

A large iceberg floats in a blue ocean. The tip of the iceberg is visible above the water, while the much larger, jagged base is submerged below the surface. The background is a clear blue sky with a few clouds. The overall image is overlaid with semi-transparent, colorful geometric shapes in shades of green, purple, and blue.

2022-23 Year in Review

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Year in Review 2022/23 | Metro South Addiction and Mental Health Services Report

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An electronic version of this document is available Metro South Health

<https://metrosouth.health.qld.gov.au/mental-health/research-and-learning-network>

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About Metro South Addiction and Mental Health Services

Metro South Addiction and Mental Health Services (MSAMHS) provides addiction and mental health care to the largest culturally and linguistically diverse population in the state, and to regions that have some of the highest population growth. Our Service also has the third largest Indigenous Australian population in Queensland.

We offer community, inpatient and acute care services in hospitals, community facilities, GPs and in the home. Services are provided across a range of specialist programs for all age groups across the lifespan, including child and youth, adult, and older persons.

We are dedicated to serving our community and work to continually improve the way we deliver care to enhance the consumers' experiences with us. With a focus on safety, co-design, evidence-based practice and partnering for contemporary solutions, our models of care are designed to ensure we deliver high-quality, safe, and accessible care to the growing community.

The following statistics relate to the period 1 July 2022 to 30 June 2023

- 326,710 clinical service contacts provided across our community
- 24,098 distinct consumers had contact with MSAMHS
- 13.6 contacts per consumer
- Average duration of provision of service: 31 mins
- 14,066 clinical hours delivered each month
- 1,343 full-time equivalent staff members
- \$221 million expenditure

The Addiction and Mental Health Services team embody the ICARE2 values of:



INTEGRITY



COMPASSION



ACCOUNTABILITY



RESPECT



ENGAGEMENT



EXCELLENCE

The direction of our Service continues to be guided by these values, National Accreditation Standards and most importantly our consumer's needs.

Our highly skilled, compassionate team promise to deliver exemplary healthcare every day in facilities that support contemporary models of care through every step of the consumer's journey with us.

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This Year in Review publication has been designed to be interactive through the use of recorded interviews, online articles and posts. Look for these buttons to read or view further information.



Foreword

Reflecting on Metro South Addiction and Mental Health Services (MSAMHS) staff achievements over the past year, the words hard, tenacity, professionalism, excellence, and perseverance come to mind. In this past year, we have worked together as a service to provide high quality services amid COVID-19 outbreaks, growing demands and shifting landscapes.

From the Executive Director



Linda Hipper

Linda Hipper
A/Executive Director,
Metro South Addiction and Mental
Health Services

I am very proud of the work that we do and of the implementation of several key initiatives during this time. MSAMHS have embraced the Restorative Just Culture (RJC) within our service. As an organisation we use the principles of RJC to view events through a learning lens and to consider the perspectives of all stakeholders involved. RJC is about Balanced Accountability through compassionate leadership; providing a safe place to continuously learn and analyse what went right; and is forward looking at how to improve and what we can learn to shape our future activities.

This year we have also introduced the MSAMHS Disaster Flood team as part of the whole of MSH Post-Disaster Mental Health Recovery Service for individuals of all ages and communities impacted by recent weather patterns. The Disaster Flood Team have made a major impact through service provision including the delivery of Psychological First Aid. This has involved the delivery of sixteen workshops and over 150 professional and Non-Government Organisation (NGO) staff have been trained to date.

The Alcohol and Drug Service (ADS) a new team commenced at our Woolloongabba Community Health Centre. They are responsible for providing treatment for clients with an Opioid Dependence Disorder (Opioid based medications/drugs), along with the expansion of the Drug and Alcohol Brief Intervention Team (DABIT) into the Princess Alexandra Hospital Emergency Department.

I am also very proud of staff achievements such as Emma Norton who was awarded Metro South Health Nurse of the Year; Clinton Baylis awarded the AMHS Nurse of the YEAR and the Courageous Conversations about Race Team winning the prestigious 2022 International Racial Equity Leadership Award to name but a few in the research and evaluation space.

MSAMHS work has been lauded by our stakeholders for our evaluation of the Queensland Ambulance and Police Service Co-Responder programs. The implementation of this workforce has met key performance indicators. Formalising feedback through an evaluation has meant that evidence and learnings can be implemented by our service, other Hospital and Health Services, as well as our partner services in the Ambulance and Police Services.

There is much to be proud of in the research space, the culmination of which can often be seen in the number of research grants that have been achieved. As a relatively small service, MSAMHS has demonstrated incredible growth in both the number and value of grants received. Grants have been won in projects such as Clozapine related studies, Physical Health, Family and Carer related work and Suicide Prevention.

This is evidence of the depth and breadth of the needs our consumers and patients present to us every day. It is a pleasure to introduce this year's MSAMHS Year in Review to you as a small reflection of the amazing work that each and every staff member does to attain these wonderful results.

Welcome

The Research and Learning Network has continued its diligent work supporting research and learning endeavours throughout Metro South Addiction and Mental Health Services (MSAMHS) during 2022-23.

This year the research arm of the network has been enhanced through the engagement of our Senior Peer Research Officer. Dr Justin Chapman's work has focused on physical health; raising the voice of lived experience and he has had a successful year with research grants.

Our Senior Research Fellow, Dr Marianne Wyder has continued to support our clinicians in achieving outcomes with their research and seeing the fruition of their work through journal article publications. Further, Dr Wyder has been able to showcase some significant service outcomes through the evaluation of some key initiatives such as the Co-Responder Programs for the Ambulance and Police Services as well as the work completed with Research Officer Dr Seiji Humphries, in evaluating Dialectical Behaviour Therapy delivered by our clinicians. According to Winston Churchill, "True genius resides in the capacity for evaluation of uncertain, hazardous and conflicting information". This highlights the significance of service evaluation in all health services but particularly within Metro South Addiction and Mental Health Services. Within the Research and Learning Network at MSAMHS, evaluations provide the cornerstone of the work that we do.

The achievements of MSAMHS staff have been highlighted this past year through key initiatives such as the MSAMHS Research Symposium, the MSAMHS session at the Princess Alexandra Hospital Health Symposium, the annual publication of the Year in Review as well as through our weekly Lunch and Learn sessions. Through these mechanisms, MSAMHS brings research outcomes to the fore.

In the learning space, the Research and Learning Network has continued to deliver and facilitate courses as well as develop several online courses with content experts within our service. Ms Dianne Tarrant has continued to deliver training from the Mental Health First Aid suite of courses to our staff as well as those from Metro South Health. Supported by Ms Janice Callaghan, Primary Care Liaison Officer, nine courses have been delivered to 68 staff throughout the year at MSAMHS.

Mr David Baker has continued to further his skills in the delivery of supervision training by undertaking professional development in Reflective Practice Groups in Nursing. He had assisted in establishing groups throughout the service and is currently supporting the RPGs at Wisteria and Logan Hospital. In addition, Mr Baker is a recognised trainer in Supervision for the Queensland Centre for Mental Health Learning and is currently undergoing the train the trainer program to support supervision capacity building within our service.

I also facilitated a professional development program, Friday Night at the ER ©, an experiential learning program focused on collaboration across functional boundaries to achieve system goals. To date I have co-facilitated delivery of the program to the Older Persons and the Executive Leadership Teams.

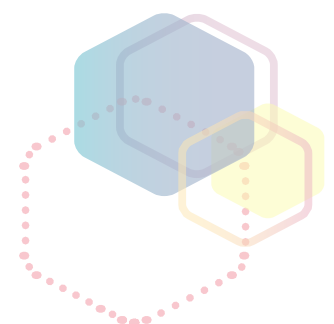
I look forward to another year of collaborative learning and research at MSAMHS.

From the Education Manager



Loretta Warburton

Loretta Warburton
Education Manager Research and Learning Network



Research Yearly Wrap Up

Addiction and mental health researchers were very successful in the most recent round of funding from the Metro South Health Research Support Scheme being awarded \$400,000 for 4 separate projects. In total, the Metro South Addiction & Mental Health Services (MSAMHS) staff held grants worth just over \$40 million. This success is reflected in 95 full length papers that have been accepted for publication in the last year, as well as 15 chapters books and letters. Our staff have participated in 35 conferences, while 10 received fellowships or awards.

The Research Advisory Committee's primary objective is to enhance capacity. Over the past year, they've guided and offered advice for more than 20 projects, with a strong emphasis on directly improving services for residents of the health district. These projects used a wide range of professional disciplines and research methods, including quantitative, qualitative, and mixed approaches.

MSAMHS remains a prominent collaborator in an NHMRC-funded national research centre to expand mental health care at scale Australia-wide. It encourages partnerships between researchers across various areas like population health, primary care, and specialized mental and hospital-based care. Within this centre, MSAMHS researchers are co-leading a program that focuses on the mental and physical health of priority populations, which is one of the three main themes of the centre.

Our strengths encompass a wide array of research subjects, involving partnerships with three universities, and access to existing data, resources, and infrastructure. Research is deeply integrated into our services, playing a vital role in improving clinical practices through service evaluation. Crucially, our research involves individuals with mental illness, caregivers, peers in the workforce, and medical professionals. This inclusive approach benefits both our staff and the community by evaluating services and understanding effective interventions supported by research. The translation of research into practice leads to better outcomes through our interactions with those we serve.



From the Research Advisory Chair



Steve Kisely

Professor Steve Kisely
Chair, Research Advisory Committee

Research Highlights

In the past financial year the dedicated team at Metro South Addiction and Mental Health Services (MSAMHS) achieved several milestones including successful grant applications and publications in journals, books and conference abstracts. We are excited about what lies ahead and remain committed to the pursuit of excellence in research.

Our highlights of research project achievements in the last year include:



Learning Highlights

The capacity of organisations to innovate and be effective relies in part on the skills, knowledge and abilities of staff, highlighting the importance of developing individual capabilities (Petterd, 2016). Within Metro South Addiction and Mental Health Services (MSAMHS) learning in the workplace is envisaged through the 70:20:10 framework.

The 70:20:10 framework is based on the principle that learning occurs through a combination of formal, social, and experiential avenues. This framework reflects the idea that for learning transfer to occur, individuals also need access to social and experiential support and opportunities. Social avenues of learning occur through working with and gaining support from, peers, as well as coaching and mentoring opportunities. In the MSAMHS context, that includes supervision, reflective practice groups, meetings, communities of practice. Experiential support emerges from creating space to apply new skills and knowledge at work, with supervisory encouragement and feedback building staff confidence to continuously apply the learning. (Johnson et al., 2018).

MSAMHS will continue to utilise all avenues of the 70:20:10 framework to deliver and embed learning for all staff. In the last year, learning was achieved through:

10%:

Formal Learning (Workshops, online learning, lectures)

- MSH Learning
- Online course developed by context experts and instructional designers from Research and Learning eg (MSAMHS Family and Carer Inclusive Practice; MSAMHS Physical Health in Mental Health)
- Workshops (eg : Motivational Interviewing; Dialectical Behaviour Therapy; Electroconvulsive Therapy)

20%:

Social Learning, coaching, mentoring, peers

- Supervision
- Reflective Practice Groups
- Communities of Practice
- Working Parties

70%:

Experiential Learning (Learning through work, hands on experience, challenging experiences)

- New challenges within existing roles
- New roles
- Project Work
- Complex and novel cases or contexts
- Interdisciplinary collaboration

Petterd, R. (2016). 70:20:10 based learning ecosystems. *Training and Development*, 43(4), 10-11 <https://search.informit.org/doi/10.3316/informit.337683782337955>

Johnson, S.J., Blackman, D.A. & Buick, F. (2018). The 70:20:10 framework and the transfer of learning. *Human Resource Development Quarterly*, 29, 383-402. <https://doi-org.libraryproxy.griffith.edu.au/10.1002/hrdq.21330>

Whole of Service Model Training in Dual Diagnosis

Consumers with a mental health and a substance use disorder are the most complex in our health system. Individuals with a dual diagnosis have greater risk of morbidity and mortality than those with a single disorder and are less likely to engage. The evidence shows that these consumers experience stigma and may be quickly disqualified from services.



Sandra Clancy

During the 2022 – 2023 financial year, the Dual Diagnosis Coordinators (DDCs) functioned across all of the Metro South Addiction and Mental Health Services (MSAMHS) to enhance the treatment and care of consumers with co-occurring disorders. The service provides secondary case consultation, training, supervision and dissemination of resources. Quarterly, we facilitate the Metro South Dual Diagnosis Mental Health Professionals’ Network (MHPN) meetings online. They are available to all our staff and clinicians in NGOs and the private sector.

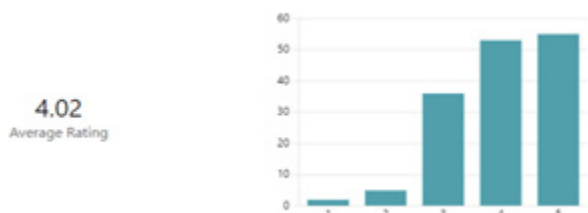
The MHPN meetings can be accessed [here](#).

The Dual Diagnosis Coordinators provided several educational opportunities this year, either face to face or online, and 388 staff have participated in sessions on a variety of dual diagnosis topics.

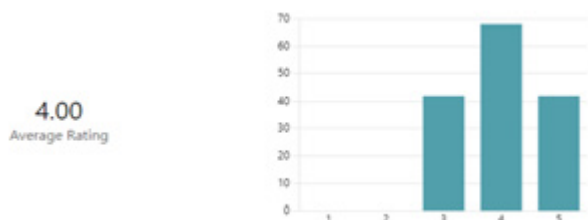
The feedback received was positive. It was provided on a scale of 1 – 5 with 1 being not very useful and 5 being very useful.

Feedback was received on the following areas:

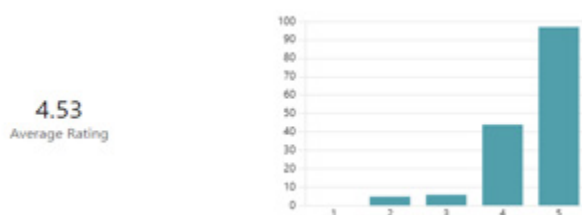
How would you rate your knowledge on this topic after the training?



How would you rate your confidence of this topic area after the training?



Did you find the information provided useful?



The written feedback has also been positive, with suggestions that staff would like a repeat and more time spent in this type of education. Some suggested more advanced information is needed.

Additionally, this year in collaboration with Sally Deakin, Community Mental Health Educator and Research and Learning, the DDCs have been presenting short sharp, dual diagnosis bite sessions on a variety of subjects to all of MSAMHS. These are available for staff to participate in live online, or stream later from the [Dual Diagnosis portal](#) on the Research and Learning Network page.



The DDCs look forward to another year of developing the dual diagnosis capability of MSAMHS clinicians, to ensure our consumers receive the best possible care.

**By Sandra Clancy
Dual Diagnosis Coordinator, MSAMHS**

The Metro South Addiction and Mental Health Services QPS and QAS Co-responder Program Evaluation Report

The Metro South Addiction and Mental Health Services Queensland Police Service (QPS) and Queensland Ambulance Service (QAS) Co-responder program Evaluation Report was showcased on the 18th of November 2022, at the Metro South Addiction and Mental Health Services (MSAMHS) Research Symposium. The evaluation was conducted by Dr Marianne Wyder from the Research and Learning Network.

The model of care

Mental health presentations to the Emergency Department (ED) have steadily increased over the past years. Emergency departments are often the initial contact point for people experiencing a mental health crisis. There is now mounting evidence that the ED is not always the most appropriate nor effective place to respond to people experiencing a mental health crisis. For many, such crises are best managed in the community.

The QAS or the QPS are frequently the first services to attend incidents involving individuals who are experiencing a mental health crisis and over the past years Mental Health Co-Responder (MH-CORE) programs have been introduced to improve the management of people who experience a mental health crisis. These initiatives involve the employment of mental health staff to work alongside police and ambulance services during the assessment and management of individuals who are experiencing a mental health crisis. In this model, QAS or QPS officers and mental health clinicians work together to address the crisis in the community.

The program was implemented as a pilot in the Metro South Region in 2019 and saw mental health clinicians working alongside QAS and QPS officers to provide assessment, treatment and care, tailored to the needs of the consumer. There was a strong focus on reducing the number of people being taken to emergency departments.

The evaluation

The evaluation report presents quantitative and qualitative findings of the evaluation of the flagship MSAMHS, QAS and QPS Co-Responder program. Routinely collected service data was used for the quantitative component of this study. To capture the experiences of the co-responder staff, all MSAMHS clinicians and managers as well as 22 purposefully selected police personnel in the co-responder program, were interviewed about their experiences of



Dr Marianne Wyder



Sandra Powell

delivering the co-responder model. In June 2020, a survey of the QAS MH-CORE paramedics who were involved in the pilot was conducted.

Quantitative results

Over the two years both services have been in operation, the QPS MSAMHS MH-CORE responded to 2394 incidents and the QAS MSAMHS MH-CORE responded to 1743 incidents. Over 85 percent of the consumers have accessed the service only once.

Over half of the reasons identified for a direct contact were for suicidal behaviours (ideation/plan/intent or deliberate self-harm). This was followed by behavioural disturbance; bizarre or unusual behaviour, or substance misuse.

Over 70 percent of MH-CORE contacts resulted in the individual remaining at home and did not require assessment in the ED. Importantly, over 70% of the intended Emergency Examination Authorities were managed in the community and only a small proportion of people (between 8 and 11%) re-presented to the ED within a 14-day timeframe.

Qualitative findings

The qualitative interviews indicated that the MSAMHS MH-CORE model was viewed as successful and that it addressed an important gap in service provision. The co-responder model was viewed as being able to divert people from the Emergency Department. Furthermore, both police and clinicians viewed the model as an effective way to deal with mental health crisis. The perceived strengths of the model include the ability to divert from the Emergency Departments and an alternative to enacting the default Emergency Examination Authority.



OPERATION OF MSAMHS MH-CORE



A team of experienced mental health clinicians who can be integrated either into a QPS or QAS first responder unit attending a mental health crisis/incident in the community. The team is in operation 7 days a week for 10 hours a day.



MSAMHS MH-CORE Clinicians are autonomous and are responsible to consider, assess and determine the best response to the mental health crisis.



The MSHMHS MH-CORE is intended to be:

- A secondary response unit for QPS. This response unit can also be used as a first responder unit for QPS when required. QPS have two co-responder crews.
- A first responder unit for QAS. QAS have one co-responder crew.



MSHMHS MH-CORE Clinicians operate alongside front-end services such as the Acute Care Team, MH CALL Tele-triage and Emergency Departments.



Referrals are made through the ooo system and are triaged to either the QAS Operations Centre or the QPS Communication Centre. Police referrals can also be made via direct requests from police crews at the scene and Policelink. Appropriate referrals can also be identified by the QPS co-responder crews.

By Dr Marianne Wyder, Research Fellow, Research and Learning Network
Sandra Powell, Nursing Director, MSAMHS

The full report can be accessed here:

[MSAMHS - QPS and QAS Co-responder program evaluation](#)



“When we interact with somebody, we are gentler, a lot more curious. For example, I will sit down on the furniture, get on their level and talk to them softly. A general duties officer will not sit down. They all stand up. I guess that is from a safety perspective, they are mindful of other things. We come across as more gentle, whereas for police it is inherent in their work to have authority. They can’t change that.” (MSAMHS Clinician).

“I strongly support this service and personally believe it is achieving some fantastic results for some of our most vulnerable patients.” (Paramedic).

“I think [the CORE clinicians] are qualified and respected enough to be able to raise those issues with family and friends. And if an assessment can be done in the home that’s obviously a heck of a lot quicker than QPS waiting for QAS or transporting them ourselves and having to wait while the hospital completes the documentation. It is way quicker and more effective.” (Police Officer).

⚡LIGHTNING INTERVIEW

with Dr Shirlony Morgan



Dr Shirlony Morgan

Clinical Director, OAMH, MSAMHS

How long have you worked in the addiction/mental health sector?

I started working in mental health in 2002 and joined MSAMHS in 2018.

What was one thing you wish you had been taught at school/university that would have better prepared you for your role at MSAMHS?

When I trained, medical schools focused on clinical knowledge and there was less emphasis on the business of running an effective, high quality health care system. I've gained those skills separately along the way through experience and higher learning. I'm still gaining those skills and an early introduction would have definitely helped.

What is it about Learning/Research that you find most interesting?

It gives all of us, irrespective of our prior experience, a level playing field to challenge ourselves and each other, to improve our understanding of a topic.

What has been the journey to your current role?

My journey has actually been quite eclectic. I spent most of the first 3 years post Uni working in surgical specialities. I was working as a cardiothoracic junior doctor in the UK, low enough on the career ladder to feel stifled, when a colleague recommended doing a locum in mental health, where juniors were more autonomous. He was right, I felt like I could really stretch myself and also remembered that I actually enjoyed talking to patients. I didn't go back to cardiothoracic's and since then I have worked across 3 different continents, in the public, private and non-government sectors and across several mental health sub-specialties.

Who has been the biggest influence in your life?

Many individuals have inspired me but the person who changed the course of the life I was going to live, was the person who once said "There is no passion to be found in playing small, in settling for a life that is less than the one you are capable of living".

What song is at the top of your playlist?

"On Top Of The World" by Imagine Dragons. It's the first song on my gym playlist and I spend a fair bit of time in the gym.

Psychological First Aid Delivery



Iris Vukelic

Metro South Addiction and Mental Health Services (MSAMHS) Disaster Flood Team has been funded by the Commonwealth and Queensland state government, under the Disaster Recovery Funding Arrangements (DRFA) Category C to provide psychological and emotional support for persons who were impacted by the SEQ 2022 flood event.

In addition to the individual therapeutic work MSAMHS Disaster Flood Team delivers several resiliency building programs, training and supports for staff and for our community partners.

We are a multidisciplinary team of nurses, social workers, psychologist, peer worker, consultant psychiatrist and administration officer.

Since the commencement of our team last year, we have provided Psychological First Aid (PFA) workshops to Metro South Health inpatient and community teams, as well as Non-Government Organisations (NGO's). PFA utilises basic information gathering techniques, evidence-based strategies and practical assistance to help children, adults and families who are emotionally overwhelmed to reduce their initial distress. The workshops are designed to enable participants to gain knowledge and skills in supporting and helping people who are experiencing trauma related distress and anxiety. The workshops provide both theory and practical application of skills of Psychological First Aid.



Christine Kumnick (Psychologist), Allison De Tina (Registered Nurse), Iris Vukelic (Registered Nurse) and Sam Sun (Social Worker)

To date we have delivered 15 PFA workshops across Metro South Health teams and community organisations. A total of 138 participants have completed the program. The workshops have been face to face, over a two hour duration. Feedback has been largely positive, with participants gaining skills and confidence in supporting people experiencing high levels of distress. Suggestions for improvement have been utilised to develop the program. For example, we recognised that the timeframe for the program was shorter in duration than needed. While the theoretical component was covered there was often not time for in-depth practice of the skills using real world scenarios. Our plan going forward is to develop a monthly Community of Practice via Teams to allow participants who have completed the workshop, (as well as those who have completed other PFA training) an opportunity to share experiences and discuss case examples with the team.

By Iris Vukelic
Assistant Director of Nursing, MSAMHS



Friday Night at the ER



Metro South Addiction and Mental Health Services (MSAMHS) has embraced simulated learning events as part of its learning regime in the past year by engaging in the Friday Night at the ER © learning program. Simulating the challenging environment of the Emergency Room or Emergency Department, this learning process simulates the pressures of a complex and changing environment to advance interprofessional collaboration in education and practice.

Friday Night at the ER © is an internationally acclaimed simulation game to improve team performance, break down silos, and apply systems thinking. The game introduces health professionals to the concepts of interprofessional collaboration and teamwork, innovation, and data-driven decision making. Friday Night at the ER © aims to recreate the dynamic environment of an emergency room, proved to be an invaluable opportunity for learning and collaboration.

Teams from Older Persons and Child and Youth as well as the Executive Leadership Team have engaged in the program to devise strategies to address entrenched problems such as time constraints, budget limitations, and pressures of working in complex and evolving environments. This commitment demonstrates the dedication of MSAMHS to optimise both patient and organisational outcomes.

For more information about Friday Night at the ER © - please contact katherine.delany@health.qld.gov.au



How are MSHLearn Courses Created for Metro South Addiction & Mental Health Services Staff?

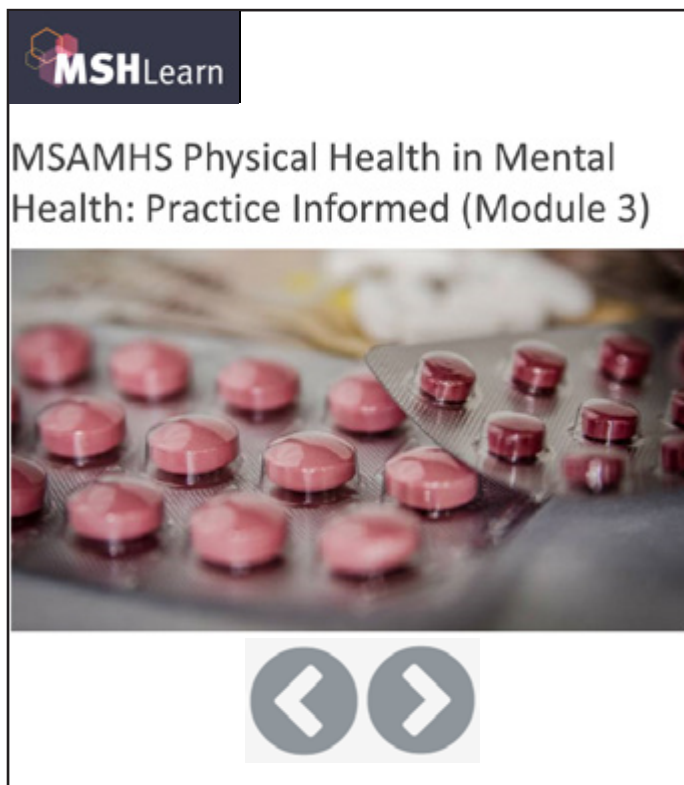
Did you know that some of the courses you access were designed and created specifically for and by MSAMHS staff?

The MSAMHS Research & Learning Network receive requests for course development through various avenues, though they are always aligned to MSAMHS clinical or operational needs. Requested courses go through a process of endorsement and approvals through MSAMHS Research & Learning Network, MSAMHS Standards Committees and/or the Executive Leadership Team. Overarching approval is sought with Metro South Health to primarily avoid course duplication across MSH before inclusion into MSHLearn.

The following courses were developed collaboratively with MSAMHS staff as Content Experts (CE) and MSAMHS Research and Learning staff as Instructional Designers (ID). Content Experts may be leaders in their discipline, clinical area or portfolio who provide the content for their course. Instructional Designers apply adult learning principles, curriculum development and engagement skills to design courses based on content from CE. Course creation takes place through an iterative process utilising an online authoring tool. All courses are reviewed by peers as well as staff with lived experience before being released on MSHLearn.

This collaboration between Content Experts and Research and Learning staff has led to several exciting online courses that have drawn the attention of other stakeholders. Some of our courses have been shared with other HHS and adopted by Dovetail – reflecting the excellence of the training and development at MSAMHS.

We encourage you to check out the courses developed by your peers in Addiction and Mental Health Services. Open MSH Learn, scroll down to the MSAMHS slide wheel, find a course you are interested in, click on the tile to open up course information and click register. The course can then be located on your MSHLearn Dashboard awaiting launch.



New courses

- MSAMHS and the role of Nursing in ECT. CE: Jes Lambert, ID: DT
- MSAMHS Physical Health in Mental Health Foundation course. CE Leads: Jeanette Sewell, Donni Johnston, Andrea Parker, Cassandra Butler ID: DT
- MSAMHS Physical Health in Mental Health Practice Informed (Module 1). CE Leads: Jeanette Sewell, Donni Johnston ID: DT
- MSAMHS Physical Health in Mental Health Practice Informed (Module 2). CE Leads: Jeanette Sewell, Justin Chapman, Cassandra Butler ID: DT
- MSAMHS Physical Health in Mental Health Practice Informed (Module 3). CE Leads: Jeanette Sewell, Dr Nicole Korman, Donni Johnston ID: DT
- MSAMHS Sensory Approaches: MSAMHS Safe Use of Weighted Modalities. CE lead: Rebecca Jane Parker, ID: JM
- MSAMHS Smoking Cessation Clinical Pathway. CE: Natalie Davis & Trinh Ngo, ID: JM

Revised courses



- MSAMHS Child Safety. CE: Dianne Tarrant, ID: DT
- MSAMHS Family and Carer Inclusive Practice Course. CE: Catherine Renkin, ID: DB
- MSAMHS Leading Self. CE: Loretta Warburton, ID: DT
- MSAMHS Leading Others. CE: Loretta Warburton, ID: JM
- MSAMHS Orientation. CE: MSAMHS Executive Team, ID: DT
- MSAMHS Introduction to Dialectical Behaviour Therapy (DBT). CE: Kathy Madson & Monique Kofler, ID: DB
- MSAMHS Single Session Therapy training: Online Foundation Module. CE: Jillian McDonald & Paul Hickey, ID: JM
- MSAMHS Getting Started in Clinical Supervision. CE: David Baker, ID: DB

Courses under development or review

- MSAMHS 3D-CAM training. CE: Eesharnan Mahendran, ID: DB
- MSAMHS Physical Health in Mental Health Practice Informed (Module 4) CE Lead: Jeanette Sewell, Donni Johnston ID: DT
- MSAMHS Take Home Naloxone (THN) training. CE: Isabel Chan, ID: DB
- MSAMHS Thriving in the Social World (Social Cognition Interaction Training SCIT) CE: Dr. Frances Dark, ID: DB

If you are considering submitting a course, please email the [MSAMHS Research & Learning Network](#) for detailed instruction.

MSAMHS Research & Learning Instructional Designers



Dianne Tarrant, CNC
Research & Learning Network



David Baker, Nurse Educator
Research & Learning Network



Jillian McDonald, CNC
Therapies & Allied Health

Metro South Addiction and Mental Health Services (MSAMHS) Lunch and Learn



Dianne Tarrant

The weekly Metro South Addiction and Mental Health Services (MSAMHS) Lunch and Learn Series has now been running successfully every Wednesday between 12:30 and 13:30 since February 2021.

The Lunch and Learn professional development program was launched at the beginning of Covid-19 and was designed to be a TEAMS based regular education



session provided for staff of MSAMHS. It is an opportunity to keep staff up to date with service developments, innovation, the great work happening in our clinical areas and education that might not be available in any other forum.

This has become a 'reliable institution of learning' in MSAMHS, and an avenue to inspire future presenters to share their work, their service developments and the work they may be publishing or presenting in other spaces broadly within our service via the Lunch and Learn forum. While Lunch and Learn sessions are designed to be delivered live and interactive, each session is recorded and available for staff to view via the [Learning Hub on SharePoint](#).

Presenters of Lunch and Learn sessions are both internal staff members as well as external speakers including QSuper presentations, as well as a presentation from Olympians such as [Mathew Mitchum](#), our first openly gay Australian Olympic Gold medalist. Mathew identified as a boy growing up in the MSAMHS catchment area, in an environment of financial and social disadvantage and he told his story of how from a very young age he had a goal "to be the best in the world at something" and the journey he took to get there as an Olympic gold medal diving champion. His story of achievement was prefaced with his acknowledgement and admiration of the work of the mental health and addictions services in his 'local area' and his valuing of the work achieved by clinicians every day.

Another presentation of note in 2022 was by "Hazy Inseptember". Hazy discussed his peer role within

Respect Inc. as a supporter of people working in the sex industry and some of the difficulties sex workers have in mental health services. These included the assumption that anyone working in the sex industry must have a mental illness (when for most this is a valued occupation/real work) as well as how sex workers are at times disadvantaged in acknowledging they are sex workers in mental health services.

On the home front, Lunch and Learn sessions delivered earlier this year on LGBTIQ+ inclusiveness; Restorative Just Culture, Accreditation Preparedness and Telehealth were all well received by staff.

Contact the [Research and Learning Network](#) to have your topic included on the Lunch and Learn schedule.

By Dianne Tarrant. Clinical Nurse Consultant, Research and Learning Network

Play Video

Play Video

⚡ LIGHTNING INTERVIEW

with Gabrielle Ritchie



Gabrielle Ritchie

Clinical Psychologist, Clinical Researcher
Rehabilitation Academic Clinical Unit

How long have you worked in the addiction/mental health sector?

I've been working at MSAMHS for just over a year now, but I've been in the mental health sector more broadly for about 12 years.

What has been the journey to your current role?

I completed a year in Biomedical Science at university before switching to Psychology. After completing a Masters in Clinical Psychology I worked in a few different roles including both public and private sectors. I realised however that I was missing not having the opportunity to conduct research in my roles, so I went back to university and completed my PhD. Just prior to MSAMHS, I was working at the Institute of Health and Biomedical Innovation at QUT.

What was one thing you wish you had been taught at school/university that would have better prepared you for your role at MSAMHS?

Conducting clinical research projects always take a lot longer than you imagine, allow for contingency in your timeline.

What is it about Learning/Research that you find most interesting?

Having the opportunity to speak with research participants and hearing about their lived experiences. The hope is that through research you can create meaningful change.

Who has been the biggest influence in your life?

In terms of my career, there are probably two standouts. One was a close friend that encouraged me to study psychology at university when I wasn't sure what direction to go. The other was my research supervisor who really championed my decision to come back to tertiary education and complete a PhD.

What song is at the top of your playlist? Ringing In My Ears by Dan Sultan.

Single Session Therapy (SST)

Single Session Therapy is built on a set of principles, best understood as Single Session Thinking, that recognises that just one planned or opportunistic conversation can be therapeutic. Single Session Therapy presents the framework and corresponding skills aligned to this ‘thinking’ in augmenting therapeutic possibilities within this one, or one of many, sessions.

Single Session Therapy is in demand as a pragmatic response to the ever-growing psychosocial distress in communities and inaccessibility of timely psychotherapeutic services. Mental Health professionals and services from the U.K (Dryden, 2020); Texas (Bobebe & Slive, 2021); Canada (Ewen et al, 2018; Kachlor & Brothwell, 2020); New York (Schleider et al, 2020) to Melbourne (Young, 2020) and further, are exploring, incorporating, and employing Single Session Therapy as a fundamental practice and service model to address this issue.

At Metro South Addiction and Mental Health Services (MSAMHS), direct care staff have praised Single Session Therapy as having principles that not only align to their practice but resonate with their professional values. MSAMHS direct care staff at all levels from across the service continue to embrace the MSAMHS delivered SST training; the majority of over 116 staff who have completed SST training support it’s delivery for all staff. Comments by workshop participants:

“Very good presentation, relevant and applicable content”

“Good flow and breakdown of concepts. Workshop itself reflected SST structure which re-enforced my learning”

“This was new and interesting – however not foreign to understand. I enjoyed doing this training and look forward to practicing SST”

Implementation of SST at MSAMHS has been conveyed in conference & symposium presentations, authorship of a paper (Le Gros, Wyder & Brunelli, 2019) and an international book chapter (McDonald, Hickey & Wyder, 2021); the latter two attracting several citations.

The facilitators of MSAMHS are invested in the growth of Single Session Therapy, to enhance clinical practice and impact therapeutic outcomes. In conjunction with



Jillian McDonald



Paul Hickey

the MSAMHS Research & Learning Network, a series of practice development resources are available, including the recently released SST Practice Refresher on MSHLearn and a MSAMHS produced SST Practice Example on Vimeo developed for training purposes.

Training in Single Session Therapy can be accessed via MSHLearn, or contact Jillian McDonald or Paul Hickey for further information.

**By Jillian McDonald CNC Brief Interventions & Nursing Strategic Support
Paul Hickey Social Work Professional Lead PAH**

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Logan Adolescent Day Program Begins the Journey of Evaluation

The Logan Adolescent Day Program is a service for adolescents aged between 13 and 18 who experience a range of complex, severe, and persistent mental health problems resulting in their disengagement from educational pathways, difficulty re-engaging in mainstream education services without additional intensive support, and challenges in achieving their full educational potential.

It is a recovery-focused service which is developed and staffed through a partnership between the Metro South Health (MSH) branch of Queensland Health and the Queensland Department of Education. Since the establishment of the Logan Adolescent Day Program in 2021, the education and health teams have held the development of a sustainable, achievable, and robust evaluation practice in mind as an essential part of their program.

A shared, embedded culture of all members being scientist-practitioners is being fostered within the team. Health and education teams have both implemented grassroots-level evaluation through gathering data

as practice-as-usual, and through transdisciplinary involvement in all group interventions provided within the service. Feedback and experiences of both young people and families accessing the service remain central to evaluating the service, and the employment of Youth Peer Workers and Carer Peer Workers has proved invaluable as a pathway to support this. The initial review of group programs that took place within team meetings were later developed into an evaluation committee who met intermittently to review how to organise this routine evaluation. It quickly became apparent that the team would need streamline processes to capture meaningful data in a way that would be minimally demanding on families and staff and could be implemented in a sustainable way as the program grows and changes.

With this commitment to evaluation, the program allocated funding to allow for one of the group members to have protected time to begin exploring the empirical evidence on day programs to inform the model. While day programs have been discussed in research literature, the evidence for these programs is not yet synthesised and models for implementation remain widely



Sian Truasheim

variable. A literature review by the Logan Adolescent Day Program, with the support of Dr Marianne Wyder, is in the process of being written-up with findings summarising published research on day programs around the world. Ultimately, the lay of the land is that day programs are still in early days of evaluation, situating Logan Adolescent Day Program and Queensland Health's full range of day programs as pioneers in models of innovative practice within adolescent healthcare and education.

The team's plan for the remainder of 2023 and into 2024 is to have a formalised evaluation model outlining the timeline, measures, and plan for roles responsible for capturing this data. This data will be captured and stored for analysis; at which time an action research model will mean that the findings will inform ongoing development of the service. It is hoped that these findings can contribute to effective and meaningful support for young people around Australia.

**By Sian Truasheim, Music Therapist,
Logan Adolescent Day Program**



A Longitudinal Assessment of the Impact of Covid-19

Healthcare professionals have been on the front line of the COVID-19 pandemic and were reported to experience high rates of psychological distress including depression, anxiety and burn-out.

Although sometimes not considered to be on the front line in combating Covid-19, mental health professionals were exposed to many of the same stressors as colleagues in acute medical specialities. These included concerns about the provision of PPE, occupational exposure to the virus and passing infection on to others. There have also been concerns that the increased demand for mental health services would persist long after the acute phase of the crisis has passed, placing strain on already stretched services.

The aim of the study was to assess psychological distress and burnout in mental health professionals working during the early phases of the pandemic. Staff were invited to participate in an online survey in January 2021, shortly after a lockdown in response to covid cases being identified in the community.

One hundred and thirty-eight mental health professionals completed an online questionnaire. The survey suggested that anxiety reduced between March 2020 and January 2021, possibly in the context of Australia's effective management of the virus and increased PPE availability. Staff who identified as vulnerable reported smaller reductions in anxiety than other staff. Overall, significant levels of ongoing anxiety, depressive symptoms and professional burnout were reported. Most staff reported that the pandemic had impacted negatively on their workplace due to increased workload, high acuity and the need to cover emergent leave. However, this was balanced by the positive effect of increased work flexibility afforded by telehealth and working from home.

Most respondents reported that the pandemic had had a negative impact on their social lives but the healthcare and economic effects for staff were mainly neutral. Psychiatry registrars reported a negative impact on training and career progression.




Dr Peter McArdle

This study suggests that the pandemic had a significant negative effect on the emotional wellbeing of mental health professionals. A further survey has been conducted to reassess the emotional wellbeing of staff as the pandemic has progressed.

**By Peter McArdle
Consultant Psychiatrist, Metro South Addiction and
Mental Health Services**



Dr Korinne Northwood, Dr Peter McArdle
& Prof. Dan Siskind



“ We have more in common than
that which divides us.”
(The Jo Cox Foundation, 2019).



David Baker

Only the Lonely

In May 2022, David Baker delivered a Lunch and Learn session on loneliness, taking his inspiration from Roy Orbison’s hit song “Only the Lonely” which compared loneliness with the abject misery of a teenage broken heart.

The presentation was based partly on his own personal experiences of loneliness and on the pioneering work of Jo Cox, a former MP in the United Kingdom and founder of the Loneliness Commission. Ironically, it was determined that feeling lonely is a shared experience. Many of us have experienced loneliness and can bear witness to the impacts it has on our mental health. However chronic loneliness is a different matter and can come with serious mental health problems such as social anxiety, depression, substance use and suicide. In this case loneliness is overwhelming and catastrophic so should we then diagnose loneliness by using assessment tools such as the UCLA Loneliness Scale?

Having watched a Medcast webinar titled Australian Males and Loneliness in June, 2023, it can be said that loneliness should be normalised rather than pathologised. Open a conversation by simply asking the question... Remember that many people are unaware that loneliness is a problem for them, as well as find it hard to open up due to shame.

Quick facts:

- 37% people living with a psychotic illness are lonely and their illness makes it hard for them to maintain close relationships (Morgan et al, 2010)
- Loneliness can be a predisposing factor of depression (sampling group of 40k+) (Erzen & Cikrikci, 2018)
- There are strong links between social anxiety and loneliness (Daneel et al, 2019)
- 8 out of 10 carers said they were lonely as a result of looking after a loved one (Carers UK, 2021)

Other sites that informed the lunch and learning include:

[Is Australia experiencing an epidemic of Loneliness?](#)

[Social isolation, loneliness and men’s health](#)

[Ending Loneliness Together](#)

Finally, we should all remember the words of Jo Cox “We have more in common than that which divides us.” (The Jo Cox Foundation, 2019).

**By David Baker, Nurse Educator
Research and Learning Network. MSAMHS**

Post Graduate Training in Psychiatry



The Postgraduate Training in Psychiatry (PGT) office supports Queensland-based doctors who are working towards Fellowship with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). PGT in Psychiatry is a state-wide service funded by Queensland Health. Training is undertaken in RANZCP accredited positions in a variety of locations including public hospitals, community and private settings.

What do we do?

- Administration of training in accordance with the RANZCP training regulations, policies, and procedures
- Delivery and maintenance of a Formal Education Course (FEC)
- Supporting trainees on their trajectory to Fellowship
- Accreditation of training positions
- Accreditation of supervisors
- Exam and assessment support
- PGT works with committees such as Queensland Branch Training Committee (QBTC), Queensland Rotational Training Program (QRTP), Training Monitoring Committee (TMC) & Academic Subcommittee (ASC) which oversee various aspects of fellowship training including selection into training, accreditation of positions and supervisors.

The Team

The team has grown considerably over the last year with the appointment of two (0.5 FTE) Directors of Training (DOT) in North Queensland that commenced in January 2023. PGT in Psychiatry welcomed A/Professor Ajay Macharouthu for Cairns and Dr Ana-Louise Martin for Townsville and Mackay HHS's. We also welcomed Dr Caroline Roberts to the DOT Central and Southern Cluster position in April 2023.

Highlights

There are currently 426 registrars on the training program and the recent Queensland Rotational Training Program (QRTP) interviews will see a further 44 commence in August 2023, including four from the Logan

Directorate, two from Princess Alexandra Directorate and four from the Bayside Directorate in MSAMHS. From July 2022 to February 2023, 27 registrars achieved Fellowship of the RANZCP, including Dr Eesh Mahendran Bayside, who also completed the Older Person certificate.

In Queensland there are 523 accredited training positions in both private and public settings. Throughout MSAMHS there are 82 posts accredited, which enables registrars to complete all RANZCP training requirements and all subspecialties to be completed.

2022-2023 has seen the accreditation or reaccreditation of 22 Supervisors in MSAMHS, with 192 across the state.

Website

Please visit our website to learn more about PGT in Psychiatry and the psychiatry training program.

[Queensland Psychiatry Training | Queensland Health](#)

Any enquires regarding the RANZCP training program can be directed to pgt.pah@health.qld.gov.au

By Jacqueline Higginbottom, Post Graduate Coordinator, Post Graduate Training



Partnerships, Lifestyle Programs, and Lived Experience in Research

This year we have incorporated lived experience into our Research and Learning staff profile and have welcomed Dr Justin Chapman as our Senior Peer Research Officer. Justin brings a wealth of experience from both lived experience and research perspectives with research focusing on improving availability of, and access to, recovery-oriented healthy lifestyle programs for people with mental health issues.



Dr Justin Chapman

The inter-relatedness of mental and physical health is a focal area for the Senior Peer Research Officer. With many competing clinical priorities, time pressures, and limited resourcing, there is not always the opportunity for clinicians to focus on all aspects of health and wellbeing with consumers. Research into multidisciplinary approaches involving staff who focus on physical health, and cross-sectoral partnerships for preventative approaches, is being explored.

Previous experience of the Senior Peer Research Officer has involved fostering partnerships with Non-Government Organisations and hospital and health services to embed exercise and healthy lifestyle programs into routine practice. Following achievement of his PhD in 2016, Justin implemented and evaluated healthy lifestyle programs for people with mental health issues, as well as working with services to better address the physical health of consumers reaching over 600 people with mental health issues in eight different health service regions in Queensland, including Metro South Addiction and Mental Health Services (MSAMHS).

This foundational work led to a successful grant application from the Medical Research Futures Fund to evaluate the cost-effectiveness of exercise physiology in mental health teams, and Brisbane North Primary Health Network in 2023. The programs will be trialled over two years with Metro North Mental Health and Metro South Addiction and Mental Health Services and four Non-Government Organisations (NGOs.) With input from exercise physiologist Simon Rosenbaum, and world-renowned implementation researcher and Director of Mindgardens Jackie Curtis, this trial will evaluate the effectiveness of holistic approaches for improving quality of life and metabolic health of people with severe mental illness. Local investigators include Professor Dan Siskind; Dr Nicky Korman; Dr Marianne Wyder and Dr Geoff Lau. The aim is to recruit 400 consumers across hospital and community settings, beginning late 2024.

Further, working in one of the few identified lived experience research roles in public mental health services across Australia, there's the opportunity to elevate the consumer voice in service improvement and research. This has been evidenced through a successful small grant co-funded by the Metro South Research Support Scheme and Griffith University which will trial co-design approaches for development of research projects and identification of service improvements. This will be supported by a recently successful small grant co-funded by the Metro South Research Support Scheme and Griffith University to trial co-design approaches. It is anticipated that these co-design hubs will form closer connection to regional planning with Primary Health Networks and Non-Government Organisations. MSAMHS aims to increase and further integrate co-design initiatives and healthy lifestyle programs to make meaningful enhancements to wellbeing for the community.

By Dr Justin Chapman, Research Officer Lived Experience, Research and Learning Network



Photo Project - Ward 2A

It has been a busy year for Metro South Health Child and Youth Mental Health Service (CYMHS) with the service having grown to include new teams and units to serve the needs of our young people and their families and carers. This CYMHS expansion was also supported through a re-alignment, with the CYMHS Nursing Director, Ryan Zeppa-Cohen overseeing the acute/sub-acute stream, and Tracey Hassan, the CYMHS Director of Community Services/Allied Health overseeing our community stream. Some of the exciting highlights that have occurred thus far include university collaboration, conference presentations and new service delivery models.



Ryan Zeppa-Cohen

The re-alignment saw Ward 2A (Logan Acute Adolescent Inpatient Unit) join the CYMHS family in March 2023. Having this well-established team join the CYMHS service has been a wonderful addition. Working with our young people in this highly acute setting is both challenging and rewarding. With support from Dr Marianne Wyder (MSAMHS Research Fellow), Ward 2A has partnered with QUT to undertake a photo-journal project that focuses on the highly skilled and highly dedicated staff of Ward 2A. Its goal is to capture what it is that nourishes our staff and helps them work in this acute environment. It has been a fantastic way to capture the dedication and commitment the staff of Ward 2A have to the young people they care for. The project success is also owed to the work of Nurse Unit Manager for Ward 2A, Claire Loynd.

Two abstracts accepted for the upcoming International Conference of Mental Health Nurses, being hosted in September in Melbourne later this year. Our abstracts are for the CYMHS Acute Response Team, where Adiola Mazambani (Team Leader) will provide an overview of the model and the accomplishments of this team. In addition, the CYMHS Youth and Family Wellbeing Team; with Jessica Moussa (Team Leader), will reflect on this team's shared-care model of both clinicians and lived experience peer workers.

Finally, a dedicated CYMHS Paediatric Consultation Liaison Team has been launched across Redland and Logan Hospitals. This has been an identified area of need for CYMHS for a number of years. This Nurse Practitioner led team also includes two Clinical Nurse Consultants and will provide dedicated consultation liaison in-reach to the paediatric wards across these two hospitals. It is exciting to see this model in action to provide support to young people and our colleagues in the paediatric space.

It is important to showcase the CYMHS staff who have recently completed postgraduate degrees, as well as those who have had research published. Please refer to the postgraduate study and publications sections of this Review. It is always great to see our staff achieving such wonderful milestones.

**By Ryan Zeppa-Cohen
Nursing Director CYMHS**



Kirsten Bramham, Renee Allan,
Terry Wilson and Claire Loynd

LIGHTNING INTERVIEW

with Dr Timothy Edwards



Dr Timothy Edwards

Psychiatry PHO/Registrar
Princess Alexandra Hospital

How long have you worked in the addiction/ mental health sector?

I have worked as a psychiatry PHO/registrar with MSAMHS for the past 2.5 years.

What has been the journey to your current role?

I took a path slightly less travelled. I was always captivated by the brain and grew up reading Oliver Sacks, so I naturally gravitated to neuroscience at university. I completed a PhD during medical school and internship at the Queensland Brain Institute, followed by a postdoc at University College London before commencing as a Psychiatry registrar.

What was one thing you wish you had been taught at school/university that would have better prepared you for your role at MSAMHS?

I think something I have come to appreciate more is that medicine is fundamentally a person-centered profession which is difficult to engage in without genuineness, empathy and humility.

What is it about Learning/Research that you find most interesting?

I love research because it is a creative process. There is an adrenaline rush that comes with thinking through problems, particularly when the solutions can have a real impact for the people we care for.

Who has been the biggest influence in your life?

It's impossible for me to pick one person. I am especially grateful for the support of my family, friends, mentors and partner.

What song is at the top of your playlist?

"I'm just Ken" has been on repeat in our household since Barbie movie.

The MSAMHS Research Advisory Committee

The Research Advisory Committee (RAC) provides insights, strategies and advice on research initiatives to staff from Metro South Addiction and Mental Health Services (MSAMHS) who are interested in undertaking research. The Committee includes clinical experts with research expertise, consumer representatives, finance experts as well as University representatives. The RAC is diverse in its membership including staff from medical, nursing, allied health, lived experience and administrative backgrounds.



Angela Bryant

The work of the RAC is essential for advancing research in MSAMHS. Cognisant of the MSAMHS Research Strategic Plan 2020-2025, the Committee ensures that potential research projects meet ethical guidelines and provide advice and feedback to researchers within the Service on potential risks of the research project.

The RAC plays an integral role in ensuring high standards to meet Metro South Health Human Research Ethics (HREC) by providing guidance on the way research is conducted, ensuring the rights and welfare of study participants are adequately considered. The RAC has various roles and responsibilities in addition to the primary responsibility of reviewing and providing feedback on research proposals, including evaluating the scientific merit of the proposal, assessing the site feasibility, and the study design and identifying any potential ethical concerns. The RAC is cognisant of the potential of conflicts of interest and have established and adhere to strict guidelines for managing conflicts.

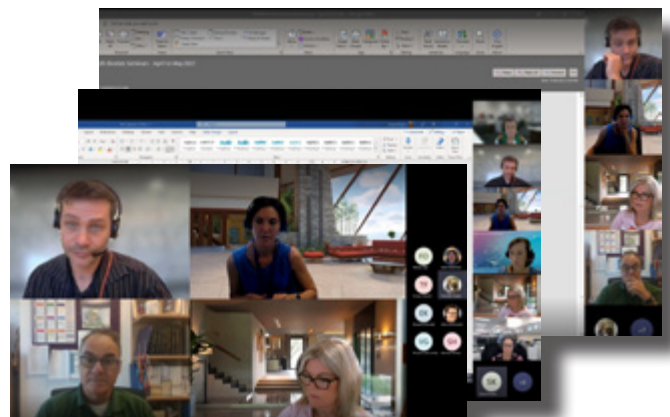
The RAC also plays an important role in promoting collaboration and networking amongst researchers both within and outside the service. RAC members draw upon their networks to bring ideas and connections from different stakeholder groups to further research opportunities.

RAC members meet quarterly over Microsoft Teams with occasional guest speakers from MSH HREC. MSAMHS is very fortunate to have such dedicated and supportive RAC members to assist researchers with their projects.

RAC Committee Members as at 30.06.23

Prof. Steve Kisely	Dr Jack Tucker
Prof. Dan Siskind	Dr Tim Edwards
Jill McDonald	Dr Nicole Korman
Dr Sarah Hamilton	Dr Justin Chapman
Dr Marianne Wyder	Angela Bryant
Dr John Paul Teo	Teresa Fawcett
Dr Pratap Naidu	Alisha Olds
Loretta Warburton	Timothy Tanzer
Adam Lo	Victoria Gore-Jones
Dr Korinne Northwood	Simone Harvey
Prof. Elizabeth Kendall	Gabrielle Ritchie
Assoc Prof. Balaji Motamarri	

By Angela Bryant, Research Coordinator, Research and Learning Network



Consumer Perspectives in Staff Training



Guy Hancock

Lived experience perspectives from consumers and carers who have accessed Metro South Addiction and Mental Health Services (MSAMHS) are embedded into service design and improvement via our Consumer and Carer Representatives Program.

Representatives (Reps) are actively involved in National Safety and Quality in Health Care Standards committees, fortnightly Executive Leadership Team meetings, public-facing document reviews and also in the delivery of QC2 Engage, Assess, Respond to and Support Suicidal People (EARS), mandatory training for staff.

Consumer Rep, Wayne Jaye co-delivers EARS training alongside the accredited trainer and MSAMHS clinician Voirrey Brown. Wayne uses his personal lived experience of suicidality to bring real-life examples of how topics covered in the course worked (or didn't work) for him. Staff have opportunities to ask Wayne questions and learn first-hand from a non-clinical consumer perspective.

In the six months from January to June 2023, nine sessions of EARS training were delivered to 125 staff members. Evaluation feedback from the training regularly includes comments on Wayne's participation.

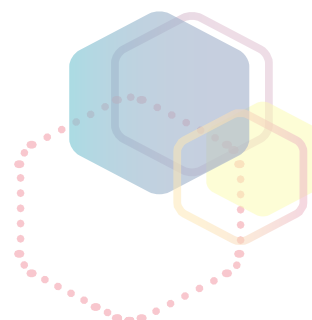


The EARS training package was developed by the Queensland Centre for Mental Health Learning, which is currently redeveloping the training to incorporate aspects of Voirrey and Wayne's approach that has blended the clinical and lived experience perspectives into training delivery. MSMAHS recognises the valued contributions of Voirrey and Wayne in delivering this training.

By Guy Hancock, Person Centred Care Advisor, Social Inclusion and Recovery

“The lived experience was a critical component to this training. Great insights, that even as an experienced clinician made me reflect on my own knowledge in this area. It was a good for reflective practice. The Consumer Representative was well spoken, articulate and respectful. He did a great job.”

“The inclusion of a lived experience worker was invaluable, it aided with seeing the process from their perspective and how we as the clinicians can pivot to make their experiences more meaningful and valuable.”



LIGHTNING INTERVIEW

with Christos Papadopoulos



Christos Papadopoulos

Consumer/Carer Representative
MSAMHS Redlands Hospital

How long have you been a consumer/carers representative?

I am both carer and I am also representing my own Mental Health experiences. I became involved as consumer partner since 2018

What committees/meetings do you sit on?

Addiction & Mental Health Services Executive Leadership Team (ELT), Chief Psychiatrist Steering Committee, Crisis Systems Reform Implementation, Logan Crisis Support Space, Standard 6 Committee, FITTEST frailty study, QLD equity framework, Consumer and Community Involvement (CCI) Community of Practice (COP), Qld Digital Health Research Committee, Digital Health SIG, and I am also involved as research participant in a number of research initiatives, etc.

What is it about this committee/meeting that you find most interesting?

I enjoy the Addiction & Mental Health Services ELT processes, procedures and (most of all) participants. I am hooked on being part of what impacts on my community's health with such a great group of professionals.

What's one thing you would recommend addiction and mental health services staff should do?

I have no response to this, as I find the staff I have worked with so generous with their time and their care. I have been in senior work environments all my life and this is one of those rare occasions where I absolutely love working with this group of people.

Who has been the biggest influence in your life?

I had to survive in a foreign country from the age of sixteen which meant having to rely on friendships and relationships. I brought with me my family's and community's teachings that community is greater than the individual and that it is only through cooperation that we achieve and advance as a world.

What haven't you crossed off your bucket list?

Beating my compatriot's success in living till she was 117 years old. It is not going to stop me though!

What song is at the top of your playlist?

This is a difficult question – I have over 2,500 CDs ranging from classical to blues, rock, folk, world, etc. I adore the poetry of Leonard Cohen (any song) and I have just gone back to Hamilton since I saw the musical.

Training, Collaborations and Research: Learning to Provide Quality Care for Consumers with Eating Disorders

Over the past few years, the Child and Youth Mental Health Service (CYMHS) in Metro South Addiction and Mental Health Services (MSAMHS) has invested in the training and development of our clinical workforce to provide evidence-based, quality treatment for our consumers with eating disorders.

In the [Research and Learning Year in Review 2021/2022](#), Raymond Ho (former Deputy Director of CYMHS at MSAMHS) described the collaboration with Dr Andrew Wallis from The Children's Hospital at Westmead to provide training to CYMHS clinicians in "Family Based Treatment for Anorexia Nervosa" (FBT). Two FBT foundation training programs were delivered in November 2020 and June 2022 to over 30 CYMHS clinicians, with an additional three individual advanced training days to be delivered during 2022/2023 to approximately 15 clinicians.

In addition, Dr Wallis has provided monthly group supervision to FBT trained clinicians since 2021, which we will be continuing for another 12 months.

2022 provided us with an opportunity to further build on the establishment of FBT as a core clinical framework within CYMHS, with the successful application by Dr Marianne Wyder, Senior Research Fellow, in collaboration with CYMHS, for the Metro South Health Research Support Scheme. The research team includes four CYMHS staff; Dr Wallis and two carers whose child previously received FBT treatment at CYMHS. The grant focuses on the implementation of FBT within CYMHS and identifying opportunities for adaptations and other learnings.

2023 has not disappointed, and again has provided CYMHS with an opportunity to further develop learning opportunities in the area of eating disorders for clinicians. As well as continuing the monthly group supervision with Dr Wallis and undertaking the research within the grant, CYMHS clinicians are participating in all four of the working groups within the MSAMHS Eating Disorder Project.



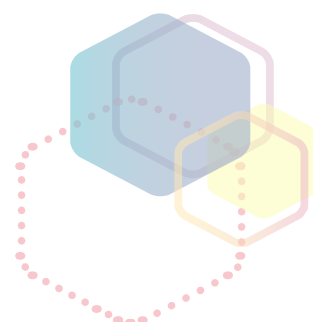
Tracey Hassan, Marianne Wyder and Raymond Ho

CYMHS will also be establishing the MSAMHS Eating Disorder Community Hub in 2023. This will provide us with the opportunity to broaden the scope of workforce learning and capability to include all divisions in Metro South Health for the adult and child & youth community teams. We look forward to engaging with all of our key internal and external stakeholders through the co-designed development of the model of service and establishing a robust evaluation framework for this program.

By Tracey Hassan
Director CYMH Community Services & Allied Health

References:

Lock, J. & Le Grange, D. (2012) Treatment Manual for Anorexia Nervosa: A family-based approach (2nd ed.) Guildford Press.



Motivational Interviewing

Motivational Interviewing (MI) is a highly effective therapeutic approach used to empower people to make healthy behavioural choices. First developed by Professors Bill Miller and Steve Rollnick for use in the treatment of problem drinking, MI now has demonstrated effectiveness in assisting people to change a broad range of health behaviours. Motivational Interviewing is a prominent therapeutic approach within the [MSAMHS Therapy Capability Framework](#) at the Metro South Addiction and Mental Health Services (MSAMHS).

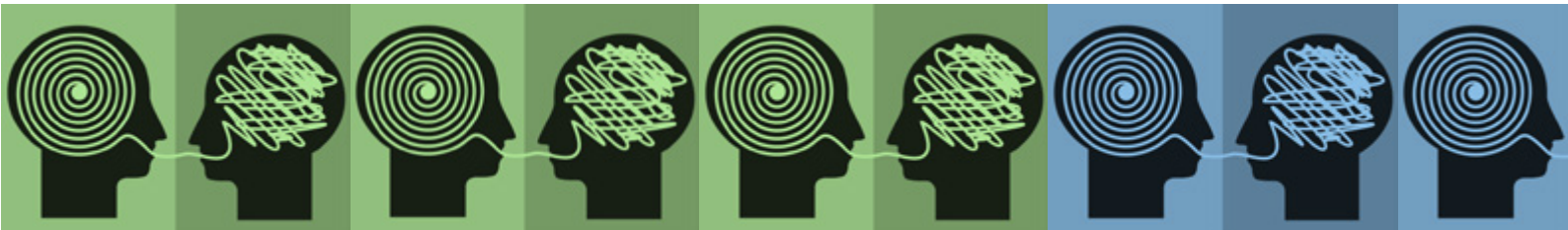


MSAMHS Therapies & Allied Health Director and MSAMHS Addictions and Access Services Director welcomed back [Dr Stan Steindl](#) to provide Motivational Interviewing training in early- mid 2023.

Stan is a Clinical Psychologist at Psychology Consultants Pty Ltd, and an Adjunct Associate Professor at University of Queensland School of Psychology. With over 20 years' experience as a therapist, supervisor, and trainer, including MI training since 2007, he has provided MI training across a wide range of organisations and clinical fields.

All of the Motivational Interviewing courses were well attended and well received. The two-day Foundation to Practice Informed course incorporated didactic components as well as experiential learning and group discussion. The one-day refresher was aimed at previously trained staff providing more advanced practice levels, translatable into a supervisor or mentor context.





Collectively, 104 staff took advantage of this training. Feedback from the attendees included:

“Exceptionally good workshop, very worthwhile indeed.”

“I enjoyed practicing MI in small groups.”

“Stan is a very knowledgeable and engaging presenter.”

“I enjoyed the pace and different learning activities.”

“Stan’s approach, style and encouragement is all very positive.”

To support practice development in Motivational Interviewing (MI) a Community of Practice (CoP) was created. Communities of Practice allow us to exchange practice experiences for the purpose of developing individual practice and building collegial support to consolidate and sustain practice within systems. The MI CoP is within the Dual Diagnosis Coordinator portfolio, to monitor and support the implementation and sustainment of the group. The group commenced in June, with MI Advanced Practitioner Sandra Clancy initially facilitating. Dr Stan Steindl will be attending as a guest in future sessions.

Additional Motivational Interviewing training with Dr Stan Steindl is being planned again for 2024.

By Sandra Clancy CNC Dual Diagnosis Coordinator

David Baker CNC Nurse Educator

Jillian McDonald CNC Brief Interventions & Nursing Strategic Support



Reflections and Milestones: A Year in Review for the Older Adult Mental Health Services

The Older Adult Mental Health Service (OAMHS) delivers specialist evidence-based psychogeriatric care through a highly skilled workforce.

These clinicians have typically pursued professional development externally, while themselves contributing to training and unassumingly leading in older adult education and practice at the Royal Australian and New Zealand College of Psychiatrists and in Queensland Health, respectively. The OAMHS at Metro South Health is unique in its ubiquitous presence in leadership and in employing operational models of care, inspiring what should represent the norm for older people, yet unfortunately remains aspirational for many other health services. As a result, Metro South OAMHS has become a beacon of excellence in older adult mental health care, consistently reviewing and enhancing models of service delivery. In 2022/23 we set forth some unconventional goals to elevate our service profile within the organisation and successfully implemented a pioneering approach at the time.

“The strength of a team is each individual member. The strength of each member is the team.”

- Phil Jackson

In the past, the older adult teams operated under a unified banner, however, opportunities for integration between the separate clinical teams were limited to Grevillea Place, the specialist psychogeriatric unit at Princess Alexandra Hospital. Limited chances existed for staff to mutually enhance their professional growth or to initiate service-wide modifications to models of care. This was further eroded during the Covid-19 years, when online meetings curtailed the networking potential of the workforce. In October 2022, the OAMHS’ most senior personnel, including consultants, team leaders and representatives from administration, nursing and allied health, convened for a Senior Leaders Planning Forum. The central focus of this forum was a comprehensive review of the service-wide model of care. The teams were tasked with challenging their own preconceptions of older adult care and venturing outside their comfort zones, exemplified by our completion of the ‘Friday Night at the ER’ exercise. Notably, we stood as the inaugural



Dr Eesharnan Mahendran



Dr Shirlonny Morgan



Lorna McMahon

mental health department to participate in this activity, which provided our team with a fresh perspective on catalysing positive changes in areas identified as a collective team or service goals. Since then, there have been thirteen separate Quality Improvement Projects (QIP) that have commenced, complemented by three research projects in development stages. The OAMHS staff persist in their collaborative efforts across the service, contributing to the execution of these initiatives, which has proven to be profoundly rewarding from a professional standpoint for all involved parties.

Inter-Professional Continuing Development QIP

The inception of this QIP aimed to establish a repository for the educational materials delivered by our clinicians and doctors to Metro South Health staff and stakeholders. Its objectives encompassed elevating the expertise of our clinical staff and enhancing the skillset of our older adult workforce. To support our own staff in delivering a specialised psychogeriatric service, we commenced a bi-monthly online in-service programme with an older adult perspective. To commemorate delivering one year of sessions, we convened an in-person half day meeting for all our OAMHS staff, that focussed on meeting the care need for Aboriginal and Torres Strait Islander Elders. Our clinical team have also curated content for various platforms, including the Primary Health Network Health Pathways, MSHLearn Delirium modules, and online modules tailored for Residential Aged Care Facility (RACF) staff.

Falls Prevention QIP

On reflection of our clinical cohort, we identified the need to better profile the complex co-morbidity and frailty of our consumers. In accordance with our commitment to align our service with Comprehensive Care Standards, we took proactive measures and conceptualised the 'Community Falls Prevention Pathway'. This pathway was launched during the "April, No Falls" campaign, and has already led to an 150% increase in appropriate referrals to the exercise physiologist at Princess Alexandra Hospital. We have started identifying risk profiles for these consumers and the QIP has already highlighted an area of unmet need. Together with our allied health partners we have begun developing a new model of care to meet the needs of this high risk, vulnerable group of consumers and have started applying for funding grants.

Age-Friendly Documentation QIPs

The imperative of health services to embrace a more 'age-friendly' ethos is becoming increasingly recognised, extending beyond environmental modifications. There is usually no accommodation in the written information we provide to consumers and their carers of the evolving changes in perception and cognition that accompany the normal ageing process. A dedicated initiative in the form of a QIP was commenced in the older adult team to develop an age-appropriate safety plan. This QIP not

only considers the unique suicide risk profile among older individuals, but also reimagines the presentation of written information to enhance understanding and recollection of this information. In collaboration with our carer consultant, we have also created information sheets for consumers and carers outlining details about the service, partner organisations and community-based supports.

These examples of OAMHS quality improvement projects demonstrate the proactive stance taken by our staff in employing a comprehensive framework for advancing the safety, effectiveness and experience of care we deliver. This approach aligns our healthcare delivery with the distinct needs of this consumer demographic that is evolving and growing at an unprecedented pace. The expertise of our clinical staff is driving improvements across our service, raising the profile of our experienced and dedicated staff and future proofing our workforce for the silver tsunami on the horizon.

By Dr Shirlony Morgan, Clinical Director Older Adult Service

Lorna McMahon, Clinical Nurse Consultant and Educational Portfolio Co-lead

Dr Eesharnan Mahendran, Staff Specialist and Educational Portfolio Co-lead

Below: Older Adult Mental Health staff attending the OAMHS Inservice morning, focussing on the Aboriginal and Torres Strait Islander Elders, June 2023.



Research Abstracts



Patient and Clinician Experience of Using Telehealth During the 'COVID-19 Pandemic in a Public Mental Health Service in Australia

Lewis Robinson, Charles Parsons, Korinne Northwood, Dan Siskind , and Peter McArdle



Measuring recovery-oriented rehabilitation language in clinical documentation to enhance recovery-oriented practice

Veronica De Monte, Angus Veitch, Frances Dark, Carla Meurk, Marianne Wyder, Maddison Wheeler, Kylie Carney, Stephen Parker, Steve Kisely and Dan Siskind



The effect of exercise on global, social, daily living and occupational functioning in people living with schizophrenia: A systematic review and meta-analysis

Nicole Korman, Robert Stanton, Anna Vecchio, Justin Chapman, Stephen Parker, Rebecca Martland, Dan Siskind & Joseph Firth



When double dosing is appropriate: Use of the two injection start protocol for aripiprazole depot.

Isabelle Wu, Greg Spann & Caroline Chiu



Verbal and visual learning ability in patients with treatment-resistant schizophrenia: A 1-year follow-up study

Urska Arnautovska, Kathryn Vitangcol, James P. Kesby, Nicola Warren, Susan L. Rossell, Erica Neill, Anthony Harris, Cherrie Galletly, David Castle and Dan Siskind



Optimising plasma clozapine levels to improve treatment response: an individual patient data meta-analysis and receiver operating characteristic curve analysis

Korinne Northwood, Urska Arnautovska, Steve Kisely, Mrinal Pawar, Nicola Warren & Dan Siskind



Alteration patterns of peripheral concentrations of cytokines and associated inflammatory proteins in acute and chronic stages of schizophrenia: a systematic review and network meta-analysis

Sean Halstead, Dan Siskind, Michaela Amft, Elias Wagner, Vladislav Yakimov, Zoe Shih-Jung Liu, Ken Walder, Nicola Warren



Intuitive eating predictors and outcomes in people with severe mental illness participating in a lifestyle intervention

Irene Henry, Nicole Korman, Donni Johnston, Scott Teasdale, Tetyana Rocks, Sarah Childs, Annelisette Russell and Justin Chapman

Partnering in Early Psychosis

Metro South Addiction and Mental Health Services works in collaboration with many stakeholders to enhance consumer care. Two of our primary stakeholders include the Brisbane South Primary Health Network and Headspace in Meadowbrook.



David Baker

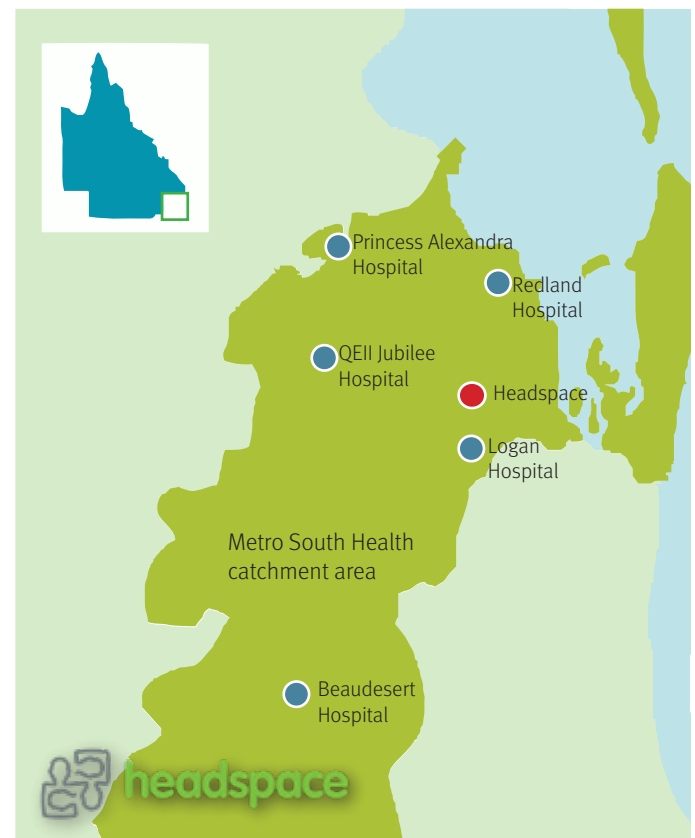
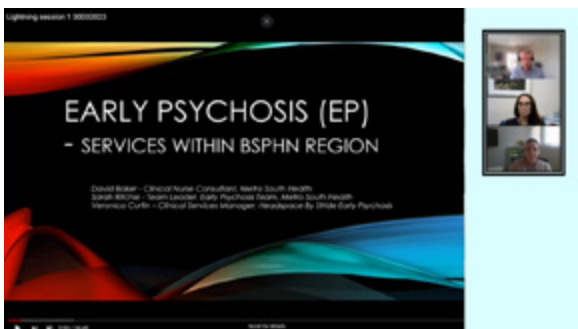
Following an invitation from the Brisbane South Primary Health Network (BSPHN), Sarah Ritchie (Team Leader, Early Psychosis, PAH) and David Baker (acting CNC, Early Psychosis, Logan) collaborated with Veronica Curtin, the Clinical Service Manager from headspace, Meadowbrook, to deliver a lightning presentation about Early Psychosis Services in the local area.

Thirty-three group members from the BSPHN participated in the presentation and discussion which followed on Microsoft Teams. Topics covered included an introduction into psychosis, interventions based on Pat McGorry's phases of care, the importance of early detection and intervention, scope of practice and key contacts. Not only did the attendees find the presentation helpful but collaboration in the planning

stage meant that the presenters gained a better understanding of one another's services, their models of care, gatekeeping and referral processes as well as challenges and solutions. Furthermore, presenters were able to benefit through sharing valuable resources. Jointly presenting in itself was evidence of a partnership in integrated service delivery.

A recording of the presentation can be viewed [here](#).

By David Baker, Education Manager, Research and Learning Network



Learning Through our Standard Committees



The Metro South Addiction and Mental Health Services (MSAMHS) is committed to continuous improvement and providing safe, quality care to all our consumers. One of the ways in which we enable this to happen is through our National Safety and Quality Health Service (NSQHS) Standard Committees.

Our standard committees monitor our service performance against the national standards through continuous review of regular audits in the inpatient and community environments as well as monitoring compliance against mandatory training. Irregular outcomes are identified at the committee level, and quality improvement strategies are implemented. These include design and implementation of quality improvement projects; development of new and updates to orientation and professional training; updates to procedures; communication with stakeholders; and development and implementation of resources; to name but a few.

Standard committees are made up of clinicians from across our service, representatives from our Social Inclusion and Recovery Directorate, as well as members of the Safety Quality and Improvement Support Unit. For the first time this year, committees also included consumer representatives who provided invaluable insights from the consumer perspective.

The success of the committees was demonstrated through MSAMHS's successful outcome of accreditation.

Committees, subcommittees and members include :

	Standard	Chairs, Co-Chairs & Quality Reps	Sub-Committees
	Standard 1 Clinical Governance	Jeremy Van den Akker Linda Hipper Consumer Representatives : <ul style="list-style-type: none"> Jordan Van Rosmalen Wayne Jaye 	Continuous Accreditation Readiness Committee Eating Disorder Steering Group ELT Committee LGBTIQ+ Committee Making Tracks to Health Equity Committee Morbidity and Mortality Committee Clinical Governance Committee Data and Information Governance Committee
	Standard 2 Partnering with Consumers	Karen McKann Guy Hancock Jeremy Van den Akker Consumer Representatives : <ul style="list-style-type: none"> Wayne Jaye 	Partnering with Consumers Committee Consumer Feedback Management Committee
	Standard 3 Preventing and Controlling Infections	Jeremy Van den Akker Fiona Dziopa Tegan Ann Streets	
	Standard 4 Medication Management	Theo Theodoros Isabel Chan Gregg Span Tegan Ann Streets	Medication Management Committee Clozapine Committee (Bayside, Logan, PAH) Medication Safety Committee (Bayside, Logan, PAH) Community Medication Safety Committee
	Standard 5 Comprehensive Care	Balaji Motamarri Geoff Lau Fiona Dziopa Kallie Jackson Kylie Dodds Rosie Lyons	Comprehensive Care Steering Committee Cognitive Impairment & Delirium Project Group Planning and Delivering Care Committee Least Restrictive Care Committee Neurostimulation Committee Suicide Prevention and Planning Committee
	Standard 6 Communicating for Safety	Loretta Warburton Fiona Dziopa Rosie Lyons	
	Standard 8 Recognising and Responding to Acute Deterioration	Balaji Motamarri Shalandran Padayachee Samara Russell	

Training Needs Analysis (TNA)

Metro South Addiction and Mental Health Services (MSAMHS) fosters a keen understanding of training priorities across its service areas. The Research and Learning Network undertook a Service Wide analysis through a survey of line manager and individual staff members in 2022 to identify training priorities across the service.



Loretta Warburton

This Training Needs Analysis (TNA) focused on three sections seeking to identify training needs in the areas of Clinical Practice, Therapies and Interventions as well as Soft Skills. Two questionnaires were administered via Microsoft Forms, one to garner the line manager perspective and the other to gather insights from individual staff members. The response rates for the TNA were n=26 and n=143 respectively. While this showed a small decrease from the previous Training Needs Analysis response rate, in the context of COVID-19, this was still a very good engagement rate.

The TNA indicated the primary priority areas from the Therapies and Interventions section as being Trauma Informed Care, Motivational Interviewing, Brief Intervention and Dialectical Behaviour Therapy. In the Soft Skills section, priority areas highlighted included Leadership; Coaching and Mentoring of Others; Conflict Management and Negotiation as well as Communication and Interpersonal Skills. The TNA also identified the shift in training priorities from the previous iteration of the surveys in 2020 to 2022.

As a result of the TNA, the Research and Learning Network has developed a resource indicating where staff can readily access training priorities identified. Other work is underway to develop and source training opportunities for our staff in the top areas identified. The TNA will be administered again in the following year and continue to inform focus areas for the service.

Who completed – Individual Needs Survey



Therapies and Interventions	Individual Survey
Trauma Informed Care	1.0
Motivational Interviewing	1.0
DBT	1.0
ECT	1.0
Injection Techniques	1.0
Accessing & Maintaining Vocation	1.0
Leadership	1.0
Coaching and Mentoring of Others	1.0
Conflict Management and Negotiation	1.0
Communication and Interpersonal Skills	1.0
Standards	1.0
Risk of Self-Harm	1.0
Risk of Suicide	1.0
Meeting the needs of diverse and high risk consumer groups	1.0
Family and Carer Interventions	1.0
Cultural Competency (Cultural & Linguistically diverse patients)	1.0
Communicating with parents, carers, families	1.0
Risk of suicide	1.0
Trauma Informed Care	1.0
Motivational Interviewing	1.0
Brief Interventions	1.0
Coaching & Mentoring Others	1.0
Leadership Skills	1.0
Communication and Interpersonal Skills	1.0

Results – Therapies and Interventions Individual Survey

- Top 3 :**
- Trauma Informed Care
 - Motivational Interviewing
 - DBT

- Bottom 3 :**
- ECT
 - Injection Techniques
 - Accessing & Maintaining Vocation

Results – Therapies and Interventions Line Manager Survey

- Top 3 :**
- Trauma Informed Care
 - Motivational Interviewing
 - Brief Interventions

What has changed – since TNA 2020

2020 TNA Survey Top 3	Current Top 3
<p>Standards:</p> <ul style="list-style-type: none"> • Cultural Competency (Cultural & Linguistically diverse patients) • Communicating with parents, carers, families • Risk of suicide <p>Therapies & Interventions</p> <ul style="list-style-type: none"> • Trauma Informed Care • Motivational Interviewing • Family and Carer Interventions <p>Soft Skills</p> <ul style="list-style-type: none"> • Communication and Interpersonal Skills • Conflict Management & Negotiation skills • Leadership Skills 	<p>Standards</p> <ul style="list-style-type: none"> • Risk of Suicide • Risk of Self-Harm • Meeting the needs of diverse and high risk consumer groups <p>Therapies & Interventions</p> <ul style="list-style-type: none"> • Trauma Informed Care • Motivational Interviewing • Brief Interventions (5 sessions or less) <p>Soft Skills</p> <ul style="list-style-type: none"> • Coaching & Mentoring Others • Leadership Skills • Communication and Interpersonal Skills

By Loretta Warburton, Education Manager, Research and Learning Network

Coping with Voices

A study that integrates Cognitive Behaviour Therapy for psychosis (CBTp) with the values and methods of the peer led Hearing Voices Networks (HVN) is clinically original, but also innovative. This combination does not exist in Australia despite strong evidence for both interventions. While published guidelines provide useful theoretical standpoints and validated techniques, they are typically not presented in an accessible manner for non-therapy-expert mental health workers, stressing the need for a new approach.

By combining the key elements of (CBTp) with the knowledge and values of the peer led hearing voices networks (HVN) something new has been developed. A low intensity, 10 session group-based manualised intervention for distressing voices known as Coping with Voices. Coping with Voices was designed to be delivered weekly for 10 weeks by mental health workers including peer support workers in their regular mental health settings. The materials and activities for Coping with Voices is based upon over 15 years of work and collaboration with 'experts by profession' and more importantly 'experts by experience'.

The inclusion of a new therapy program in large health organisations such as the one participating in a PhD program by Gordon Kay occurs in stages. Prior to making the implementation decision for Coping with Voices, a solid rationale was required before moving forward. An unpublished single site exploration pilot study report was presented to the Health Service Board of Directors (Kay, 2012). The results showed that this group was efficacious for all of the seven individuals who attended. Overall, the participant feedback was indicative of individuals having experienced some therapeutic gain, both as a result of formal therapy and group process. Thus, overall, the pilot study evidence was taken to be supportive of

the use of Coping with Voices. This provided the impetus for broader multi-site leadership in this area. The correct types of resources were made available in-house which was a key determinant of implementation success. Organisational support provided for the availability of therapy champions, group rooms for each site, the establishment of referral pathways, training and supervision of staff which all greatly facilitated the multi-site implementation and study of Coping with Voices.

The Coping with Voices program was delivered in Brisbane, Australia between 2013 and 2019, groups were run at either community-based clinics or residential rehabilitation units. Twenty-two staff were recruited as facilitators and 61 voice hearers agreed to participate in the multi-site study.

Facilitator feedback proposes Coping with Voices is an effective and acceptable intervention that is consistent with the evidence base. Voice hearers will certainly find it beneficial. Facilitators enjoy this work and feel confident delivering the intervention. They would suggest the use of this intervention to voice hearers and other clinicians. Participant feedback was overwhelmingly positive. It advises the importance of forming a connection with other voice hearers, and developing an understanding of how to cope with hearing voices. The quantifiable data showed a significant reduction in negative beliefs about voices, voice severity, distress about voices and the perceived power of the voices. Furthermore, there was a significant reduction in the number of hospital admissions and an improvement in basic life



Gordon Kay

skills for group attendees versus non-attendees at 12 months follow up.

Publications (The facilitators' perspectives of delivering a 'Coping with Voices' group. Part 1 and Results from a quasi-controlled trial of a "Coping with Voices" group. Part 2) provide a rich understanding of a group-based intervention on individuals with distressing voices and contributes to a growing body of evidence that suggests low intensity group-based approaches that are specifically developed for distressing voices can be of great benefit.

There is a clear vision for the future. Coping with Voices has become embedded into routine care across Metro South. Prior to Covid-19 putting a stop to all face-to-face therapies it is estimated that well over 200 voice hearers have attended Coping with Voices.

**By Gordon Kay
Senior Social Worker ,PAH Adult
Community East Team**

Medical Education

The Medical Education Committee is led by A/Professor Balaji Motamarri and includes membership from all three clinical sites including the registrar and consultant groups. The Committee is supported by Katie Sorensen and Belinda Wise.



A/Prof Balaji Motamarri

There were many high quality cases, journal club and grand round presentations during the year. Some of the standout presentations for 2022 include educational sessions on Motivational Interviewing by Dr Stan Steindl, Domestic and Family Violence by Katie Brooker, as well as, Medicolegal and Coroner Processes by Susan Hefferan.

A new initiative for 2022 was the introduction of the Metro South Medical Recognition Awards presented by special guest, Dr Paul Schneider. The deserving winners of the recognition awards are commended by the Committee. Details on each award recipient are as follows :

MSAMHS Registrar Research award:

Dr Timothy Edwards, Psychiatric Registrar, Princess Alexandra Hospital : “DRAXIN regulates interhemispheric fissure remodelling to influence the extent of corpus callosum formation”.

MSAMHS Quality Improvement Activity award:

Dr Mina Mina, Paediatric Registrar, Logan Evolve Therapeutic Services : “Monthly Medical Handover”.

MSAMHS Teaching awards:

Logan Directorate: Dr Jacki Macmaw and Dr Martin Beckmann

Redlands Directorate: Dr Farouk Syed-Jaffar and Dr Mei Siew

Princess Alexandra Directorate: Dr Dilprasan De Silva and Dr Korinne Northwood

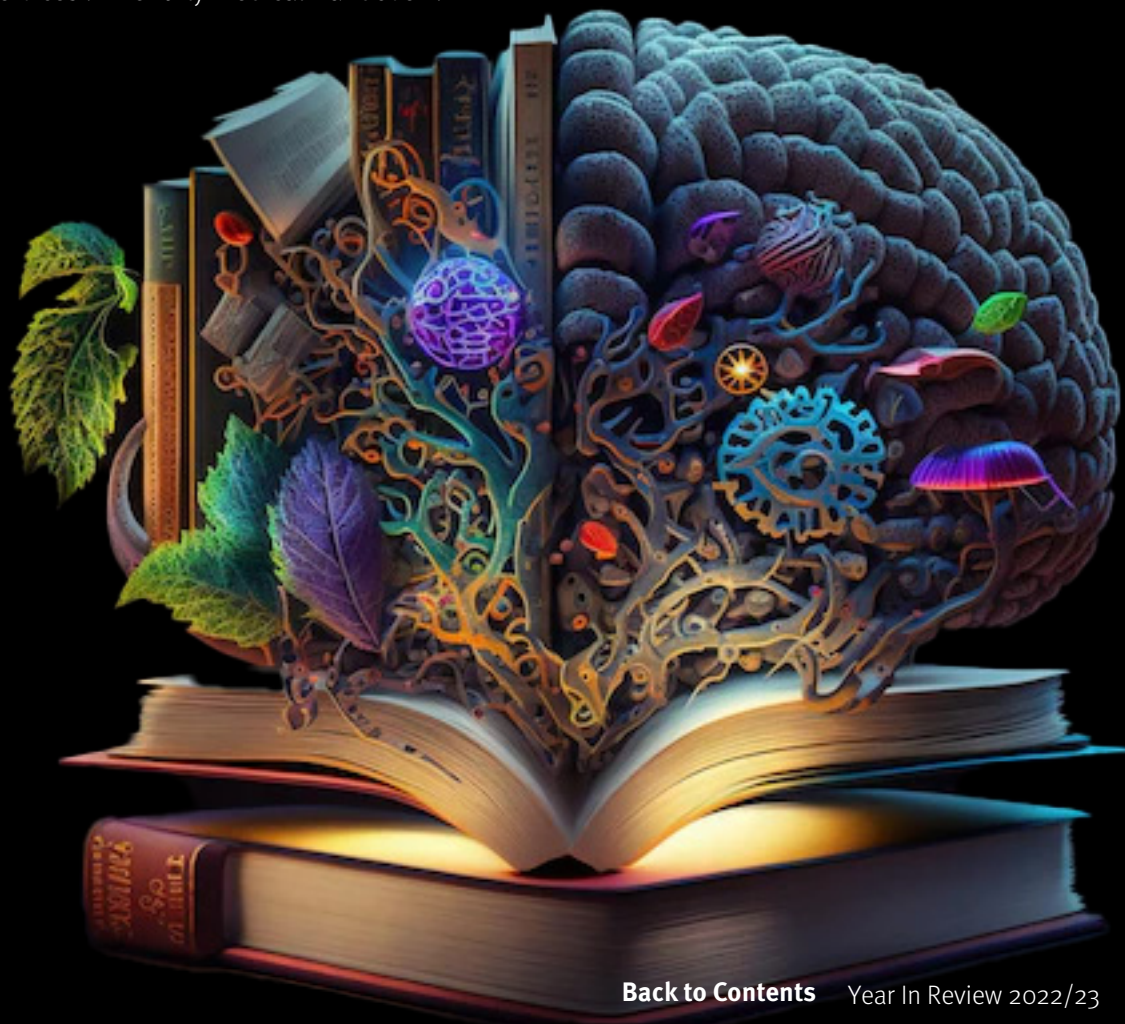
MSAMHS Chief Registrar Recognition:

Dr John Cross

Dr Josh Price

Dr Peter Tu

Dr Bernadette Bellette



Understanding the Essential Skills of Effective Supervisors

Thesis title: Development and Psychometric Validation of the Generic Supervision Assessment Tool (GSAT) for Assessing Competency Among Clinical Supervisors.

Clinical supervision is considered a complex activity with its own unique pedagogy that is an essential element of developing and supporting agile, effective and resilient workforces, and delivery of ethical, safe, and effective outcomes. The increased focus on competency and capability for the supervising workforces has highlighted the critical need for accessible, relevant, and valid means of measuring clinical supervisors' efficacy. While there have been many advances in this field, a noticeable gap remained in the availability of reliable evaluation tools that reflected multiple reflective lenses, were valid for use across diverse workforces, benchmarked core competencies, and were freely accessible.

To fill the gaps in supervisor competency assessment, Sarah Hamilton developed, piloted, and psychometrically validated the Generic Supervision Assessment Tools (GSAT), testing their efficacy across a broad cross section of supervising professions. The GSAT tools assess the core supervisor competencies that are fundamental for the delivery of effective clinical supervision, regardless of profession or practice setting. Consisting of three tools (GSAT-SR Supervisor, GSAT-SE Supervisee and GSAT-A Assessor) the GSAT is designed to capture and triangulate multiple reflective lenses to enhance reflective feedback.



The research consisted of four sequential studies that informed the final validation of the suite of GSAT tools.

Study 1 encompassed the theoretical development of the GSAT and included a systematic review of the literature, internal and external expert review of the draft GSAT competency items, and piloting of the GSAT tool with a multidisciplinary cohort.

Study 2 tested the initial psychometric properties of the GSAT for supervisors (GSAT-SR) and supervisees (GSAT-SE) through exploratory factor analysis (EFA) carried out on the 32 GSAT-SR items, with principal components analysis (PCA) as the extraction method. Twelve supervising professions including social work, dietetics, counselling, psychotherapy, psychology, nursing, medicine, occupational therapy, and lived experience practitioners across Aotearoa, New Zealand and Australia were recruited, resulting in a sample of 479 supervisors and 447 supervisees. Supervisor and supervisee datasets were analysed in SPSS using PCA extraction methods, and provided a preliminary understanding of the internal reliability and convergent validity of these tools. EFA results indicated the 32 items clearly loaded to a four-factor solution for GSAT-SR and a two-factor structure for GSAT-SE. In both cases, the tools had strong internal reliability and convergent validity with other similar supervision rating tools and strong face validity.

Study 3 established the final structure and validity of the GSAT tools through confirmatory factor analysis (CFA) of the supervisor and supervisee GSAT based on the refined EFA models. A second independent participant pool of 182 supervisors and 186 supervisees was recruited from a diverse demographic of professions to provide the CFA dataset which was analysed with R statistical software version 4.0.2, to confirm the construct validity of the GSAT-SR and GSAT-SE. The findings confirmed that the GSAT-SR (supervisor) consisted of four domains and 26 items, and that the GSAT-SE (supervisee) had two domains and 21 items.

Study 4 evaluated the GSAT-A as a third-party observation assessment tool with the recruitment of 17 supervision dyads to test the GSAT-A as an evaluation tool for use with video observational assessment. The findings confirmed the GSAT-A has strong face validity and usability when combined with the GSAT-SR and GSAT-SE to assess supervisor competency via video. Analysis of the GSAT-A reliability showed very strong internal reliability and interrater reliability. Supervisees rated their supervisor's competence significantly higher than both the supervisor and third-party assessor; however, there was no significant statistical difference between the supervisor and assessor ratings.

This research confirmed that the GSAT tools are psychometrically valid, demonstrate adequate construct validity, and reflect the hypothesised supervisory competency constructs. Additionally, the results of experience surveys and interviews have been overwhelmingly positive, with participants indicating a high level of user confidence, reporting strong agreement that the GSAT tools are applicable to their practice and measure supervisor competence.

Collectively the findings of this study provide exciting opportunities for progressing international multidisciplinary understanding of essential supervisor competencies. The GSAT tools, GSAT User Guide and associated resources provide supervisors, supervisees, supervision educators with relevant tools to support purposeful reflections on supervision practice. The GSAT tools are freely available online (GSAT Resources | Generic Supervision Assessment Tool) in both Microsoft Word and Writable Adobe PDF versions that self-calculate users scores. Since release the GSAT tools have been utilised by supervisors, supervisees, educators and researchers across ten countries around the world.

Research projects/partnerships:

Sarah is a co-investigator on a University of South Australia (UniSA) Clinical & Health Sciences research evaluation titled 'Clinical Supervision and Mentorship Program Evaluation'. This work is being led by Professor Nicholas Proctor, Dr Joshua McDonough and Dr Kate Rhodes.

Generic Supervision Assessment Tool Supervisor



Supervisee:

Supervisor:

Date:

Scoring Key	
No skill	Superior skill
0	100
<input type="checkbox"/> <input type="checkbox"/> N/A	
Instructions The following tool will assist you to reflect on your competency in providing clinical supervision. Thinking of your supervision practice rate your perceived level of skill on each of the competency statements below by placing a mark on the 100-point visual analogue scale using the scoring key as a guide. If you think an essential skill is not relevant to your supervision, then please mark Not Applicable N/A. Where you think you feel you missed demonstrating an essential skill then please score this item as Absent 0.	
Rating	Scoring key examples
0 - 19	Absence (0) of essential skill or Inappropriate application (1-19) of essential skill
20 - 39	Limited skill with problems evident.
40 - 59	Foundational level of skill with minor problems evident.
60 - 79	Proficient level of skill with consistent level of practice
80 - 89	Advanced level of skill with high level of consistency in practice
90 - 100	Expert level of skills with consistently high level of practice evident.
N/A	N/A May have the skill but its application was not applicable to supervision sessions.
Fundamental feedback processes (Mark your skill level between 0-100 or circle N/A)	
1. Addresses cultural diversity (e.g., ethnicity, race, age, ability, gender, religion, sexual orientation) issues between the supervisee and their client's, and between the supervisee and supervisor. <input type="checkbox"/> <input type="checkbox"/> N/A	
2. Acknowledges and works appropriately with power differentials in the supervision relationship. <input type="checkbox"/> <input type="checkbox"/> N/A	
3. Establishes and maintains professional boundaries in supervision including communicating evaluation methods and maintaining confidentiality. <input type="checkbox"/> <input type="checkbox"/> N/A	



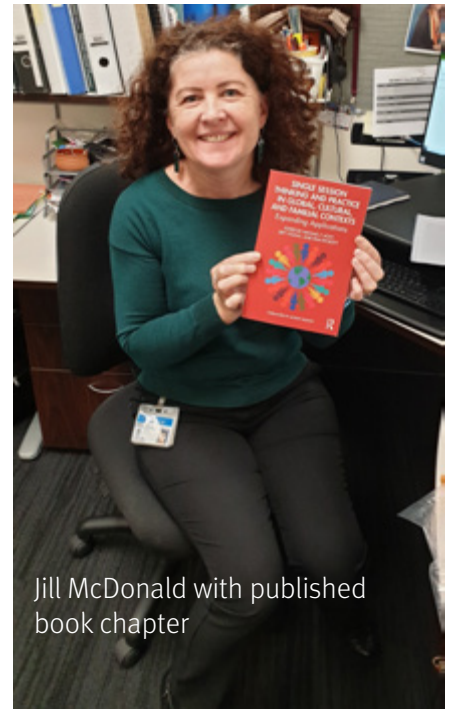
Dr Sarah Hamilton

By Dr Sarah Hamilton
Statewide Professional Practice Leader - Social Work
Metro South Addiction and Mental Health Services

Awards & Accolades



MSAMHS Medical Workforce Recognition Awards



Jill McDonald with published book chapter

Right: Dr Sarah Hamilton has completed her PHD. Development and Psychometric Validation of the Generic Supervision Assessment Tool (GSAT) for Assessing Competency Among Clinical Supervisors. Congratulations!



Above: Michelle Combo, Deborah Mitchell-Macaulay and Leigh-Anne Pokino said they were proud and humbled to win the prestigious 2022 International Racial Equity Leadership Award which will be presented to them in Washington DC in early October.



Left: The Perinatal Wellbeing Team are the proud winners of a research award trophy presented for their publication about a revised model of care for nurse practitioners. Jennifer Bennett, Erica Holder and Simone Harvey.



Awards & Accolades



Announcing the MSH Nurse and Midwife of the Year for 2023! A big congratulations to Emma Norton, Team Leader for Woolloongabba Alcohol and Drug Service for taking out the prestigious title of MSH Nurse of the Year.

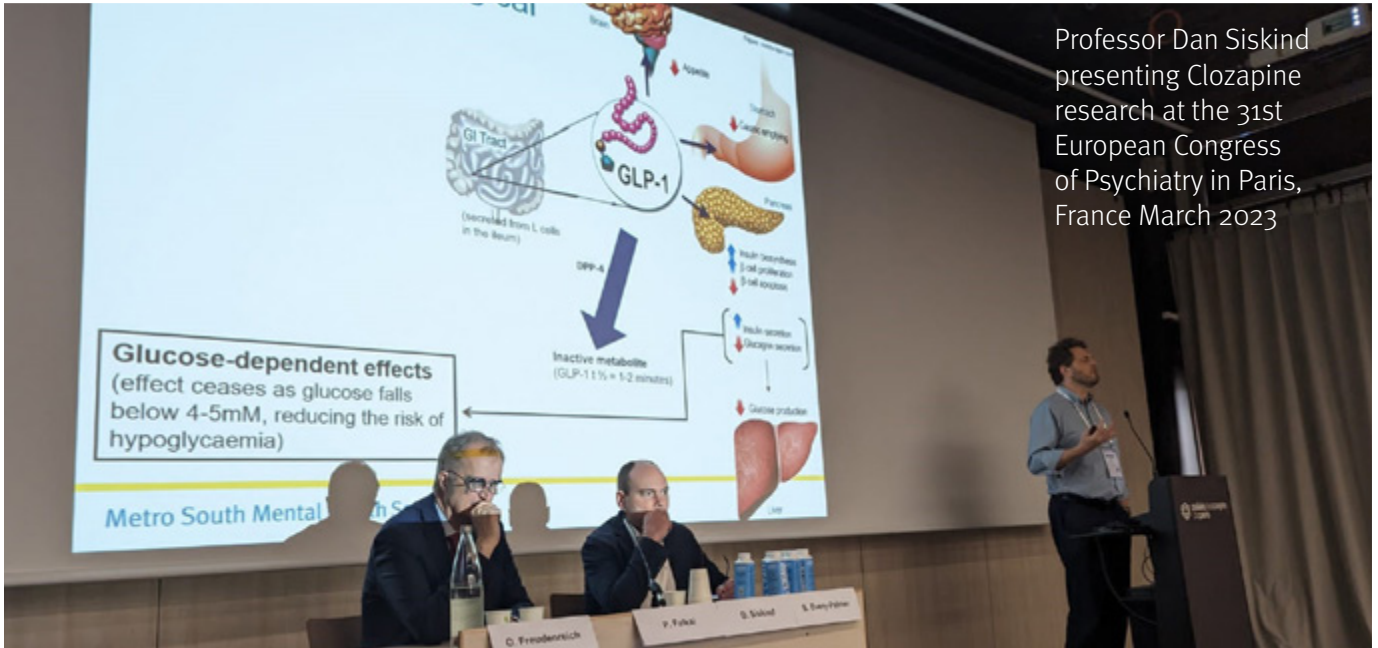


Clinton Bayliss - MSAMHS Nurse of the Year Award

MSAMHS Nurse of the Year 2022

Winner - Clinton Bayliss, PAH East Wing & HDU – Clinton was nominated in all 4 categories.

Conferences & Presentations

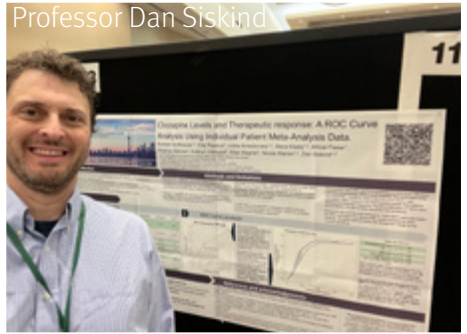


Glucose-dependent effects
(effect ceases as glucose falls below 4-5mM, reducing the risk of hypoglycaemia)

128 Professor Dan Siskind with Poster at SIRS for end of year review



Professor Dan Siskind



QH Clinical Excellence Showcase: Seiji Humphries & Kathy Madson

“The evaluation of a first-of-its-kind collaboration between Metro South AMHS and Brisbane South PHN, aimed at improving treatment access for people struggling with borderline personality disorder (BPD), was showcased in May at the QH Clinical Excellence Showcase. Workforce Development Officer Kathy Madson and Research Officer Seiji Humphries presented the findings of the Dialectical Behaviour Therapy Project evaluation to a state-wide audience. Project outcomes included the significantly improved capability of over 500 MSAMHS and non-government health staff to work effectively with people experiencing BPD after engaging in tailored training and mentoring.”

Awards & Accolades

..... 2023

Metro South Health Research Support Scheme including PA Research Foundation Research Awards

.....



Urska Arnautovska



Professor Dan Siskind



Tracey Hassan, Dr Marianne Wyder & Raymond Ho



Tracey Hassan, Dr Marianne Wyder, Dr Brian Bell & Raymond Ho

Retrospective audit of random selection of current D-GPSC consumers at Browns Plains, Beenleigh and Logan Central CMH Services

Metro South Health

Logan Hospital

Elsie Peusschers¹, Caroline Chiu², Greg Spann³, Isabelle Wu⁴, Ash Llewellyn⁵.

1. Senior Pharmacist, MSAMHS Adult Wellbeing Team and LBH Pharmacy Team, Metro South Health.
2. A/MH & Ambulatory Care Team Leader, Logan Hospital, Metro South Health.
3. MH & Ambulatory Care Team Leader and A/Assistant Director of Pharmacy - Clinical, Logan Hospital, Metro South Health.
4. Pharmacist, Logan Hospital, Metro South Health. Quality Use of Medicines Student, The School of Pharmacy, Queensland University of Technology

Background:

There are medication incidents occurring with depot administration for consumers receiving Long-Acting Antipsychotic Injections (LAIs) within Depot GP-shared Care Agreement (D-GPSC) in Community Mental Health Services (CMHS) of Metro South Adult Mental Health Services (MSAMHS).

These errors are reported in Riskman, reviewed by MSAMHS Community Medication Safety Committee (CMSC) and reported to MSAMHS Medication Management Committee (MMC). Each incident is followed-up by each individual CMHS across MSAMHS.

Contributing factors may be that across the three CMHS in Logan and Beaudesert Adult MH services (LBAMHS), there is inconsistent practice in:

- Referral process of consumers to GPs and feedback from GPs about consumer attendance for appointments, details of depot administration, routine physical, mental state, pathology and metabolic monitoring, and future appointment dates;
- Documentation of depot administration and GP feedback in CIMHA;
- Record keeping for important clinical documents such as depot administration confirmations;

Apart from MSAMHS procedure for Shared Care Arrangements for Consumers (MSAMHS.PRO2209/v1/07/2021) providing key principles for all types of GP Shared Care, the only D-GPSC guideline found for MSAMHS is from May 2021, however this guideline was never endorsed and published.

This project aligned with the MSH Strategic Plan 2019-2023, Metro South Addiction and Mental Health Services Strategic Plan 2015 - 2020 and the National Safety and Quality Health Service Standards (NSQHSS) 1,2,4,5 and 6 by looking at current practice and identifying areas for improvement.

Project Aims:

1. Retrospective audit of a selection of D-GPSC patients at Browns Plains, Beenleigh and Logan Central CMHS.
2. Review quality of handover, documentation and medication related incidents in above-mentioned cohort.
3. Review of recorded depot incidents within Riskman.
4. To provide information and recommendations to CMSC and MMC for writing of new procedure with intent to facilitate consistent practice and depot administration to consumers managed by Depot GP-Shared Care Agreement (D-GPSC).

Methods:

1. Obtained ethics exemption to do a retrospective audit of a cohort of random selected consumers having a depot which is managed under D-GPSC arrangement in the three Adult-CMHS in LBD AMHS i.e. Logan Central AMHS, Beenleigh AMHS and Browns Plains AMHS.
2. Formulated a data collection tool using draft D-GPSC guideline 2021 as reference.
 - a. If GPSC form was used by GP and if so, was it uploaded as medication activities in CIMHA.
 - b. Documentation on D-GPSC form i.e. administration date, patient details, GP/Nurse details, setting, routine physical observations, side-effects, mental state, depot name, dose, frequency, next scheduled date.



Inclusion Criteria	Exclusion criteria
<ul style="list-style-type: none"> • Adult consumers (>18yo). • Under principal care of one of three CMHS in LBDAMHS. • Receiving depot within D-GPSC agreement from GP Surgery. 	<ul style="list-style-type: none"> • CIMHA record not accessible (i.e. monitored access). • Consumer not received at least 6 consecutive depot administrations under D-GPSC agreement.

3. Audited a sample of consumers from LCAMHS, BAMHS and BPAMHS D-GPSC lists.
4. Analysed data and trends from the results of the data collection.
5. Reviewed RiskMan incidents.
6. Reported results and provided information and recommendations to CMSC for writing of new procedure within small working party.

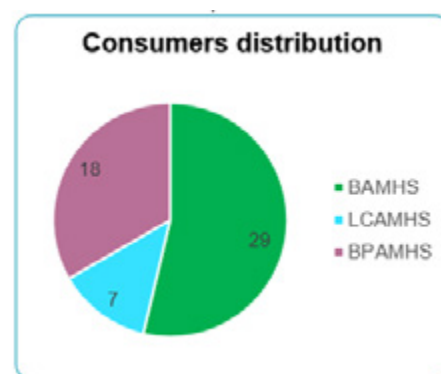
Results:

Audited CIMHA documentation of the 6 most recent depot administrations (n=324 documents) from a sample of 54 consumers, from period of May-June 2022.

1. Documentation omissions noted (as compared to requirements on GPSC form in guideline found for MSAMHS is from May 2021):

- 296 (91%) - Routine physical observation check*
- 253 (78%) - Side effect assessment
- 197 (61%) – MSE
- 168 (52%) - Next due date for depot*
- 127 (39%) - GP/Nurse administering depot's details
- 113 (35%) - Depot frequency*
- 56 (17%) - Depot dose*
- 56 (17%) - Administration date*
- 42 (13%) - Setting of administration*
- 28 (9%) - Patient identification details*

* Significant implications for patient safety, quality care, consumer outcomes and satisfaction.



2. Other:

- 8% of depot administrations were not recorded at all in CIMHA.
- The GPSC form was only used in 39% of depot administration occasions of service.
- Depot administration information was documented in CIMHA under 'Medication Activities' for 90%.
- Documentation in CIMHA: A number of different documentation practices was observed e.g. freetext notes, fax coversheets from GP surgeries (with note from GP surgery) - uploaded under correspondence, GPSC form uploaded under 'Correspondence' - as attachment, phone-call follow-up occasions by MH service.

3. Review of RiskMan data from 1/1/22 to 30/4/22:

from 1/1/22 to 30/4/22

- 9 Riskman incidents were documented pertaining to depot antipsychotics.
- 5 of these were clearly related to D-GPSC, a further 4 are to be investigated.
- 7 out of 9 incidents involved paliperidone.
- 3 incidents involved a depot dispensed by the community pharmacy and administered by GPSC staff when the hospital had changed the dose/depot during inpatient stay:
 - ⊕ 2 patients were underdosed.
 - ⊕ 1 patient was administered aripiprazole when a change to paliperidone was intended.

2 errors were around 3 monthly paliperidone:

- 1 patient given regular formulation instead of 3-monthly formulation.
- 1 patient given 3-monthly formulation monthly for 2 consecutive months when 3-monthly administration intended.

Discussion:

GPSC principles as per MSAMHS procedure for Shared Care Arrangements for Consumers (MSAMHS.PRO2209/v1/07/2021) is the current endorsed and published procedure. This does not give specific guidelines regarding the management of LAIs administered for consumers managed under the D-GPSC program. The only guideline available for this is the draft D-GPSC guideline 2021. Within this guideline, clinical handover, by using the D-GPSC form, is the tool to be used to ensure clinical handover as per ACSQHC standards. Use of the D-GPSC form has therefore been used within LBDMHS and widely accepted as the minimum standard of clinical handover for these depot administrations. It specifies a variety of essential information to guide the GP review, depot administration and monitoring (eg. metabolic monitoring parameters according to ACSQHC and other standards). Despite this, this audit did reveal that there are significant discrepancies around the use of this tool amongst clinicians and GPs. Several assumptions could be made eg. That clinicians may not have been educated on what is required from GPs or GPs are not routinely educated on what they need to complete or what GPSC involves for these consumers. The

fact that the D-GPSC guideline 2021 has not been finalised and endorsed also does not allow distribution to staff or GPs which is likely to be a major contributing factor to this issue.

By using the D-GPSC form as minimum standard as reference, several omissions of essential clinical information on these forms were noted. Some of these have significant implications for patient safety, quality care, consumer outcomes and satisfaction and demonstrates general non-compliance to ACSQHC and other standards eg. 28 (9%) consumer identification details, specific information around depot administered: 56 (17%) depot dose, 113 (35%), depot frequency, 56 (17%) administration date, 168 (52%) next due date, 127 (39%) GP/Nurse administering depot's details and 42 (13%) setting of administration.

296 (91%) of documentation of routine physical observations was omitted, which leaves it open to consider that this may have been done, but not documented vs not done at all. The same can be said about omissions with regards to 253 (78%) of side effect assessment and 197 (61%) of MSE's. This may indicate that a consumer may have presented and received depot, but these assessments were not done with consumer perhaps only seen by nurse for depot administration and GP potentially not seen. Ensuring compliance to recommended monitoring with appropriate documentation eg. routine physical observations and metabolic monitoring screens. Furthermore, routine evaluation and documentation of MSE will ensure changes in mental status could be noted in timely fashion, to ensure handover to CMHS' with outcome of quality, person centred care and comply to legislative and NSQHS standards. Thorough review and documentation with clinical handover, is imperative to ensure consumer safety and support recovery and timely reporting of issues to MHS by GP and MHS to GP. This will not only prompt timely review and intervention but can also potentially prevent relapse and admission to hospital which has significant implications for consumer long-term outcomes and recovery.

With regards documentation and documentation processes, it was seen that only 39% of the audited records had the correct GPSC forms uploaded on CIMHA, 61% of depots administered were uploaded as attachment to a general progress note or POS Summary. A positive was that depot administration information was documented in CIMHA under 'Medication Activities' for 90% of depot administration occasions. When documentation in CIMHA is under another category it becomes harder for clinicians to clearly identify the details of the depot dose. That could lead to errors in dosing frequencies (ie. given too early or late or incorrect doses or sites of administration).

These audit results demonstrate inconsistent ways of documentation and clinical handover of depot administration for consumers managed under D-GPSC arrangement between the 3 Adult CMHS in LBDMHS and GPs. Consistent and correct use of the GPSC form by GPs as clinical handover tool and uploading this into CIMHA in a specific domain (Medication Activities; Administration), will improve patient safety and outcomes and reduce medication misadventure. In this way compliance to GPSC principles as per MSAMHS procedure for Shared Care Arrangements for Consumers (MSAMHS.PRO2209/v1/07/2021) will be improved.

Only RiskMan data for depots given under GPSC agreement were reviewed, however more Riskman data for depot incidents on inpatient wards and for depots administered at MSAMHS CMHS and for other MSAMHS CMS than the three services within LBDAMHS reviewed, was noted. This demonstrate that this issues is not unique to LBDMHS. There are also anecdotal reports from clinicians (pharmacists, doctors, nurses, other case managers) about incidents with depot administrations which may not have been captured within the Riskman reporting system, likely due to hesitation to report in Riskman. This shows that the issue around depot incidents, may be much bigger than what this audit eluded to and change in culture and approach towards reporting in Riskman, will assist to identify where issues lay.

In depth review of consumer outcomes when incidents with depot administration in reviewed Riskman incidents has not been done, which limits evaluation of full impact on patient safety. It appears from the incidents reviewed, that the longer the administration interval is, the more incidents occur, however not conclusions can be drawn from this due to the sample size reviewed.

The incidents which involved a depot dispensed by the community pharmacy and administered by GPSC staff when the hospital had changed the dose/depot during inpatient stay, demonstrates another issue of clinical handover ie. Handover from tertiary to primary care (GPs and community pharmacies).

Overall, this audit provided valuable information around a well-known issue that can guide future improvement in quality and safe care for the consumers of MSAMHS. The next step would be to focus on writing a procedure for D-GPSC that complies to the MSAMHS procedure for Shared Care Arrangements for Consumers (MSAMHS.PRO2209/v1/07/2021), relevant standards and legislation. This procedure should be thoroughly reviewed by all stakeholders and once endorsed clearly communicated to all, including GPs and community pharmacies.

Recommendations:

- MSAMHS CMSC working party to, in conjunction with key stakeholders, write, finalise, publish and disseminate a new procedure for GP Depot Shared Care in MSAMHS.
- Consider similar audit for PAH and Bayside.
- In depth review of all depot incidents reported within Riskman would give an indication of impact on patient and medication safety and patient outcomes and should be considered to provide information on ways to ensure future improving of D-GPSC (and depot administration management in general) including clinical handover between MHS, inpatient units and primary care services and MHS.
- Employ project officer to redesign D-GPSC program across Metro South and produce procedures, guidelines and training packages ensuring compliance to legislation and NSQHS Standards.

Next Steps and Timeline:

Action	Action Officer	Timeline
Present results to MSAMHS CMSC (Standard 4)	MH Team Leader/Project lead	Completed 11/8/22
Present results at next MSAMHS MMC meeting.	MH Team Leader	Tabled in next meeting (Aug/Sept)
Participate in MSAMHS CMSC working party in writing new D-GPSC Procedure	MH team leader/ WBT Pharmacist / Community MH Pharmacist	3-6 months
Re-audit after implementation of procedure.	MH ward pharmacists/ future QUM students	6-12 months

References:

1. PROCEDURE – Shared Care Arrangements for Consumers. MSAMHS.PRO-v1-7-2021
2. Connecting care to recovery 2016-2021 :: A plan for Queensland’s State-funded mental health, alcohol and other drug services
3. My health, Queensland’s future: Advancing health 2026
4. Connecting care to recovery 2016-2021 :: A plan for Queensland’s State-funded mental health, alcohol and other drug services
5. My health, Queensland’s future: Advancing health 2026
6. Partnering with Consumers Standard, Australian Commission on Safety and Quality in Health Care <https://www.safetyandquality.gov.au/standards/nsqhs-standards> : Standard 2 Partnering with Consumers, Standard 4 Medication Safety, Standard 5 Comprehensive Care.
7. Appendix 1: D-GPSC guideline found for MSAMHS is from May 2021 – Draft document.

Metro South Addiction & Mental Health Services Research Symposium



The Research and Learning Network hosted another successful Research Symposium, with high praise coming from attendees, Directors and Executive Directors.

Thanks to Master of Ceremonies on the Day: Dr Michael Cleary and Ms Loretta Warburton who kept the proceedings on track and the audience entertained with special background information on each of the presenters.


Keynote speaker Dr Peggy Brown provided an excellent overview of the work being conducted by the Royal Commission into Defence and Veteran Suicide, while presentations from MSAMHS staff showed the breadth and reach of the research being undertaken within the service.


A/Executive Director Linda Hipper said the symposium provided a wonderful oversight of relevant and important work and research being undertaken across Addiction and Mental Health Services. “It was a pleasure to hear the interesting and challenging areas that research is occurring and shaping our practice,” she said.





Adjunct Professor Iyla Davies, Dr Peggy Brown & Dr Michael Cleary

The recorded sessions can be found on the [MSAMHS Learning Hub SharePoint page](#).


- 


Dr M. Beckman & A. Rucinski
Subacute Care in Queensland, The Logan Youth Step Up Step Down (LYSUSD) Service Woodridge, Recent Results
- 


Dr Peggy Brown AO
Leave no one behind: The Royal Commission into Defence and Veteran Suicide.
- 


Sarah Hamilton
State-wide Allied Health Professional Practice Leader Social Work
- 


Andrés Otero-Foreo
Workforce Development and Clinical Educator QLD Transcultural Mental Health Centre

- 

Gordon Kay
The facilitators Perspectives of Delivering a Coping with Voices Group
- 

Dr Timothy Edwards
Reuniting the split brain - developmental plasticity in congenital absence of the corpus callosum
- 

Professor Steve Kisley
What is the place of psychedelics in the treatment of mental health disorders?
- 

Dr Marianne Wyder and Sandra Powell
Metro South Addiction and Mental Health Services QPS and QAS Co-responder program evaluation
- 

Associate Professor Stephen Parker
Postgraduate Training in Psychiatry

Metro South Addiction & Mental Health Services at the Princess Alexandra Hospital Health Symposium



The 61st Princess Alexandra Hospital (PAH) Health Symposium Sustainable healthcare: A future for all was held in Brisbane at the Translational Research Institute from Tuesday 23–Friday 26 August 2022.

The 2022 four-day program was a hybrid event with both in-person and virtual attendees, encouraging in-person attendance while also offering an online experience for attendees to access the content via a virtual platform.

70 speakers presented in 19 sessions over the course of the event both in person and virtually.

The program showcased a variety of topics and explore how health services are working with patients, providers, systems and staff to build a sustainable and progressive health system underpinned by a culture of collaborative research, innovative service models and technology.

The MSAMHS presentations can be viewed [online via the Learning Hub](#) (Staff access)

Addiction and Mental Health: Today’s Generation Investing in Tomorrow



A/Prof Neil Thomas

Digitally-supported treatment in mental health: applications of virtual reality and mobile devices in face-to-face treatment delivery



A/Prof Fiona Charlson

The Mental Health impacts of climate change



Tara Crandon

Keeping cool on a warming planet: how young people may harness climate anxiety



Qualitative Review of Pre-Discharge Safety Plans



Erin, Nomtha and Emma

Nomtha Masuku, Emma Lakin, Erin Farmer

Nomtha (CN, HDU/East Wing), Erin (RN, North Wing), Emma (EN, West Wing) have undertaken a suicide prevention quality initiative. Funded by the Nursing and Midwifery Research Fellowship Grant, the trio have been diligently reviewing safety plans and identifying qualitative themes regarding “what’s working well” and “even better if...”

Why is safety planning an important inpatient intervention?

The first week post discharge is a high risk period for lives lost to suicide, with day 2 and 3 being the most risky. Patients are adjusting to life back in the community and are often dealing with the same challenges that would have led to their admission. Inpatient staff play a vital role in preparing the path for the person and they also prepare the person for the path using safety planning.

What is safety planning?

Safety planning is a collaborative process to create a tangible and personalized plans to navigate challenging scenarios that might arise. The plan can be accessed anytime, allowing individuals to take immediate action to keep themselves safe during those difficult moments by either using strategies that they can do by themselves (internal coping strategies) or by reaching out to their support persons or services (external coping strategies) that are nominated in the Safety Plan.

At Princess Alexandra Hospital, the **SAFE** approach is taken.

S – Scenario Planning: Identify possible challenging scenarios, triggers and early warning signs of distress, ways to use healthy and effective strategies to distract from distress or to bring a sense of calm and joy either all by one self or in the company of others (including professionals).

A – Access to Means, Alcohol and other Drugs: Creating time and space for suicidal urges to settle by reducing access to different means that can be used to harm oneself through a safe environment is very effective. The same can be said for substances as they make people impulsive.

F – Family, Friends and Follow Up: Prospectively identifying family and friends and making them aware of what may help in the midst of a crisis when internal coping strategies are not enough is protective. Having contact details of professional support including updated upcoming appointments is containing.

E – Emergency Plan: Absolute clarity about what to do, who to call, where to go, how to get there in the face of an emergency when suicidal urges are very strong and nothing is helping is life saving.

How is inpatient safety planning conducted at Princess Alexandra Hospital?

In the lead up to the discharge, preferably the day before, nurses engage patients in a safety planning conversation called the 1-2-7. The conversation is designed to think through the nuances of the first hour, first 2 days and the first 7 days. Pragmatics and logistics of day to day living are discussed to expose upcoming challenges and ways to preempt them. It is also meant to bring together all the other safety related conversations that have happened and cross check the patient’s understanding of their difficulties and how they might surpass them. This is captured on the 1-2-7 safety plan.

How may the qualitative review of 1-2-7 safety plans save lives?

Replicating what’s working well: The trio identify good examples of safety plans and share these with colleagues with an appreciative note to the clinician. Replicating good practice is the quickest way to improve the quality of conversations. Identifying opportunities for improvement: Through the review process, patterns or common issues in terms of gaps are being identified. This feeds into the training and in-service demonstrations.

Improvement themes have included:

- Comprehensiveness of safety plans
- Person centered plans tailored to individual needs
- Thinking outside the box to improve safety
- Enhancing collaborative decision making
- Proactively addressing barriers to safety
- Ensuring continuity of care

By implementing this qualitative review process, the quality of the safety plans can be improved, leading to more effective suicide prevention strategies, better support for individuals at risk, and the potential to save lives.

Conferences, Seminars, Workshops 2022/23

Presenter	Presentation Title	Conference Title	Location
Adam Lo	Arts on our Mind: Effectiveness of a distance delivered program for mental wellbeing in the COPMI population using creative activities during the COVID-19 Pandemic	World Federation of Occupational Therapists Congress 2022	Paris, France 28 August 2022
Adam Lo	Visual Art and Mental Health: the Evidence, Feedback and Implementation	University of Queensland Music Dance and Health Group	Brisbane, 17 November 2022
Adam Lo	Poster Presentation: Case studies on the utilisation of the Kettle Test for assessing cognitive function in child and youth mental health clients	Mental Health Forum (Occupational Therapy Australia)	Sydney, 25 November 2022
Dan Siskind	Clozapine research	31st European Congress of Psychiatry in Paris, France	Paris, March 2023
Dan Siskind	Switching antipsychotic medications to ameliorate weight gain	SIRS	Toronto, May 2023
Gordon Kay	The Facilitators Perspectives of Delivering a Coping with Voices Group.	Addiction and Mental Health Research Symposium	Brisbane, November 2022
Jon Paul Teo	The Care and Feeding of the Healing Professions	Singapore Health and Biomedical Conference	Singapore, 13 October 2022
Jon Paul Teo	The Scope of the Transcultural Psychiatrist in The Dynamic Landscape of Australia: Challenges and Opportunities (Revised)	Metro South Health Multicultural Health Symposium	Brisbane, 25 May, 2023
Justin Chapman	Integrated service models for the provision of healthy lifestyle programs for people with severe mental illness.	Psychosis Australia Symposium	Sydney, September 2022
Justin Chapman	Mental Health Care at Scale; The ALIVE	National Centre, Mental Health Research Translation Symposium	Darwin, March 2023
Justin Chapman	Intersectional partnerships for collaboration across settings to improve research in psychosis.	Psychosis Australia Launch	Canberra, March 2023
Justin Chapman	Exercise interventions for people with severe mental illness: where have we come from and where are we going?	State-wide Mental Health Clinical Collaborative Forum	Brisbane, June 2023
Karen McCann & Robyn Turk	Are we there yet? The journey of establishing and integrating a lived experience peer workforce.	International Mental Health Conference, Royal Pines Resort	Gold Coast, June 2023
Kathy Madson	BPD- Working with Natural Support People and Families Presented with Tony Bennett (family member)	MHPN Metro North BPD Network	Online, Wed 9 November 2022

Conferences, Seminars, Workshops 2022/23

Kathy Madson & Monique Kofler	Dialectical Behaviour Therapy (OT; Allied Health and Therapies Team)	MHPN Logan Beaudesert Community Collaborative	Brisbane , 7 June 2023
Kathy Madson and Seiji Humphries	A Novel Cross Sectorial Collaboration- Increasing Access to treatment for those living with BPD Through Improving Workforce Capability	Clinical Excellence QLD Showcase 2023	Bowen Hills 24 May 2023
Kathy Madson, Catherine Renkin and Voirrey Brown	Promoting Inclusion and Equity Through Workforce Development in MHAOD Services	Qld Health State-wide Social Work Showcase - Respecting Diversity Through Joint Social Action	Russell Strong PAH Woolloongabba 21 March 2023
Marianne Wyder & Sandra Powell	Metro South Addiction and Mental Health Services QPS and QAS Co-responder program evaluation.	MSAMHS Symposium	Brisbane, November 2022
Marianne Wyder and Rowena Jonas	Principles of Collaborative Co-constructed Research.	TheMHS conference	Sydney, October 2022
Marianne Wyder	Relational recovery	TheMHS conference	Sydney, October 2022
Nicole Korman	Symposium; Exercise as a new horizon of evidence based and person centred care in severe mental illness	RANZCP	Perth, 29 May 2023
Nicole Korman	CBTp for psychosis; a challenges and successes in the rehabilitation of people with psychosis in the context of registrar training, a case series	RANZCP	Perth, 1 June 2023
Simone Harvey, Jennifer Bennett & Erica Holder	Challenging traditional approaches to clinical governance. Mental health nurses leading the change.	ACMHN 46th International Mental Health Nursing Conference	JW Marriot Resort and Spa Gold Coast, QLD 9 September 2022
Social Inclusion and Recovery Team	MSAMHS Annual Peer Workforce Forum	MSAMHS Annual Peer Workforce Forum at the Calamvale Hotel	Brisbane, March 2023
Steve Kisely	Marked differences in Community Treatment Order outcomes between states with low and high rates of use.	International Congress on Law & Mental Health	Lyons, July 3, 2022
Steve Kisely	Community Treatment Orders require prolonged coercion for any effect and are disproportionately applied to ethnic minorities	International Congress on Law & Mental Health	Lyons, July 3, 2022
Steve Kisely	Setting the scene: an update of a systematic review on psychedelics in the treatment of mental health disorders	RANZCP Congress	Perth, 29 May 2023
Steve Kisely	All about systematic reviews and meta-analyses: from critical appraisal to doing a review	RANZCP Congress	Perth, 29 May 2023

Conferences, Seminars, Workshops 2022/23

Steve Kisely	Colorectal cancer outcomes in the people with severe mental illness cohort (COSMIC): a systematic review and preliminary data from Australia's National Bowel Cancer Screening Programme protocol	RANZCP Congress	Perth, 31 May 2023
Steve Kisely	Health service benefits following Community Treatment Orders have an inverse relationship with rates of use: an updated systematic review, meta-analysis and meta-regression	RANZCP Congress	Perth, 31 May 2023
Steve Kisely	Contemporary psychodynamic psychotherapy: evidence and clinical practice	RANZCP Congress	Perth, 1 June 2023
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Steve Kisely	Marked differences in Community Treatment Order outcomes between states with low and high rates of use.	International Congress on Law & Mental Health	Lyons, 3 July 2022
Timothy Tanzer	A management framework for clozapine-induced hypotension, 2. Reducing fear of QTc prolongation, 3. Metabolic monitoring in a mental health inpatient unit, 4. A clinical chart audit of missed clozapine doses)	MM 2022	Convention Centre, Brisbane 1 December, 2022
Tracey Hassan	Building a partnership to provide integrated educational and mental health care to adolescents	H.E.L.P (Health, Educators, Learners, Parents) Conference: Re connect and Re imagine	Sydney, August 2022

Staff Enrolment in Post Graduate Study in 2022/23

Academic Titles

Name	University	PhD Title
Nicole Korman	University of Queensland	How can Exercise be used in the rehabilitation of people with schizophrenia? Nicole Korman, MBBS, RANZCP October 2021, completion 2026
Timothy Tanzer	University of Queensland	The Safe and Quality use of Clozapine (April 2020 - April 2024)

Doctor of Philosophy

Name	University	PhD Thesis Title
Adam Lo	University of Queensland	Arts on Our Mind: the effectiveness of creative activities in promoting mental wellbeing and reducing psychopathological symptoms in children of families with a mental illness. Est. completion: 2024
Dr Geoff Lau	University of Queensland	The Implementation and Impact of the Therapy Capability Framework in an Australian Publicly Funded Mental Health Service. Awarded 2023
Dr Gordon Kay	Griffith University	Improving Access to Therapy for People who hear Voices. Integrating Cognitive Behavioural Therapy for Psychosis with the Knowledge and Values of the Peer-Led Hearing Voices Networks. Awarded 2023
Dr Sarah Hamilton	Griffith University	Development and Psychometric Validation of the Generic Supervision Assessment Tool (GSAT) for Assessing Competency Among Clinical Supervisors. Awarded 2023

Enrolment of Post Graduate Certificate of Mental Health

Name	University	Date
Sneha Mathew	La Trobe University	May 2023 - 2024

Master of Nurse Practitioner Studies

Name	University	Title
Ryan Zeppa-Cohen	Western Sydney University	Master of Nurse Practitioner

Master of Mental Health Nursing

Name	University	Title
Danielle Lewin	Central Queensland University	Graduate Certificate of Mental Health Nursing

PhD Supervision by MSAMHS Research Staff

Name of Student	Study Title	University	Supervisors
Tara Kirkpatrick	Antipsychotics and respiratory depression.	University of Queensland	Timothy Tanzer
Edward Fung	Antipsychotics and respiratory depression.	University of Queensland	Timothy Tanzer
Heidi Houghton	Risk of readmission and inappropriate medicines in dementia.	University of Queensland	Timothy Tanzer
Cooper Fox	Clozapine and myocarditis rechallenge.	University of Queensland	Timothy Tanzer
Nick Myles	Investigating the possibility of clozapine rechallenge using granulocyte-colony stimulating factor (G-CSF) in people previously experiencing clozapine-induced neutropenia.	University of Queensland	Steve Kisely
Sally Plever	Delivery of smoking cessation from inpatient to community does it address the specific needs of people with SMI and increase quit outcomes?	University of Queensland	Steve Kisely, Dan Siskind
Sean Hasteed	Multi-morbidity among people living with severe mental illness.		Dan Siskind, Nicola Warren
Sara Burton	The Role and Impact of Culture and Language in Mental Health and Mental Health Care		Dan Siskind, Nicola Warren
Timothy Tanzer	Quality and Safe use of Clozapine.		Dan Siskind, Steve Kisely
Nicholas Myles	Investigating the possibility of clozapine rechallenge using granulocyte-colony stimulating factor (G-CSF) in people previously experiencing clozapine-induced neutropenia.		Dan Siskind, Steve Kisely,
Svetlina Vasileva	The Microbiome and treatment response in Psychiatry.		Dan Siskind
Jonathan Flintoff	Impact of learning on brain networks in rodents. Completed 2018 -2022 PhD		Dan Siskind
Madeleine Tan	Development of an advanced delivery system for difficult to formulate medicines using novel preparation technologies. Completed 2019-2022 PhD		Dan Siskind
Mimi Johnson	What should food and nutrition programs in alternative schools focus on to best meet the nutritional needs of young people experiencing disadvantage?	QUT	Donni Johnston
Danelle Kruger	What should food and nutrition programs in alternative schools focus on to best meet the nutritional needs of young people experiencing disadvantage?	QUT	Donni Johnston
Adam Lo	Arts on Our Mind: the effectiveness of creative activities in promoting mental wellbeing and reducing psychopathological symptoms in children of families with a mental illness.	University of Queensland	Marianne Wyder

Fellowship, Prize, Scholarship, Awards

Name of Award	Provider	Awarded to
Excellence in Innovation 2022	MSAMHS	Sally Gates
Excellence in Leadership 2022	MSAMHS	Ryan Zeppa-Cohen
Excellence in Clinical Practice 2022	MSAMHS	Bindhya Oojorah-French
Mental health nursing in a climate of change. Joint first place winners	ACMHN Research Category	Simone Harvey, Jennifer Bennett & Erica Holder
MSAMHS Nurse of the Year 2022	MSAMHS	Clinton Bayliss
An Excellent Early Career Nurse 2022	MSAMHS	Anna Nhial
Adjunct Lecturer	University of Queensland	Dr Fiona Dziopa
Outstanding Research Impact Award 2022	Griffith University	Gordon Kay
Outstanding Research Partnership Engagement Award 2022	Griffith University	Gordon Kay
Consultant Psychiatrist, Certificate of Psychiatry of Older Persons	RANZCP	Eesharnan Mahendran

Grants

Grantee	Grant Provider	Title	Grant Value
Adam Lo	Metro South Health Research Support Scheme Grants - Novice Researcher Grant	Arts On Our Mind: The effectiveness of creative activities in promoting mental wellbeing and reducing psychopathological symptoms in children of families with a mental illness	\$24,900
Steve Kisely	National Health & Medical Research Council (NHMRC) Ideas Grant	Healing Spirit, Healing Minds: Co-designed healing program to promote social and emotional wellbeing of Aboriginal and Torres Strait Islander youth	\$886,931
Steve Kisely	Australian Research Council Discovery Project	Taking control: variations in forced psychiatric treatment in the community	\$648,164
Steve Kisely	NHMRC Special Initiative in Mental Health	ALIVE – a national research translation centre to deliver mental health at scale	\$10,000,000
Steve Kisely	PA Research Foundation	An RCT of Cannabidiol for Clozapine Refractory Schizophrenia (CanCloz)	\$100,000
Steve Kisely	Cancer Australia/ National Health & Medical Research Council (NHMRC)	What is the impact of the National Bowel Cancer Screening Program on colorectal cancer outcomes for people over the age of 50 with severe mental illness?	\$591,841
Steve Kisely	National Health & Medical Research Council (NHMRC)	Indigenous Mental Health Model of Care: RCT based on a trans-diagnostic CBT program co-designed with Community	\$996,217
Siskind, Hickman, Mayr, Teasdale, Warren, Leske, Korman, Kisely, Marx, Arnautovska, Als Spurling, Northwood, Edwards, Snoswell	Metro South Research Support Scheme	Improving metabolic health in patients with schizophrenia: feasibility, acceptability, and preliminary effectiveness of two dietary interventions	\$125,000
Arnautovska, Siskind, Menon, Russell, Soole, Leske, Edwards, Milton, Kisely, Jansen, Als Warren, Northwood, Korman, Spurling	Metro South Research Support Scheme	Improving Type 2 Diabetes Management in People with Severe Mental Illness: Implementation and Feasibility of Innovative Mobile Health Technology	\$100,000
Kar Ray, Wyder, Sorrensen, Wick, Tipping, Russell, Warburton, Baker	Nursing and Midwifery Research Fellowship	Implementation of 1-2-7 Safety planning for Suicide Risk management in Inpatient Mental Health Care	\$120,000
Kar Ray, Wyder, Theodoros, Byrnes, Haynes, Gregory, Kinsella, Rienecker, Groth	PA Research Foundation	AIMS: Safety and Effectiveness of a 4 week Manualised Intervention for Suicide Prevention	\$100,000

Grants

Grantee	Grant Provider	Title	Grant Value
Kar Ray, Wyder, Theodoros, Rodriguez, Theodoros, Joseph, Wick, Sorrensen	Emergency Medicine Foundation	SAFE STEPS – SAFE and Seamless Transition through Enhanced Proactive Support	\$200,000
Chapman, Wheeler, Siskind, Yung, Lee, Arnautovska, Scott, Burke, Malacova, Korman, Wyder, Als Lau, Pratt, Rosenbaum, Curtis, Chatterton, Simmons	Medical Research Futures Fund	Improving quality of life in adults with severe mental illness, MRFF Effective Treatments and Therapies.	\$591,249
Chapman, Wheeler, Wyder, Roennfeldt, Lau, Stewart, Bibb, Soole, Palmer, Siskind, Fawcett	Metro South Health Griffith University Co-Funded Grant	A pilot implementation study of a co-design model for end-to-end research design to translation in Addictions and Mental Health Services,	\$50,000
Hubbard, Hilmer, Rockwood, Howard, Tong, Janda, Etherton-Ber, Gnjidic, Lim, Reid, Als – Story, Nowak, Siskind, Young, Saunders, Warren, Gordon, Allore, Clegg, Lake	NHMRC Centre for Research Excellence	Frailty-ADD: Improving Hospital Outcomes for Frail Patients Across Different Disciplines	\$2,500,000
Siskind, Russell, Berk, Yung, Harris, Lappin, Kisely, Schubert, Jayaram, Arnautovska, Pantelis, Clark, Galloway, Smith, Chatfield, Warren	RCT, MRFF Rare Cancers, Rare Diseases and Unmet Need	SWIMS - Schizophrenia Weight, Metformin and Semaglutide: A double blind double dummy placebo controlled multi-centre	\$3,839,117
Edwards, Yang, Siskind, Gratten, Parat, Tannenberg	TRI-MSH LINC Scheme	Making treatment-resistant schizophrenia more treatable: predicting life-threatening clozapine-induced-neutropenia using cellular genomics	\$50,000
Kisely, Siskind, Warren, Arnautovska, Najman	Metro South Health Research Support Scheme	A 40-Year Life Course Study Of The Effects Of Child Maltreatment Using Linked Birth Cohort And Administrative Health Data	\$100,000
Warren, Hubbard, Siskind, Gordon, Reid, Arnautovska, Wang	Metro South Health Research Support Scheme	Improving services for frail patients with severe mental illness: implementation and feasibility of a frailty intervention	\$74,986
Blum, Swayne, Warren, Ruitenber, Gillis, Gray, Galloway, Martin, Siskind, Vukovic	Metro South Health Research Support Scheme	Solving Autoimmune encephalitis - combining laboratory and imaging assessments with clinical decision making	\$300,000

Grants

Grantee	Grant Provider	Title	Grant Value
Cristino, Avery, Mackay-Sim, Berk, Walder, Als McLure, James, Charman, Wali, Siskind	2021 MRFF Stem Cell Therapies Mission	Drug discovery for schizophrenia using patient-derived stem cells,	\$1,425,157
Siskind	Queensland Advancing Clinical Research Fellowship	Helping people with schizophrenia live longer, healthier lives	\$400,000
Siskind	NHMRC Investigator Grant, Emerging Leader 2, GNT1194635	Reducing the mortality gap for people with schizophrenia	\$1,231,125
Plever, Siskind, Kisely, Gartner, Bonevski	Metro North Collaborative Research Grants	Optimising smoking cessation care to reduce the burden of tobacco related disease among public mental health service consumers: A longitudinal mixed methods study	\$49,401
Hahn, Agrawal, Chavez, Graff-Guerrero, Jarskog, Lovshin, Mueller, Remington, Retnakaran, Selby, Siskind, Steiner, de Oliveira	Canadian Institutes of Health Research	Semaglutide in comorbid obesity and schizophrenia-spectrum disorders for metformin non-responders: a double-blind randomized control trial,	\$961,372
Siskind, Chapman, Russell, Kisely, Suetani, Lau, Locke	Metro South Health Research Support Scheme Program grant	Bridging the life expectancy gap: A multidisciplinary research program to reduce physical co morbidity among people living with schizophrenia by the MH-PHIT (Mental Health Physical Health Interventions Team)	\$300,000
Berk, McGrath, McGorry, McNeil, Malhi, Jacka, Cotton, Walder, Dean, Williams, Amminger, McKetin, Hopwood, Ng, Dodd, Tye, Sarris, McGee, Siskind, Turner	NHMRC Centre for Research Excellence Grant	CREDIT: The CRE for the Development of Innovative Therapies for Psychiatric Disorders,	\$2,497,157
Wyder, M; Ho, R; Parker, S; Wallis, A; Fleming, C; Gray, L; Argyle, B; Medosh, L; Hassan T; Gallagher, E; Astill, T	MSH Research Support Scheme	Family Based Therapy for eating disorders – implementing the best evidence to suit the needs of young people and their families.	\$120,000

Grants

Grantee	Grant Provider	Title	Grant Value
Berk M, Rossell S, Fitzgerald P, O'Neil A, Turner A, Rodgers A, Mihalopoulos C, Ng C, Galletly C, Davey C, Harris A, Pantelis C, Loo C, Lubman D, Siskind D, Forbes D, Meyer D, Jacka F, Kay-Lambkin F, Malhi G, Murray G, Christensen H, Kulkarni J, Sarris J, Lagopoulos J, McGrath J, Hoy K, Mills K, Nelson M, O'Donnell M, Gunn J, Millard M, Kyrios M, Yücel M, Glozier N, Martin N, Dean O, Almeida O, Batterham P, McKetin R, Bryant R, Osborne R, Harvey S, Hood S, Touyz S, Sundram S, Apostolopoulos V, Zoungas S, Venkatesh S, Russell S.	Million Minds Mission Mental Health Research Grant, GNT 2006296,	Mental Health Australia General Clinical Trial Network (MAGNET), 2020	\$11,998,907
Total:			\$40,381,524

Research Publications

1.	Frost, G., Strodl, E., Swannell, S., Macdonald, K., & Madson, K. (2023). A Feasibility Study Investigating Mechanisms of Change in Public Mental Health Dialectical Behaviour Therapy Programmes. <i>Behaviour Change</i> , 1-16. doi:10.1017/bec.2023.1
2.	Spann G , Austin L, King E. Pharmacists in clozapine clinics improving physical health monitoring. <i>Ment Health Clin.</i> 2022 Jun 10;12(3):193-198. doi: 10.9740/mhc.2022.06.193. PMID: 35801163; PMCID: PMC9190272.
3.	McArdle, H. , Barlott, T., McBryde, C., Shevellar, L., & Branjerdporn, N. (2023). Navigating Ethical Tensions When Working to Address Social Inequities. <i>The American Journal of Occupational Therapy</i> , 2023, Vol. 77(1), 7701205160. doi: https://doi.org/10.5014/ajot.2023.050071
4.	Harvey S, Bennett J, Holder E & Wyder M. (2022). A Nurse Practitioner-led community perinatal mental health service A nursing governance approach, <i>ANMJ</i> , Jul-Sep, 27, 8, 29-31.
5.	Natasha Layton, Melanie Hoyle, Adam Lo , Libby Callaway, Emma M. Smith, Rosalie Wang, Katarina Baudin, Cecilia Pettersson & Rosemary Joan Gowran (2023) Occupational therapy and its roles in implementing the WHO/UNICEF global report on assistive technology, <i>World Federation of Occupational Therapists Bulletin</i> , DOI: 10.1080/14473828.2023.2214755
6.	Arnautovska, U. , Kesby, J. P., Korman, N. , Rebar, A. L., Chapman, J. , Warren, N. , Rossell, S. L., Dark, F. L. , & Siskind, D. (2022). Biopsychology of Physical Activity in People with Schizophrenia: An Integrative Perspective on Barriers and Intervention Strategies. <i>Neuropsychiatric Disease and Treatment</i> , 18, 2917–2926. https://doi.org/10.2147/NDT.S393775
7.	Parker, Arnautovska, U. , Korman, N. , Harris, M., & Dark, F. (2022). Comparative Effectiveness of Integrated Peer Support and Clinical Staffing Models for Community-Based Residential Mental Health Rehabilitation: A Prospective Observational Study. <i>Community Mental Health Journal</i> . https://doi.org/10.1007/s10597-022-01023-8
8.	Henry, I, Korman, N , Johnston, D , Teasdale, S, Rocks, T, Childs, S, Russel, A, Chapman, J, (2023) Intuitive eating predictors and outcomes in people with severe mental illness participating in a community lifestyle program. <i>Nutrition and Dietetics</i> . - under review
9.	Korman, N , Ng, J, Gore-Jones, V, Dark, F , Parker S , (2023) Examining the outcomes of the first one hundred residents in a community based residential rehabilitation unit for people affected by severe and persistent mental illness. <i>Australasian Psychiatry</i>
10.	Korman, N , Stanton, R, Vecchio A, Chapman, J , Parker, S , Martland, R, Siskind, D , Firth, J (2023), The effect of exercise on global, social, daily living and occupational functioning in people living with schizophrenia: A systematic review and meta-analysis, <i>Schizophrenia Research</i> 256:98-111
11.	Martland, R, Korman N , Firth, J, Stubbs, B, The efficacy of exercise interventions for all types of inpatients across mental health settings: a systematic review of 40 studies. <i>Journal of Sports Sciences</i> , (2023).
12.	Looi JC, Kisely SR , Allison S, Bastiampillai T. National Mental Health Performance Framework: Descriptive analysis of state and national data for 2019-2020. <i>Australasian Psychiatry</i> . 2022 Oct;30(5):624-631. doi: 10.1177/10398562221103807. Epub 2022 Jun 2.
13.	Brophy L, Edan V, Kisely S , Lawn S, Light E, Maylea C, Newton-Howes G, Ryan CJ, Weller PJ, Zirnsak TM. The Urgent Need to Review the use of CTOs and Compliance with the UNCRPD Across Australian Jurisdictions. <i>International Journal of Mental Health and Capacity Law</i> . 2021(28):3-9.
14.	Allison S, Bastiampillai T, Looi JC, Kisely SR , Lakra V. The new World Mental Health Report: Believing impossible things. <i>Australas Psychiatry</i> . 2023 Feb 22;10398562231154806. doi: 10.1177/10398562231154806. Epub ahead of print.
15.	De Monte V, Veitch A, Dark F , Meurk C, Wyder M , Wheeler M, Carney K , Parker S , Kisely S , Siskind D . Measuring recovery-oriented rehabilitation language in clinical documentation to enhance recovery-oriented practice. <i>BJPsych Open</i> . 2023 Feb 15;9(2):e36. doi: 10.1192/bjo.2023.14.
16.	Looi JC, Kisely SR , Bastiampillai T, Allison S. Commentary: Is Australian headspace socioculturally westernised, educated, industrialised, rich and democratic in conceptualisation and accessibility? <i>Australas Psychiatry</i> . 2023 Feb 8;10398562231153007. doi: 10.1177/10398562231153007. Epub ahead of print.
17.	Abbass A, Town JM and Kisely S . Intensive Short-term Dynamic Psychotherapy for Pain. <i>Journal of Anesthesiology and Pain Therapy</i> 2022; 3: 4-7.

Research Publications

18.	Allison S, Bastiampillai T, Looi JC, Kisely SR , Lakra V. American Psychiatric Association dynamic modelling of psychiatric bed shortages: Implications for frontline Australian trainees and public sector psychiatrists. <i>Australas Psychiatry</i> . 2023 Feb;31(1):107-108. doi: 10.1177/10398562221140995. Epub 2022 Nov 24.
19.	Looi JC, Galambos G, Pring W, Allison S, Bastiampillai T, Kisely SR . Commentary on the private practice implications of the Deed of Settlement in the Honeysuckle Health - NIB Australian-Competition-Tribunal-hearing. <i>Australas Psychiatry</i> . 2023 Feb;31(1):61-64. doi: 10.1177/10398562221140993. Epub 2022 Nov 23.
20.	Looi JC, Allison S, Kisely SR , Bastiampillai TJ. Clinical update and commentary on psychiatric care for patients experiencing workplace bullying. <i>Australas Psychiatry</i> . 2023 Jan 20:10398562231153021. doi: 10.1177/10398562231153021. Epub ahead of print.
21.	Joury E, Kisely S , Watt RG, Ahmed N, Morris AJ, Fortune F, Bhui K. Mental Disorders and Oral Diseases: Future Research Directions. <i>Journal of Dental Research</i> . 2023 Jan;102(1):5-12. doi: 10.1177/00220345221120510. Epub 2022 Sep 8.
22.	Najman JM, Scott JG, Farrington DP, Clavarino AM, Williams GM, McGee TR, Kisely S . Does Childhood Maltreatment Lead to Low Life Success? Comparing Agency and Self-Reports. <i>J Interpers Violence</i> . 2023 Jan;38(1-2):NP1320-NP1342. doi: 10.1177/08862605221090565. Epub 2022 Apr 23.
23.	Looi JC, Bastiampillai T, Pring W, Reay RE, Kisely SR , Allison S. Lessons from billed telepsychiatry in Australia during the COVID-19 pandemic: rapid adaptation to increase specialist psychiatric care. <i>Public Health Res Pract</i> . 2022 Dec 13;32(4):3242238. doi: 10.17061/phrp3242238.
24.	Looi JC, Allison S, Bastiampillai T, Brazel M, Kisely SR , Maguire PA. Psychiatrist and trainee burnout: Commentary and recommendations on management. <i>Australas Psychiatry</i> . 2022 Dec;30(6):750-753. doi: 10.1177/10398562221124798. Epub 2022 Sep 15.
25.	Nasir BF, Kisely S , Hides L, Brennan-Olsen S, Kondalsamy-Chennakesavan S, Nicholson GC, Gill NS, Beccaria G, Toombs M. Translating research into action: The design and development of an Indigenous specific suicide intervention skills training program (I-ASIST). <i>Australian Journal of Rural Health</i> . 2022 Dec;30(6):870-875. doi: 10.1111/ajr.12903. Epub 2022 Jul 14.
26.	Looi JCL, Allison S, Bastiampillai T, Kisely SR . Mental health services need action on organisational culture and justice. <i>Australas Psychiatry</i> . 2022 Dec;30(6):739-742. doi: 10.1177/1039856222111945. Epub 2022 Jun 28.
27.	San Martin Porter MA, Kisely S , Salom C, Betts KS, Alati R. Association between screening for antenatal depressive symptoms and delivery outcomes: The Born in Queensland Study. <i>Aust N Z J Obstet Gynaecol</i> . 2022 Dec;62(6):838-844. doi: 10.1111/ajo.13534. Epub 2022 Apr 21.
28.	Ogilvie JM, Allard T, Thompson C, Dennison S, Little SB, Lockwood K, Kisely S , Putland E, Stewart A. Psychiatric disorders and offending in an Australian birth cohort: Overrepresentation in the health and criminal justice systems for Indigenous Australians. <i>Aust N Z J Psychiatry</i> . 2022 Dec;56(12):1587-1601. doi: 10.1177/00048674211063814. Epub 2021 Dec 9.
29.	Looi JC, Maguire PA, Kisely SR , Allison S. Psychiatrist and trainee moral injury during the organisational long COVID of Australian acute psychiatric inpatient services. <i>Australas Psychiatry</i> . 2022 Nov 23:10398562221142448. doi: 10.1177/10398562221142448. Epub ahead of print.
30.	Protani MM, Alotiby MKN, Seth R, Lawrence D, Jordan SJ, Logan H, Kendall BJ, Siskind D , Sara G, Kisely S . Colorectal cancer treatment in people with severe mental illness: a systematic review and meta-analysis. <i>Epidemiology and Psychiatric Sciences</i> . 2022 Nov 17;31:e82. doi: 10.1017/S2045796022000634.
31.	Kisely S, Looi JC. Latest evidence casts further doubt on the effectiveness of headspace. <i>Med J Aust</i> . 2022 Oct 17;217(8):388-390. doi: 10.5694/mja2.51700. Epub 2022 Sep 11.
32.	Cai V, Peng Ng C, Zhao J, Siskind D , Kisely S . A Systematic Review and Meta-Analysis of the Association Between Periodontal Disease and Severe Mental Illness. <i>Psychosom Med</i> . 2022 Sep 1; 84(7): 836-847. doi: 10.1097/PSY.0000000000001102. Epub 2022 Jun 28.
33.	Najman JM, Scott JG, Williams GM, Clavarino AM, Kisely S, McGee TR. Predicting Child Maltreatment over the Early Life Course: A Prospective Study. <i>Child Psychiatry Hum Dev</i> . 2022 Aug;53(4):701-714. doi: 10.1007/s10578-021-01164-z. Epub 2021 Mar 31.

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34.	Ogilvie JM, Kisely S . Examining the health and criminal justice characteristics for young people on compulsory community treatment orders: An Australian birth cohort and data linkage study. <i>Int J Law Psychiatry</i> . 2022 Jul-Aug;83:101813. doi: 10.1016/j.ijlp.2022.101813. Epub 2022 Jun 24.
35.	Brazel M, Allison S, Bastiampillai T, Kisely S , Loi SM, Looi JC. Australian older persons mental health inpatient and ambulatory services in 2015-2020 – A descriptive analysis and commentary. <i>Australas Psychiatry</i> . 2023 Feb;31(1):43-46. doi: 10.1177/10398562221135492. Epub 2022 Nov 6.
36.	Allison S, Bastiampillai T, Looi JC, Kisely SR , Lakra V. The new World Mental Health Report: Believing impossible things. <i>Australas Psychiatry</i> . 2023 Feb 22:10398562231154806. doi: 10.1177/10398562231154806. Epub ahead of print.
37.	Northwood K , Pearson E, Arnautovska U , Kisely S , Pawar M, Sharma M, Vitangcol K, Wagner E, Warren N , Siskind D . Optimising plasma clozapine levels to improve treatment response: An individual patient data meta-analysis and ROC curve analysis. <i>British Journal of Psychiatry (BJPsych)</i> . 2023 Jun; 222(6): 241-245. doi: 10.1192/bjp.2023.27
38.	Leichsenring F, Abbass A, Heim N, Keefe JR, Kisely S , Luyten P, Rabung S, Steinert C. The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders—an umbrella review based on updated criteria. <i>World Psychiatry</i> . 2023 Jun; 22(2): 286-304. doi: 10.1002/wps.21104.
39.	Kisely S , Alotiby MKN, Protani MM, Soole R, Arnautovska U, Siskind D . Breast Cancer Treatment Disparities in Patients with Severe Mental Illness: A Systematic Review and Meta-Analysis. <i>Psycho-oncology</i> . 2023 May; 32(5): 651-662. doi: 10.1002/pon.6120. Epub 2023 Mar 14.
40.	Teoh CXW, Thng M, Lau S, Taing M-W, Chaw SY, Siskind D , Kisely S Dry mouth effects from drugs used for depression, anxiety, schizophrenia and bipolar mood disorder in adults: a systematic review <i>BJPsych Open</i> . 2023 Mar 20; 9(2): e53. doi: 10.1192/bjo.2023.15
41.	Looi JCL, Allison S, Kisely SR , Bastiampillai T. Physician leadership during the current crisis in healthcare: A perspective drawn from anthropological and clinical leadership research. <i>Australas Psychiatry</i> . 2023 Apr 5:10398562231169128. doi: 10.1177/10398562231169128. Epub ahead of print.
42.	Kisely S , McMahon, Siskind D . Benefits following community treatment orders have an inverse relationship with rates of use: a meta-analysis and meta-regression <i>BJPsych Open</i> . 2023 Apr 14; 9(3): e68. doi: 10.1192/bjo.2023.28.
43.	Kisely S , Leske S, Arnautovska U, Siskind D , Warren N , Northwood K , Suetani S , Najman JM. A 40-year study of child maltreatment over the early life course predicting psychiatric morbidity using linked birth cohort and administrative health data: protocol for the Childhood Adversity and Lifetime Morbidity (CALM) study <i>BJPsych Open</i> . In press (accepted 06-Feb-2023)
44.	Kisely SR , Bastiampillai T, Allison S, Looi JC. More smoke and mirrors: Fifteen further reasons to doubt the effectiveness of headspace. <i>Australas Psychiatry</i> . 2023 Apr 6:10398562231167683. doi: 10.1177/10398562231167683. Epub ahead of print.
45.	Allison S, Looi JC, Kisely SR , Bastiampillai T Could negative outcomes of psychotherapies be contributing to the lack of an overall population effect from the Australian Better Access initiative? <i>Australas Psychiatry</i> . 2023 Apr 25:10398562231172417. doi: 10.1177/10398562231172417. Epub ahead of print
46.	Ogilvie JM, Tzoumakis S, Thompson C, Allard T, Dennison S, Kisely S , Stewart A. Psychiatric illness and the risk of reoffending: recurrent event analysis for an Australian birth cohort. <i>BMC Psychiatry</i> . 2023 May 23; 23(1): 355. doi: 10.1186/s12888-023-04839-0.
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48.	Pleaver S, Kisely S , Bonevski B, McCarthy I, Emmerson B, Ballard E, Anzolin M, Siskind D , Allan J, Gartner C. Can improvement in delivery of smoking cessation care be sustained in psychiatry inpatient settings through a system change intervention? An analysis of statewide administrative health data. <i>Aust N Z J Psychiatry</i> . 2023 Apr 10:48674231164566. doi: 10.1177/00048674231164566. Epub ahead of print.
49.	Kisely S . The down-scheduling of MDMA and psilocybin(e): Too fast and too soon. <i>Aust N Z J Psychiatry</i> . 2023 May 10:48674231174171. doi: 10.1177/00048674231174171. Epub ahead of print.

Research Publications

50.	Arnautovska U , Vitangcol K, Kesby JP, Warren N , Rossell SL, Neill E, Harris A, Galletly C, Castle D, Siskind D . Verbal And Visual Learning Ability In Patients With Treatment-Resistant Schizophrenia: A 1-Year Follow-Up Study. <i>Schizophrenia Research: Cognition</i> . 2023;33:1-7.
51.	Prasad F, De R, Korann V, Chintoh A, Remington G, Ebdrup BH, Siskind D , Vilsbøll T, Fink-Jensen A, Hahn M, Agarwal SM. Semaglutide for the treatment of antipsychotic associated weight gain in patients not responding to metformin - a case series. <i>Therapeutic Advances in Psychopharmacology</i> . 2023;13:1-10.
52.	O'Connor RC, Worthman CM, Abanga M, Athanassopoulou N, Boyce N, LF C, Christensen H, Das-Munshi J, Downs J, Koenen KC, Moutier CY, Templeton P, Batterham P, Brakspear K, Frank RG, Gilbody S, Gureje O, Henderson D, John A, Kabagambe W, Khan M, Kessler D, Kirtley OJ, Kline S, Kohrt B, Lincoln AK, Lund C, Mendenhall E, Miranda R, Mondelli V, Niederkrotenthaler T, Osborne D, Pirkis J, Pisani AR, Prawira B, Rachidi H, Siskind D , Vijayakumar L, Yip PSF. Gone Too Soon: Priorities for Action to Prevent Premature Mortality Associated with Mental Illness and Mental Distress. <i>Lancet Psychiatry</i> . 2023.
53.	Berk M, Kohler-Forsberg O, Turner M, Penninx B, Wrobel A, Firth J, Loughman, A, Reavley NJ, McGrath JJ, Momen NC, Plana-Ripoli O, O'Neil A, Siskind D , Williams LJ, Carvalho AF, Schmaal L, Walker AJ, Dean O, Walder K, Berk L, Dodd S, Yung A, Marx W. Comorbidity between Major Depressive Disorder and Medical Diseases: Comprehensive Review of Epidemiology, Mechanisms, and Management. <i>World Psychiatry</i> . 2023.
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