ADDICTION AND MENTAL HEALTH SERVICES
RESEARCH AND LEARNING
YEAR IN REVIEW
2016
A critical goal for Metro South Addiction and Mental Health Services (MSAMHS) during its transformation was to underpin clinical care with research and learning. This was evidenced through the establishment of the Executive Team and Directors and Clinical Directors who are each responsible for an Academic Clinical Unit or portfolio within the service.

The Academic Clinical Units.

**The Acute Mental Health Inpatient Services Academic Clinical Unit** provides care to individuals who are experiencing an acute episode of mental illness. If an individual is admitted to an acute inpatient unit, it is often because they are not able to be supported in a less restrictive setting, such as community-based support.

**Addiction Services Academic Clinical Unit** is a professional and confidential service for individuals, families and communities impacted by substance use. The service provides a specialist multidisciplinary team approach, within a Harm Minimisation policy and a No Wrong Door philosophy.

**The Psychosis Academic Clinical Unit** provides specialist assessment and treatment services for consumers between 18 and 65 years of age who experience psychosis. Community and inpatient services are available according to consumer and family assessment of needs. Contemporary evidenced-based interventions are delivered either by a structured program or through care coordination.

**Consultation Liaison Psychiatry Services (CLPS) Academic Clinical Unit** are specialised mental health teams that provide comprehensive mental health specialist assessments, feedback and brief interventions to adult inpatients of the general hospital. The CLPS team assists the medical treating staff by providing diagnostic, management and referral advice for their patients who are suffering from a mental health illness or disorder or psychological distress.

**The Mood Academic Clinical Unit** provides specialist assessment, treatment and support for patients between 18 and 65 years of age who experience a wide range of severe and persistent mood, anxiety, behaviour and eating disorders that significantly impact daily functioning and quality of life.

Services are provided across the community and hospital to ensure continuity of care. As a planned approach to care is essential, treating teams work with individuals and carers/family to develop a treatment plan that guides how we partner with individuals and other services to enable them to achieve treatment goals and feel confident in managing their symptoms independently.

**The Child and Youth Academic Clinical Unit (ACU)** is the specialised Child and Youth Mental Health Service within Metro South Addiction and Mental Health Services. The CYACU provides a comprehensive response to the varying needs of infants, children and young people with mental health problems or mental disorders and their families/carers in the community.

The CYACU focuses on the mental health problems and disorders in infants, children and adolescents (aged 0 to 17 years).

**The Rehabilitation Academic Clinical Unit (ACU)** is a highly responsive, assertive recovery orientated multidisciplinary service within Metro South, aimed at improving functional outcomes for consumers with a mental illness. The RACU focuses on mental health rehabilitation with an explicit belief that people can and do recover from mental illness.

The Rehabilitation ACU provides mental health services to consumers who are aged 18 to 65 years (16 years or more if living independently) who are affected by mental illness and would benefit from a specialised rehabilitation service. Services are designed to be provided in the least restrictive manner but also include people cared for under the Mental Health Act 2016.

**The Older Adult Academic Clinical Unit** (ACU) provides specialist assessment and treatment for patients over 65 years of age who experience severe and complex mental health problems, especially those with complications of ageing. Community, inpatient and extended treatment services are available according to assessed needs. Contemporary evidence-based interventions are delivered either by a structured program or through care coordination.

The Older Adult ACU has a strong focus on providing access to a range of evidence-based treatments, facilities, psychological treatments and support programs tailored to individual needs.

**The Resource and Access Services (RAS) Academic Clinical Unit** provides mental health services to the community. The primary aim is to provide a comprehensive mental health triage, assessment and brief intervention service that is skilled, timely and responsive to individuals who are in a mental health crisis. Holistically, RAS recognises that effective access to services for individuals experiencing mental illness is crucial to reducing the burden of disease.

RAS provides a responsive service that minimises the psychological distress of individuals, stabilises mental health status for those experiencing acute mental illness, and provides information and access to appropriate pathways of care for individuals and their carers and families.

**The Transcultural Mental Health Academic Clinical Unit** also known as the Queensland Transcultural Mental Health Centre, provides specialist state-wide consultation services for culturally and linguistically diverse (CALD) individuals, families, communities and organisations. The Queensland Transcultural Mental Health Centre facilitates culturally responsive mental health care with a focus on complex mental health problems across all age groups, and the continuum of care.

Primary, secondary and tertiary consultation is provided at consumer, carer, clinician, support worker and organisational levels. A number of specialist functions are also delivered in relation to service development, workforce education and early intervention.
PROFESSOR DAVID CROMPTON
Metro South Addiction and Mental Health Services (MSAMHS) over the last few years have made significant gains in relation to our involvement in research, learning and engagement with various universities. The importance of the research undertaken by our staff is emphasised by the participation of consumer and carers and peer workers in research and the number of publications authored by nursing, allied health, psychiatrists, psychiatry registrars and peer workers/consumer and carer consultants.

The emphasis on sharing of knowledge across the service is demonstrated by the First Addiction and Mental Health Symposium to be held at the Russell Strong Auditorium on the 3rd of November 2017 and our growing presence at Princess Alexandra Hospital Health Symposium. The Addiction and Mental Health Services Symposium will be held in conjunction with the state-wide Consultation Liaison Symposium. I am happy to announce that Professor Happell who is a leading researcher in relation to consumers and carers and mental health nursing will be the lead speaker.

This year also sees the appointment of Associate Professor Carolyn Ehrlich to a research nursing position within MSAMHS; a first for MSAMHS. Her appointment will, I am sure, contribute to the enhancement of nursing-led research. MSAMHS now has academic appointments across all clinical domains and academic links with administration staff who are beginning to contribute to research and publications. These positions are supported by Dr Marianne Wyder who has recently been appointed to the permanent position of Senior Research Fellow.

The next and probably one of the most challenging steps for our service over the next few years is our participation in the Planetree person-centred healthcare initiative which is conducted across Metro South. An important goal for Planetree is the engagement of our consumers, carers and broader community in the development of our research and learning environment. Already we have consumer and carer consultants participating in the development of research proposals and publications, but the next step is for us is the movement towards their broader participation in our research and learning committees, education and leadership programs.

I would like to thank those that have contributed to the development of the Research and Learning Year in Review and the many staff within the research and learning area who have helped promote the development of the research capacity of the service.

I am pleased to present details of another successful year in research and education at Metro South Addiction and Mental Health Services. There are currently more than 50 projects with a focus on directly improving services to residents of the health district. These quantitative, qualitative and mixed method approaches are led by a wide range of professional disciplines.

Our strengths include the breadth of research topics, evolving partnerships with three universities, and access to existing data, resources and infrastructure. A key component is the involvement of carers and people with mental illness with the appointment of Gabrielle Vilic as the Director Social Inclusion and Recovery. Examples of projects include practice-based research projects such as the Positive Mindset Creative Arts programme. Good research requires infrastructure, capability and capacity building and this has been facilitated through the appointment of a dedicated Senior Research Fellow, the continuing work of the Research Advisory Committee, and writing groups.

Research is also supported by mentoring and advice from senior and experienced researchers on the MSAMHS Research Advisory Committee (RAC). The RAC reviewed its terms of reference in 2016 ensuring it maintains a strategic and relevant focus. 2016 saw further strengthening of relationships with the University of Queensland, Griffith University and the Queensland University of Technology as well as research institutes such as the Brisbane Diamantina Health Partners (BDHP). A concrete example was the successful “Meet and Mingle” event where health staff, students and university researchers were able to exchange ideas and develop partnerships to progress practice-based research. In the following year, we hope to develop further systems to support research through the activities of the Research and Learning Network and Information, Planning and Innovation team.
In 2016, Steve presented at conferences in Australia, Hong Kong and Canada. Presentations included discussion on research findings in community treatment orders; conducting research and study design; screening of physical comorbidity in adults with severe mental illness and physical health, oral health and mental health issues.

Some of the major contributions Steve provided in research and education in 2016 include:

Leading and contributing to Australian and International research studies including:
- Applying the principles of advanced directives and motivational interviewing to discharge planning for psychiatric patients
- Child paediatric surveillance in Canada
- Evaluation of SCID-I in the diagnosis of mental disorders in Indigenous Australians
- Linked data project of MUSP and community services data on the effect of reported child abuse on mental health, cognitive outcomes, quality of life and psychosis at 21 years old
- Review of administrative data in the surveillance of substance use and alcohol disorders in Canada
- Suicide prevention in Indigenous Queenslanders
- Systematic review and meta-analyses of burning mouth syndrome, dental disease in patients with affective and substance use disorders, effect of clozapine on readmission rate, metformin for weight loss in patients on clozapine and the prevalence of axis 1 mental health disorders in indigenous people of the Americas and Australia
- Trial of exanetide for weight loss in patients on clozapine
- Understanding the relationship between mental illness and offending: implications for crime prevention and the management of mentally ill offenders
- Vaporising smoking-related harms in people with severe and persistent mental illness: A study of the acceptability of vapourised nicotine products for smoking cessation or long-term substitution

2016 was a busy year for Professor Steve Kisely.
I feel very privileged to work as a clinical academic psychiatrist with the Rehabilitation Academic Clinical Unit. I believe that mental health research should exist to improve service quality and safety for consumers and reduce their burden of mental illness.

My areas of research are closely aligned with the clinical needs of the consumers I serve. Most consumers I see have treatment refractory schizophrenia and co-morbid cardio-metabolic disorders. They tell me of their ongoing distress and functional impairment associated with psychotic symptoms, and their frustration in attempts to lose weight and improve their physical fitness.

With colleagues from MSAMHS, Australia and internationally, we are examining the best evidence for managing treatment refractory schizophrenia. We published a meta-analysis in the British Journal of Psychiatry in 2016 showing that clozapine was superior to all other antipsychotics for the management of positive symptoms among people with treatment refractory schizophrenia. As part of an NHMCR Project Grant funded multi-centre Australian RCT, we are looking at the efficacy of N-Acetyl-Cysteine as an adjunctive treatment for negative symptoms among people on clozapine.

Our group at MSAMHS published a meta-analysis in 2016 looking at the efficacy of metformin for people already obese on clozapine, finding that it lead to more than 3 kilograms weight loss. In 2017, we plan to conduct a multi-centre RCT “CoMET” in South East Queensland, including MSAMHS, of metformin vs placebo among people newly commenced on clozapine to see if initial weight gain can be ameliorated, using funds from my 2016 NHMRC Early Career Fellowship. In 2016, we commenced a pilot open label RCT of exenatide vs treatment-as-usual to reduce weight among obese people on clozapine “CODEX”, with final results expected in 2017. Early results are promising and led to my being presented with a Young Investigator Award by the International Conference on Schizophrenia Research in San Diego (photo attached).

The “Young” aspect is a stretch, and led to snickers from my wife and colleagues.

One of the most fun aspects of my role is working with registrars, clinicians as well as medical and pharmacy students to build their research skills. I am currently supervising 4 PhD candidates, and supervise 18 psychiatry registrars for scholarly projects and 8 medical students for research elective projects.

These collaborations have proven fruitful, with our research group successful in gaining more than $1.2 million in competitive research grants in 2016, and 28 publications in peer reviewed journals.
QUALITY USE OF MEDICATION (QUM)

A review of pharmacist role in psychotropic medication adherence and mental health admissions to Logan Hospital Mental Health (LHMH) inpatient units.

Albert Chan
Greg Spann
Elsie Peusschers
(Pharmacists: Logan Beaudesert Hospital Pharmacy);

Marcus Cook
(4th year Student, UQ Pharmacy School)

BACKGROUND:
Pharmacist intervention as part of the multidisciplinary team in the inpatient setting as well as the outpatient setting (e.g. within the Wellbeing Team project trial) contribute to significant benefits with regards to medication adherence and patient outcomes with subsequent reduction in relapse, hospital admissions and burden on hospital resources and health systems. With current mental health pharmacy services mainly focused at inpatients units there is a significant gap of input post-discharge from hospital which can be addressed by redesign of mental health pharmacy services to include pharmacists working as part of the outpatient mental health services.

OBJECTIVES:
• Retrospectively audit patient admissions to LHMH adult wards, identifying poor adherence trends.
• Identify the type and frequency of poor adherence patterns to identify a role for various pharmacist interventions post-discharge to reduce hospital admission rates.
• Utilise findings from the audit and literature to make recommendations for a redesigned pharmacy service at LHMH.

METHODS:
Retrospective audit of 102 patient admissions to the LHMH adult wards during April 2016 was done by reviewing ERIC and CIMHA records. A literature review was conducted using search terms including (but not limited to) adherence, pharmacists, psychotropic and mental health.

RESULTS:
% 40% (n=41) of admissions involved poor adherence to psychotropic medicines. Average length of stay of patients with poor adherence was 16.27 day (compared to 10.46 days). The most common psychotropic that consumers were poorly compliant to was antipsychotics (n = 32). Only four consumers had poor compliance to LAI.

Literature review demonstrated that pharmacist interventions that were intensive (frequent) and multifaceted with a long-term follow-up period showed greater tendency for improved adherence as opposed to singular interventions (educational or behavioural) or those with short-term or no follow-up. Education interventions alone appeared to have no effect on adherence rates, but long-term follow-up consultations via telephone and/or in-person, refill reminders and monitoring, side-effect screening, and pharmacist collaboration within treatment teams were all common components employed in successful interventions that improved adherence rates of psychotropics.

CONCLUSIONS:
Based on the audit and literature review a pilot Community MH Pharmacist Service would include the following activities: treatment and adverse effects monitoring, adherence assessment, provision of medication review and current medication record (along with distribution to care providers), liaison with primary (community) pharmacies for dose administration aid (e.g. Webster) and prescription reminder services. Literature suggests best evidence is for regular, ongoing consultations. The following consumers would be prioritised for such service: those taking oral antipsychotics, treatment naïve, history of poor adherence, clozapine or LAI transition to primary care.
The Positive Mindset Creative Arts Festival is a competition and exhibition for school-aged students in the Metro South Health region. This early intervention initiative by Metro South Addiction and Mental Health Services, utilises the creative arts to promote positive mental health and reduce the stigma of mental illness and addiction issues in young people. In the inaugural event in 2015, hundreds of students took part in a friendly competition with the categories of drama, visual art and music, encompassing mental health related topics and themes in their work. In 2016, dance and media art categories were added, so that all five mediums of the national curriculum for creative arts education were included.

The reason why I conceptualised this project is not just because of my passion for both mental health and the creative arts, but also the recognition that the use of creative arts is a growing area for promoting mental health and wellbeing, particularly as an engaging and youth-friendly medium. Participants are able to discover new ways of self-expression and establish communication with others, through a friendly competition with the categories of drama, visual art and music, encompassing mental health related topics and themes in their work. Enhanced awareness of support services and options available were also evident. Many of the spectators and participants also recognised the importance and significance of such mental health promotion initiatives within the community.

In conclusion, there is preliminary evidence to show that universal mental health approaches through the use of creative arts are effective in enhancing mental health literacy and awareness, as well as a reduction in stigmatised views towards mental illness. Results across the two Festivals held in 2015 and 2016 illustrated a positive trend in a self-reported increased understanding of mental health issues, as well as less stigmatised views towards mental illness in general.

Enhanced awareness of support services and options available was also evident. Many of the spectators and participants also recognised the importance and significance of such mental health promotion initiatives within the community.

From a research perspective, the rationale for the project is to examine whether a universal, population-based approach to mental health promotion is effective in promoting positive mental health, reduce stigma and enhance mental health literacy in the primary and secondary school students, as well as the general population at large. The research methodology includes the collection of feedback data from spectators and competitors during, and after the festival. Thematic analysis was conducted to identify key elements of themes and findings from the data collected, in relation to mental health awareness and literacy levels, as well as views towards mental illness. Results across the two Festivals held in 2015 and 2016 illustrated a positive trend in a self-reported increased understanding of mental health issues, as well as less stigmatised views towards mental illness in general.

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**RESULTS**

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**DISCUSSION**

Universal population-based approach to promote positive mental health, reduce stigma and enhance mental health literacy, through the use of creative arts, is a useful alternative to traditional teaching and dissemination methods such as classroom settings. The Positive Mindset Creative Arts Festival provides another platform to promote community and school connectedness, creative expression and positive dialogue. Further research using quantitative assessments to measure outcome would be beneficial in future festivals.
A number of projects have been initiated by the ACU including examining outcomes for early psychosis consumers identifying as coming from culturally and linguistically diverse (CALD) backgrounds; video game use in early psychosis; exercise and mental health; interventions to manage pharmacologically induced weight gain; evaluation of an integrated peer model in residential rehabilitation; and implementation of cognitive therapies for psychosis.

In addition, we are partnering with a number of external research groups. In 2016, we embarked on a large randomised controlled trial of social cognition interaction training in partnership with Metro North and the Cadence research group from the Queensland Centre for Mental Health Research QCMHR. This project involves peer workers and consumer consultants in research co-production. We are also working with QCMHR on two medication add-on trials; benzoate for people diagnosed with psychosis in the last two years, and Mangosteen for people with schizophrenia spectrum disorder. The video game study is in partnership with Dr Daniel Johnson from the Science and Engineering faculty of the Queensland University of Technology.

In the last year this work has resulted in over 14 articles published in peer reviewed journals and more than eight conference presentations. Dr Frances Dark and Dr Stephen Parker are undertaking PhD’s. Dr Siskind, who has a part-time research position, has focussed on supporting a broad range of staff to be involved in research and evaluation. Dr Dan Siskind has also been helpful to registrars embarking on scholarly projects.

The Rehabilitation ACU aims to be a world class mental health rehabilitation service that consumers want to engage with and that other services wish to emulate. Research is one vehicle to achieve this goal.

For the Psychosis and Rehabilitation Academic Clinical Units (ACUs) a key evidenced-based practice is cognitive therapies for people living with psychosis. The implementation of the two evidenced-base cognitive therapies of Social Cognition Interaction Training (SCIT) and Cognitive Remediation (CR) was the focus of my thesis. The impetus for the introduction of these therapies came from the association of cognitive deficits with impaired functional outcome, with the strongest evidence coming from studies of schizophrenia which is one of the most disabling mental illnesses. Cognitive impairment has also been linked with dependence on services impacting on resource utilization and cost.

To date this research has resulted in three published papers and one book chapter. I have presented work from the thesis at four Australian conferences and three international conferences (see publication list below).

**SIGNIFICANCE**

This research is a model for other MHS of how to use implementation science to enhance the translation of effective therapies into routine care. For Metro North and Metro South it has resulted in improved access for consumers to CRT and SCIT and a legacy of staff upskilled in these therapies. I hope to use my experience to influence the implementation of the 2016 RANZCP Schizophrenia clinical practice guidelines.

**REFERENCES**

4. Dark F., Whiteford H, Ashkanasy N.M., Harvey C Harris M., Crompton D., Newman E. The impact of organisational change and fiscal restraint on organisational culture. (Accepted for publication International Journal of Mental Health Systems)
What are you currently researching?

I have just enrolled in a PhD at Queensland Brain Institute which is based at the University of Queensland. It will be investigating genetic biomarkers markers of cognitive impairment in the elderly population, as a potential marker for predicting those at risk of dementia, and will be supervised by Prof John McGrath (Psychiatry) and Professor Perry Bartlett (Neuroscience). I have also been assisting at QIB in their very large clinical trial which has just started at the UQ Centre for Exercise and Healthy Brain Ageing. Some smaller research projects I have been involved with this past year include looking at comorbid substance abuse and mental health in older people; management of those living with dementia during natural disasters; and the possibility of a setting up a National Dementia Register for people who would be prepared to take part in future clinical trials.

Is there someone that has inspired you to become a researcher?

Not really, although when I was younger I remember when Professor Peter Doherty won the Nobel Prize in Medicine for his immunology work, not just because he put Australian Science on the international map, but because he was such a great role model for younger scientists.

What do you believe will be the next big discovery for MH research?

I think pharmacogenomics and ‘psychopharmacogenomics’ are going to modify the way in which we manage medications in psychiatry (and other disciplines). As our genetic understanding of psychiatric illness improves we will better able to tailor specific therapy targeted at unique individual genetic differences. Another area I think will really change the way we understand how the brain works is in functional neuroimaging, and how specific neural pathways are altered in various mental illnesses. Between advances in genetics and functional neuroimaging we will start to reclassify many psychiatric conditions – for example, schizophrenia will be sub-categorised into many different specific diseases, possibly each with their own specific and tailored treatments. The final area which I also think will really change the way we view mental illness is the role of inflammation in the brain, and how that relates to psychiatric illness. I think we will see more and more anti-inflammatory therapies being incorporated into mental health treatment in the future.

Studying! I am the eternal student really; this PhD this is now my 4th University degree - I always want to know and understand more, I have this intellectual curiosity that drives me to learn and understand the world. The old adage is true… “The more you know, the more you know how much you don’t know.”
A scoping review of Occupational Therapists use of sensory based interventions to improve attachment relationships between carers and children

Hannah Bridges 1, Nicola Cantoni 2, Dr. Pim Kuipers 3, Bianca Richards 4

1 Logan Evolve Therapeutic Service, Metro South Addiction and Mental Health Services, 2 Bayside Child and Youth Academic Clinical Unit, Metro South Addiction and Mental Health Services, 3 Centre for Functioning & Health Research, Metro South Health 4 Royal Brisbane and Women’s Hospital

Sensory based interventions have historically been used to address behavioural problems that may be linked to sensory processing difficulties. There is growing evidence however that this intervention could be used to improve the carer-child attachment relationship.

INTRODUCTION

Search terms were identified and tested for relevance of output through trial bibliographic database searches. Bibliographic database searches yielded 873 hits, 47 were selected after screening for relevance at title and abstract. Two additional references were included after hand searches. All articles were ranked for quality and relevance with a cut off point for inclusion in the final review.

METHOD

Broad range of articles identified with mixed quality and relevance. Carer competence influenced by severity of sensory processing difficulties for the child and subsequent impact on the carer-child relationship. Sensory based interventions found to strengthen the carer-child bond. Following intervention, increase in spontaneous positive attachment behaviours and parental reports of feeling a closer bond to their child. Many of the above outcomes were secondary gains of the intervention (i.e. not the primary goal). Inconsistent use of outcome measures and specifics regarding duration and intensity of intervention.

RESULTS

The research demonstrated a link between the use of sensory interventions and its potential to improve the attachment relationship between carers and children. Although, in the majority of the literature reviewed, this was not the primary goal of intervention, it was often noted as a secondary outcome. With a link established in the literature, further quality research should be undertaken to empirically establish the connection between sensory based interventions and the attachment relationship.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

Scoping review of the literature to document:

- the extent of occupational therapy research and use of sensory based interventions to improve the attachment relationship between carers and children.
- nature of these occupational therapy interventions to improve the attachment relationship between carers and children.

AIM

TheLoganBeaudesertPerinatalWellbeingService

REFINING A NURSE-LED MODEL FOR PERINATAL MENTAL HEALTH
SIMONE HARVEY (Nurse Practitioner) and JENNIFER BENNETT (Clinical Nurse Consultant)

In 2015, as part of the Logan Beaudesert Wellbeing program, a nurse-led perinatal team was established to improve the mental health outcomes for perinatal women through the provision of a specialist perinatal mental health assessment. Based on the evaluation of the previous model (Harvey, Fisher & Green, 2012), practice principles were identified and enhanced. They include: nurse-led care, evidenced-based treatments, easily accessible and flexible services, contact with all referred women and a partnership approach. Furthermore, the nurse-led component of the model was strengthened by the introduction of a Nurse Practitioner (NP) role alongside the Clinical Nurse Consultant role. The NP role provides continuity of care for pregnant and breastfeeding women requiring antidepressant treatment and complements the psychosocial treatments provided by the nurses.

Since the model’s inception, outcomes have been routinely collected to measure improved mental health and parental coping using pre and post Edinburgh Depression Scale scores and Parent Coping Scale scores. Rates of attendance have been collected to measure engagement. Preliminary data has indicated the model is clinically effective and experienced as helpful, non-threatening and destigmatising by women. The team is working with Marianne Wyder and the research team to analyse two years of outcome data, which will be presented in a paper for publication later in the year. Qualitative research on the factors associated with the nursing care that contribute to the model’s effectiveness for perinatal women is also planned in the future.

REFERENCE:

INTERVIEW

LIGHTNING INTERVIEW WITH SARAH HAMILTON

What are you currently researching?
I am a PhD candidate with The School of Human Services and Social Work at Griffith University. The topic of my research is ‘A psychometric validation of the Generic Supervision Assessment Tool (GSAT) for assessing competency among clinical supervisors’. This is a tool that was developed by Professor Analise O'Donovan, Professor Carol Falender, Paul Bailey, Dr Maddy Slattery, Associate Lynne Briggs and myself. The objective is to test the reliability and validity of the GSAT for assessing competency among clinical supervisors. The two-part quantitative project will focus on clinical supervisors and supervisees across the mental health professions. It is hoped that once validated, the GSAT will be a tool that can be used for review of supervision and by third party evaluation, making its application diverse.

How do you propose to translate your research into practice?
Once validated the GSAT will become a freely available multi-user measure aimed at improving clinical supervision practices through feedback on supervisor competency. After the completion of my PhD I hope to be involved in the further validation of the GSAT’s application in clinical services and its value in assessing competency post training.

How do you think research makes a difference to society?
I believe that social science research can provide context to consumer’s everyday lives, create shared values, open up new possibilities, address challenges and provide alternate solutions to everyday problems.

How would you encourage others to get involved in Addiction and Mental Health research?
If they were a social worker I would encourage them to join the State-wide Social Work Mental Health Research Network where they can join a community of social workers who have a diverse interest in research. I think it is important to start small, find like-minded individuals in your area and get involved in joint projects where you can share the load and gain experience. Attend research forums in your area, and lastly keep reading! The more you read the more you will understand where your field is going and how others carry out research from a methodological perspective.

What qualities do you think people need to be a good researcher?
Research is a marathon not a sprint, so for me a top quality is persistence, the ability to keep picking something up even when times get tough. The other quality I rate is the ability to ask for help from others.

REPORT

TRANSITION SUPPORT PROGRAM: MENTAL HEALTH

TRACEY STANLEY (Nurse Educator)

Twelve new graduate nurses from acute inpatient units across Princess Alexandra, Logan and Redland Hospitals commenced in the Transition Support Program Mental Health in February 2016. The program facilitates professional development and learning for Registered Nurses new to mental health nursing. It is a clinically focussed blended learning program which includes both theoretical learning and clinical practice over a 12-month period.

The three learning modules are Integrated Mental Health Nursing; Recovery-led Management of Mental Health Disorders; and Clinical Supervision, Reflective Practice and Looking After Yourself. As mental health nursing is a highly interactive process, the program is delivered through face-to-face workshops and clinical supervision to support the development of knowledge and skills in the practice environment. Each module includes written and clinical learning activities and assessments to support and evaluate learning.

In the orientation phase of the program participants were supported in the clinical environment by unit based preceptors and Clinical Facilitators funded by the Office of Chief Nursing and Midwifery Officer (OCNMO). The move to monthly workshops from study blocks in 2016 strengthened the peer support and learning between the graduates, with program evaluations demonstrating the positive impact of group discussion and learning activities. Workshops were facilitated by Nurse Educators with the support of Consumer and Carer Consultants and mental health nurses in a range of specialty areas, including multi-cultural mental health, alcohol and drugs, peri-natal, child and youth and older person’s mental health.

On completion of the program participants are encouraged to apply for mental health scholarships and enrol in post-graduate mental health nursing courses that lead to attainment of the mental health nurse credential. A Queensland Health Official Transcript and Certificate is awarded and participants are able to apply for academic credit with a number of Queensland Universities.
PARTNERING WITH THE COMMUNITY: WORKING WITH THE NON-GOVERNMENT SECTOR IN LOGAN TO BUILD CAPACITY IN RESPONDING TO ALCOHOL AND DRUG HARM.

JAMES HOEY (Psychologist, Alcohol and Other Drugs)  
MARIANNE WYDER (Senior Research Fellow)

Many individuals and families experiencing alcohol and drug (AOD) related harm access local community service providers for assistance with issues which can arise from their use. To support these agencies, the Logan Alcohol and Drug - Community Capacity Building Initiative (LAOD-CCBI) was started in July 2016. Operated within the Addictions Academic and Clinical Unit, the LAOD-CCBI has the objective of partnering with the community, with the primary health workforce in Logan to reduce and prevent AOD-harm. Providing pre-training consultation, tailored workshop training, and post-training support individually to agencies in the areas of understanding, and responding to AOD with clients they are working with, the LAOD-CCBI has an embedded research methodology that will run alongside the initiative over an 18-month period.

Two main components comprise this research. The first involves a pre-test – post-test within subjects design using a mixed quantitative and qualitative survey instruments. Data on a number of factors linked to worker perceived confidence, skill and motivation in working with clients experiencing AOD-harm will be compared over baseline to three-month post training. Additionally, changes in activity related to screening, brief intervention and referral into treatment during the pre-training and post-training periods will be compared to investigate the implementation of practice changes. The second component of the evaluation involves partnering with a tertiary body to conduct interviews within agencies who have participated in training to determine longitudinal training effectiveness. The resulting paper will inform program improvements, future directions for the service, and address a gap in the literature regarding the provision of AOD-related capacity building in the broader community workforce.

Introduction

Agitated patients can be defined as patients who are resistant to care, who are actively seeking attention, who exhibit behaviors that are inconsistent with their social environment, and who are unresponsive to care attempts (Mead, 2012). The term “agitational behavior” is used to describe a wide range of behaviors that can manifest in different settings, including acute care environments, long-term care facilities, and psychiatric settings. These behaviors are associated with a variety of factors, including physical and mental health conditions, medication side effects, and psychosocial stressors. The aim of this study is to identify factors that contribute to agitational behavior and to develop strategies to improve patient care and safety. The study will involve a mixed-methods approach, combining qualitative and quantitative data collection methods, to provide a comprehensive understanding of the factors that contribute to agitational behavior and to evaluate the effectiveness of interventions designed to reduce these behaviors. The findings of this study will be used to develop evidence-based guidelines for the management of agitated patients in acute care settings.

References


Acknowledgements

The research was funded by the National Institute of Mental Health, through a grant awarded to Dr. K. Mead. The authors would like to thank the participating hospitals and the patients and families who participated in the study. The study was conducted with the approval of the institutional review boards at all participating sites. The results of this study will be presented at the 2020 Geriatric Research, Education and Clinical Trials (GERAD) Conference in Boston, MA.
Metro South Health (MSH) became a Planetree affiliate in 2015 with the aim to pursue Planetree Recognition. Planetree as a person-centred care program was launched across all facilities in 2016 and services across MSH commenced reviewing and aligning our healthcare service delivery to meet the Planetree criteria.

Metro South Addiction and Mental Health Services (MSAMHS) is committed to providing the best possible health care experience for our patients, and their carers and loved ones. Achieving Planetree recognition will help Metro South Health achieve its vision: To be renowned worldwide for excellence in health care, teaching and research. It will also help MSAMHS in achieving its vision: To provide our community excellence in consumer centred, integrated care across the continuum of addiction (alcohol and drug) and mental health services. By achieving this recognition Metro South Health, will be the first healthcare service in Australia to be formally recognised by Planetree as a person-centred care organisation.

OUR JOURNEY TOWARDS PLANETREE RECOGNITION

GABRIELLE VILIC (Director Social Inclusion)
JAVED KHAN (Planetree Coordinator)

WHAT IS PLANETREE?

Planetree is an international recognition program that acknowledges excellence in person-centred care. It is based on the philosophy that we should care for people as individuals, and recognise all of their needs - not just their clinical symptoms. The philosophy of Planetree is caring for each person as an individual and recognising their mental, social, emotional and physical care needs. The Planetree philosophy can be applied to everything we say and do in caring for our patients, their families and the community.

Planetree identifies 10 components where we can create a healing environment by practicing a person-centred and holistic approach to healthcare:

COMMUNICATE THROUGH HUMAN TOUCH
Using caring touch to reduce anxiety, pain and stress in patients, families and staff members

FAMILY, FRIENDS AND SOCIAL SUPPORT
Encouraging the involvement of family and friends as partners in the care experience whenever possible

INFORMATION AND EDUCATION
Providing patients with information and educational resources so they can actively participate in their own care

HEALTHY COMMUNITIES
Working together in partnership with community groups, schools, aged care facilities and other community partners for the health and wellness of the community

PEOPLE CARING FOR PEOPLE
Caring for others as human beings. All individuals are caregivers and have the ability to influence the experience of patients and their families

FOOD AS THERAPY
Providing delicious, healthy meals and making good food choices available to patients, families and staff

OVERALL WELLBEING
Encouraging patients to actively participate in other activities to improve their overall wellbeing, including exercise, social activities and other complementary therapies

ARCHITECTURAL WELLBEING
Creating quiet, healing environments using evidence-based design principles that create homelike and welcoming settings

SPIRITUALITY
Supporting connections with spirituality in healing for patients, families and staff

ARTS AND ENTERTAINMENT
Using music, artwork and crafts to enhance the clinical environment

In March 2017, four Planetree advisors visited facilities across Metro South Health. Two of the advisors visited facilities across MSAMHS over a three-day period. As part of their visit the advisors conducted focus groups with supervisory and non-supervisory staff and patients/consumers’ groups, briefings with the MSAMHS executive, clinical governance teams and clinical delivery staff. From this site visit Planetree provided a detailed report identifying our strengths and areas for improvement.

Over the next few months MSAMHS will be focusing on the following activities in the implementation of Planetree recommendation:

- The executive team will develop a MSAMHS prioritisation matrix based on the recommendation
- Develop an action plan including implementation and communication strategies
- Establish a MSAMHS Consumer Partnership and Advisory Council
- Establish a MSAMHS Planetree Working Group
- Roll out awareness raising/staff education sessions across all of MSAMHS areas
- Alignment of Planetree criteria with existing frameworks linking Planetree objectives with other work/initiatives

To learn more about Metro South Health Planetree journey please visit: http://qheps.health.qld.gov.au/metrosouth/planetree/

Your Planetree contact for MSAMHS is Javed Khan, the MSAMHS Planetree Coordinator.
You can contact Javed on 0459 884 901 or email javed.khan@health.qld.gov.au
There is growing consensus that leadership needs to become a much stronger focus in clinical environments. Leadership is often misunderstood or undervalued. Building leadership capability is a vital element to our long-term effectiveness and success as a Service; it can only be developed when a person sees leadership as part of their role. Clarifying the role of leadership in clinical environments delivers better patient outcomes through faster decision-making, strategically-aligned action and empowered teams.

Additionally, there are increasingly higher expectations from the workforce about the culture and performance of our workplaces. Staff want clarity around what is expected of them; the Service requires alignment with strategic direction and consistency of performance.

In order to meet these challenges, in 2016 MSAMHS endorsed and began the implementation of an internationally recognised approach known as the Leadership and Performance Pipeline. This is a best practice, contemporary approach to leadership and performance which enables flexibility and responsiveness whilst achieving desired leadership outcomes.

The Leadership and Performance Pipeline asserts that everyone in an organisation is a leader, yet the type of leadership and the value it adds, changes at each ‘layer’ of the organisation. What makes you successful at one layer will not make you successful at the next.

The Leadership and Performance Pipeline aims to support our staff to do what they do best and deliver exceptional patient outcomes. It will create greater clarity about how leaders in our organisation can succeed, increase the quality and frequency of feedback our people receive, ensure development is linked to performance, and support us to recruit the right people for the right roles across the layers of our organisation.

To embed the Leadership and Performance Pipeline across the Service, we:

- Defined the layers of leadership within MSAMHS
- Identified five key components of performance common to all layers of leadership (care, management, leadership, relationships, compliance)
- Developed Performance Standards which outline what success looks like for each component of performance at each layer
- Developed a simple Performance Coaching Session (PCS) form which managers can use to have conversations with their people about how they are performing, on a regular basis.

MSAMHS is now using the PCS instead of the former Performance Appraisal and Development plan (PAD). Research shows that there are four key elements necessary during the implementation of a new performance appraisal approach. Our Performance Coaching Session (PCS) implementation is aligned with these four elements: managers were trained, the new process is future-focused, we supported the implementation with change management practices and ensured the new approach is simple and easy to use.

As a result, some key observations and outcomes indicated that this was an effective approach:

- The workforce embraced the PCS far more enthusiastically than initially expected - 100% recommended the training for other managers, and 98.8% recommended the training for other individual contributors.
- People particularly resonated with moving performance appraisal from a difficult conversation (which was often avoided) to regular coaching conversations (which are now taking place)
- There was increased willingness for leaders to collaborate and support each other
- 94% of managers trained in 2016 and 460 individual contributors (staff).

Our next steps will include developing an effective approach to talent management and succession planning. This will involve finding ways to understand the performance potential across our workforce; identifying emerging leaders or leaders ready to transition to another layer of leadership; and supporting leaders to effectively transition between the layers.

**BUILDING OUR LEADERSHIP AND PERFORMANCE PIPELINE**

**KATIE ECKERSLEY** (Director Corporate Governance)

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**THE LAYERS OF LEADERSHIP**
Getting in touch with the Senses – Introduction to Sensory Based Attachment Integration
by Bayside Child and Youth Mental Health Service (CYMHS)

Nicola Cantoni, Angela Rucinski
Occupational Therapists, Bayside Child and Youth Academic Clinical Unit

For children who have experienced trauma, memories of these events are not stored in storytelling narrative memory centres of the brain (i.e. hippocampus to left frontal cortex). Rather, the trauma is experienced in the body as somatic sensations, because some data continues to be stored and processed in the amygdala and other limbic structures. Therefore, when the child experiences triggering events or sensations, physiological responses that manifested during the original traumatising event may reoccur (Ogden 2006). Thus, the child may be more sensitised or on “high alert” to what is happening in the environment and triggered by subtle events or sensations.

With a growing body of evidence to indicate that the relationship between sensory processing and attachment is inter-related, there is growing acknowledgement of the need to and benefits of increasing the scope of sensory interventions beyond just the child with sensory processing difficulties towards working with both the carer and child simultaneously.

Bayside CYACU OTs aim to implement a standardised approach for Occupational Therapy assessment, education and attachment risks. This includes a process of referral, assessment, goal setting, intervention and completing outcome measures, ensuring carer involvement as well as the client throughout the whole process. Since 2015, we have incorporated carer only sessions to assist with building carer confidence and capacity with supporting children with sensory processing difficulties and attachment risks.

We use a variety of sensory interventions to assist the young person to modulate their arousal state, not only within sessions but with the intention that some strategies can also be used at home or school. These include proprioceptive, oral motor, visual, tactile, auditory and olfactory activities. This is an exciting time for Bayside CYACU and we look forward to further developing this approach.


REFERENCES

Occupational Therapist Eadaoin Bhreathnach developed “Sensory Attachment Intervention” (SAI) to assist children to regulate their arousal system and in turn improve parent-child engagement. Sensory Attachment Intervention involves assessment of the child’s sensory processing style, attachment history, attachment behaviours and parent-child engagement. This approach has recently been introduced to Australia, and requires specialist training.
I’m the Data Analytics Officer with the Information Planning and Innovation team. My role is to help drive the organisation forward by providing insights from the data. I use data analytics to understand the needs of our patients and how we can improve our services.

What is your current position at MSAMHS?

I’m currently studying a Masters of Data Analytics, online and part-time through Deakin University. I chose to study Data Analytics as it is highly applicable to my current role, having increased demand in the job market, and for its flexibility. Travelling is high up on my list of priorities; with the world turning to big data and data analytics, I have the opportunity to work while travelling.

Why did you choose that qualification?

I studied Data Analytics as it is highly applicable to my current role, has increasing demand in the job market, and for its flexibility. Travelling is high up on my list of priorities; with the world turning to big data and data analytics, I have the opportunity to work while travelling.

How do you make time for post graduate study, work and home life?

Creating a weekly schedule with allocated work, study and free time helps me to balance out my life. By doing this, I don’t feel guilty for binge-watching Netflix all weekend.

How do you think study will make an impact on the work you do at MSAMHS?

Studying my masters has a huge impact on my work. Not only do I gain new skills and knowledge to apply to our data, I’m constantly outshining my boss and keeping him on his toes.

What is a current affairs topic you are passionate about and why?

“Millennials vs The Housing Market”. I don’t like avocado and I still don’t own my own house. I’m still waiting for Tim Gurner to tell me what I’m doing wrong.

What haven’t you crossed off your bucket list?

I don’t have a bucket list per se, more so goals and objectives for what I want out of life. I don’t want to look back and think “oh, I only crossed off 8 of the 15 things on my bucket list”. Rather, I’d like to sit back and reflect on what I’ve done and where I’ve been before I kick that metaphorical bucket. That being said, there’s still too much I haven’t done.

My next objective is to experience a white Christmas somewhere in Europe, sitting by the fireplace, drinking some top-notch scotch.
ON POSITIVE TRENDS IDENTIFIED:
“...quite a number of positive trends. Some people were very keen on innovation, and felt that what they were doing was not only important but was contributing to changing what the service is able to offer, very much in the direction of recovery. Some were more trying to prevent crisis, if I could put it that way, which I understand because quite often in mental health there are partly anticipated and partly unanticipated crisis. So there is place for that as well. Some were more focused on the workforce, and changes in composition of the workforce and attitude of the workforce. Some were focused more on the consumers and the carers.”

ON TENSIONS THAT EXIST IN PROVIDING RECOVERY-FOCUSED CARE IN COMPLEX MENTAL HEALTH SERVICES:
“One of the major tensions is involving consumers in a meaningful way and also learning from the experience of consumers. I think it is also how we perceive recovery to be; what we expect recovery to offer; how realistic we are about achieving it, because recovery is primarily a journey, recovery is not a final outcome. That is not a concept which is easy to live with when you think in terms of service outcomes. Plus there are always surprises on that road. I mentioned at the research presentation yesterday that research is also full of surprises and you have to be prepared for the unexpected but this definitely applies to the journey of recovery. It is not surprising because it is not just that the person may change, but the person is also affected by events outside, by relationships by the service and vice versa. So living with this level of uncertainty or working with it is not easy.

I think what helps people who work in a recovery mode is to enjoy the small successes and really learn systematically for success. We know common sensically and from research evidence, that we learn a lot more from our successes than our failures. We would like to ignore failures. There is something to learn from failures but not as much as we can learn from success. And usually a small success leads to a bigger one.

It creates motivation to try harder, it is good not only for that individual but also for those who work with them. This is actually one important lesson for recovery work.”

ON THEMES IDENTIFIED FROM PROJECTS IMPLEMENTING CHANGE OR ENHANCED RECOVERY ORIENTED CARE:
“Some are about recovery specifically, some are on preventing relapse. Some enable people to live in the community rather than in a hospital setting and some are about the conditions within hospital units. There is a range here– It was interesting to see the interpretation – on which level they were honing, how going about it, did they try to do it within one service, did they try to involve others, the disciplinary range that was included as well.”

Some of Professor Ramon’s insights into her experience at MSAMHS were documented in an interview below:

MSAMHS WELCOMES PROFESSOR SHULA RAMON

In July 2016, MSAMHS welcomed Professor Shula Ramon to our service to provide advice and guidance on contemporary mental health practice. Professor Ramon is from Anglia Ruskin University in Cambridge and the University of Hertfordshire in Hatfield.

During her five days at MSAMHS, Professor Shula Ramon met with our clinical and peer workforce and provide professional development sessions and individual consultations with project teams. Clinicians and project teams showcased their project/case studies and sought feedback and advice from Professor Ramon around the themes of Implementing Practice Change and Enhancing Recovery Oriented Care.

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PAUL HICKEY  
(Social Work Professional Lead)

A quick literature search will inform you that people with a mental illness are amongst the most socially excluded groups in society and they often prioritise issues of social inclusion over the treatment of their symptoms. This in conjunction with a constant theme in the supervision from social workers within MSAMHS of the need for social work to provide discipline specific assessments capturing aspects that are central to social work practice was the starting point for my PhD.

My research investigates ‘How do mental health social workers engage with concepts and measures of social inclusion in their social work practice?’

To investigate this, I intend to ask social work staff within the Mood, Psychosis, Rehabilitation and Inpatient Clinical Academic Units to use an Australian developed measure of social inclusion designed for people with a mental illness, the Living in the Community Questionnaire, as part of their normal practice, using the measure either as a one-off assessment, as an adjacent to the 91 day review process, or pre and post a specific intervention.

Social workers will be asked to fill out a survey and take part in a focus group after using the measure for six months and then twelve months, focusing on their experience of using the measure, the impact this has on their practice and the clinical utility of the measure. I am currently a third of the way through my PhD having gone through the confirmation process and am now waiting for local approvals to submit my ethics application. What I have learned from the process so far is that time is of the essence with the need to balance study, work, family and friends.

You need to obtain good supervisors, have a clear research proposal in mind from the outset which allows you to be accepted into a research program and reduces a lot of extra work. You need to have a clear understanding of the university processes and requirements and you need to practice presentations and getting others to review your written work which provides really valuable feedback.

The Coping Through the Senses Group aims to educate patients about their sensory system and how to use sensory input to influence arousal level to enhance coping skills and participation in everyday life activities.

Occupational Therapists use sensory approaches in therapy within mental health to teach self regulation skills to patients whose sensory systems are overloaded or shutdown as a result of maladaptive response to stressors. When the sensory system is functioning at the “just right” level of arousal, emotional regulation, distress tolerance, communication, social responses, information processing and learning are optimised (see Diagram 1).

Why Sensory Approaches?

Patients in adult mental health settings present with a range of mood/psychotic disorders whose self regulation skills are essential for adaptive responses to stressors. Porges’ (1999) view of the Autonomic Nervous System and Polyvagal theory proposes an optimal zone of arousal (ventral vagal) to support adaptation, functional performance and recovery utilizing the parasympathetic ventral vagal system (see Diagram 2). Sensory activities can be used to help patients function within the optimal zone of arousal via sensory pathways promoting safety and the social engagement system for recovery (see Diagram 3).

Educating Patients in Sensory Approaches

“People in mental health and behavioural settings all struggle, in one way or another, with emotional control as they deal with anxiety, panic attacks, disturbed thinking, cravings, trauma issues and other symptoms. The advantage of teaching self regulation in a group format is that people can learn from each other, share ideas, and also practice some of the skills through participatory learning” from The sensory Connection Program: Curriculum for Self Regulation by Karen M. Moore (Occupational Therapist Registered).

The Coping Through the Senses Group was offered to clients of Mood/Psychois/Older Persons Mental Health Service and delivered by two Occupational Therapists trained in sensory approaches. It was recorded as a quality activity and delivered on two occasions over six sessions at the Bayside Mental Health Community Clinic. Participants were asked to complete the Difficulties in Emotional Regulation Scale (DERS) both pre and post group. Group participants using sensory strategies developed during this group registered lower post group scores on the DERS (Difficulties in Emotional Regulation Scale) and feedback forms reflected an increase in use of and knowledge of sensory strategies.

What was achieved for Patients

Individual participants developed a “sensory diet” consisting of individually selected sensory activities to promote calming responses to stressors which can be done on a daily basis to help maintain a “just right” level of arousal for optimal function. Sensory diet strategies can be included in treatment and crisis support plans and prepost data can inform treatment progress and discharge planning.

Future Plans

Karen M. Moore (OTR) has now developed The Sensory Connection Program: Curriculum for Self Regulation that can be included in future sensory group programmes to improve coping skills and function of patients in preparation for discharge back to the primary care sector.

EMBEDDING RESEARCH INTO EVERYDAY PRACTICE

DR MARIANNE WYDER (Senior Research Fellow)
(Research and Learning Network)

When research becomes part of everyday practice it not only ensures a stronger connection between health, medical research and the delivery of health-care services, it also brings practice based knowledge into the literature. Ultimately this ensures better outcomes for our patients. Over the past year, Dr Marianne Wyder has been working alongside clinicians on a number of practice based issues to find ways to embed research into practice. The projects are varied and include a wide range of topics and methodologies ranging from program evaluations, more complex program logics to evaluate implementations of strategies, to data mining to answer clinical questions.

We are also trialling more innovative methodologies, such as collective analytical auto-ethnographies, which allow clinicians knowledge to be directly translated into the literature.

Below we highlight some of our current projects:

A COLLECTIVE REFLECTION ON THE ROLE OF SOCIAL WORK WITHIN A PUBLIC REHABILITATION MENTAL HEALTH SERVICE
In this project, the Rehabilitation ACU Social workers are pioneering a new methodology which allows clinicians to reflect on their own practice. The project focuses on what is specific about social work practice in a rehabilitation public mental health service and what can be considered evidence in this context. It’s anticipated that this project will lead to ways to collect routine evidence about social work practice.

INCLUDING FAMILIES IN OUR CARE
Legislation, policy and service models all emphasise the importance of inclusion of family and carers in provision of contemporary mental health care. Metro South Addiction and Mental Health Services (MSAMHS) has developed a Family and Carer Intervention Practice and Capability Framework articulating knowledge, skills and support it is anticipated that staff will need in order for MSAMHS to more systematically and sustainably provide care that is appropriately inclusive of consumers’ family. As part of this process the Family Sensitive Practice working group developed a program logic for the framework. Program logics are a useful evaluation tool as it articulates what the program is, what it expects to do, and how success will be measured. This tool will be used to guide, monitor and evaluate the implementation of the Family and Carer Interventions Capability and Practice Framework.

SCOPING THE EVIDENCE FOR SOFT ENTRY AND EARLY INTERVENTION PRACTICES FOR PARENTS WITH DRUG AND ALCOHOL CONCERNS
Steven Pattison, Social Worker, has been working on a systematic scoping review on soft entry and early intervention practices to services and parents with drug and alcohol concerns. It is anticipated that this review will support evidence base practice for AOD Services from the three-tier perspective of the MSAMHS Strategic Comprehensive Care Plan, the Logan AOD Liaison Model of Practice and Soft Entry as well as the Early Intervention within the Community which is done in partnership with Griffiths and Communities for Children.

EVALUATION SINGLE SESSION FAMILY CONSULTATION AS AN ALTERNATIVE TO WAITLIST IN THE CHILD AND YOUTH ACADEMIC CLINICAL UNIT
This project is led by Raymond Ho and is an outcome evaluation of the use of Single Session Family Consultations as an alternative strategy to manage the various increasing clinical demand and address the clinical concerns at the Child and Youth Academic Clinical Unit (CYMHS) at the MSAMHS. For this project, we have teamed up with Dr John Drayton and Dr Robyne Lebroque from the University of Queensland who will be conducting the follow up interviews. The project will involve a chart audit and an evaluation of the single session treatment and outcomes using routinely collected measures and interviews with clinicians and participants.

Over the last year, Marianne has also provided support and supervision on a variety of research papers which are currently being prepared for publication. She has also set up the “shut up and write” group. The goal of this group is to increase our writing output and to set aside dedicated writing time. The group also provides the space to discuss problems, to learn from each other and to become part of a community of writers. The concept is simple. We meet every three weeks for an hour to an hour and half. We shut up. We write. We use the Pomodoro Technique (25 minute stretch of writing; a 5 minute break and another 25 minute of writing). To minimise travel time some of us meet virtually via phone or teleconference. The first article of one of the members is now close to submission.

To further increase the capacity of the MSAMHS workforce, over the next few years Marianne will be focussing on developing a database with appropriate evaluations tools for various programs for clinicians to access when evaluating MSAMHS programs.
BACKGROUND

People with depression and bipolar affective disorders often have a number of relapses across their lifespan. The impact of these disorders on an individual’s quality of life can be greatly reduced through fostering an understanding of their illness, increasing their ability to manage symptoms and assisting them in developing a tailored relapse management plan. Black Dog Institute trained multidisciplinary clinicians (Psychologists, Occupational Therapists, Social Workers, Clinical Nurses and Consumer Consultants) across all MSAMHS in delivering the REACH Wellbeing Program. The first pilot of the program was run in October 2014.

RATIONALE

REACH is a 9-week psycho-educational program developed by the Black Dog Institute to assist participants understanding their illness, develop a relapse management plan, enable them to better manage their health through education, and the practice of wellbeing strategies; mindfulness, gratitude and expressive writing.

This pilot study aimed to determine whether there would be improvements in participants’ wellbeing following completion of the program.

METHOD

Participants of the 9-week program completed the Mental Health Inventory (MHI) at week one and nine. The MHI measures general psychological wellbeing through education, and the practice of wellbeing strategies; mindfulness, gratitude and expressive writing.

Each participant received a work book which included psycho-educational material and the following topic areas:

- Acceptance
- Connection
- Education
- Emotion
- Mindfulness
- The staff
- The myths
- The body
- The relationships
- The pressures
- The money
- The diagnosis
- The environment
- The choices
- The gratitude
- The writing
- The classes
- The diet
- The family
- The gambling
- The exercise

RESULTS

Data from the pilot study (n=10) was analysed for trends. The trends indicated an increase in global mental health functioning; specifically indicating a decrease in psychological distress and improvement in psychological wellbeing post completion of the program. Scores also indicated a downward trend for symptoms of depression, anxiety and stress. Additionally, clinician rated scores indicated a decrease for all participants’ in their mental health symptoms and an increase in their general functioning.

CONCLUSION

The pilot study indicates favourable trends for improving participants’ wellbeing following completion of the REACH Wellbeing program. Although the initial pilot is promising, this needs to be replicated with a larger sample size in order to determine whether results are clinically significant.

Lightning Interview

What is your current position at MSAMHS?

I hold the Finance Director position for Metro South Addiction and Mental Health Services. I am in charge of the finance function including: budgets; reporting; business management support; and revenue.

Would you consider yourself to be a professional student?

I would consider myself a professional student. I am a member of a professional accounting body the Institute of Professional Accountants which requires a certain level of professional development to ensure I maintain the appropriate skills and knowledge to support Metro South Addiction and Mental Health Services. More importantly I have realised the immense benefits that accrue for both myself and MSAMHS in further studies. I am now a strong believer of the lifelong learning principle.

What are you currently studying and why?

I am currently studying a Masters of Health Management at Griffith University. I am studying it due to the close alignment it has to my role and the Masters also has a stream that allows me to pursue research through a dissertation.

What qualities do you think people need to be a good researcher?

I think that all you need is a thirst for knowledge and a desire to make a difference. I imagine this is why most of us have chosen to work in the health field. There is definitely a body of skills to learn in relation to completing research but I think you will find there are many mentors who are happy to help you in your development of these skills.

Lightning Interview

What are you currently researching?

I am currently researching priority setting in a health service setting. This looks at effective ways in the setting of priorities and resource allocation. This will become increasingly important given the economic context of health cost growth outstripping growth in government revenues.

How do you think research makes a difference to society?

I think that it is through research that we are able to systematically identify what works and at times why. It is when we share this knowledge that we are able to improve practice for better outcomes. I don’t think it matters what field you operate in but significant gains are possible through the sharing of knowledge. It is in the utilisation of research techniques that we ensure there is weight to our learnings which in turn helps others in our fields accept and potentially adopt such learnings.

What would you say to work colleagues to motivate them to get involved in research?

I highly recommend it as it will not only greatly expand your knowledge but also add a dimension of interest to your work. Finance is far from interesting but by incorporating research I find it immensely engaging and of great interest.

What qualities do you think people need to be a good researcher?

I think that all you need is a thirst for knowledge and a desire to make a difference. I imagine this is why most of us have chosen to work in the health field. There is definitely a body of skills to learn in relation to completing research but I think you will find there are many mentors who are happy to help you in your development of these skills.
UNIVERSITY ENGAGEMENT STRATEGIES
MEET AND MINGLE
LORETTA WARBURTON
Education Manager Research and Learning Network

Metro South Addiction and Mental Health Services (MSAMHS) held its first Academic-Clinician Research Meet and Mingle Event in November 2016 at Griffith University, Logan Campus. The aims of the Meet and Mingle event were to forge relationships and build research capacity by connecting with university academics and their Masters and Honours students.

Nine MSAMHS research-based project ideas were showcased at the event. Clinicians from throughout MSAMHS who responded to an expression of interest to participate in the event were able to showcase their practice based research ideas in poster format. The event was a great success with academics from various faculties and campuses of Griffith University engaging directly with clinicians on practice based research development.

Practice based projects ranged in ideas from physical health, models of care; involuntary treatment orders, addiction and surgery to working with schools. All the projects showcased at the event generated great interest which has since evolved into discussion with several university academics about how they can be involved in some of the research projects themselves or through their Honours and Masters students.

The Research and Learning Network is building on the success of this first Meet and Mingle event by looking at ways to engage with even more academics and students and hosting additional events with Griffith and other universities in the future.

NOTABLE MENTIONS

INDEPENDENT PATIENTS’ RIGHTS ADVISORS CONFERENCE
Dr Marianne Wyder was invited to present at the inaugural Independent Patients’ Rights Advisors Conference. These positions were established as part of the Mental Health Act 2016 and its key function is to advise patients and their nominated support persons, family, carers and other support persons of their rights under the Act. She presented on her research into the experiences of an Involuntary Treatment Order or Treatment Authority (TA). She highlighted that while the treatment and assessment of mental illness are essentially clinical decisions, involuntary mental health admissions are governed by a framework of legal principles, safeguards and procedures. The underlying philosophy of these laws is based on the concept of procedural justice. The experiences of the legal processes can adversely impact upon people’s states of mind. Involuntary treatment is a complex interplay between legal and therapeutic/clinical factors as well as the importance of understanding the TA, TA processes and conditions, and the potential for the IPRA positions to achieve this. She was joined by the independent consumer consultant Risa Rosello, who spoke about her experiences of being treated involuntarily and the factors that facilitated her recovery.

SOCIAL WORK EDUCATION DELIVERY AT UNIVERSITIES
MSAMHS staff have been active in cultivating the minds of University of Queensland and Australian Catholic University Social Work students. Senior clinical staff have delivered education in the ‘Advanced Social Work Field Practice in Mental Health’ subject for The University of Queensland, School of Nursing, Midwifery and Social Work. MSAMHS Subject matter expertise was shared by:

- Catherine Renkin – COPMI – Working with children and parents with a mental illness
- Kathy Madson – Personality Disorders and DBT for Borderline Personality Disorder
- Gordon Kay – Working with people who hear voices
- Paul Hickey – Working with involuntary clients
- Una Window – Case Management

Gordon Kay presented Working with people who hear voices to Australian Catholic University Social Work students.

RESEARCH 2016 OLDER ADULT ACU – BY DR DAVID LIE, CLINICAL DIRECTOR
Highlights for 2016 were the appointment of a temporary part-time research registrar position (see Julanne Frater article) and some resolution of topics for research involving the broader Older Persons Mental Health workforce going forward. The lead contender at present appears to be a survey of first presentations with psychotic symptoms. I wish to acknowledge the role of Scott Cherry in assisting registrars to write case presentations one of which was published in 2017. Thanks also to Georgina Parker and Dan Siskind who respectively led and drive the writing of the January Paper of the Month in International Psychogeriatrics.

Funding acknowledgements: TRADIM Grant – PAH and Darwin Hospital; MSAMHS internal grant.
## STAFF ENROLMENT IN POST GRADUATE STUDY IN 2016

### DOCTOR OF MEDICAL RESEARCH

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Thesis Title</th>
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<tbody>
<tr>
<td>Steve Kisely</td>
<td>University of Queensland</td>
<td>Investigating the complex relationships between physical and psychiatric disorder: A multi-method approach.</td>
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### DOCTOR OF PHILOSOPHY

<table>
<thead>
<tr>
<th>Name</th>
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<th>Thesis Title</th>
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<tbody>
<tr>
<td>Stephanie Azri</td>
<td>Griffith University</td>
<td>Prenatal Diagnosis and psychosocial support; a study on the impact of support on women’s wellbeing after a poor prenatal diagnosis.</td>
</tr>
<tr>
<td>Supervisors:</td>
<td>Dr Jennifer Cartmel, Dr Vanette McLennan, Dr Stephen Larmar</td>
<td></td>
</tr>
<tr>
<td>Francis Dark</td>
<td>University of Queensland School of Public Health</td>
<td>Implementing cognitive therapies into routine psychosis care.</td>
</tr>
<tr>
<td>Sarah Hamilton</td>
<td>Sarah Hamilton</td>
<td>A psychometric validation of the generic supervision assessment tool (GSAT) for assessing competency among clinical supervisors.</td>
</tr>
<tr>
<td>Supervisors:</td>
<td>Professor Analise O’Donovan, Associate Professor Lynne Briggs</td>
<td></td>
</tr>
<tr>
<td>Paul Hickey</td>
<td>University of Queensland School of Nursing, Midwifery and SocialWork</td>
<td>How do mental health social workers engage with concepts and measures of social inclusion in their social work practice?</td>
</tr>
<tr>
<td>Supervisors:</td>
<td>Professor Jill Wilson, Professor Robert Bland, Dr John Drayton</td>
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<tr>
<td>Geoffrey Lau</td>
<td>The University of Queensland School of Health and Rehabilitation Sciences</td>
<td>A mixed methods evaluation of the Implementation of the Therapy Capability and Practice Framework and its impact on the provision of psychosocial therapy in a large public mental health service.</td>
</tr>
<tr>
<td>Supervisors:</td>
<td>Dr Pamela Meredith, Associate Professor Sally Bennett</td>
<td></td>
</tr>
<tr>
<td>Stephen Parker</td>
<td>University of Queensland</td>
<td>CCU Evaluation - What works for whom?</td>
</tr>
<tr>
<td>Principle advisor:</td>
<td>Professor Harvey Whiteford Advisors:</td>
<td>A/Prof Dan Siskind, Ms Meredith Harris, Dr Carla Meurk, Dr Frances Dark</td>
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### MASTER OF DATA ANALYTICS

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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<tbody>
<tr>
<td>Ekaterina England</td>
<td>Deakin University</td>
<td>Data Analytics Officer, Information Planning and Innovation</td>
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### MASTER OF MENTAL HEALTH

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role in Current Position</th>
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<tbody>
<tr>
<td>Maxine Waldburger</td>
<td>Latrobe University</td>
<td>Team Leader, Adult Wellbeing Team</td>
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### MASTER OF HEALTH SERVICES MANAGEMENT

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<tr>
<th>Name</th>
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<tr>
<td>Michael Miller</td>
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<td>Finance Director</td>
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### MASTER OF MEDICAL MANAGEMENT

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Balaji Motamani</td>
<td>Queensland University of Technology</td>
<td>Executive Director Clinical Services</td>
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### MASTER OF MENTAL HEALTH NURSING

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Annaloice Tapera</td>
<td>University of Newcastle</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Ivica Barnjak</td>
<td>University of Newcastle</td>
<td>Clinical Nurse</td>
</tr>
<tr>
<td>Rosemary Lowndes</td>
<td>University of the Sunshine Coast</td>
<td>Nurse Unit Manager</td>
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<tr>
<td>Rachael Downie</td>
<td>University of Newcastle</td>
<td>Team Leader Psychosis</td>
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### MASTER OF MENTAL HEALTH PRACTICE

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>David Baker</td>
<td>Griffith University</td>
<td>Nurse Educator</td>
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### MASTER OF NURSING

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Elaine Wade</td>
<td>University of Southern Queensland</td>
<td>Team Leader, Clinical Governance</td>
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### MASTER OF NURSING ADVANCED CLINICAL PRACTICE

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Todd Sellwood</td>
<td>University of Southern Queensland</td>
<td>A/Nurse Unit Manager, Addiction Services</td>
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### MASTER OF NURSE PRACTITIONER STUDIES

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Lan Wu</td>
<td>University of Queensland</td>
<td>Clinical Nurse, Addiction Services</td>
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### MASTER OF PHILOSOPHY

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Gordon Kay</td>
<td>Griffith University</td>
<td>Senior Social Worker</td>
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### FELLOW OF RACMA

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Balaji Motamarri</td>
<td>Royal Australian College of Medical Administrators</td>
<td>Executive Director Clinical Services</td>
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### GRADUATE DIPLOMA IN MENTAL HEALTH (NURSING)

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
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<tbody>
<tr>
<td>Bhumi Ganatra</td>
<td>Australian Catholic University</td>
<td>Nurse Unit Manager, Yugaipa, Redlands Hospital</td>
</tr>
<tr>
<td>Emily Little</td>
<td>Australian Catholic University</td>
<td>Registered Nurse, Redlands Hospital</td>
</tr>
<tr>
<td>Fiona Dziopa</td>
<td>Australian Catholic University</td>
<td>Assistant Director of Nursing</td>
</tr>
<tr>
<td>Janelle Kelly</td>
<td>Australian Catholic University</td>
<td>Registered Nurse, AAPU</td>
</tr>
<tr>
<td>Jillian Le Gros</td>
<td>Australian Catholic University</td>
<td>Clinical Nurse Consultant, Recovery, Resource and Partnerships Team</td>
</tr>
<tr>
<td>Karla Butler</td>
<td>Australian Catholic University</td>
<td>Registered Nurse, Redlands Hospital</td>
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<tr>
<td>Kylie Tier</td>
<td>Australian Catholic University</td>
<td>Clinical Nurse, ED MH Assessments</td>
</tr>
<tr>
<td>Luning Wang</td>
<td>Australian Catholic University</td>
<td>Clinical Nurse, Addiction Services</td>
</tr>
<tr>
<td>Mary Grace Miphranum</td>
<td>Australian Catholic University</td>
<td>Clinical Nurse (AAPU)</td>
</tr>
<tr>
<td>Paul Stibbard</td>
<td>Australian Catholic University</td>
<td>Clinical Nurse, Yugaipa Redlands Hospital</td>
</tr>
<tr>
<td>Soraya Harle</td>
<td>Australian Catholic University</td>
<td>Nurse Unit Manager, Wisteria</td>
</tr>
<tr>
<td>Teresa Saarikko</td>
<td>Australian Catholic University</td>
<td>Registered Nurse, Logan Hospital</td>
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### GRADUATE CERTIFICATE IN ALLIED HEALTH PROFESSIONAL PRESCRIBING TRAINING PROGRAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
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<tbody>
<tr>
<td>Isobel Chan</td>
<td>James Cook University</td>
<td>A/Nurse Unit Manager, Addiction Services</td>
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</table>

### GRADUATE CERTIFICATE IN DRUG AND ALCOHOL STUDIES

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
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<tbody>
<tr>
<td>Todd Sellwood</td>
<td>James Cook University</td>
<td>A/Nurse Unit Manager, Addiction Services</td>
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### GRADUATE CERTIFICATE IN TOBACCO TREATMENT

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Isobel Chan</td>
<td>University of Sydney</td>
<td>Senior Pharmacist, Addiction Services</td>
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</table>

### GRADUATE IV IN ALCOHOL AND DRUGS

<table>
<thead>
<tr>
<th>Name</th>
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<th>Position</th>
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<tbody>
<tr>
<td>Eilenora Staunton-Mackenzie</td>
<td>Open Colleges</td>
<td>Nurse Unit Manager, Addiction Service</td>
</tr>
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</table>

### STUDENTS SUPERVISED BY MSAMHS RESEARCH STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Project Title</th>
<th>Supervisor</th>
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</thead>
<tbody>
<tr>
<td>Amanuel Alemu Abajobir</td>
<td>University of Queensland</td>
<td>Life course outcomes following prenatals and postnatal adversities experienced by mothers and children: a longitudinal birth cohort study</td>
<td>Professor Steve Kisely</td>
</tr>
<tr>
<td>Beth Crowe</td>
<td>University of Queensland</td>
<td>Effectiveness of quadrivalent human papillomavirus vaccine for the prevention of cervical abnormalities: case-control study nested within a population based screening programme in Australia.</td>
<td>Professor Steve Kisely</td>
</tr>
<tr>
<td>Sandra Dominic</td>
<td>University of Queensland</td>
<td>Carer Burden in Mental Health.</td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Kate Hall</td>
<td>University of Queensland</td>
<td>Helping caregivers of children stop smoking.</td>
<td>Professor Steve Kisely</td>
</tr>
<tr>
<td>Rachel Land</td>
<td>Bachelor of Pharmacy</td>
<td>The impact of clozapine on hospital use: a systematic review and meta-analysis.</td>
<td>Associate Professor Dan Siskind</td>
</tr>
</tbody>
</table>

### MEDICAL STUDENTS SUPERVISED BY MSAMHS RESEARCH STAFF

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Project Title</th>
<th>Supervisor</th>
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<tbody>
<tr>
<td>Aly Dziouba</td>
<td>University of Queensland</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Ben Vialle</td>
<td>University of Queensland</td>
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<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Emily Sawyer</td>
<td>James Cook University</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Evelyn Ma</td>
<td>University of Queensland</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Joceilyn Desoe</td>
<td>University of Queensland</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Taiwan Irene Lee</td>
<td>James Cook University</td>
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<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Torun Sivesind</td>
<td>University of Queensland</td>
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<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Qichen Zhang</td>
<td>University of Queensland</td>
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<td>Associate Professor Dan Siskind</td>
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### PSYCHIATRY REGISTRAR SCHOLARLY PROJECT

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Project Title</th>
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<tbody>
<tr>
<td>Arul Ravindran</td>
<td>The Royal Australian and New Zealand College of Psychiatrists (RANZCP)</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Catherine Benson</td>
<td>RANZCP</td>
<td></td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Daniel Wysoczanski</td>
<td>RANZCP</td>
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<td>Associate Professor Dan Siskind</td>
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<tr>
<td>Gopi Ravindran</td>
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<tr>
<td>Gordon Hopkins</td>
<td>RANZCP</td>
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<td>Grace Tao</td>
<td>RANZCP</td>
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<tr>
<td>Joe Chen</td>
<td>RANZCP</td>
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<tr>
<td>Julia Farrington</td>
<td>RANZCP</td>
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<td>Associate Professor Dan Siskind</td>
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<td>Katherine Moss</td>
<td>RANZCP</td>
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<td>Associate Professor Dan Siskind</td>
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<td>Lara McCutcheon</td>
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<td>Michael Lee</td>
<td>RANZCP</td>
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<td>Nicola Warren</td>
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<td>Peter McArdle</td>
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<td>Puja Kumar</td>
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<td>Romi Goldschlager</td>
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<td>Shelu Shah</td>
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<td>Thilini Jayasooriya</td>
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<td>Tom Reddell</td>
<td>RANZCP</td>
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<td>Associate Professor Dan Siskind</td>
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RESEARCH DISSEMINATION

PUBLICATIONS
Kisely, S. (2016). Involvement of patients in planning their future treatment may reduce compulsory admissions to hospital. Evidence-Based Mental Health, 19(1), 26. doi:10.1136/ebm-2016-102530


Ngo, Trung T., Law, Phillip C. F., Foley, Sharon R. and Capra, Carina (2016). Examining a novel visual task for identifying individuals at increased risk of developing mental illness. In: BLiSS 2016 — Brisbane Life Science ECR Symposium, Brisbane, Australia, (0. 2 December 2016.


## GRANTS, AWARDS & FELLOWSHIPS

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Grant Provider</th>
<th>Title</th>
<th>Grant Value</th>
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<tbody>
<tr>
<td>Associate Professor Dan Siskind*</td>
<td>NHMRC Project Grant APP1098442</td>
<td>N-Acetyl Cysteine In Schizophrenia Resistant to Clozapine: A Double-Blind Randomised Placebo-Controlled Trial Targeting Negative Symptoms</td>
<td>$981,788.85</td>
<td>2016-19</td>
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<tr>
<td>Professor Steve Kisely*</td>
<td>NHMRC</td>
<td>Evaluation of SCID-I in the diagnosis of mental disorders in Indigenous Australians</td>
<td>$948,048</td>
<td>2014-16</td>
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<tr>
<td>Professor Steve Kisely*</td>
<td>NHMRC</td>
<td>Indigenous Network Suicide Intervention Skills Training (INSIST): Can a community designed and delivered framework reduce suicide/self-harm in indigenous youth?</td>
<td>$804,737</td>
<td>2014-18</td>
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<tr>
<td>Professor Steve Kisely*</td>
<td>Australian Research Council</td>
<td>La mortalité chez les patients psychiatriques</td>
<td>$350,000</td>
<td>2013-18</td>
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<tr>
<td>Professor Steve Kisely*</td>
<td>Australian Research Council</td>
<td>Understanding the relationship between mental illness and offending: implications for crime prevention and mentally ill offenders</td>
<td>$222,941</td>
<td>2010-17</td>
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<tr>
<td>Professor Steve Kisely and Associate Professor Dan Siskind*</td>
<td>Vic Health Innovation Research Grant</td>
<td>The acceptability of vapourised nicotine products for smoking cessation or long term substitution in people with severe mental illness</td>
<td>$200,000</td>
<td>2015-17</td>
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<td>Associate Professor Dan Siskind*</td>
<td>NHMRC</td>
<td>Improving the Cardio-metabolic Health of People with Schizophrenia, NHMRC ECF APP1111136</td>
<td>$187,322</td>
<td>2016-19</td>
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<tr>
<td>Professor Steve Kisely*</td>
<td>Princess Alexandria and Rebecca Cooper Research Foundations</td>
<td>Novel pharmacological treatments for obesity and diabetes for people w/ schizophrenia on clozapine</td>
<td>$172,000</td>
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<td>Professor Steve Kisely</td>
<td>Canadian Institutes of Health Research</td>
<td>Canada crazy for our children &amp; youth mental health</td>
<td>$99,900</td>
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<td>Professor Steve Kisely</td>
<td>Australian Rotary Health Research Fund</td>
<td>A ten-year evaluation of community treatment orders on mental health outcomes</td>
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<td>2009-16</td>
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<td>Professor Steve Kisely</td>
<td>National Critical Care and Trauma Response Centre - TRADIM Research Grant Scheme</td>
<td>Management of Psychological Trauma in Older Persons Following Disasters TRADIM</td>
<td>$20,000</td>
<td>2015-16</td>
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<td>Associate Professor Dan Siskind and Suetani, Shuichi</td>
<td>Royal Australian and New Zealand College of Psychiatrists</td>
<td>A comparison study of three physical activity measurement tools examining acceptability in people with psychotic disorders</td>
<td>$6,000</td>
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## RESEARCH AWARDS AND FELLOWSHIPS

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<tbody>
<tr>
<td>Associate Professor Dan Siskind</td>
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<td>Improving the Cardio-metabolic Health of People with Schizophrenia</td>
<td>$187,322</td>
<td>2016-2019</td>
</tr>
<tr>
<td>Professor Steve Kisely</td>
<td>PA Research Support Scheme Small Grants</td>
<td>The Evaluation of Rehabilitation Oriented Language in the Documentation of Case Managers in a Mental Health Mobile Intensive Rehabilitation Team</td>
<td>$25,000</td>
<td>2016</td>
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</table>
INTERESTED IN RESEARCH AT MSAMHS?

If you are interested in learning more about research at Metro South Addiction and Mental Health Services we’d like to hear from you.

This could include taking part in a study, undertaking research within the service or sharing your ideas on the research topics you’d like to see explored more.

Please contact us at:
ResearchandLearningNetworkMSAMHS@health.qld.gov.au