responses to foods and make people consciously consider the health implications of their choices.”

HEALTH STAR RATING

Dr Dixon says one immediate step the Australian government could take is to enhance the Health Star Rating system on foods, including the method of calculating the health stars, so that foods high in sugar, sodium or saturated fat can’t receive high ratings.

“So far only a minority of products have adopted the rating since its launch in 2014”, says Dr Dixon.

“The Health Star Rating system has potential to be a powerful tool for informing consumers and motivating their purchasing behaviour towards healthier choices if certain changes are introduced.”
THE SCIENCE BEHIND HOW WE MEASURE HUMAN EXPERIENCE AND BEHAVIOUR

From obesity to climate change to extremism, Australia faces diverse societal challenges that require a deeper understanding of human behaviour in order to address them. The Complex Human Data Hub (CHD Hub) is using technology and data to explore the broader dynamics of complex human behaviour. The aim is to produce actionable insights that will inform public institutions about how to design and implement effective behaviour change interventions in health, sustainability, national security and more.

The CHD Hub is led by Director Professor Simon Dennis, Deputy Director and Associate Professor Amy Perfors, is looking to study human experience and behaviour by combining psychological theory, sophisticated computational modelling and rich real-world data. Technologies such as smart devices, social media and the Internet of Things are making this more possible than ever before and the CHD Hub is uncovering fascinating insights about human experiences in today’s world.

OUR RESEARCH

Technological advancements are fuelling the contribution to a new kind of psychological science that is tied to the real world. Computational modelling can be applied to better understand, explain and predict human behaviour. But what does this actually look like in action?

One example is Professor Dennis’s research into understanding errors in human memory. This has been carried out with the objective of informing how police can ask better questions when interrogating suspects under inquiry.

Professor Dennis has been involved in carrying out a study that collects GPS data from smartphones and cross-references this information with how people respond when asked where they were at a certain time. Findings have shown that people are often a day or week off in their accuracy. The team is also collecting data to see if the nature of a person’s sonic environment can affect their memory.

In another scenario, Associate Professor Perfors has been working with the University of Western Australia and Defence Science Technology Group to look at the way information is disseminated between people, as well as how and why group polarisation occurs. One of the key questions is to what extent social media drives such behaviour or if it emerges out of more general biases and real-world informational limitations. By studying group behaviour in a controlled lab environment and modelling it computationally, this research aims to better understand information sharing and apply the insights to real-world contexts.

CHALLENGES

One of the greatest challenges that the CHD Hub faces is how to safely analyse and collect the data needed for its research. Information like GPS data and email addresses is very sensitive and needs to be handled differently than typical experimental data. While much of the research is conducted in a lab environment with people using computers and accelerometer devices, this data can’t be stored on disks and needs to be safeguarded.

A key objective for the CHD Hub is to find ways of analysing this information without researchers actually seeing the data and imposing upon privacy issues. They have invested great effort in this issue. Professor Dennis has designed a special-purpose computer language (called Private) that permits this kind of access, and the team is engaged in dialogue with policy and legal scholars to ensure that it is used within an appropriate framework.
OUR VISION
There is also a inherent challenge in analysing big data sets. Different models and computational infrastructures are needed in order for the CHD Hub to scale up. Pursuing this goal has led us to apply in collaboration with a number of national and international collaborative partners for a Centre for Excellence in Computational Behavioural Science, funded by the Australian Research Council.

The proposed Centre of Excellence will be formed in partnership with 17 other organisations including the University of Oxford, the Cancer Council Victoria and the University of Gronigen in the Netherlands. The overall vision is to grow the field of computational behavioural science and build the research platforms and datasets on which it relies. By combining these tools with psychological theory and working closely with partner organisations, it will provide actionable insights for changing and understanding real-world behaviour. The outcome will ultimately inform government policies and contribute to the betterment of Australian society.

OUR FUTURE
The CHD Hub sees many positive opportunities on the horizon. At the end of 2018 we ran the inaugural CHD Hub Summer School designed to give the next generation of psychological scientists the technical training they need for success. Over 70 students from around Australia and the world attended and we plan to run it again in subsequent years.

CHD Hub also runs regular seminars and we have seen strong growth in our staffing profile, including:

- Dr Johan Koskinen, a Social Network Researcher from the University of Manchester
- Dr Mirko Uljarevic, Developmental Disability expert from Stanford University, and
- Associate Professor Charles Kemp, from Carnegie Mellon University in Pennsylvania.

The work of the CHD Hub is extremely important and valuable and advancing technologies are boosting the scope of their research more and more. There is huge potential in this area, advancing the ability of the psychological sciences to explain, explore and influence how people respond in complex real-world environments.

Find out more: psychologicalsciences.unimelb.edu.au/research/hubs/chdh
As our mobile devices integrate more and more seamlessly with our lives, data about us is being recorded – for better or worse.

Our devices have become catalogues of our lived experience. From the palm of our hands, our phones can track where we are, who we’re in contact with and what we’re observing from our environment. They can even monitor the quality of our sleep.

When data collection is protected by privacy control, it promises to uncover new information about how we think, learn, use language and recall memories. It also allows us to better understand and treat mental illnesses.

Researchers within the CHD Hub aim to bring together psychological science and computer science, along with mathematics, to collect and harness data about how we live and think. They’re exploring the ways to harness this technology so that we can learn about the ways our minds work.

In doing so, CHDH seeks to produce actionable knowledge and technology that can help us understand human behaviours across a variety of fields, from national security to sustainability.

ANALYSING OUR OBJECTIVE EXPERIENCE

“There has never been a better time to be a psychological scientist”, says Professor Simon Dennis, “We can now start to capture people’s objective experiences in a real way.”

The CHD Hub are using smart phones to track the lives of participants living with bipolar disorder to better understand, monitor and even predict depressive and manic episodes.

At a time when advances in neuroscience and imaging are revolutionising our knowledge of how the brain works structurally, Professor Dennis says the emergence of real time sensing and ‘big data’ is a revolutionary tool. Because instead of only giving us a view of our minds from the inside, he says it offers an unprecedented look at what is going into our minds from the outside. This data can show us how we live and think.

MOVING BEYOND THE LAB

Previously, psychologists have been limited to understanding their clients through clinical testing and consultations. Given the environment where these interactions take place, it’s difficult to accurately capture a person’s lived experience. Feedback can be stilted or unreliable due to the artificial surroundings of a lab, with clients often forgetful or telling researchers what they think we want to hear. Some conditions are even associated with forgetfulness, such as bipolar and schizophrenia, further complicating this model.
Experience sampling like this isn’t new, but ‘wearable sensing’ takes it to a whole new level. The advantage of sensors is that they allow passive experience sampling, which means that the data isn’t compromised by the person wearing it having to stop and act. They can just be themselves.

In a system developed by Professor Dennis and IFTTT, an activity tracker is being used by people living with bipolar via their mobile devices. The app will indicate if the participant isn’t sleeping and uses GPS to show that they leave the house. Intermittent microphone can even indicate that they haven’t spoken to anyone. Each of these factors may signal a manic episode.

For legal and privacy reasons, audio is limited to intermittent grabs and is scrambled so the researcher only knows whether someone is speaking, not what they’re saying. Similarly, researchers are only be able to see that emails, text messages and phones calls have been logged – they don’t have access to the content.

SENSORS AND SOCIAL MEDIA
Associate Professor Amy Perfors, is leading another project about sensors and the monitoring of online social behaviour through platforms like Facebook and Twitter.

Associate Professor Perfors says that “by knowing what an individual’s actual experience is, we will be able to model how people interact in order to understand what makes them decide to talk to someone, what they decide to share with someone, what they learn from each other, what social structures lead to knowledge exchange… We can delve into some deep questions.”

In combination with experience sampling, social media platforms can create a rich stream of data that can be aggregated and mathematically modelled to draw out patterns. This data is valuable for researchers who are interested in how people interact socially and acquire and use language.

USING DATA FOR GOOD
“People are social and we create each other’s environments and culture. [Our tools] can capture the input that is shaping our behaviour and will eventually enable psychologists to better understand how it all happens,” Associate Professor Perfors says.

Our mobile devices know us intimately. If this data can be harnessed so that we can know more about the ways we behave and think, we’ll be able to understand our interior lives like never before. The researchers at the CHD Hub are dedicated to using their discoveries for good, translating them into action to affect real change in our communities.
ETHICS AND WELL-BEING HUB

THE SCIENCE OF DOING GOOD AND FEELING WELL

Never has the pursuit of living well been such a popular public concern, and we at the Ethics and Well-being Hub (EWBH) aim to contribute to this with our vital studies. We do this by considering the ways human behaviour, specifically through our interactions with other people and places, can affect mental health.

If we can all better understand the outputs of this important research, we will surely be able to engage in more compassionate exchanges with one another. And our communities will be much kinder places for it.

ABOUT US

The Ethics and Well-being Hub seeks to consider one of the most important questions to humankind: ‘How should one live?’

Our researchers and teachers work across personality, social psychology and neuroscience, and consistently demonstrate a capacity for excellence. With the aim of knowing more about how people understand themselves and their communities, and how these factors influence well-being, researchers are continuing to make significant contributions across a variety of fields of study.

This question is explored through many disciplines within psychology. The aim being: to know more about the nature of human beings as social creatures, and how our relationships with others – particularly those that serve a wider community – can benefit the self.

Today, mental health conditions affect around one in five people, with traditional treatments focusing on the individual. The research groups working in the EWBH hope to understand more about how the study of ethics and well-being intersect, by looking at the ways people live in and interact with the world.

Using methods that reflect on ethical decision-making processes, they analyse how human behaviour is influenced by our interactions with ecological and social environments, and the impact of this on mental health.
OUR VISION AND TEAM
More than ever before, our environments are rapidly changing. And so, the work of the EWB Hub is increasingly notable for its ability to think – and vision in thinking – about the factors that contribute towards the experience of finding meaning and purpose in life.

The research conducted within the EWB Hub, by Director Associate Professor Brock Bastian, Professor Yoshi Kashima and others, is concerned with how ethical conflicts are resolved and played out in the public sphere. We have identified that society plays a role in facilitating certain behaviours and that people are heavily influenced by cultural norms. Additionally, Associate Professor Bastian and Professor Kashima want to find ways to help people understand and respond to their own biases, so they can enact behaviour that leads to a common good.

OUR RESEARCH
There are many diverse projects represented by the EWB Hub. As a part of the Melbourne School of Psychological Sciences, the Hub makes significant contributions to the School through our collaborations with many departments of the Faculty of Medicine, Dentistry and Health Sciences, as well as seven other University faculties.

The benefit of these interdisciplinary projects to the public is far-reaching. By providing insight into the ways our communities can live well, people will have the opportunity to better understand human behaviour and its impacts on mental health. The team also work with partners, such as Animals Australia and the John Templeton Foundation, to further their work.

OUR FUTURE
Moving forward, the EWB Hub will look to establish more synergy between the different projects in operation. We are working towards creating stronger links between our knowledge and research and problem solving for the everyday issues faced by our communities. This will enable connections with federal and local governments, industries and the non-profit sector.

Ultimately, we will expand upon our capacity to respond to larger projects and opportunities by creating and building larger and more integrated programs of research to seek answers to even bigger questions.

Find out more:
psychologicalsciences.unimelb.edu.au/research/hubs/ethics-and-wellbeing-hub
DOING GOOD, BETTER: MORAL IMAGINATION AND ENLIGHTENED COMPASSION

For thousands of years, philosophers have explored what it means to do good. But what psychological, behavioural and physiological traits make some people more likely to do good than others? Can 21st century science help us identify and foster those traits to make a better world? Pioneers at the EWB Hub are exploring how theoretical models of morality play out in practice. Much of this cutting-edge research – led by Dr Simon Laham and Associate Professors Luke Smillie and Associate Professor Brock Bastian – is in the field of moral exceptionality.

MORAL EXCEPTIONALITY

Moral exceptionality is ethical behaviour that goes above and beyond the norm. People who show moral exceptionality may be unusually self-sacrificing, inclusive, compassionate and ethically imaginative. Historically, morally exceptional people have helped light the path to freer and more egalitarian societies. Causes like the abolition of slavery and attainment of women’s rights have helped light the path to freer and more egalitarian societies. People like Frederick Douglass or Susan B. Anthony, who went above and beyond the norm, were essential in such movements. The team have called overlap between moral imagination and moral concern ‘moral expansiveness’.

MORAL IMAGINATION

Moral imagination is about grasping ethical problems and envisaging ethical solutions. It involves considering different courses of action and reflecting on the moral consequences of each. When we exercise moral imagination, we weigh up different people’s perspectives, needs and values, and look for pluralistic solutions that take them into account.

Climate change, growing wealth inequality, crises in democracy and ecological collapse pose existential threats to humanity. If we’re to find tenable solutions to these substantive problems, we will need to deeply embed moral imagination into our institutions and communities. The first step is understanding how and why it emerges. Dr Laham is leading a research agenda exploring these very questions.

ENLIGHTENED COMPASSION

The measurement of moral exceptionality and imagination is an exciting emergent field. The EWB Hub is building on rich scholarship to connect these concepts with their psychological, behavioural and physiological underpinnings. This research, led by Dr Laham and Associate Professor Smillie, together with PhD student Erin Lawn, has been funded by the John Templeton Foundation, and forms part of a global initiative called The Beacon Project. It focuses on two major personality traits that closely track to moral exceptionality: agreeableness and openness.

AGREEABleness

Agreeableness drives tendencies towards helpfulness, cooperation and empathy. Although empathy is an important catalyst of ethical behaviour, it isn’t the be-all and end-all. Existing studies have demonstrated that people help and care for those similar to themselves without extending that empathy to others. Consider a person who is generous to their friends and family but doesn’t care about people who aren’t close to them or someone whose compassionate is limited to people from their background. To do good in a global society, empathy by itself isn’t enough.

OPENNESS

The trait that may widen the scope of our compassion – directing it towards those of different genders, ethnicities, abilities, religions, sexualities and cultures – is openness. Interestingly, openness correlates with cultural engagement, artistic creativity and aesthetic sensitivity. It also predicts a greater concern for the impact of human actions on animals and nature itself. Openness gives us access to emotions similar to empathy that can connect us to these non-human objects, such as awe, beauty and wonder.

The team have called overlap between empathy and openness ‘enlightened compassion’. It’s only one aspect of moral exceptionality but may predict compassion for a wider range of entities than either of those traits alone.

WIDENING THE CIRCLE

The combination of empathic emotions and aesthetic emotions may enable a person to relate to something separate from themselves. Enlightened compassion expands what philosophers have called the moral circle: the range of beings to whom we give ethical consideration.

In much of documented Western history, moral regard was rarely extended beyond men of property and power. The states’ protection of human beings was explicitly limited to Christians in the Middle Ages, white people in the colonial era, and non-refugees in contemporary Australia.

Moral progress bucks against these norms. Emancipatory struggles have succeeded in widening the circumference of standard accepted moral circles, even to include animals. The EWB Hub is conducting research into the possibility that morally creative people are more likely to apply ethical value to non-sentient objects like the environment – a key insight if we are to avoid rendering the planet unliveable. This work builds on pioneering research on the moral circle led by Dr Laham and Associate Professor Bastian.

It’s comforting to think of a society’s moral circle as something that swells as history progresses but this is far from inevitable. There are many instances where it has rapidly and fatally retracted. In an age of rising nationalism and economic division, understanding how to foster openness is vital.

EMPIRICAL EVIDENCE

Building on Associate Professor Bastian’s work on ‘moral expansiveness’, Dr Laham and Associate Professor Smillie have shown that enlightened compassion expands moral concern. This work uses Associate Professor Bastian’s Moral Expansiveness Survey to explore the phenomena of moral circles. Participants are given a range of people, animals and plants to position them in a circle with themselves in the centre. Placing the moral object further away indicates the less they care about it. The subjects include friends, murderers, chickens, Refugees, coral reefs and red gum trees. It was found that individuals with higher enlightened compassion include more entities in their moral circle.

WHERE TO FROM HERE?

This research has profound implications and exciting applications across society. Once we understand moral creativity, we will be better at finding it, using it and teaching it. Policy-making would benefit immensely from the morally creative thinking that takes the needs of the many into account. Businesses ethics could be revolutionised by approaches that genuinely consider their social and environmental impacts. Learning the factors that foster and inhibit the growth of moral imagination could play a crucial role in fields as diverse as education and criminal rehabilitation and help stabilise our political institutions. Enlightened compassion and moral imagination are powerful moral tools that can help us treat one another better and improve the well-being wellbeing of society.
SEEkINg
HUMAN
KINDNESS
CLINICAL NEUROSCIENCE TRANSLATION HUB

UNDERSTANDING AND DEVELOPING INNOVATIVE, PERSONALISED INTERVENTIONS FOR MENTAL AND NEUROLOGICAL DISORDERS

Australia is facing many challenges in the mental health space. Our response to mental health problems needs to be specialised, informed and innovative to get to the heart of this epidemic. Experts in the field are working hard to improve treatments, remove stigma and deliver solutions for the sector.

The Clinical Neuroscience Translation (CNT) Hub is leading the way with life-changing solutions to long-standing mental health issues. Utilising pioneering technology and approaches, such as those championed in the Trauma, Anxiety and Stress (TAS) Lab, the future of tailored treatments is bright for those suffering mental health challenges.

ABOUT THE CNT HUB

For those working within the CNT Hub, the aim of developing tailored treatment plans for those in need is something worth breaking barriers for. But how exactly can treatments become more bespoke?

For CNT Hub Director, Professor Kim Felmingham and other CNT specialists, the answer lies in the successful pairing of specialisation, collaboration and digital technology.

Despite recent advances, the treatment of mental disorders is still largely impeded by primitive diagnostic systems and preconceptions. The current ‘one size fits all’ approach, and persistent stigma of diagnosis that accompanies mental health, are just some of things that the CNT Hub is trying to change.

Mental illness impacts people’s lives at different levels of severity and in varying ways. Therefore, the CNT Hub’s focus on whole person functioning allows for more accurate tracking of symptoms and individual changes.

ABOUT THE TAS LAB

The TAS Lab is an integral part of the CNT Hub. According to partner organisation SANE Australia, about 12 per cent of people living in Australia will experience post-traumatic stress disorder (PTSD) in their lifetime. This makes the TAS Lab’s work especially relevant to the CNT Hub’s mission, and the larger mental health sphere.

Within the CNT Hub, the TAS Lab has been specifically developed to examine:

- Processes behind the treatment and development of PTSD and anxiety disorders
- The impact of stress and trauma on brain and emotional functioning
- Predictors of response to exposure therapy for anxiety disorders.

The TAS Lab and others like it are aligned with the CNT Hub’s overall focus on more diverse research and treatment. Specifically, the TAS Lab employs an array of world-leading specialists to investigate PTSD, trauma and resulting psychological disorders from a number of angles, including:

- The impact of exercise
- The effect of stress and sex hormones on memory
- Neurobiology of trauma and PTSD
- Physical predictors after trauma
- Adjustment and mental health in refugees.

With this widened scope, there is opportunity for more points of view, increasingly accurate questions and perhaps most importantly, more specialised treatment.
PHYSICAL APPEARANCE RESEARCH TEAM: TACKLING THE COMPLEXITIES OF EATING DISORDERS

Dr Scott Griffiths and Dr Isabel Krug have been tirelessly working towards attacking some of the problems surrounding eating disorders in their multifaceted research.

Here, they let us in on their working relationship, how they got to where they are, and their insightful and impactful research into eating disorders.

DR SCOTT GRIFFITHS

Isabel and I lead the Physical Appearance Research Team (PART). We have a kind and compassionate working relationship. We’re both highly productive researchers but at the same time, we’re also at different career and life stages, with different stressors and demands on our time, and have our own unique strengths and weaknesses. We’re completely transparent about this, including to our team members and students. There is a lot more room for kindness and compassion in psychology research and we don’t at all believe that this comes at the expense of productivity or impact.

I finished my PhD in 2016 and still feel quite junior in the grand scheme of academia. I was fortunate enough to receive an NHMRC fellowship later that year and made the (auspicious) decision to take it to the University of Melbourne. It was a great decision. I have just under two years left on my fellowship and I’m having a blast.

Eating disorders are widely misunderstood and cause great suffering for many people around the world yet are underfunded relative to nearly all other psychological disorders. Working in the context of a misunderstood, stigmatised, and underfunded psychological disorder is complex and challenging but also exceptionally rewarding. Even simple, seemingly ‘boring’ research endeavours, like testing the basic assumption of whether men and women respond to eating disorder symptom questionnaires the same way, can have tremendous flow-on effects that inform the foundations for trials of new treatments.

Eating disorders are important. More broadly, physical appearance is important, encompassing appearance-related discrimination, appearance-related substance use and surgical enhancement, and appearance-related psychological disorders, for which eating disorders is but one class of disorder. For as long as there are people struggling to reconcile their thoughts and feelings about their physical appearance, our work will be impactful and important.

DR ISABEL KRUG

I have always been tremendously interested in the topic of weight-related disorders. This is why for my Bachelor, my Master and my PhD theses, I decided to conduct research in this area.

From 2004-2009, I worked at the Eating Disorder Unit of the University Hospital of Bellvitge in Barcelona, Spain. This is also where I conducted research for my PhD thesis under the supervision of Professor Fernando Fernandez-Aranda on the environmental risk factors and treatment effectiveness of eating disorders. I was also working as a Clinical Psychologist at the eating disorder unit during my time in Bellvitge, in charge of the new intake of clients, their assessment and their treatment. My clinical involvement has always been vital to inform my research and vice versa; as my research has allowed me and my team to improve our treatment approaches.

Scott and I are currently working on a few disordered eating projects together. One of them is assessing the possible differential impacts of social media ‘Fitspiration’ and ‘Thinspiration’ images on body dissatisfaction, desire to engage in exercise and diet, and mood among males. We’ll also take a look at the moderating effects of trait musculature dissatisfaction, social comparison and actual-ideal body discrepancy.

Fitspiration and Thinspiration are relatively new social media trends. The current research on these trends have mostly been content analyses. To give you an idea of what we’re looking at, Fitspiration images are largely aimed at promoting exercise and healthy lifestyles, whereas Thinspiration images are aimed at promoting weight loss and often glorify disordered eating. We’ve noticed that most of the content analyses to date have been on images of women. Research has shown that males place greater emphasis on muscularity, whereas women on thinness.

In our study, we’re using an Ecological Momentary Assessment (EMA) design, whereby an app (specifically designed for this study) exposes male participants randomly to one of three different conditions: Fitspiration, Thinspiration and neutral (e.g. chairs, tables) images. They are shown seven images a day for a duration of ten days and then asked to self-report on their mood, body image, intention to exercise and eating patterns (before and after seeing these images).

We anticipate that after exposure to Fitspiration images, individuals will report an increased negative mood as well as a greater desire to exercise and diet to increase muscularity (relative to Thinspiration and neutral images). We’re looking forward to seeing what results the study produces.

The translational approach of our research involves first bringing scientific knowledge through to the application stage, followed by treatment development and outcome. We hope the studies we have undertaken so far have will advance the development of state-of-the-art techniques by integrating genetic, environmental, social and clinical data from a range of different countries. It’s anticipated that this new understanding will help identify novel risk factors and unseen characteristics for eating disorders and confirm the association of previously identified risk factors and endophenotypes.

We’ve also been working on new digital apps that have the potential to overcome barriers to healthcare utilisation based on geographic location (for example, limited services in rural areas) and socioeconomic disadvantage. These digital technologies can thus tackle a barrier to engagement in healthy eating/physical activity when it arises, rather than having the user wait until their next session with their healthcare professional.
OUR RESEARCH
Rich data sets afford clinicians and researchers opportunities to look at mental health treatment in a completely different light.

Our other labs within the CNT Hub are also using the same multi-dimensional approach to positively impact mental health treatment. For example, researchers such as Dr Litza Kiropoulos are running mindfulness groups to better track and analyse the effectiveness of this form of meditation practice on the experience of cancer patients. And, Dr Scott Griffiths is using new technology to investigate the effects of social media and applications (for example Grindr) on both male and female eating disorders.

We are focused on reaching for a new ideal in mental health research, one that combines the strengths of traditional methodologies with innovative clinical trials and cutting-edge digital technologies.

CHALLENGES WE FACE
While the CNT Hub is built on collaboration, we still have some hurdles to jump. One of the greatest challenges we face is how to consolidate the masses of data generated from all of our research projects. Synthesis of the CNT Hub’s complex human data is essential to build useful algorithms that can better predict outcomes and patterns of behaviour.

Technology presents a different challenge. Digital advances have allowed our research to progress quickly but a balance still needs to be struck with the ever present need to align digital advances alongside an improved stepped care model of services. Ultimately, it’s about finding the right level of treatment for each individual.

Underlying all of these complications is the ongoing battle with the stigma of mental health diagnosis – a broader societal issue that inhibits sufferers from seeking treatment. Another challenge is the limited access to support services and treatment for those living outside of Australia’s most populous cities.

Find out more: psychologicalsciences.unimelb.edu.au/research/hubs/clinical-neurotranslation-group

OUR FUTURE
Our overall vision is mental health research and treatment that embraces diversity, with an emphasis on multi-pronged intervention and preventive treatment.

The focus on integrating online Ecological Momentary Assessment (EMA) treatments in a more systemised way, specifically for male eating disorders, will continue. With larger scale trauma, anxiety and stress disorder projects on the horizon, we will also continue research into how technology can be utilised to improve primary care.

For the CNT Hub, treatment is no longer about responding to an isolated trauma, disorder or symptom. The future of mental health treatment is about gathering data, combining approaches and treating each person more holistically and as a result, achieving better outcomes. With our ground-breaking research and initiatives set to continue, the future of the CNT Hub looks bright.
Persistent pelvic pain affects approximately one in five women and comes with a substantial cost both to those affected and to the healthcare system. For individuals, it can mean an ongoing struggle with employment, relationships, parenting and self-esteem. Economically, the annual cost of pain is greater than the cost of heart disease or cancer and has been estimated to cost our system more than $34 billion per annum.

Despite the debilitating nature of persistent pain, patients are often met with disappointment when they seek medical care, feeling that they haven’t been listened to and often feel misunderstood. Worse still, some undergo unnecessary procedures that can exacerbate the problem further. Researchers from the CNT Hub, Associate Professors Christina Bryant and Lesley Stafford, are working with the Royal Women’s Hospital to tackle this challenge in a new way.

Groups of women experiencing persistent pelvic pain participated in an innovative user-centred study based on the use of an app that involves cognitive training and pain education. The findings are fascinating and have many implications for clinical practice.

THE CHALLENGE OF PERSISTENT PAIN MANAGEMENT

When PhD student Arthur Stabolidis approached his supervisor Associate Professor Bryant looking for a project to base his PhD on, an opportunity presented itself. As a clinical psychologist at the Royal Women’s Hospital at the time, Associate Professor Bryant was aware of the positive effects of psychological interventions when it comes to pain management. The team kicked off a study, co-supervised by Professor Lisa Phillips, from the CNT Hub and Dr Greg Wadley from the University of Melbourne’s School of Computer Science.

The study began with a series of user-centred group discussions and interviews designed to gather as much information as possible about the experience of persistent pelvic pain in women. Participants consisted of outpatients and clinicians from the Chronic Pelvic Pain Clinic of the Royal Women’s Hospital.

Their feedback shed further light on the suffering that patients experience, not just physical, but socially too. People made comments such as: “It took a long time for my husband to accept that I am not crazy”, and “Not even my mother understands”. The experience with medical professionals sounded similarly disheartening with participants saying: “Doctors are very dismissive and miss critical pieces of information”.

When investigations fail to show a direct cause for the pain, women can often feel that treating clinicians are judging them with the insinuation that the problem is ‘all in their head’. Nevertheless, the focus groups showed that women were open to utilising psychological interventions for their pain. Based on findings from the interviews with patients and clinicians, Dr Stabolidis developed an app for consumers with persistent pain, called appEase. The basis of Dr Stabolidis’s app was a combination of self-administered Cognitive Behavioural Therapy (CBT), education and relaxation training.

BRINGING appEase TO LIFE: DEVELOPMENT AND DESIGN

While there are many health apps created for profit, few consult end users and treating clinicians in the design process. Dr Wadley emphasised the importance of co-design, that is, a human-centred design approach where feedback and design suggestions from potential users directly fed into product design.

Dr Stabolidis and the team carefully considered comments such as: “It better not be complicated or you will lose me”, “It needs to be a pleasant place to go”, and “Please don’t make it pink. Any other colour other than pink!” On the basis of the feedback, the app was developed by Web Oracle, who went above and beyond to create it to specification. Because the project team wanted to make sure it didn’t cause harm to users, they also built in a ‘safe space’. By tapping the phone three times, users can exit the current session they are in and sit back and listen to relaxing guided imagery.

HOW IT WORKS

appEase was designed to take women through a 28-day course that includes:

- Behavioural change strategies
- Cognitive therapies around pain, anxiety and mood
- Education about pain
- Education about how to process emotions.

The course was split up into 28 daily sessions pre-recorded by Dr Stabolidis. Each session included two to three minutes of relaxation, five minutes of education and seven minutes of intervention. With a background in sound production and IT, Dr Stabolidis was in able to compose the music backgrounds, and record and narrate the sessions himself.

Twenty-four participants were involved in this study and provided plenty of feedback and data to help improve the app in the next iteration.

PAIN REDUCED BY 60 PER CENT

Dr Stabolidis’s PhD study has produced some encouraging results, with participants in the pilot study reporting a 60 per cent reduction in clinical pain symptoms.

The self-compassion module was particularly popular among the group. This session included education on the elements of self-compassion and its health benefits, as well as mindfulness exercises allowing participants to practice compassion towards other patients and then towards themselves. One participant noted: “The self-compassion was very good because it helped me realise the pain is not my fault.” Cognitive interventions and relaxation exercises also proved popular and it’s interesting to note that most people used the app at night.

Participants were asked to provide feedback at the end of each session, reporting on how relevant the session was and how the interaction with the narrator felt. Narrator engagement was important because participants specifically felt that ‘care’ is what was missing from interactions with medical professionals. It was interesting to note that participants were influenced not only by tone of voice and by the use of validating phrases but also by the information presented.

For example education on how emotions influence the experience of pain.

When compared to traditional medical care for persistent pain, self-administered care through the app was time efficient, cost effective and allowed women to fit it around their own schedules. One participant noted:

“For time-poor women it is best to do it when you are free rather than face-to-face where you have to find a baby-sitter, you have to do this, you have to get dressed. I so much prefer to do it through an app.”

Another said:

“It was kind of like I was in the counselling session and you were asking me these questions. There are ways to have therapy without having to see a psychologist. And this app is going to be good for women and other people that are struggling.”

These interviews confirmed that the app was engaging, simple to use and offered helpful tools and strategies for managing persistent pain.

Interviews conducted after the study also revealed further ways that appEase could be improved. For example, some participants wanted the ability to pick and choose what modules they’d like to complete, as opposed to having to complete them in a set order.
FUNDING FOR VERSION 2.0
The future looks bright for self-administered persistent pain management through apps like this. The CNT Hub has plans to continue their work in the area.

A key objective for the project moving forward is to secure further funding in order to offer the pain management app on iOS as well as Android. Initial funding provided by the Collier Charitable Fund meant they had to pick between the two and so the first version was built for Android devices only.

With so much feedback and data on offer following the pilot study, there is plenty of opportunity to modify and improve the app for Version 2.0.

BROADENING THE SCOPE
The researchers would also like to run a larger study in the future, to gather more data and refine the impact. While appEase was designed to be pelvic pain specific, there is plenty of potential to modify it to treat other pain conditions. Participants also experienced reductions in anxiety, so there may be an opportunity to create a similar pilot study for anxiety disorders.

The team would like to release a beta version of the app to the public, in order to validate the offering and help reduce the distress of persistent pain sufferers.

While persistent pain can’t be treated with a ‘quick fix’ like so many might desire, this study has proven that other methods can be used to manage pain. Self-administered CBT enabled by technology offers cost-effective results, as well as care and sensitivity towards suffers. It has the potential to make people feel heard, understood and equipped for a better quality of life.
SPOTLIGHT ON STIGMA

It is estimated that more than two million Australians avoid seeking help for mental health problems each year. While the obstacles to mental health are many and complex, stigma is a common reason people avoid telling others about their symptoms or experiences. Delays in treatment can mean a drastically reduced quality of life and worse still, a higher risk of suicide.

What we know about stigma and how we combat it is becoming clearer. Our experience and knowledge of psychological behaviours is critical for understanding the effects of stigma, in particular how it influences the treatment, care and acceptance of mental illness in the wider community.

Under Dr Chris Groot’s leadership, CNT Hub researchers are tackling some of the hardest questions in mental health. The team are investigating what interventions are required to challenge negative perceptions and destigmatise serious conditions for the greater benefit of society.

THE MENTAL ILLNESS STIGMA LAB

Developed as a part of the CNT Hub, the Mental Illness Stigma (MIS) Lab focusses on the study of stigma surrounding severe and complex mental illness.

The MIS Lab examines how symptoms of a particular disorder can trigger stigma. To achieve this, the team systematically maps stigmatised cognitive, emotional and behavioural public responses to symptoms of schizophrenia and their subtypes. This detailed understanding will subsequently inform targeted interventions to reduce public stigma about schizophrenia.

Other streams of research in the Lab include: investigation into how diagnostic labels affect stigma about schizophrenia, how stigma about schizophrenia is influenced by news media reporting, and investigation of how people with complex mental health issues experience discrimination in a range of life domains. Building on his previous work in online and telephone mental health services, Dr Groot is also observing how certain types of complex and challenging clients can be stigmatised by counsellors.

Effective mental health sector partnerships are a core feature of the work coming out of the MIS Lab, with current research partners including SANE Australia, Lifeline, Wellways and On the Line. For example, in a collaboration with SANE Australia, its Anne Deveson Research Centre and with funding from the Paul Ramsay Foundation, Dr Groot is the Research Lead on the National Stigma Report Card – a project seeking to understand experiences of stigma and discrimination for 7000 Australians living with complex mental health issues.
Dr Chris Groot is an esteemed researcher and lecturer of Clinical Psychology, specialising in areas of stigma, schizophrenia spectrum disorders, suicide and mental health service delivery. A mentor to the next generation of mental health workers, his passion for opening up discussion about complex mental illness is helping to break down barriers and dispel negative stereotypes.

While significant gains have been made around talking about anxiety and depression, pervasive stigma still surrounds more serious and complex experiences, such as schizophrenia spectrum disorders, bipolar disorders and personality disorders. Understanding and reducing stigma about this severe and complex end of the mental illness spectrum is the focus of Dr Groot’s work.

Demarginalisation of those suffering serious mental disorders is imperative. For Dr Groot, this same consideration needs to be afforded to those who are isolated or live rurally. Those living rurally often find it challenging to access professional services in a mental health system that is already stretched and overburdened. Dr Groot has directed some of Australia’s largest telephone and online professional mental health services. He is an advocate for their use to overcome geographical and social barriers that prevent many Australians from accessing mental health treatment and support when it is needed.
THE SCIENCE BEHIND INTERVENTIONS THAT INITIATE BEHAVIOUR CHANGE FOR THE BENEFIT OF INDIVIDUALS AND SOCIETY

At present, Australia doesn’t have a robust system for the early identification of health risk factors or the implementation of preventive health practices. As a result, health practitioners often find themselves dealing reactively with health issues that could have been prevented. For example, lifestyle changes such as improved diet, reduced drug and alcohol use, increased physical activity and better sleep patterns can prevent the development of diabetes when high blood glucose is first detected. This can help to avoid the burden of self-care involved for diabetes patients and their families, as well as the time-consuming and expensive treatment required. The absence of such preventive systems places a large and unnecessary burden on patients and the healthcare system.

Our primary goal is to better understand how behavioural change could greatly improve population health and healthcare delivery in Australia. Professor Charles Abraham, a social and health psychologist, is heading the Centre. His research specialises in developing and implementing ways to change behavioural patterns, with the overall aim of improving the effectiveness of the healthcare sector.

Dr Camille Short has also recently joined MCBC. She will be based in both the Schools of Psychological Sciences and Health Sciences at the University of Melbourne.

OUR RESEARCH

The MCBC will focus on research consultation and policy recommendations in relation to physical health maintenance and treatment. Although, the potential impact that illness and behavioural changes can have on mental health and wellbeing will also be considered.

There are many challenges to improve prevention and care in relation to physical health. These include:

- Prevention of weight-gain and obesity
- Diabetes care and prevention
- Chronic health conditions such as arthritis and asthma
- Chronic pain management
- Exercise and digital health interventions
- Insomnia and sleep problems and the impact of improved sleep on health.

WHO BEHAVIOUR CHANGE BENEFITS

There are three main groups of people that could benefit from the implementation of new behavioural change interventions:

PATIENTS

As mentioned, patients would need to learn how to self-monitor their own health, and consequently self-manage their health issues. Of course, it would be necessary to provide tools and resources to safely support this, and with the right behavioural changes in place patients should be able to do this with confidence.

HEALTH PROFESSIONALS

Doctors and nurses would also need to be trained in the new proposed systems that would result from behavioural changes. The benefits of doing so would need to be communicated effectively, to help healthcare professionals fully realise the potential benefits these changes could bring.

POLICY MAKERS

Some policy changes may be necessary to implement behavioural changes at a systemic level. For example, to address our nation’s organ shortage, perhaps a policy where people are automatically subscribed as donors and need to opt out (rather than the current standard to opt in), would help to resolve the issue. But how would the public react to this? Policy makers need to use their expertise to make judgment calls on how plausible such high level changes would be.

THE USE OF TECHNOLOGY

Intelligent digital technology has the potential to offer strong support for self-regulation of health and self-management of illness and to support people in changing their behaviour patterns.

Intelligent systems can:

- Allow for self-monitoring (eg how much physical activity am I getting?)
- Provide feedback eg (how well am I doing in relation to my goals or others achievements?)
- Deliver reminder prompts that can be tailored to the individual (eg this is your usual walking time, do you want to walk for 30 minutes now?)
- Be used to share data with health practitioners – with the patient’s permission – including sleep, weight, physical activity, blood pressure and heart functioning.

Use of such systems can empower people to be autonomous in managing their health and help health practitioners to tailor their advice and care to individuals’ needs. Thereby, promoting preventive action that could improve population health and reduce healthcare system demand.

It’s been found that patients can also neglect small health concerns due to being time-poor or concerned that they’ll be wasting a health practitioner’s time. Being able to use technology in a self-sufficient way can then also make sure they address health concerns early on, rather than letting them become more serious.
OUR PARTNERSHIPS

The MCBC will work closely with researchers interested in behaviour change across the University of Melbourne, as well as with external partner organisations, such as the Murdoch Centre, Cancer Council Victoria, Cancer Council NSW, and other health providers, hospitals and industrial and commercial partners. This will help maximise the potential impact of our research for the betterment of individuals and society.

Find out more: psychologicalsciences.unimelb.edu.au/research/hubs/melbourne-centre-for-behaviour-change
Hear firsthand from world-leading researchers and subject-matter experts speaking on topics that affect us all.

PSYCHTALKS

We are committed to transforming the world we live in through ground-breaking research, inspiring entrepreneurship and by providing an outstanding education that reflects the needs of our domestic and global community.

Engaging with our community is an intrinsic part of our mission. Whether you’re a student, a collaborator, community member or industry partner, we seek to share and promote the use of psychological knowledge in solving major social and health problems.

Our public engagement series PsychTalks forms part of the University’s efforts to contribute knowledge, thought-leadership and innovative ideas to the world.

PsychTalks showcases dynamic speakers through several community-focused events across a range of disciplines, encouraging constructive debate on issues of regional and global relevance.

We partner with a range of wonderful organisations to bring you PsychTalks. They include National Science Week, Melbourne International Film Festival, Melbourne Knowledge Week, Mental Health Foundation Australia, Lifeline Australia, Wellways, SANE Australia, the Butterfly Foundation and many more.

To access our recordings and to register for upcoming events, visit: psychologicalsciences.unimelb.edu.au/engage/psychtalks

Or join the conversation on social media #PsychTalks
Our pride in our graduates and in their dedication to improving the health and wellbeing of others is matched by our desire to maintain strong connections with all who have passed through our doors. Regardless of where life takes them, the MSPS Alumni Association ensures that our Alumni’s relationship with our School is meaningful and ongoing. The School is dedicated to helping our alumni continue to develop their careers, continue their learning, inspire our current students and provide opportunities for them to contribute to the global impact of our School.

If you are an alumnus and wish to re-engage with our School, we encourage you to do so by visiting our website: psychologicalsciences.unimelb.edu.au/engage/alumni.
We recognise that partnerships and collaborations are an integral facet of our development and a major strength of the School. At the University of Melbourne, we are committed to working with partners in the community, industry and government, as well as those with a lived experience of mental health issues. We owe a debt of gratitude to our long-standing medical research institute and hospital partners and we wish to welcome some of our more recent collaborators.

**OSHER GÜNSBERG**
Our Goodwill Ambassador Osher Günsberg is vocal advocate for mental health with a keen interest in mid-complex mental health issues. We look forward to continuing our work in stamping out stigma with Osher’s support.

**SANE AUSTRALIA**
SANE Australia is a national mental health charity working to make a real difference in the lives of people affected by complex mental health issues through support, research and advocacy. SANE Australia’s vision is for an Australia where people affected by complex mental health issues live long and fulfilling lives, free from stigma and discrimination. The Dax Centre and the Anne Deveson Research Centre also form part of the SANE Australia group.

**THE DAX CENTRE**
The Dax Centre is a leader in the use of art to raise awareness and reduce stigma towards mental health issues. Through their exhibitions and educational programs, they seek to engage, inform and encourage community connections and conversations about mental health.

**ANNE DEVESON RESEARCH CENTRE**
The Anne Deveson Research Centre (ADRC) conducts research that drives better social outcomes for people affected by complex mental health issues. Importantly, the ADRC will actively engage people with lived experience of complex mental health issues as researchers, co-designers of new approaches, and as experts in their own experiences.

**THE BUTTERFLY FOUNDATION**
The Butterfly Foundation represents all people affected by eating disorders and negative body image issues.

**ANIMALS AUSTRALIA**
Animals Australia works to protect the most vulnerable and abused animals in our society.

**REWIRE**
ReWire promotes the health benefits of music and music therapy.

**THE BEHAVIOURAL INSIGHTS TEAM**
The Behavioural Insights Team plays a leading role in developing new behavioural approaches to public policy and service delivery across Australia and the Asia-Pacific region.

**MENTAL HEALTH FOUNDATION AUSTRALIA**
The Mental Health Foundation Australia is the oldest Mental Health Association in Australia and works to deepen understanding of the importance of mental wellbeing.

**PHOENIX AUSTRALIA**
Phoenix Australia is a not-for-profit organisation that promotes recovery for the 15 million Australians affected by trauma.

**AUSTRALIAN AND US DEFENCE FORCES**
Australian and US Defence Forces invest in research in order to defend their national interests.

**CANCER COUNCIL VICTORIA**
Cancer Council Victoria is a not-for-profit cancer charity organisation involved in cancer research, patient support, cancer prevention and advocacy.

**MS RESEARCH AUSTRALIA**
MS Research Australia is on a mission to accelerate Australian research targeting prevention, better treatments and a cure for MS.

**PARENT-INFANT RESEARCH INSTITUTE**
The Parent-Infant Research Institute (PIRI) is a vigorous and innovative Australian research institute committed to supporting all parents and their babies (conception to 2 years), including those with vulnerabilities, to have the best possible start to life.

**WORLD ANTIDOPING AGENCY**
The World Anti-Doping Agency brings consistency to anti-doping rules, regulations and policies worldwide.

**BILL & MELINDA GATES FOUNDATION**
Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives.
The launch of our partnership with SANE Australia
**STUDY**

*Explore the human mind while building the skills and knowledge to provide meaningful help and support.*

Studying psychology prepares graduates for a diverse range of careers that are based on understanding human behaviour, including health, education, industry, commerce, welfare and government.

Our academic staff are internationally renowned researchers in their fields who guide students to develop advanced skills in critical thinking, scientific reasoning, psychological research design, data analysis and the application of research findings to a range of contexts. In addition, students develop their ethical reasoning skills and an awareness of and respect for the diversity of human experiences.
STUDY

UNDERGRADUATE

Psychology helps students to understand why people are the way they are, and why they do the things they do.

Students learn about aspects of behaviour such as human motivation and emotion, decision-making processes and social interaction, through a strong basic knowledge of psychological concepts and theories in areas including cognitive psychology, developmental psychology, sensation and perception, and social psychology. They also study behaviour, including how it occurs and how it can be treated.

Undergraduate studies can be undertaken via the Bachelor of Science, the Bachelor of Biomedicine and the Bachelor of Arts.

POSTGRADUATE

GRADUATE DIPLOMA IN PSYCHOLOGY

The Melbourne School of Psychological Sciences’ Graduate Diploma in Psychology is designed for graduates of other disciplines who may be interested in changing careers and eventually qualifying as a registered psychologist, or for those who wish to study psychology simply out of interest in the discipline.

The course provides the required foundational sequence of subjects for students wishing to undertake further study in psychology to pursue a career as a registered psychologist or as a researcher in psychology.

MASTER OF PSYCHOLOGY (CLINICAL PSYCHOLOGY)

The clinical psychology program at the University of Melbourne began in the early 1970s. The Master of Psychology (Clinical Psychology) program enjoys an excellent reputation as one of the premier clinical psychology programs in the country.

The program aims to produce graduates with a strong knowledge base in psychopathology, combined with a high level of skill and acumen in culturally responsive assessment and treatment of psychological conditions that can present across the lifespan.

Therapeutic skills are taught primarily within a broad cognitive-behavioural framework within didactic, individual and group-based clinical contexts.

The course is accredited by the Australian Psychology Accreditation Council (APAC), providing the required sequence of subjects for graduates wishing to attain generalist registration as a psychologist in Australia as well as competency in knowledge and skills relevant to the clinical psychology specialisation. Students enrolled in the MPsych courses can apply to combine that course with PhD studies.

Our Capstone Poster Presentation night
MASTER OF PSYCHOLOGY (CLINICAL NEUROPSYCHOLOGY)

The Master of Psychology (Clinical Neuropsychology) at the University of Melbourne enjoys an excellent reputation as one of the premier clinical neuropsychology programs in the country and produces graduates with a detailed understanding of the affective, behavioural and cognitive manifestations of diseases of the central nervous system, particularly those affecting the brain, in adults and children.

The Master of Psychology (Clinical Neuropsychology) is accredited by the Australian Psychology Accreditation Council (APAC) as providing the required sequence of subjects for graduates wishing to attain generalist registration as a psychologist in Australia, as well as competency in knowledge and skills relevant to the clinical neuropsychology specialisation.

Graduates acquire competence in various approaches to the study of brain disease, including basic and applied clinical sciences, and are expected to acquire an understanding of culturally responsive, objective assessment of the many behavioural features of brain diseases that can present across the lifespan. Students enrolled in the MPsych courses can apply to combine that course with PhD studies.

MASTER OF APPLIED PSYCHOLOGY

The Master of Applied Psychology (MAP) is designed for psychology graduates who want to develop practical skills in the applications of psychology and to employ them in the world of business, government, the not-for-profit sector, marketing, consumer and social research and health. The MAP is a 1.5 year (full-time) program that includes subjects from MSPS and the Faculty of Business and Economics. Subjects cover social psychology, influence and persuasion, the psychology of advertising and communications, judgement and decision-making, attitude and behaviour change, consumer psychology, research methods and data analysis.

The MAP does not carry professional accreditation and is not a pathway to professional registration as a psychologist.

MASTER OF PHILOSOPHY - MDHS (PSYCHOLOGICAL SCIENCES)

The Master of Philosophy - (Psychological Sciences) (MPhil) is an internationally recognised masters by research degree. It is designed for students to develop advanced skills in carrying out independent and sustained research. Students will produce a thesis which will demonstrate a critical application of specialist knowledge and make an independent contribution to existing scholarship.

DOCTOR OF PHILOSOPHY (PHD)

The Doctor of Philosophy (Medicine, Dentistry and Health Sciences) at the University of Melbourne marks a student’s admission to the community of Medicine, Dentistry and Health Sciences scholars. It signifies that the holder has undertaken a substantial piece of original research which has been conducted and reported by the holder via thesis.

Our PhD students conduct research in projects across a wide range of streams within Psychology. These are very broad and can include topics as wide-ranging as cognitive change after injury and illness, memory reliability, consciousness, what it means to live a meaningful life, stigma, moral conflict processing, gender relations, gambling behaviours, perception and many more.
SPOTLIGHT ON ELGIN PRIZE WINNER ASHLEY RUYG

Recently, we sat down with this year’s Elgin Prize winner, Ashley Ruyg, to speak to him about his unique journey. An accountant of 17 years, Ashley enjoyed success in senior roles and then made the bold choice of leaving his job to pursue his passion. The initial idea came to him during his MBA.

“I thought the MBA would help me to take the next step in my career by learning how to change other people. Instead, inspired by one of the academics (an organisational psychologist), I finished the course being more self-reflective and questioning my own issues with change.”

With the support of his wife, Natalie, they decided to take a career break and travel together. Feeling the need to stay productive in his travels, Ashley pursued his interest in creative writing and enrolled in the Graduate Diploma in Psychology that he could take by correspondence. He immediately developed a passion for the field, reassuring him that he’d made the right decision and motivating him to give it his best efforts.

“Having found my passion, I knew I didn’t have enough years left to pursue it half-heartedly. From then on I wanted to be a psychologist.”

On completion of his graduate diploma, Ashley took the next step by volunteering with Lifeline. Initially, he wanted to see whether the nature of the work would suit him. He admits that at first it was daunting to take calls from people in crisis. However, he learned skills to work with them confidently and to validate their distress. Looking back, he believes it was one of his best decisions, which he would recommend to others.

“I continually learn something new and leave shifts feeling energised. It not only gives you skills for working with callers but skills that are great for everyday life.”

Having now found his passion and confirming to himself that he could handle the line of work, Ashley successfully applied to join our Master of Psychology (Clinical Psychology) course. Reflecting on his experiences in the program, he pointed to his time working in the University of Melbourne Psychology Clinic as being not only the highlight of his course but one of the great periods in his life.

“Going through this placement with our full cohort created an extremely supportive environment where we had the opportunity to make, and learn from, mistakes together. For many of us, it was the first time sitting down face to face with a client, so it was extremely helpful to have this University-supported placement, with experienced and caring clinicians always accessible, before we went on to external placements.”

Ashley paid a special thanks to Dr David Spektor who taught him the simple yet profound lesson that “emotions are OK, both for clients and therapists”.

Ashley graduated from the program having achieved top marks in his cohort. We asked Ashley what it meant to win the Elgin Prize and complete his Masters.

“Since graduating Ashley has begun work at Orygen Youth Health where he previously completed a placement. He is looking forward to the challenges that await him in his new career and is also eager to continue with his writing, with a curiosity as to see how his Master’s will influence his work. Ashley made sure to thank his wife Natalie. “I would like to thank my wife Natalie for all of her support over this journey. When she initially suggested I take a break from work, she was probably thinking six months rather than six years”.

“To gain a place at the University of Melbourne, let alone winning an award, was not something I had ever contemplated. Winning this award helps me believe I deserved my place as part of this wonderful cohort.”
All too often, the stereotype of a psychologist is that of a clinician or counsellor.

However the career pathways and opportunities for psychology graduates today are much more varied.

Today, many businesses, organisations and government departments employ staff with psychology qualifications to apply them in areas such as marketing, business consulting, consumer research and policy development. This is in part due to the popularisation of fields such as behavioural economics (with Daniel Kahneman – a psychologist – winning the Nobel prize in economics in 2002) and in part due to the growing realisation that training in psychology gives an important skill set in understanding human behaviour and decision-making.

Until recently, MSPS didn’t have a pathway for students who wanted to pursue applied careers. So, we created one from the ground up. With our first intake of students in 2018, the MAP is the newest degree within the School and represents our commitment to preparing graduates for a range of career opportunities.

WHAT IS THE MAP

The MAP is a 1.5 year, full-time program. It was created to respond to the market for applied psychology students (distinct from clinical or even organisational psychologists) who want to work in emerging areas of behaviour change, behavioural insight and consumer decision-making. In fact, the development of the course was informed by student and employer research to fine tune the skill set and knowledge base we needed in our MAP graduates. MAP students take some pre-existing subjects within MSPS and other Schools in the University, but most of their subjects are newly designed in MSPS with a unique blend of theoretical and applied content and the integration of industry guest lectures. A cornerstone of the MAP is the industry internship in the final semester, where students spend 20 days immersed in a company, organisation, or government department in the behaviour change, social/market research or consumer behaviour space.

DR CASSIE HAYWARD – MAP PROGRAM COORDINATOR

Dr Cassie Hayward (nee Govan) holds a PhD in experimental social psychology and completed her post-doctoral studies at Stanford University’s Graduate School of Business. She also owns a commercial market research agency. Given her unique position that straddles academia and the corporate world, Cassie knew that the MAP was an exciting opportunity for the School. Cassie has been imperative to the program’s success and in building the industry connections for the internships.

Dr Hayward said: “It is so incredibly rewarding to see the excitement and passion in our MAP students and to hear from intern hosts that our students are excelling in their internship roles. I can’t wait to see where our students’ careers take them. They are eager to make their mark on the world.”

Master of Applied Psychology student Felicia (pictured second from left) completed her internship with ad agency. She spent time with the Strategy Team and the Creative Team getting a great taste of the world of advertising.
MAP INTERNSHIP PROGRAM

One of the most exciting components of the MAP is the opportunity for students to take part in an industry internship. The internship provides students with the experience of career paths in applied psychology and it is also an ideal opportunity for employers to gain access to students with a unique skill set in behavioural insights – something that many employers say is difficult to find.

We are thrilled with the calibre of our list of internship host organisations but also in the breadth of industries they represent, from government departments to advertising agencies. The wide range of opportunities for MAP graduates is a unique attribute of the degree, demonstrated through the diversity of host organisations. Our 2019 internship hosts are:

- The Behavioural Insights Team
- The Transport Accident Commission
- Cancer Council Victoria
- Victorian Government Behavioural Insights Unit
- Our Watch
- The Shannon Company
- Centre for Evidence and Implementation
- cummins&partners
- Empirica Research
- EY
- Forethought Research
- Roy Morgan Research
- U1 Group
- Vocus Group

After gaining experience within their internships, along with the knowledge acquired from their coursework, MAP graduates are prepared to work in a diverse range of employment fields. While this degree is not a pathway to professional registration as a psychologist, it is has become a doorway to a wider range of employment opportunities.
WHY STUDY THE MAP?

Perhaps the best way to understand why the MAP is such a unique and exciting offering from the School is to hear from a student. Emma Leith began the MAP in Semester One, 2018 and completed her internship at the Behavioural Insights Team (BIT) in Sydney in February 2019. It is incredibly rewarding for the faculty involved in creating the MAP to hear these reflections and experiences from our students and to see the impact of our course on their career aspirations.

“Although I really enjoyed my undergraduate degree, I didn’t have a lot of clarity about the direction I was taking my studies in. I found almost everything interesting and struggled to navigate my way through potential pathways. I knew I was most interested in human behaviour but felt that the clinical pathway wasn’t right for me.

I definitely wanted to make a difference in people’s lives but on a slightly larger scale. When I heard about the MAP, everything about it made so much sense to me. It was essentially the exact degree I was waiting for. I enrolled thinking that I wouldn’t get a place; so, I was ecstatic when I was offered one and obviously accepted.

As soon as I started, I knew I had found the course I was looking for. I’m always so engaged, not only with the content but also with the lecturers themselves.

Not wanting the class to end is a foreign, yet very welcomed feeling. The MAP has also offered me an incredible opportunity to intern for one of the world’s leading behavioural insights companies, the Behavioural Insights Team (BIT).

Located in Sydney, BIT is a social enterprise company that specialises in generating and applying behavioural insights to inform public policy and improve public services for citizens and communities.

My experience at BIT has exceeded my expectations in every way. I have learned so much about how projects in this space go from being an idea to a scaled intervention that benefits a large population. The team has also been so generous with their time and each delivered workshops in their specialty areas.

I have been lucky to work on a range of interesting projects with real world impact. I have particularly enjoyed sitting in on meetings and observing the advisors in their element. Every day I’m learning things that I couldn’t learn in a classroom and to gain this experience and knowledge as part of the MAP will be invaluable for my future.

The beauty of the MAP is that you can take the content and skills and shape your own career. I can’t believe in six short months I’ll be embarking on that next chapter but I’m confident that the MAP has prepared me for that next challenge.”

Emma lived in Sydney during February for her internship with the Behavioural Insights Team (BIT). The BIT began in the UK as the world’s first government institution to explore policy implications of behavioural science and has now expanded to New York, Singapore, New Zealand, and Australia.
The generosity of our donors enables us to shape the future of the psychological sciences in Australia. Your support enables us to invest in teaching and research, fund scholarships and awards to attract the best talent from Australia and overseas, improve facilities to facilitate pioneering research and deliver innovative programs that make a difference every day.

We believe that by investing in the capability of our researchers and students, we can advance human potential both now and in generations to come. All donations, regardless of size, make a difference in helping us to create opportunities for our students, academics and the wider community.

Please get in touch to find out what your gift could mean.

Contact us here: psychologicalsciences.unimelb.edu.au/engage/giving
CONTACT US

We hope you will be inspired to learn more about MSPS and to connect with us, whether as a current, former or prospective student, as a member of the psychology profession, or as a member of the general public.

Please join us at our events, sign up for our email newsletter and get involved!

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