Research and Learning Year in Review 2015
Metro South Addiction and Mental Health Services
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MSAMHS vital statistics (2015/16)

266,454 clinical service contacts provided for the year across our community

1,372,461 predicted residents in Metro South by 2031

26,802 clinical hours delivered each month

1,102 full time equivalent staff members

$156 million expenditure
About Metro South Addiction and Mental Health Services

Our vision is to provide our community excellence in patient and family centred, integrated services across the continuum of addiction and mental health care.

Metro South Addiction and Mental Health Services offer addiction and mental health care, based on the best evidence, to the community from hospitals, community centres and in the home.

We want to deliver the best outcomes for our patients, their families and the community and to reduce the burden of disease.

Our team of professional medical, nursing, allied health and administrative staff deliver the individual care people need.

We care about our patients and are committed to providing our staff with opportunities to engage in research and education.

This helps them to achieve the highest professional standards and deliver excellence in clinical care through evidence based best practice.

- 266,454 clinical service contacts provided for the year across our community
- 26,802 clinical hours delivered each month
- 1,102 full time equivalent staff members
- $156 million expenditure
Each ACU focuses on providing accessible, high quality care for consumers and carers in Metro South, as well as:

- greater and more meaningful consumer and carer engagement
- improving links to primary care providers
- providing specialist programs that are diagnosis based.

Clinical Service Plans have been developed for each ACU to reflect their focus on delivering consistent evidenced-based care through a broad range of treatment and programs, while also placing importance on recovery and effectively linking with the community.

Academic Clinical Units

Metro South Addiction and Mental Health Services operate as Academic Clinical Units (ACUs). The ten ACUs ensure that when an individual enters the Service, they and their families/carers will receive the best care based on their age, diagnosis and identified treatment outcomes. Each ACU focuses on providing meaningful engagement, accessible, high quality care for consumers and carers, links to primary care providers and specialist programs that are diagnosis based.

The Addiction Services ACU work within a Harm Minimisation policy, with a No Wrong Door philosophy to provide specialist alcohol and drug assessment and interventions for individuals directly or indirectly affected by their own or another’s alcohol and/or drug use.

The Consultation Liaison Psychiatry Services ACU provide comprehensive mental health assessment and brief interventions to adult inpatients of the general hospital, assisting medical and surgical teams by providing diagnostic, management and referral advice for their patients who are experiencing mental health problems.

The Child and Youth ACU work in an early intervention model aimed at minimising the long-term impact of early signs and symptoms of mental illness and responding to the needs of infants, children and young people with mental health problems or disorders, and their families and carers.

The Acute Mental Health Inpatient Services ACU provides care to individuals who require admission to an inpatient unit, usually because their mental illness is not manageable in a less restrictive setting, such as community based support.

The Mood ACU provides specialist assessment and treatment for adult consumers who experience severe disorders of mood or the adverse impact of severe emotional distress, such as depression, bipolar disorder, anxiety and personality disorders.

The Psychosis ACU provides specialist assessment and treatment for adult consumers who experience illnesses such as schizophrenia, schizoaffective disorder and delusional disorder.

The Older Adult ACU provides specialist assessment and treatment for consumers over 65 years of age who experience severe and complex mental health problems, especially those with complications of ageing.

The Resource and Access Services ACU provides community focused mental health triage, assessment and brief intervention services, and links with primary care services in four main areas – 1300 MH Call, Acute Care Teams, Recovery, Resource and Partnership Teams, and the Homeless Health Outreach and Alternatives to Admission teams.

The Rehabilitation ACU is an assertive recovery-orientated service aimed at improving functional outcomes for consumers with a mental illness. It includes Mobile Intensive Rehabilitation Teams, Transitional Housing, Early Psychosis Service, Community Care Units and the inpatient rehabilitation service at Wisteria.

The Transcultural Mental Health Services provides a state-wide consultation services for culturally and linguistically diverse (CALD) individuals, families, communities and organisations.
Foreword

Welcome to the first edition of the Metro South Addiction and Mental Health Services (MSAMHS) Research and Learning Review. Since the formation of MSAMHS and the development of our academic clinical units, research, learning and evaluation have been identified as a key component of improving clinical outcomes for the community we serve as well as persisting in growing the knowledge-base of our staff. MSAMHS are fortunate to have a wide range of clinicians who are dedicated to providing best practice care and translating knowledge into clinical practice. As a Service, we are fortunate that the research undertaken by the Service is supported by our many university partners and the many clinical and support staff from across the MSAMHS. As you peruse this publication you will note the significant contribution of many staff to enhancing addiction and mental health care knowledge. This publication outlines the contribution of clinicians, researchers and peer workers as well as the role of research and evaluation in quality improvement programs. The research conducted across MSAMHS ranges from epidemiology through to evaluation of clinical interventions, some of which our Service is at the forefront of introducing across Queensland and other parts of the world. What is also evident is that our research activities do not occur in isolation. There is strong collaboration with the universities, including Griffith, QUT and University of Queensland. Our collaboration also extends to research with partners across the world PROMISE.Global, (www.promise.global) and importantly collaboration with the Translational Research Institute, Metro North and with the Queensland Centre for Mental Health Research. Over the course of the last 12 months, the growth in research has been emphasised by the appointment of a Senior Research Fellow, Dr Marianne Wyder, a Manager for Research and Learning, Ms Loretta Warburton and the growth of our information management systems that are supported by Peter Kohleis, Sunita Yadav and Ekaterina England. The participation of these staff is playing an important role in supporting analysis of work that is undertaken within the Service, both in research and quality improvement programs. I trust that you enjoy reading the stories from researchers and importantly encourage others from across Metro South Health to consider collaborating in research that is supported by our Service.
Research and education are keys to good clinical care by ensuring that the latest evidence on treatment effectiveness is translated into clinical practice. At Metro South Addiction and Mental Health Services (MSAMHS) research activities are supported by the Research and Learning Network, a hub for research endeavours. There are currently more than 50 projects with a focus on directly improving services to residents of the health district. These quantitative, qualitative and mixed methods approaches are led by a wide range of professional disciplines demonstrating how research in MSAMHS is pragmatic, collaborative, multidisciplinary and focused on clinical outcomes.

The MSAMHS Research Advisory Committee (RAC) facilitates research throughout the Service through the provision of expert advice on the feasibility, methodology and appropriateness of research initiatives in Metro South Addiction and Mental Health Services. Members of the MSAMHS RAC include representatives from psychiatry, psychology, social work, nursing, trainees and the community to ensure that advice is available on all types of research that may be relevant to Metro South residents.

MSAMHS research strengths include the breadth of research topics, evolving partnerships with universities, support from mentors and experienced personnel as well as access to existing data, resources and infrastructure. Several staff members are investigators in both NHMRC and ARC-funded research totalling $4 million. In addition, A/Professor Dan Siskind received a prestigious NHMRC fellowship. Research output includes two papers in the British Journal of Psychiatry, as well as two Cochrane Systematic Reviews. Staff have also been recognised through the Senior Research Award of the Royal Australian and New Zealand College of psychiatrists and the Alex Leighton Award from the Canadian Psychiatric Association and Canadian Academy of Psychiatric Epidemiology.

Professor Steve Kisely
Director of Research MSAMHS
Professor of Psychiatry and Epidemiology at University of Queensland
Adjunct Professor Epidemiology
Research and Learning Network

Integration of research and learning gained momentum in Metro South Addiction and Mental Health Services (MSAMHS), in 2015. The concept of a network that better aligned research and learning was initiated by Professor David Crompton, Executive Director of MSAMHS. Strategic research and associated support roles that previously operated in different units and locations throughout the service were realigned to form a cohesive and centrally located network.

The development of the Research and Learning Network has been a key strategy to increase the research and learning capability and capacity of the MSAMHS workforce. We are very proud of the level of experience and research expertise within the Network.

Director of Research
Steve Kisely chairs the MSAMHS Research and Advisory Committee and provides education for novice researchers and medical students. He is trained in psychiatry, addiction and public health medicine in both Britain and Australia gaining fellowship of the relevant Royal Colleges in the Britian, Australasia and Canada. Steve’s research and clinical interests are in epidemiology/pharmaco-epidemiology, chronic disease surveillance, health services research, and physical & psychiatric co-morbidity. These include care pathways in primary care and specialist services for mental illness.

He is the author of 155 full-length peer-reviewed papers on physical/psychiatric co-morbidity, psychiatric epidemiology and health services research including three papers in the British Medical Journal on outcomes in severe personality disorder and community treatment orders, as well as the decreased life expectancy of psychiatric patients. He has also published in JAMA Psychiatry and the Canadian Medical Association Journal (x2) on access to physical care for psychiatric patients & other marginalised groups. These publications have generated 1960 citations with an h-index of 25 in Google Scholar.

He has been a principal or chief investigator on competitive grants at national and state level worth nearly $9.4 million as well as co-investigator on grants worth an additional $3 million with 10 years of continuous funding from the Canadian Institutes of Health Research, the Australian Research Council, and the National Health & Medical Research Council. Steve was the winner of Special Judges Award in the category of Best Use of IT in Clinical Care in Great Britain as part of the 1998 National Health Care IT Effectiveness Awards, and the Canadian Psychiatric Association’s R.O. Jones Award in 2008. He also has a pre-eminence award from Queensland Health.
Senior Research Fellow
Dr Marianne Wyder is a social worker with a background in sociology. She has worked in a variety of clinical and research positions at universities, the non-government sector and within Queensland Health. She leads, supports, encourages and coordinates service improvement activities, including quality activities and research as well as providing mentoring and education to support research capability development for the diverse disciplines within the service. Her aim is to develop stronger connections between research, evaluation and translation to foster a multidisciplinary research culture through the service. Working with mental health practitioners, including novice and experienced researchers, Marianne brings to the Network her extensive expertise in evaluation planning and qualitative research methodologies. Marianne is developing innovative approaches to conduct practice based research within a busy clinical context, to foster research becoming part of every day practice.

Research Project Co-ordination
Research project submission, ethics applications, governance processes and project tracking are supported by a dedicated co-ordinator, Ms Angela Bryant, who also provides advice and support on resource and operational matters that are critical to the ongoing needs of the research studies being undertaken. Angela also provides a secretariat role for the Research Advisory Committee.

Information Planning and Innovation
Access to reliable and comprehensive data retrieved and synthesised from multiple clinical databases is made possible through the inclusion of the Information Planning and Innovation team to the Network. Peter Kohleis, Senior Advisor; eKaterina England, Data Entry Officer and Sunita Yadav, Sharepoint Administrator; support research through the development of consolidated data reports making thematic analysis more achievable.

Education & Initiatives
The Postgraduate Training in Psychiatry Group coordinates and supports best practice postgraduate specialist training in Psychiatry within Queensland to satisfy the requirements of the Royal Australian and New Zealand College of Psychiatrists (RANZCP).
Another important facet of the Research and Learning Network is to link MSAMHS with other education institutions and community organisations. David Baker, the Network’s Nurse Educator, has enabled community organisations to access specialist mental health education and learning initiatives.
Connecting learning, research and translation activities for the Research and Learning Network is an integral component of research translation. The Manager of the Research and Learning Network, Loretta Warburton, works with MSAMHS clinical and professional leads, universities, community partners and research affiliations to build and connect projects that increase research capacity. This was demonstrated in 2015 through the implementation of a series of capacity building initiatives through the MSAMHS Research Symposium.
The MSAMHS Research Symposium Series provides opportunities for experienced and novice researchers to share progress and outcomes of research projects. Symposiums featured guest lecturers as well as researchers from within the service sharing learnings and outcomes from their research projects. Presentations in 2015 included a guest lecture presentations from Professor Elizabeth Kendall Deputy Head (Research) Griffith University and a presentation from MSAMHS psychologist, Victoria Gore-Jones, presenting her findings on publishing quality data.
Abstract

Brief Interventions in Mental Health Assessment Services: Single Session Work (SSW): A feasibility study

Background: An innovative service provision was sought to address the needs of people presenting to the public mental health service with complex psychosocial distress. These people present regardless that there is no funding to address their needs. On investigation, the Single Session Work (SSW) model as formulated at The Bouverie Centre, Victoria, became a potential solution. A pilot was conducted to establish feasibility within public mental health under exclusive participant criteria.

Method: The Bouverie Centre Implementation Resource Parcel was utilized to introduce the study. A qualitative study was conducted with a retrospective non-comparative baseline group. The study focused on the influences of the intervention on the consumer and staff perceptions.

Results: The consumer participant’s perceptions improved across domains of Life Interference, Worry and Confidence. Problem Frequency remained primarily unresolved. All participants indicated plans to engage external supports beyond the intervention. Staff participants identified consumer/staff benefits and service impacts. Staff expressed appreciation of the models philosophical base and enhancement to their current clinical practice. Staff concluded that SSW filled a gap in service delivery. Staff perceived time and service scope as limitations to deliver SSW. A marginal difference in the time taken for service provision was identified between the treatment as usual and the participant group.

Conclusion: This study adds to the current literature and further endorses SSW as an effective intervention. SSW engaged consumer confidence in pursing self-directed strategies and reflection, validation and provision to access supports. No other study has been produced which applies SSW with exclusive participant criteria. Implementation of SSW across the service would bring consistent evidenced based practice to the acute care service area, requiring minimal resources to implement. Further investigations would be recommended to confirm the efficiencies of the model as a preventative service provision.

Reference details
Le Gros J1, Dziopa F1, Brunelli, V2
1 Metro South Addiction and Mental Health Services
2 PAH Metro South HHS
Spotlight on research capacity building

Practice-Based Research in Mental Health, a collaborative allied health research capacity building project

(Pim Kuipers, Robert Bland, Geoff Lau, Dan Siskind, Rachel Elphinston)

In 2015, as a result of a successful PA Research Support Scheme Project Grant application, Metro South Addiction and Mental Health Services (MSAMHS) in partnership with the Centre for Functioning and Health Research (CFAHR), Metro South Health and Hospital Service, implemented a collaborative allied health research capacity building project (TEEMH PAH: Translating Evidence and Expertise in Mental Health Practice across Allied Health professions). The 12 month project had a unique two fold approach to capacity building. The project provided expert advice and support in the form of training and mentoring to small groups of allied health professionals to undertake and complete a practice based research project. In addition, the project team also undertook research themselves to determine whether the training and mentoring approach utilised was constructive.

Capacity Building
The project aimed to build capacity of the workforce through the provision of education and resources that provided individuals and teams resources and support to develop a deeper understanding of the practice issues allied health professionals face when trying to fit research into clinical practice. Recognising the limitation of resources for allied health professionals to be involved in generating research or translating research into practice, the project sought to facilitate the development a deeper understanding of Practice Based Research and how it coherently connects day to day practice and research.

The capacity building project provided allied health practitioners and teams with the opportunity to conduct their own research projects with the mentoring support and advice of experienced researchers. The project included training in:

- Foundation for practice-based research: reflecting on practice
- Connecting practice and research: asking questions and choosing methods
- Systematic synthesis: reviewing different types of literature to address mental health research questions
- Clinical data mining: working with the data you already collect to address mental health research questions.
- Disseminating practice-based research

Small groups received mentoring support from experienced mental health researchers to enable them to develop research questions, select practice based research methods, conduct research, analyse data and understand research as a method of practice.
Fifteen research projects were supported through this project in a partnership study with CFAHR and Griffith University. Activities include data mining, literature reviews, scoping research plans. Practice Based Research project teams that evolved from the capacity building project included:

- Logan Hospital Social Work which explored the place of social work in emergency department settings and the barriers to engagement in hospital services for victims of sexual assault
- Occupational Therapy in Mental Health: evidence for group-based, time-limited, mental health interventions for children and adolescents

The capacity building project included showcasing of projects, dissemination and translation of finding at the MSAMHS Allied Health Practice Based Research Mini Conference.

**Research on constructiveness of the approach**

The research team identified numerous positive attributes to the capacity building project. The number of projects that were supported demonstrated a dramatic increase on preceding years. The project dovetailed with the formation of the Research and Innovation Committee for MSAMHS (now the Research Advisory Committee), which ensures a sustainable platform for ongoing research development, mentoring and support for the allied health workforce with two allied health representatives.

Further outcomes of the project include quarterly Psychology Forums with a research and evidence based practice theme utilising guest speakers and experts in the field of clinical practice and/or EBP including Grant Devilly, Jan Ewing and Analise O’Donovan. Social work professional groups have instigated journal clubs and the MSAMHS research register reported 29 studies involving allied health as well as numerous quality improvement projects.
Abstract

Exploring correlations between family constellation and trauma prevalence in children and youth

Background: This abstract presents findings from a research project investigating trauma symptomisation in children from intact families, where under 16 year old children live with their biological parents, compared with non-intact families, where families have fluid or changing constellations.

Methods: Using a sample of 64 children with prior trauma experiences, researchers investigated patterns of relationship between trauma symptomisation and family constellation factors through a mixed method file audit of a Child and Youth Mental Health Service (CYMHS) service database. Findings were analyzed using non-parametric testing (Fishers Exact Test).

Results: Statistical analysis identified a significant relationship (< 0.05) between high numbers of trauma symptoms (NTS) and children from non-intact families, and correspondingly low NTS for children from intact families. Other key patterns of relationship identified include a high number of trauma symptoms for children whose parents separate when they are older than 5 years; and increased levels of mental health concern for children from intact families where there are existing mental health diagnoses.

Conclusions: Conclusions derived from these findings are that children whose parents stay together manage trauma experiences better, either in terms of resilience to impacts of trauma or reduced symptomisation. Other key patterns of relationship indicated that children whose parents separate when they are older than 5 years are more vulnerable to trauma symptomisation; children from non-intact families may require more extensive therapy; and nuclear families with existing mental health diagnoses are at increased risk of developing other mental health issues.

Reference details
Gatfield E1, Ho R2
1University of Queensland
2Metro South Addiction and Mental Health Services
Overview: Postgraduate Training in Psychiatry

Postgraduate Training in Psychiatry (PGT) is the statewide program which oversees and co-ordinates psychiatry training in Queensland. The objective of PGT is to support best practice postgraduate specialist training in psychiatry in Queensland which satisfies the requirements of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). The RANZCP Training Program is a 5 year training program with specified mandatory requirements within a competency based model. PGT is the interface between various key stakeholders which include the trainees, Queensland Health, structure and services and the RANZCP.

PGT administers the Training Program for trainee psychiatrists within Queensland in close co-operation with the Queensland Branch Training Committee (QBTC). In 2015, the program grew from 261 to 290 trainees with approximately 330 accredited training positions in the state. The PGT unit facilitates trainee pathways to Fellowship, including:

- Overseeing accreditation processes for sites and positions to ensure accreditation standards for RANZCP training are met
- Supporting and monitoring trainee requirements and processes
- Monitoring supervision and rotations to ensure they are adequate, and that supervisors and services are supported adequately in providing high quality training in Queensland.
- Presenting the structured Formal Education Courses (FEC) statewide in close co-operation with the Branch Training Academic Subcommittee
- Oversight of selection and rotation processes
- Co-ordinating remediation processes (exam and training)
- Co-ordinating supervisor training and accreditation
- Co-ordinating exam preparation
- Oversight of the Scholarly Project requirements for trainees

The RANZCP competency based training program has a strong emphasis on critical appraisal and research. To support this, PGT has formed a partnership with the University of Queensland QBI to deliver a training module in first year that develops basic clinical trial focused research skills. In 2015, PGT developed and oversaw the co-ordination of the processes for trainees undertaking the RANZCP Scholarly Project. Trainees are required to undertake and submit a research project that is to be of a standard publishable in a peer reviewed journal. This can be undertaken in a number of areas such as:

- Original empirical research
- A systematic and critical literature review
- A case series
- A quality assurance project or clinical audit
- Other approved options

PGT is actively working with trainees, supervisors and services to assist trainees in completing this requirement and contributing to quality research in Queensland psychiatry training.
Supporting registrars in research

As part of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) psychiatry registrar training program, psychiatry registrars must now undertake a scholarly project.

These projects can include systematic reviews and meta-analyses, clinical case series, and analysing existing routinely collected clinical data. One of the challenges for registrars has been identifying suitable supervisors for scholarly projects.

Professor Steve Kisely and I have been privileged to supervise many registrars undertaking scholarly projects. These research projects have been clinically driven, with outcomes that can be applied to improving the lives of the consumers we serve. Two of these projects are highlighted below.

Lara McCartney and Romi Goldschlager worked on a systematic review and meta-analysis of clozapine versus other anti-psychotic for treatment refractory schizophrenia. This study found that clozapine was superior to other antipsychotics for managing positive symptoms of schizophrenia. It has now been published in the premier British Journal of Psychiatry. “Siskind D, McCartney L, Goldschlager R, Kisely S. Clozapine versus first and second-generation antipsychotics in treatment refractory schizophrenia: systematic review and meta-analysis. British Journal of Psychiatry. 2016;in press:DOI 10.1192/bjp.bp.115.177261.”

Grace Tso, Puja Kumar and Thilini Jayasooriya looked at the rates of metabolic syndrome among people on clozapine at MSAMHS. It identified that consumers have high rates of obesity and metabolic syndrome, and identifies the need to bring strong partnerships with primary care to ensure appropriate physical health interventions. “Tso G, Kumar P, Jayasooriya T, Kisely S, Siskind D. Metabolic monitoring and management among clozapine users. Australas Psychiatry. 2016;in press”.

In addition, medical and health science students from universities in Queensland and internationally have been supported to undertake research.

This has led to publications including:

A registrar’s experience with research

I am a member of the Metro South Addiction and Mental Health Services (MSAMHS) team in the capacity of a training psychiatry registrar. A core component of successfully completing our postgraduate training program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a scholarly project.

This assessment is part of the new postgraduate training course, which began being rolled out in 2012, and psychiatrists and trainees alike are still familiarising themselves with the project. Prior to commencing my research project, I had limited practical exposure to research. I was fortunate to be highly supported by my supervisor within MSAMHS.

Through this supervision process, I was able to form a research question; discuss and rationalise different ways of answering this; establish a project as a Principal Investigator (overseeing fellow investigators and research assistants); successfully apply for ethics approval; and finally conduct the research. This included applying for a Low or No Risk Application (LNR); and subsequently submitting a National Ethics Approval Form (NEAF); processes I now feel confident with.

I have also been invited to participate in the MSAMHS Research Advisory Committee (RAC), which has furthered my exposure to the process of research. This has afforded me the opportunity to review research proposals, learn from experienced researchers and offer input to the MSAMHS RAC. This will allow MSAMHS to further support psychiatry trainees wishing to participate in research and complete their scholarly projects.

While the concept of foraying into research appears intimidating to the novice (as it did to myself), I've realised through the support and supervision provided by the MSAMHS that research participation is a tangible possibility regardless of your prior research experience. It’s my hope that through my contribution to the RAC, I will be able to make this process seamless for future researches in years to come.
Abstract

Does Social Support Mediate the Effects of Benefit Finding on Adjustment Outcomes in Young Carers who care for a Parent with an Illness or Disability?

Background: There are growing numbers of young people, aged between the years of 10-24 who care for a parent with an illness or disability. The young carer population represents a significant challenge to the community in terms of both increased health costs, and increased absenteeism from employment. Despite such costs and implications of caregiving by the young carer, limited research has focused on the adjustment outcomes for this population. There is growing interest in identifying protective factors that promote adaptation to young caregiving.

Objectives: The first aim of this study is to examine the relationship between demographic and caregiving context variables and benefit finding. The second aim is to examine the relationship between benefit finding and adjustment outcomes in young people who have a parent with an illness or disability, after controlling for the effects of relevant demographics and caregiving context variables. Drawing on both the inter-relatedness between benefit finding and social support theories and their roles in determining caregiving adjustment outcomes, the present study tests the proposal that social support satisfaction mediates the beneficial effects of benefit finding on young carer adjustment outcomes.

Methods: A total of 428 participants recruited from Queensland schools aged between 9 and 19 years (M = 12.78, SD = 2.34) were identified as young people who had a parent with an illness or disability. Participants completed a cross-sectional survey assessing background information and the key variables (i.e., benefit finding, social support satisfaction, and various dimensions of adjustment, including: social-emotional-behavioural difficulties, somatisation, prosocial behaviour, positive affect, and life satisfaction).

Results: Mediational analyses showed that consistent with predictions there were significant indirect effects of benefit finding on all adjustment outcomes through social support satisfaction, after controlling for relevant covariates. Findings suggest that social support satisfaction partially mediates the relationship between higher benefit finding and better adjustment in young carers. Implications of the findings for young carers and recommended future research directions are briefly discussed.

Reference details
Matthew Chappel, Psychologist, Addiction Services ACU
Metro South Addiction and Mental Health Services
Engaging consumers in research

Consumer and carer engagement in research is pivotal to capture the perspective of the consumer, carer and peer workforce and also the opportunity to look through a different lens.

Involving the lived experience workforce in research projects offers the opportunity for clinical staff as well as the consumer and carer workforce to look at different roles within the Service and to gain a better understanding from each other.

Currently the Logan Beaudesert Wellbeing Program specialised peer workers and the peer workers in the Community Care Units are involved in writing and reflecting on their experiences through an ethnographic diary to document their experiences both positive and negative in their day-to-day interactions with consumers.

This is also a tool that is used in supervision to discuss their experiences. There is also a project due to commence with Dr Marianne Wyder and Dr Frances Dark to increase the peer workforce capacity to undertake research and to seek interest from the workforce whilst encouraging them to be involved in research.

Another project discussion is a reflection on the role of supervision and the needs of peer workforce; this would involve a reflection from the peer supervisors in the community areas.

At MSAMHS we are in a unique position to lead research around this workforce due to the number of roles that contribute to our workforce.
Abstract

Prevalence of Metabolic Syndrome among people with severe mental illness prescribed with Clozapine

Background: People with severe mental illness have significantly reduced life expectancy compared to the general population, due to treatable medical conditions, secondary to modifiable metabolic risk factors. Antipsychotic medications are known to be associated with metabolic side effects.

Objectives: This study aims to determine the prevalence of metabolic syndrome (MetSy) among people with severe mental illness prescribed clozapine within the Princess Alexandra Hospital Mental Health Service.

Methods: People prescribed clozapine at PAH will have chart reviews for biometrics (weight, height, BMI, waist circumference, blood pressure), metabolic blood results, and treatments for MetSy risk factors. Metabolic Syndrome was assessed on International Diabetes Federation (IDF) criteria.

Results: Overall, 135 people on clozapine were analyzed. The prevalence of MetSy was 46%. 70% had a high waist circumference (with corrections for ethnicity), 33% were obese, 58% had hypertension or were on anti-hypertensive medications, 38% had impaired fasting glucose or were on hypoglycaemic agents, 50% had high triglyceride levels, and 46% had low HDL (high-density lipoprotein) levels.

Conclusion: People with severe mental illness have a high prevalence of metabolic syndrome with rates that are more than double the prevalence in the general population. Vigilance for monitoring and treatment is especially needed among this group of people.

Reference details
Tso G1, Kumar P1, Jayasooriya T1, and Siskind D1, 2.
1 Metro South Mental Health Service
2 Queensland Centre for Mental Health Research, School of Population Health, The University of Queensland
Information Planning and Innovation

You’re probably using learning algorithms dozens of times a day without knowing it. One of the reasons that search engines like Google work so well is because a learning algorithm has learned how to rank web pages. I’m excited because I believe someday we will create learning algorithms directly linked to clinician decision support tools. Even though we’re a long way away from that goal, many researchers share this vision and are currently working toward developing learning algorithms that mimic how the clinicians learn and deliver their expertise. Toward this end, the Information, Planning and Innovation Portfolio focuses on two key areas:

**Machine learning:** Our typical day consists of helping Metro South Addiction and Mental Health Services (MSAMHS) staff to apply algorithms to their research and other problems. We work on structured and unstructured data that we take from multiple sources so that we can turn patient related information into knowledge that will help us understand our patients better. When we automate the collection and storage of data, we sequence individual patient records and run multiple algorithms continuously to better understand mental illness and individual differences. In the near future, MSAMHS staff will be able to profile their patient populations and drill down to deliver patient centred treatments, and researchers will be able to access data on-demand.

**Software development and implementation:** With medical information doubling every 73 days, we need to create platforms that manage this incursion. To do this, we need to share this knowledge and have access to real time information to help us achieve our patient focused goals. Using Microsoft products, we are currently developing a single knowledge and integrated App platform. One place, one source, developed and administered by the MSAMHS community. This will soon be your space; a place where you can immediately access the information you want, on any device.

Our staff are constantly talking about how we need to communicate what we’ve learned and how we need to embrace technology. Machine learning and our technology platforms can deliver a ‘cognitive assistant’ to staff. With so many patients under our care there is no way we can be patient-focused without technological assistance.

Here at the MSAMHS Research and Learning Network, we are progressively imagining our future and the vehicles needed to take us there.

Peter Kohleis
Manager
Information, Planning and Innovation
Abstract

Treatment of clozapine associated obesity and diabetes with exenatide in people with schizophrenia

Background: Clozapine causes significant metabolic disturbances including obesity and type 2 diabetes. Recent evidence that reduced glucagon-like-peptide-1 (GLP-1) may contribute to aetiology of clozapine-associated metabolic dysregulation suggests a potential therapeutic role for GLP-1 agonists.

Methods: This open-label, pilot randomised controlled trial evaluates the effect of exenatide in clozapine-treated obese adults who have schizophrenia, with or without poorly controlled diabetes. Sixty out-patients will be randomised to once weekly extended release exenatide or treatment as usual for 24 weeks.

Results: To evaluate the feasibility of larger studies regarding methodology, acceptability, tolerability and estimate efficacy for glycaemic control or weight loss. Secondary outcomes are psychosis severity and metabolic parameters.

Conclusions: This is the first trial investigating GLP-1 agonists for glycaemic control and weight loss in clozapine-treated patients with either diabetes or obesity. Clozapine-associated obesity and diabetes with exenatide (CODEX) will provide proof-of-concept empirical evidence addressing whether this novel treatment is practical and worthy of further investigation.

A postgraduate student’s experience with research

Growing up I was always fascinated by human behaviour, how the mind works, and what made people tick. I grew up in a family where mental illness was present, and wanting to improve their quality of life was ultimately what drove me to pursue a career in psychology. Through my studies I was fortunate enough to have placements in acute mental illness where my interest in this field was further solidified, motivating me to pursue research in this field for my PhD in clinical psychology.

Once I had my project together and had reached the recruitment stage I approached Anne Steginga, Deputy Director of the Psychosis Academic Clinical Unit of Metro South Addiction and Mental Health Services (MSAMHS), to discuss my project and the process involved in applying to conduct research through Queensland Health. I was fortunate that my project appealed to MSAMHS and that Anne was willing to sponsor the project moving forward. From here I was able to begin the application process for receiving ethical approval through Metro South Health Human Research Ethics Committee (HREC) for the project.

Through this process I learnt that it is vital to seek help where needed and to integrate any advice provided into your project efficiently and succinctly. I also found that a strong foundational understanding of your project, its methodology, and ultimately its direction is vital in making it through the ethics process successfully. Fortunately the team members at Metro South Addiction and Mental Health Services, HREC and Research Governance Department were all incredibly helpful in providing support and guidance through this process. In fact, if I was to give any parting advice to others who may be considering undertaking a research project within MSAMHS it would be to appreciate and value the expertise of the clinicians within this Service and to work on building collaborative relationships with them and any other departments relevant to your project.

I found that my project grew in success when I was able to work with the MSAMHS clinicians and draw on their knowledge to troubleshoot issues and further refine my project. The MSAMHS team was integral to the successful acceptance and implementation of my project and I look forward to continuing to work with them as my project comes to an end. Overall my experience of getting into research at MSAMHS has been an incredibly positive one and I feel I have grown professionally as a result.
Abstract

Way Forward: an Indigenous approach to wellbeing

Objective: Aboriginal and Torres Strait Islander individuals are overrepresented in mental health services in the state of Queensland (QLD), Australia; indicating greater prevalence and less preventative management of mental illness. This paper describes a project to enhance the model of care to improve mental health, alcohol and other drug outcomes for Aboriginal and Torres Strait Islander Community members in two metropolitan Hospital and Health Services, in Brisbane, Australia.

Methods: Individual and focus group consultations were conducted with stakeholders, to determine key themes. Results: The consultative phase of the project revealed three priority areas for action: governance and supervision arrangements for the workforce in the area of Indigenous mental health, alcohol and other drugs; the cultural capability of non-Indigenous clinicians; and consumer access to services.

Conclusions: The Way Forward project is a broad workforce redesign approach to address these three key areas. This approach is designed to acknowledge the strengths among the Indigenous Aboriginal and Torres Strait Islander workforce and to utilise their specialised cultural knowledge. This strategy will also include working in relationships with key Community-controlled health and other organisations. The approach will be reviewed and evaluated.

Reference details
Program evaluation: Logan Beaudesert Wellbeing Program

In 2015, the Logan Beaudesert Wellbeing Program (Program) was operationalised within Metro South Addiction and Mental Health Services (MSAMHS). It is an evidence-informed program underpinned by Assertive Community Treatment (ACT), Flexible Assertive Community Treatment (FACT) (van Veldhuizen, 2007) and Crisis Care models of mental health care and structured around the Balanced Care Approach (Thornicroft & Tansella, 2013). It enables care implementation to step up or step down from intensive to less intensive care, together with outreach mobility and flexibility. It is defined by a tight operational framework that includes four interactive teams (adult, youth and family, perinatal and peer support). Peer support is a feature of the program for which there is established evidence (Repper & Carter, 2011).

The program was externally reviewed by Associate Professor Peter McGeorge QSO, FRANZCP from the University New South Wales and Julie Anderson from Neami National. Excerpts include:

“The WBP (the Program) was found to be an impressive, extremely well conceptualised and notwithstanding it being less than a year since commencement, well implemented Program aligned with the strategic direction of National and State Mental Health Plans.

In particular, it has incorporated a focus on consumer recovery and peer support, integration with primary healthcare and community managed organisations (NGOs). While further work remains to be done, it has exemplified a “gold standard” approach to clinical service delivery in defining its target groups, the development and operationalisation of policies and procedures, education and training of the work-force and collaboration with external providers. In this the recruitment and deployment of peer workers has been a critical aspect of the model of care leading to positive outcomes for consumers.”

“In terms of metrics the reviewers were provided with data that was compelling in terms of its impact on the key variables that were targeted for improvement.

The data showed that the implementation of the Program resulted in a significant pre and post intervention in the cohort of:
1. Occupied bed days (p < 0.001)
2. ED presentations (p < 0.001)
3. Savings ($5,254,625 overall)”

“It is not only providing a highly effective system of evidence informed, consumer and family focused care, it has established a robust platform for future development involving more comprehensively integrated systems of care. The Program is an outstanding example in an Australian and international context of the benefits of a well implemented, evidence based, community, consumer and family oriented Program of care that aligns with National and Queensland Health strategic mental health objectives. Its retention would not only contribute to the continued support of consumers of the MSAMHS with high and complex needs, its establishment could be mirrored to support the recovery of other similar populations of consumers and carers in other services throughout Australia.”
Future directions

In November 2015, Metro South Addiction and Mental Health Services (MSAMHS) welcomed Dr Peggy Brown as the Acting Director of Medical Services. With close to 30 years experience in the mental health sector, Dr Brown has been involved in mental health leadership and advocacy roles at a service, state, territory and national level. A distinguished administrator in psychiatry and public health, Dr Brown has led mental health policy, administration and management, and contributed to psychiatric services via promotion of the quality of professional care and service delivery. Dr Brown’s role at MSAMHS included executive sponsorship of the Research and Advisory and Learning Development Committees and Chair of the Quality and Safety Committee.

When asked about the future directions for research and learning at MSAMHS, Dr Brown stated: “MSAMHS has a strong focus on research and learning, both of which, in my view, are essential components of a quality mental health service. However, it is important that research and learning do not stand alone; they must continuously inform and influence service delivery for the better, and in turn, clinical service delivery can help to shape the research questions and the learning agenda of the future. I feel very optimistic about the standard of mental health services within MSAMHS, given the strong focus that the service has on delivering contemporary practice, informed by the best available evidence and supported by learning systems that ensure that staff have the capability to deliver the most appropriate treatment for every individual and by quality assurance processes that monitor the outcomes of care”.

MSAMHS congratulates Dr Brown’s recent appointment of CEO of the National Mental Health Commission. Whilst undertaking this exciting and challenging new role, MSAMHS is delighted that Dr Brown will continue to provide ongoing support to research and quality improvement processes in our service. Under the terms of her appointment, the Commonwealth Minister for Health has approved for Dr Brown to maintain professional practice through a part-time role in clinical service delivery, research, reviews or governance. Dr Brown will continue to be involved in research and clinical governance processes at MSAMHS.
Noteworthy mentions

**Conference Presentation:**
In 2015, Dr Marianne Wyder was invited to present at the Mental Illness Fellowship Northern Queensland (MIFNQ) annual conference on the family recovery framework she co-developed with Professor Robert Bland from the Australian Catholic University. Despite families being critical in providing support to their loved one, there has been little systematic interest in the changing roles and experiences of families throughout the emergence of illness, crisis, treatment seeking and subsequent recovery. Marianne’s keynote presentation focussed on how a family’s journey is interdependent and interconnected with that of their loved-one. Furthermore, recovery takes on a different form depending on whether it is conceptualised from the consumer’s perspective, the caregiving relationship or a family’s own recovery.

**Conference Presentation:**
Gordon Kay, MSAMHS lead researcher for group-based psychological therapies for auditory hallucinations, presented at the acclaimed International Society for Psychological and Social Approaches to Psychosis Conference in 2015. The conference entitled ‘Relationship and Experience in Psychosis - An International Dialogue’ brought international experts together to share their knowledge for the benefit of mental health consumers.

Gordon delivered his presentation, titled ‘Group Based Cognitive Behavioural Therapy for Voice Hearers’, at the conference held in New York. Gordon said the conference was valuable in enabling him to discuss best practice and key learnings with his peers. The core themes for the conference comprised:

1. The introduction of community-based, group based psychological therapies for individuals experiencing distressing voices.
2. Understanding the benefits of integration of evidence based CBT with techniques and principles from the peer led voice hearer’s literature and understanding which specific elements of the therapy prompt improvement.
3. Recommendations on setting up and running CBT-based hearing voices groups in your organisation.
Award:

Dr Scott Cherry from the Older Adult Academic Clinical Unit received the MEDI3004 Teaching Commendation from the School of Medicine at University of Queensland for assisting in the education of University of Queensland medical students.

Award:

Dr Stephen Parker, Staff Specialist for the Early Psychosis Team, was awarded the Young Psychiatrists Fellowship Award by the ASEAN Federation for Psychiatry and Mental Health (AFPMH). Stephen’s award comprised a course on the development of leadership and professional skills for young psychiatrists and attendance at the 14th Congress of the AFPMH held in Cebu City, the Philippines in November 2014.

The theme of both events was ‘setting gold standards of care in ASEAN psychiatry’ with the aim of the Fellowship Award being to identify future leaders of ASEAN psychiatry, nurture their professional development and build a regional leadership network. The AFPMH Congress explored perspectives and practices across the region, with a focus on working towards harmonisation of standards in 2015. Stephen joined 19 participants from 11 countries at the leadership course. Stephen said of his experience: “The hospitality and generosity of the Philippines Psychiatric community was remarkable - it ensured that in our brief time we were able to also experience much the diversity, complexity and beauty of the culture, scenery and cuisine”.

Dr Scott Cherry

Dr Stephen Parker
University partners

Griffith University
Metro South Addiction and Mental Health Services (MSAMHS) have been an extremely important research partner for Griffith University Health Group for nearly 10 years. Every year, new initiatives are developed collaboratively to address complex questions being experienced in practice. In 2015, some of the innovative projects included the Logan Beaudesert Wellbeing Program, the Indigenous Mental Health Worker Way Forward Project, the Transcultural Mental Health Co-Assessment Project and the Hearing Voices Network study. In addition, we enrolled several staff in higher degrees, co-located exchange staff who were on research leave and engaged in data collection around consumer engagement. Together with researchers based in MSAMHS, we mentored and supported new researchers in MSAMHS to develop new research projects and publish existing findings. Several joint presentations were conducted to assist staff to participate in research and build research skills. In partnership, we have explored the experience of people with severe mental illness in the public mental health system across a range of interfaces. We have also explored the way in which multiple levels of the workforce perceive the implementation of new models of care. Honours and PhD students have completed their research within MSAMHS with the support of clinical staff. This level of collaboration has enabled translation of research evidence, but it has also allowed us to ensure that research projects have relevance to end-users. We value the connection with MSAMHS and appreciate the extent to which they engage in research and scholarship to improve the services they provide.

Professor Elizabeth Kendall PhD
Rehabilitation & Resilience Research
Building Healthy Communities Program | Menzies Health Institute Qld
Griffith University
Queensland University of Technology

QUT is proud to participate in a range of research and learning initiatives with MSAMHS. In 2015, 86 undergraduate students from across the Faculty of Health and one student from Creative Industries Faculty undertook work-integrated learning placements at MSAMHS.

Students participated in an impressive 9394 hours of clinical experience across exercise movement science, nursing, nutrition and dietetics, podiatry, psychology, public health, social work and creative industries. Our research links also continued through a range of collaborative studies between MSAMHS clinicians and QUT researchers. Some of the highlights published in 2015 include:

- investigating correlates of childhood trauma in patients with early psychosis
- psychosocial functioning in patients with alcohol-related liver disease post liver transplantation
- associations between psychotic-like experiences and suicide in young adults
- assessment of the CAPE-P15 scale in psychotic-like experiences
- mental health consequences of natural disasters and mobilising effective health care system responses.

We look forward to enhancing these collaborations further, particularly in the areas of technology enhanced care and health services evaluation.

Professor Ross Young
Executive Dean, Faculty of Health
## Postgraduate study 2015

<table>
<thead>
<tr>
<th>Doctor of Medical Research</th>
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<tbody>
<tr>
<td>Professor Steve Kisely</td>
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<tr>
<td>Stephanie Azri</td>
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<tr>
<td>Rachel Signorini</td>
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<tr>
<td>Matthew Chappel</td>
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<tr>
<td>Maxine Waldburger</td>
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<td>Rosemary Lowndes</td>
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<td>Rachael Downie</td>
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<td>David Baker</td>
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<td>Kylie Carney</td>
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<tr>
<td>Elaine Wade</td>
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<tr>
<td>Master of Nursing Advanced Clinical Practice</td>
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<td>Todd Sellwood</td>
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<tbody>
<tr>
<td>Lan Wu</td>
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<tr>
<th>Master of Social Work</th>
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<tbody>
<tr>
<td>Marianne Wyder</td>
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<th>Master of Philosophy</th>
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<tr>
<td>Andrew Blythe</td>
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<tr>
<td>Luning Wang</td>
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<td>Mary Grace Miphranum</td>
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<td>Jillian Le Gros (CMHN)</td>
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<td>Kylie Tier</td>
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<td>Janelle Kelly</td>
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<td>Bhumi Ganatra</td>
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<td>Emily Little</td>
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<td>Fiona Dziopa</td>
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<td>Karla Butler</td>
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<tr>
<td>Paul Stibbard</td>
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<td>Soraya Harle</td>
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<td>Teresa Saarikko</td>
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<tr>
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<tr>
<td>Isabel Chan</td>
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<th>Graduate IV Training and Assessment</th>
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<tr>
<td>Ellenora Staunton-Mackenzie</td>
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PhD students supervised by MSAMHS Research Staff

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<tr>
<th>AMHS Team Member</th>
<th>Student</th>
<th>Topic</th>
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<tr>
<td>Professor Steve Kisely</td>
<td>Amanuel Alemu Abajobir</td>
<td>Life course outcomes following prenatal and postnatal adversities experienced by mothers and children: a longitudinal birth cohort study</td>
<td>University of Queensland</td>
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<td>Professor Steve Kisely</td>
<td>Beth Crowe</td>
<td>Effectiveness of quadrivalent human papillomavirus vaccine for the prevention of cervical abnormalities: case-control study nested within a population based screening programme in Australia.</td>
<td>University of Queensland</td>
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</table>
**Publications**


partnership to improve access to primary care for the physical health of patients with severe mental illnesses: an interactive guide. Int J Equity Health, 14, 78. doi:10.1186/s12939-015-0200-0


**Other publications**


**Books**


Book chapters


Articles

How to write a research question?
Siskind, D Australian and New Zealand Journal of Psychiatry (May 2015)


Peer-reviewed abstracts

Conferences, seminars and workshops


Azri, S “Differences between men and women when it comes to love, sex and relationships” Workshop for relationship counsellors. July 2015 Brisbane


Le Gros J, Dziopa F, & Brunelli V. Brief Intervention in Mental Health Assessment Services: Single Session Work. 41st International Mental Health Nursing Conference, Brisbane QLD October 2015


Lie D, Cherry S, Robinson SA. Venous Thromboembolism Prophylaxis for older psychiatric inpatients 2015


Parker, S. A novel model of care at the Community Care Units (August 2015) PAH Health Symposium


Staunton-McKenzie E, Presentation of ATOP research for Inala ADS, Drug and Alcohol Nurses of Australasia Conference, August 2015


Conference abstracts


Kisely S, How to design a research study, and to collect and analyse data? Australian and New Zealand Journal of Psychiatry (2015); 49(S1): 26


Kisely S, Lawrence D. The effect of the increase in ‘alcopops’ tax on presentations to emergency departments for psychological and physical alcohol-related harms in young Queenslanders. Australian and New Zealand Journal of Psychiatry (2015); 49(S1): 97.

Kisely S, Forsyth S, Lawrence D. Why do Queensland psychiatric patients have higher cancer mortality rates when cancer incidence is the same as for the general population? Australian and New Zealand Journal of Psychiatry (2015); 49(S1): 98.

Kisely S. Investigating the complex relationships between physical and psychiatric disorder – why it matters to people with mental illness. Australian and New Zealand Journal of Psychiatry (2015); 49(S1): 101.

Kisely S Challenges in the Meta-Analysis and Interpretation of Randomized Controlled Trials of Community Treatment Orders. Abstracts of the XXXIVth International Congress on Law and Mental Health Vienna (July 2015): 480.


Poster presentations

Kimina Andersen, Professor David Crompton, Associate Professor Brett Emmerson, Kerry Lyons, Robert Pedley, Emma Howarth, Lynnten Johnson, Way Forward: an Indigenous approach to well-being, Transforming Discoveries to Better Health, 2015 PAH Health Symposium

Kimina Andersen, Professor David Crompton, Associate Professor Brett Emmerson, Kerry Lyons, Robert Pedley, Emma Howarth, Lynnten Johnson, Way Forward: an Indigenous approach to well-being, 2015 RBWH Health Care Symposium
Service evaluation and quality improvement processes

Capra C, : Effectiveness of clinical consultation liaison positions across tertiary and primary care services

Capra C, : Development of the metro North and Metro South neurobiology platform for early Psychosis; Other services – a multisite collaboration; Published

Chan I, Outpatient Withdrawal Program – establishment as part of the Working Group, Addiction Services

Hipper L, AOD Clinical Services Capability Framework (CSCF v3.2) Chair of State Wide Project

Hipper L, Mental Health and AOD Integration Project (State wide project)

Le Gros J, Parker S, Brief Intervention in Mental Health Assessment Services: Single Session Work, 2015, CCU Evaluation Project

Morrison, J: Clinical Utility of the PRPP & ACLS in CCUs: clinician and consumer perspectives, Rehabilitation ACU

Russell K, O’Donovan J, A place to call home: Hearing the perspectives of people living with homelessness and mental illness through service evaluation


Way Forward: Workforce Redesign – Preliminary Findings, 2016 (Redesign activities undertaken 2015/16)
## Grants

<table>
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<tr>
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<td>Dr. Stephen Parker</td>
<td>RANZCP</td>
<td>New Investigator</td>
<td>$5,000</td>
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<td>Professor Steve Kisely, Associate Professor Dan Siskind</td>
<td>Vic Health Innovation Research Grant</td>
<td>The acceptability of vaporised nicotine products for smoking cessation or long term substitution in people with severe mental illness</td>
<td>$200,000</td>
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<td>Professor Steve Kisely</td>
<td>NHMRC</td>
<td>Indigenous Network Suicide Intervention Skills Training (INSIST): Can a community designed and delivered framework reduce suicide/self harm in indigenous youth?</td>
<td>$804,737</td>
<td>2014-2018</td>
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<td>Professor Steve Kisely; Associate Professor Dan Siskind</td>
<td>Princess Alexandria &amp; Rebecca Cooper Research Foundations</td>
<td>Novel pharmacological treatments for obesity and diabetes for people w/ schizophrenia on clozapine</td>
<td>$172,000</td>
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<td>Professor Steve Kisely</td>
<td>National Critical Care and Trauma Response Centre - TRADIM Research Grant Scheme</td>
<td>Management of Psychological Trauma in Older Persons Following Disasters TRADIM;</td>
<td>$20,000</td>
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<td>NHMRC</td>
<td>Evaluation of SCID-I in the diagnosis of mental disorders in Indigenous Australians</td>
<td>$948,048</td>
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<td>Australian Centre for Health Services Innovation</td>
<td>A MAP to better care: Applying the principles of advanced directives and motivational interviewing to discharge planning for psychiatric patients</td>
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<td>Professor Steve Kisely</td>
<td>Australian Research Council</td>
<td>Improving the physical and oral health of people with severe mental illness: using Normalisation Process Theory to support new practices (ARC Linkage Project administered by Griffith University)</td>
<td>$396,703</td>
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<td>Professor Steve Kisely</td>
<td>Australian Research Council</td>
<td>Understanding the relationship between mental illness and offending: implications for crime prevention and mentally ill offenders</td>
<td>$222,941</td>
<td>2010-2017</td>
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<td>Professor Steve Kisely</td>
<td>Department of Education, Commonwealth of Australia and the Queensland Government</td>
<td>National Collaborative Research Infrastructure Strategy (NCRIS) - Capability 5.7 Population Health and Clinical Data Linkages (Population Health Research Network)</td>
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<td>Canadian Institutes of Health Research</td>
<td>Canada crazy for our children &amp; youth mental health</td>
<td>$99,900</td>
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<td>Australian Rotary Health Research Fund</td>
<td>A ten-year evaluation of community treatment orders on mental health outcomes</td>
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<td>Dr David Lie</td>
<td>TRADIM (Trauma and disaster Management)</td>
<td>Mental Health sequelae of older adults exposed to manmade disasters</td>
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<td>Associate Professor Dan Siskind, Professor Steve Kisely</td>
<td>UQ M+BS Intra-Faculty Collaborative Workshop Grants</td>
<td>Managing metabolic adverse drug reactions associated with clozapine treatment for people with treatment refractory schizophrenia</td>
<td>$5000</td>
<td>2015</td>
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# Awards

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<tr>
<td>Professor Steve Kisely</td>
<td>Senior Research Award</td>
<td>Royal Australian &amp; New Zealand College of Psychiatrists</td>
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<td>Professor Steve Kisely</td>
<td>Distinguished Fellow of the Canadian Psychiatric Association</td>
<td>Canadian Psychiatric Association</td>
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<td>Professor Steve Kisely</td>
<td>Alex Leighton Award</td>
<td>Canadian Psychiatric Association &amp; Academy of Psychiatric Epidemiology</td>
<td>2015</td>
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<td>Dr David Lie</td>
<td>Future Fellowship</td>
<td>ARC</td>
<td>2015</td>
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<tr>
<td>Associate Professor Dan Siskind</td>
<td>Clinical Excellence Award for consultant psychiatrist with most outstanding record of teaching and training of psychiatry registrars and senior house officers</td>
<td>Metro South Addiction and Mental Health Service</td>
<td>2015</td>
</tr>
</tbody>
</table>
If you are interested in learning more about research at Metro South Addiction and Mental Health Services we would like to hear from you.

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

Please contact us at:

MSAMHS_Research@health.qld.gov.au