ADDICTION AND MENTAL HEALTH SERVICES
RESEARCH AND LEARNING
YEAR IN REVIEW
2016
## CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Metro South Addiction &amp; Mental Health Services</td>
</tr>
<tr>
<td>Foreword Executive Director MSAMHS Professor David Crompton</td>
</tr>
<tr>
<td>Welcome from the Director of Research Professor Steve Kisely</td>
</tr>
<tr>
<td>Snapshot</td>
</tr>
<tr>
<td>Professor Steve Kisely Director of Research</td>
</tr>
<tr>
<td>Dan Siskind – Clinical Academic Psychiatrist</td>
</tr>
<tr>
<td>Quality Use of Medication (QUM)</td>
</tr>
<tr>
<td>REPORT - Promoting Child and Youth Mental Health through the use of the Creative Arts</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>The Rehabilitation Academic Clinical Unit</td>
</tr>
<tr>
<td>REPORT - Dr Frances Dark: Clinical Director</td>
</tr>
<tr>
<td>Lightning interview with Dr Julanne Frater</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>REPORT - The Logan Beaudesert Perinatal Wellbeing Service Refining a nurse-led model for perinatal mental health</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>Lightning interview with Sarah Hamilton</td>
</tr>
<tr>
<td>REPORT - Transition Support Program: Mental Health</td>
</tr>
<tr>
<td>REPORT - Partnering with the Community: Working with the Non-Government Sector in Logan to Build Capacity in Responding to Alcohol and Drug Harm</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>Our Journey Towards Planetree Recognition</td>
</tr>
<tr>
<td>Building our Leadership and Performance Pipeline</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>REPORT - Transaction of Research</td>
</tr>
<tr>
<td>Lightning interview with Ekaterina England</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>MSAMHS welcomes Professor Shula Ramon</td>
</tr>
<tr>
<td>PhD Student: Paul Hickey</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>Embedding Research into Everyday Practice</td>
</tr>
<tr>
<td>ABSTRACT</td>
</tr>
<tr>
<td>Lightning interview with Mike Miller</td>
</tr>
<tr>
<td>University Engagement Strategies - Meet and Mingle</td>
</tr>
<tr>
<td>Notable Mentions</td>
</tr>
<tr>
<td>Staff enrolment in Post Graduate Study in 2016</td>
</tr>
<tr>
<td>Research Dissemination</td>
</tr>
<tr>
<td>Grants, Awards and Fellowships</td>
</tr>
<tr>
<td>Interested In Research At MSAMHS?</td>
</tr>
</tbody>
</table>
A critical goal for Metro South Addiction and Mental Health Services (MSAMHS) during its transformation was to underpin clinical care with research and learning. This was evidenced through the establishment of the Executive Team and Directors and Clinical Directors who are each responsible for an Academic Clinical Unit or portfolio within the service.

A snapshot of our Academic Clinical Units.

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

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

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

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

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

Primary, secondary and tertiary consultation is provided at consumer, carer, clinician, support worker and organisational levels. A number of specialist functions are also delivered in relation to service development, workforce education and early intervention.

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

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

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

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

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

The Consultation Liaison Psychiatry Services (CLPS) Academic Clinical Unit are specialised mental health teams that provide comprehensive mental health specialist assessments, feedback and brief interventions to adult inpatients of the general hospital. The CLPS team assists the medical treating staff by providing diagnostic, management and referral advice for their patients who are suffering from a mental health illness or disorder or psychological distress.
Metro South Addiction and Mental Health Services (MSAMHS) over the last few years have made significant gains in relation to our involvement in research, learning and engagement with various universities. The importance of the research undertaken by our staff is emphasised by the participation of consumer and carers and peer workers in research and the number of publications authored by nursing, allied health, psychiatrists, psychiatry registrars and peer workers/consumer and carer consultants.

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

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

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

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

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

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

Research is also supported by mentoring and advice from senior and experienced researchers on the MSAMHS Research Advisory Committee (RAC). The RAC reviewed its terms of reference in 2016 ensuring it maintains a strategic and relevant focus. 2016 saw further strengthening of relationships with the University of Queensland, Griffith University and the Queensland University of Technology as well as research institutes such as the Brisbane Diamantina Health Partners (BDHP). A concrete example was the successful “Meet and Mingle” event where health staff, students and university researchers were able to exchange ideas and develop partnerships to progress practice-based research. In the following year, we hope to develop further systems to support research through the activities of the Research and Learning Network and Information, Planning and Innovation team.
Some of the major contributions Steve provided in research and education in 2016 include:

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

### Snap Shot

- **Journal Articles**: 61
- **Conference Presentations**: 41
- **Peer Reviewed Abstracts**: 15
- **Students receiving supervision by MSAMHS staff**: 31
- **Book Chapters & Review**: 3
- **Staff completing PhDs**: 7
- **Staff completing postgraduate study**: 37
- **Grants and Collaborative Research**: $5.6 million

### 2016 was a busy year for Professor Steve Kisely

Steve Kisely

**CONFERENCE AND SEMINAR PRESENTATIONS**

In 2016, Steve presented at conferences in Australia, Hong Kong and Canada. Presentations included discussion on research findings in community treatment orders, conducting research and study design, screening of physical comorbidity in adults with severe mental illness and physical health, oral health and mental health issues.

**CONTINUING GRANT SUPPORT**

Steve continued to enjoy continuing grant support from the Australian Research Council; Australian Centre for Health Services Innovation; the National Health and Medical Research Council and the Canadian Institutes of Health Research. In conjunction with colleagues from Victoria and Queensland including Dan Siskind he obtained a grant from VicHealth.

**PROVISION OF EDUCATION AND SUPERVISION**

In 2016, Steve provided advice and shared his expertise with junior staff assisting them through post graduate programs including:
- PhD and MPhil students
- Education for interns and registrars
- Education for MSAMHS and psychiatrists throughout Queensland enrolled in The Royal Australian and New Zealand College of Psychiatrists

*See the Research Dissemination section of this review for details.*
I feel very privileged to work as a clinical academic psychiatrist with the Rehabilitation Academic Clinical Unit. I believe that mental health research should exist to improve service quality and safety for consumers and reduce their burden of mental illness.

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

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

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

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

These collaborations have proven fruitful, with our research group successful in gaining more than $1.2 million in competitive research grants in 2016, and 28 publications in peer reviewed journals.
QUALITY USE OF MEDICATION (QUM)
– A review of pharmacist role in psychotropic medication adherence and mental health admissions to Logan Hospital Mental Health (LHMH) inpatient units.

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

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

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

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

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

CONCLUSIONS:
Based on the audit and literature review a pilot Community MH Pharmacist Service would include the following activities: treatment and adverse effects monitoring, adherence assessment, provision of medication review and current medication record (along with distribution to care providers), liaison with primary (community) pharmacies for dose administration aid (e.g. Webster) and prescription reminder services. Literature suggests best evidence is for regular, ongoing consultations. The following consumers would be prioritised for such service: those taking oral antipsychotics, treatment naive, history of poor adherence, clozapine or LAI transition to primary care.
PROMOTING CHILD AND YOUTH MENTAL HEALTH THROUGH THE USE OF THE CREATIVE ARTS

ADAM LO (Occupational Therapies – Child and Youth Mental Health Service)

The Positive Mindset Creative Arts Festival is a competition and exhibition for school-aged students in the Metro South Health region. This early intervention initiative by Metro South Addiction and Mental Health Services, utilises the creative arts to promote positive mental health and reduce the stigma of mental illness and addiction issues in young people. In the inaugural event in 2015, hundreds of students took part in a friendly competition with the categories of drama, visual art and music, encompassing mental health related topics and themes in their work. In 2016, dance and media art categories were added, so that all five mediums of the national curriculum for creative arts education were included.

The reason why I conceptualised this project is not just because of my passion for both mental health and the creative arts, but also the recognition that the use of creative arts is a growing area for promoting mental health and wellbeing, particularly as an engaging and youth-friendly medium. Participants are able to discover new ways of self-expression and establish communication with others.

From a research perspective, the rationale for the project is to examine whether a universal, cost-effective and proactive way to address addiction and mental health issues in our society, and to improve prognosis and outcomes. Risk factors are minimised whilst protective factors are strengthened. Mental health literacy is improved and stigma is reduced. The use of creative arts is a growing area for promoting mental health and wellbeing as a youth-friendly and engaging medium for people to discover new ways of self-expression and establish communication with others.

The research methodology includes the collection of feedback data from spectators and competitors during, and after the festival. Thematic analysis was conducted to identify key elements of themes and findings from the data collected, in relation to mental health awareness and literacy levels, as well as views towards mental illness. Results across the two Festivals held in 2015 and 2016 illustrated a positive trend in a self-reported increased understanding of mental health issues, as well as less stigmatised views towards mental illness in general.

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

In conclusion, there is preliminary evidence to show that universal mental health approaches through the use of creative arts are effective in enhancing mental health literacy and awareness, as well as a reduction in stigmatised views. However, more robust experimental designs are needed to overcome the various limitations of this study. Fortunately, thanks to the support of the management team at Metro South Addiction and Mental Health Services, the festival will be happening again in 2017. There will be further opportunities for qualitative and quantitative research to be conducted in order to obtain more evidence that can illustrate the effectiveness of such universal, cost-effective and large-scale mental health promotion strategies.

METHOD

The Positive Mindset Creative Arts Festival is a competition and exhibition for school-aged students in the Metro South Health region. In 2015, students participated in the categories of drama, visual art and music, encompassing mental health related topics and themes in their work. Collection of feedback data from spectators and participating competitors were made during and after the festival. Thematic analysis was conducted to identify key elements of themes and findings relating to enhanced mental health awareness and literacy levels, and a reduction in stigmatised views towards mental illness.

RESULTS

Results illustrated a positive trend in increased understanding of mental health issues, as well as less stigmatised views towards mental illness in general within the participants and spectators. Awareness of support services and options available was also evident. Many of the spectators and participants also recognised the importance of such mental health promotion initiatives within the community.

DISCUSSION

Universal population-based approach to promote positive mental health, reduce stigma and enhance mental health literacy, through the use of creative arts, is a useful alternative to traditional teaching and dissemination methods such as classroom settings. The Positive Mindset Creative Arts Festival provides another platform to promote community and school connectedness, creative expression and positive dialogue. Further research using quantitative assessments to measure outcome would be beneficial in future festivals.

TABLE 1: Thematic Analysis Network Illustration of the various themes noted from the thematic analysis of participant and spectator responses
A number of projects have been initiated by the ACU including examining outcomes for early psychosis consumers identifying as coming from culturally and linguistically diverse (CALD) backgrounds; video game use in early psychosis; exercise and mental health; interventions to manage pharmacologically induced weight gain; evaluation of an integrated peer model in residential rehabilitation; and implementation of cognitive therapies for psychosis.

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

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

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

**REFERENCES**

4. Dark F., Whiteford H, Ashkanasy N.M., Harvey C Harris M., Crompton D., Newman E. The impact of organisational change and fiscal restraint on organisational culture. (Accepted for publication International Journal of Mental Health Systems)
What are you currently researching?
I have just enrolled in a PhD at Queensland Brain Institute which is based at the University of Queensland. It will be investigating genetic biomarkers of cognitive impairment in the elderly population, as a potential marker for predicting those at risk of dementia, and will be supervised by Prof John McGrath (Psychiatry) and Professor Perry Bartlett (Neuroscience). I have also been assisting at QBI in their very large clinical trial which has just started at the UQ Centre for Exercise and Healthy Brain Ageing. Some smaller research projects I have been involved with this past year include looking at comorbid substance abuse and mental health in older people; management of those living with dementia during natural disasters; and the possibility of setting up a National Dementia Register for people who would be prepared to take part in future clinical trials.

Is there someone that has inspired you to become a researcher?
Not really, although when I was younger I remember when Professor Peter Doherty won the Nobel Prize in Medicine for his immunology work, not just because he put Australian Science and Research on the world stage, but also because initially trained as a veterinarian.

What do you believe will be the next big discovery for MH research?
I think pharmacogenomics and ‘psychopharmacogenomics’ are going to modify the way in which we manage medications in psychiatry (and other disciplines). As our genetic understanding of psychiatric illness improves we will better able to tailor specific therapy targeted at unique individual genetic differences. Another area I think will really change the way we understand how the brain works is advances in functional neuroimaging, and how specific neural pathways are altered in various mental illnesses. Between advances in the way we understand how the brain works is advances in functional neuroimaging, and how specific neural pathways are altered in various mental illnesses. The project aims to increase access to effective and evidence-based therapies in a public community mental health service by adapting existing CBT protocols as an introduction to CBT in the treatment of moderate to severe depression. Furthermore, to explore if each of these strategies of augmenting treatment of depression, we will be delivering a structured depression treatment: in addition to standard CBT, we will incorporate an anti-inflammatory agent (acid) based on our research findings, which is hypothetically that (1) clients in both treatment groups would demonstrate clinically significant improvements in depression, and model anxiety, stress and post-traumatic stress symptoms at the completion of treatment (1) with clinically significant change in_task avoidance behaviour combined with changes in biomarkers of depression, anxiety, stress and inflammatory markers. What do you believe will be the next big discovery for MH research?

Cognitive Behavioural Therapy (CBT) has overwhelming evidence supporting its efficacy in the treatment of depression, but research has shown that it is not a permanent cure after completing a course of treatment (Eaton et al., 2016). Over recent years, Behavioural Activation (BA) has been recognised as an effective CBT therapy, particularly for managing recurrent major depression (Taylor et al., 2012). To date, little research has focused on whether BA is as effective as CBT when delivered in a structured group treatment program: initial findings from a randomised control trial (RCT) comparing group BA with group CBT applied in severe and complex samples are promising.

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A scoping review of Occupational Therapists use of sensory based interventions to improve attachment relationships between carers and children

Hannah Bridges 1, Nicola Cantoni 2, Dr. Pim Kuipers 3, Bianca Richards 4
1 Logan Evolve Therapeutic Service, Metro South Addiction and Mental Health Services, 2 Bayside Child and Youth Academic Clinical Unit, Metro South Addiction and Mental Health Services, 3 Centre for Functioning & Health Research, Metro South Health, 4 Royal Brisbane and Women’s Hospital

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

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

RESULTS
The research demonstrated a link between the use of sensory interventions and its potential to improve the attachment relationship between carers and children. Although, in the majority of the literature reviewed, this was not the primary goal of intervention, it was often noted as a secondary outcome.

CONCLUSION AND IMPLICATIONS FOR PRACTICE
Scoping review of the literature to document:
the extent of occupational therapy research and use of sensory based interventions to improve the attachment relationship between carers and children.
nature of these occupational therapy interventions to improve the attachment relationship between carers and children.

AIM
Scoping review of the literature to document:
the extent of occupational therapy research and use of sensory based interventions to improve the attachment relationship between carers and children.
nature of these occupational therapy interventions to improve the attachment relationship between carers and children.

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

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

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

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

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

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

REPORT

TRANSITION SUPPORT PROGRAM:
MENTAL HEALTH
TRACEY STANLEY (Nurse Educator)

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

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

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

On completion of the program participants are encouraged to apply for mental health scholarships and enrol in post-graduate mental health nursing courses that lead to attainment of the mental health nurse credential. A Queensland Health Official Transcript and Certificate is awarded and participants are able to apply for academic credit with a number of Queensland Universities.
Many individuals and families experiencing alcohol and drug (AOD) related harm access local community service providers for assistance which can arise from their use. To support these agencies, the Logan Alcohol and Drug - Community Capacity Building Initiative (LAOD-CCBI) was started in July 2016. Operated within the Addictions Academic and Clinical Unit, the LAOD-CCBI has the objective of partnering with the community, the workforce and primary health and mental health workforce in Logan to reduce and prevent AOD-harm. Providing pre-training consultation, support these agencies, the Logan Alcohol and Drug - Community Capacity Building Initiative has an embedded research methodology that will run alongside the initiative over an 18-month period.

Two main components comprise this research. The first involves a pre-test – post-test within subjects design using a mixed quantitative and qualitative survey instruments. Data on a number of factors linked to worker perceived sense of confidence, skill and motivation in working clients experiencing AOD-harm will be compared over baseline to three-month post training. Additionally, changes in activity related to screening, brief intervention and referral into treatment during the pre-training and post-training periods will be compared to investigate the implementation of practice changes. The second component of the evaluation involves a tertiary body to conduct interviews with agencies who have participated in training to determine longitudinal training effectiveness. The resulting paper will inform program improvements, future directions for the service, and address a gap in the literature regarding the provision of AOD-related capacity building in the broader community workforce.
In March 2017, four Planetree advisors visited facilities across Metro South Health. Two of the advisors visited facilities across MSAMHS over a three-day period. As part of their visit the advisors conducted focus groups with supervisory and non-supervisory staff and patients/consumers’ groups, briefings with the MSAMHS executive, clinical governance teams and clinical delivery staff. From this site visit Planetree provided a detailed report identifying our strengths and areas for improvement.

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

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

Metro South Health (MSH) became a Planetree affiliate in 2015 with the aim to pursue Planetree Recognition. Planetree as a person-centred care program was launched across all facilities in 2016 and services across MSH commenced reviewing and aligning our healthcare service delivery to meet the Planetree criteria.

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

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There is growing consensus that leadership needs to become a much stronger focus in clinical environments. Leadership is often misunderstood or undervalued. Building leadership capability is a vital element to our long-term effectiveness and success as a Service; it can only be developed when a person sees leadership as part of their role. Clarifying the role of leadership in clinical environments delivers better patient outcomes through faster decision-making, strategically-aligned action and empowered teams.

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

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

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

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

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

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

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

THE LAYERS OF LEADERSHIP

Getting in touch with the Senses – Introduction to Sensory Based Attachment Integration

by Bayside Child and Youth Mental Health Service (CYMHS)

Metro South Addiction and Mental Health Services

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

BACKGROUND

Occupational Therapist Eadaoin Bhreathnach developed “Sensory Attachment Intervention” (SAI) to assist children to regulate their arousal system and in turn improve parent-child engagement. Sensory Attachment Intervention involves assessment of the child’s sensory processing style, attachment history, attachment behaviours and parent-child engagement. This approach has recently been introduced to Australia, and requires specialist training.

THEORY

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

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

IMPLEMENTATION

Bayside CYACU OTs aim to implement a standardised approach for Occupational Therapy assessment, education and attachment risks. This includes a process of referral, assessment, goal setting, intervention and completing outcome measures, ensuring carer involvement as well as the client throughout the whole process.

Since 2015, we have incorporated carer only sessions to assist with building carer confidence and capacity with supporting children with sensory processing difficulties and attachment risks.

REFERENCES


TRANSACTION OF RESEARCH

JILLIAN Le GROS (Brief Interventions Coordinator)

I am amongst other nurses who acknowledge the importance of practice using evidenced-based research. However, the research to attain this evidence-base appears to take place quietly, elusively and almost magically by other people while the real clinical work is taking place. I had only begun to appreciate this phenomenon half way through my research journey.

I truly believe that clinicians are best placed to complete research as they understand the contextual application; however, we usually shy away. This may be for good reason, as there are certainly challenges, but I have discovered there are also rewards. The process of research can be confusing, frustrating and can create perpetual anxiety; though for me reflection, tenacity and patience has paid off. What I have learnt is that the rewards are professionally and personally satisfying. My research considered if the brief intervention model of Single Session Work would be suitable in the mental health acute care setting. I have managed to move from a space of possibility to feasibility and now to application and it is worth effort and celebration. There are supports and resources here for all clinicians to undertake research, be brave and do some research.
What is your current position at MSAMHS?

I’m the Data Analytics Officer with the Information Planning and Innovation team.

What are you currently studying?

I am currently studying a Masters of Data Analytics, online and part-time through Deakin University.

Why did you choose that qualification?

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

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

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

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

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

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

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

What haven’t you crossed off your bucket list?

I don’t have a bucket list per se, more so goals and objectives for what I want out of life. I don’t want to look back and think “oh, I only crossed off 8 of the 15 things on my bucket list”. Rather, I’d like to sit back and reflect on what I’ve done and where I’ve been before I kick that metaphorical bucket. That being said, there’s still too much I haven’t done. My next objective is to experience a white Christmas somewhere in Europe, sitting by the fireplace, drinking some top-notch scotch.
ON POSITIVE TRENDS IDENTIFIED:
“...quite a number of positive trends. Some people were very keen on innovation, and felt that what they were doing was not only important but was contributing to changing what the service is able to offer, very much in the direction of recovery. Some were more trying to prevent crisis, if I could put it that way, which I understand because quite often in mental health there are partly anticipated and partly unanticipated crisis. So there is place for that as well. Some were more focused on the workforce, and changes in composition of the workforce and attitude of the workforce. Some were focused more on the consumers and the carers.”

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

I think what helps people who work in a recovery mode is to enjoy the small successes and really learn systematically for success. We know common sensically and from research evidence, that we learn a lot more from our successes than our failures. We would like to ignore failures. There is something to learn from failures but not as much as we can learn from success. And usually a small success leads to a bigger one. It creates motivation to try harder, it is good not only for that individual but also for those who work with them. This is actually one important lesson for recovery work.”

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

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

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

To investigate this, I intend to ask social work staff within the Mood, Psychosis, Rehabilitation and Inpatient Clinical Academic Units to use an Australian developed measure of social inclusion designed for people with a mental illness, the Living in the Social Engagement System for Recovery (see Diagram 3). Social workers will be asked to fill out a survey and take part in a focus group after using the measure for six months and then twelve months, focusing on their experience of using the measure, the impact this has on their practice, and pre and post a specific intervention.

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

You need to obtain good supervisors, have a clear research proposal in mind from the outset which allows you to be accepted into a research program and reduces a lot of the utility of the measure. I am currently a third of the way through my PhD having gone through the confirmation process and am now awaiting for local approvals to submit my ethics application. What I have learned from the process so far is that time is of the essence with the need to balance study, work, family and friends.

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

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

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

Why Sensory Approaches?

Patients in adult mental health settings present with a range of mood/psychiatric disorders whose self regulation skills are essential for adaptive responses to stressors. Porges’ (1996) view of the Autonomic Nervous System and Polyvagal theory proposes an optimal zone of arousal (ventral vagal) to support adaptation, functional performance and recovery utilising the parasympathetic ventral vagal system (see Diagram 2). Sensory activities can be used to help patients function within the optimal zone of arousal via sensory pathways promoting safety and the social engagement system for recovery (see Diagram 3).

Evaluating Patients in Sensory Approaches

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

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

What was achieved for Patients

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

Future Plans

Karen M. Moore (OTR) has now developed The Sensory Connection Program: Curriculum for Self Regulation that can be used in the future sensory group programmes to improve coping skills and function of patients in preparation for discharge back to the primary care sector.
When research becomes part of everyday practice it not only ensures a stronger connection between health, medical research and the delivery of health-care services, it also brings practice based knowledge into the literature. Ultimately this ensures better outcomes for our patients. Over the past year, Dr Marianne Wyder has been working alongside clinicians on a number of practice based issues to find ways to embed research into practice. The projects are varied and include a wide range of topics and methodologies ranging from program evaluations, more complex program logics to evaluate implementations of strategies, to data mining to answer clinical questions.

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

Below we highlight some of our current projects:

**A COLLECTIVE REFLECTION ON THE ROLE OF SOCIAL WORK WITHIN A PUBLIC REHABILITATION MENTAL HEALTH SERVICE**

In this project, the Rehabilitation ACU Social workers are pioneering a new methodology which allows clinicians to reflect on their own practice. The project focuses on what is specific about social work practice in a rehabilitation public mental health service and what can be considered evidence in this context. It’s anticipated that this project will lead to ways to collect routine evidence about social work practice.

**INCLUDING FAMILIES IN OUR CARE**

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

**SCOPING THE EVIDENCE FOR SOFT ENTRY AND EARLY INTERVENTION PRACTICES FOR PARENTS WITH DRUG AND ALCOHOL CONCERNS**

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

**EVALUATION SINGLE SESSION FAMILY CONSULTATION AS AN ALTERNATIVE TO WAITLIST IN THE CHILD AND YOUTH ACADEMIC CLINICAL UNIT**

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

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

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

Responsibility
Education
Acceptance
Connection
Hope

BACKGROUND

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

The first pilot of the program was run in October 2014.

RATIONALE

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

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

METHOD

Participants of the 9-week program completed the Mental Health Inventory (MHI) at week one and nine. The MHI measures general psychological distress and wellbeing. Clinicians’ rated patients on the Health of the Nation Outcome Scale (HoNOS) before and after the program to measure changes to the severity of their depression and bipolar affective disorders. The Depression, Anxiety and Stress Scale 21 (DASS-21) was also used to measure clinical symptoms of depression at week one and nine.

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

Week 1: Journey - REACH
Week 2: Your Network
Week 3: Identifying Strengths
Week 4: Loss, Grief & Dealing with Challenges
Week 5: Journey - Exercise & Wellbeing
Week 6: Your Journey
Week 7: Esteem - Wellbeing
Week 8: Diet, Sleep, Wellbeing
Week 9: Journey

RESULTS

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

Outcome Measures

Mental Health Inventory
DASS-21 Depression Scale

CONCLUSION

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

Lightning Interview

With Mike Miller

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

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

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

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

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

What would you say to work colleagues to motivate them to get involved in research?
I highly recommend it as it will not only greatly expand your knowledge but also add a dimension of interest to your work. Finance is far from interesting but by incorporating research I find it immensely engaging and of great interest.

What qualities do you think people need to be a good researcher?
I think that all you need is a thirst for knowledge and a desire to make a difference. I imagine this is why most of us have chosen to work in the health field. There is definitely a body of skills to learn in relation to completing research but I think you will find there are many mentors who are happy to help you in your development of these skills.
Metro South Addiction and Mental Health Services (MSAMHS) held its first Academic-Clinician Research Meet and Mingle Event in November 2016 at Griffith University, Logan Campus. The aims of the Meet and Mingle event were to forge relationships and build research capacity by connecting with university academics and their Masters and Honours students.

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

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

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

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

SOCIAL WORK EDUCATION DELIVERY AT UNIVERSITIES
MSAMHS staff have been active in cultivating the minds of University of Queensland and Australian Catholic University Social Work students. Senior clinical staff have delivered education in the ‘Advanced Social Work Field Practice in Mental Health’ subject for The University of Queensland, School of Nursing, Midwifery and Social Work. MSAMHS Subject matter expertise was shared by:
• Catherine Renkin – COPMI – Working with children and parents with a mental illness
• Kathy Madson – Personality Disorders and DBT for Borderline Personality Disorder
• Gordon Kay – Working with people who hear voices
• Paul Hickey – Working with involuntary clients
• Una Window – Case Management

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

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

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

### DOCTOR OF MEDICAL RESEARCH

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

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

### MASTER OF DATA ANALYTICS

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

### MASTER OF MENTAL HEALTH

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxine Waldburger</td>
<td>Latrobe University</td>
<td>Team Leader, Adult Wellbeing Team</td>
</tr>
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</table>

### MASTER OF HEALTH SERVICES MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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<tbody>
<tr>
<td>Michael Miller</td>
<td>Griffith University</td>
<td>Finance Director</td>
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### MASTER OF MEDICAL MANAGEMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Balaji Motamami</td>
<td>Queensland University of Technology</td>
<td>Executive Director Clinical Services</td>
</tr>
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</table>

### MASTER OF MENTAL HEALTH NURSING

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

### MASTER OF MENTAL HEALTH PRACTICE

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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<tbody>
<tr>
<td>David Baker</td>
<td>Griffith University</td>
<td>Nurse Educator</td>
</tr>
</tbody>
</table>

### MASTER OF NURSING

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Elaine Wade</td>
<td>University of Southern Queensland</td>
<td>Team Leader, Clinical Governance</td>
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</table>

### MASTER OF NURSING ADVANCED CLINICAL PRACTICE

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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<tbody>
<tr>
<td>Todd Sellwood</td>
<td>University of Southern Queensland</td>
<td>A/Nurse Unit Manager, Addiction Services</td>
</tr>
</tbody>
</table>

### MASTER OF NURSE PRACTITIONER STUDIES

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
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<tbody>
<tr>
<td>Lan Wu</td>
<td>University of Queensland</td>
<td>Clinical Nurse, Addiction Services</td>
</tr>
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</table>

### MASTER OF PHILOSOPHY

<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Role</th>
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<tbody>
<tr>
<td>Gordon Kay</td>
<td>Griffith University</td>
<td>Senior Social Worker</td>
</tr>
</tbody>
</table>
FELLOW OF RACMA
Balaji Motamarri Royal Australian College of Medical Administrators Executive Director Clinical Services

GRADUATE DIPLOMA IN MENTAL HEALTH (NURSING)
Bhumi Ganatra Australian Catholic University Nurse Unit Manager, Yugaipa, Redlands Hospital
Emily Little Australian Catholic University Registered Nurse, Redlands Hospital
Fiona Dziopa Australian Catholic University Assistant Director of Nursing
Janelle Kelly Australian Catholic University Registered Nurse, AAPU
Jillian Le Gros Australian Catholic University Clinical Nurse Consultant, Recovery, Resource and Partnerships Team
Karla Butler Australian Catholic University Registered Nurse, Redlands Hospital
Kylie Tier Australian Catholic University Clinical Nurse, ED MH Assessments
Luning Wang Australian Catholic University Clinical Nurse, Addiction Services
Mary Grace Miphranum Australian Catholic University Clinical Nurse (AAPU)
Paul Stibbard Australian Catholic University Clinical Nurse, Yugaipa Redlands Hospital
Soraya Harle Australian Catholic University Nurse Unit Manager, Wisteria
Teresa Saarikko Australian Catholic University Registered Nurse, Logan Hospital

GRADUATE CERTIFICATE IN ALLIED HEALTH PROFESSIONAL PRESCRIBING TRAINING PROGRAM
Isobel Chan James Cook University A/Nurse Unit Manager, Addiction Services

GRADUATE CERTIFICATE IN DRUG AND ALCOHOL STUDIES
Todd Sellwood James Cook University A/Nurse Unit Manager, Addiction Services

GRADUATE CERTIFICATE IN TOBACCO TREATMENT
Isobel Chan University of Sydney Senior Pharmacist, Addiction Services

GRADUATE IV IN ALCOHOL AND DRUGS
Eilenora Staunton-Mackenzie Open Colleges Nurse Unit Manager, Addiction Service

STUDENTS SUPERVISED BY MSAMHS RESEARCH STAFF
Amanuel Alemu Abajobir University of Queensland Life course outcomes following prenatal and postnatal adversities experienced by mothers and children: a longitudinal birth cohort study. Supervisor: Professor Steve Kisely
Beth Crowe University of Queensland Effectiveness of quadrivalent human papillomavirus vaccine for the prevention of cervical abnormalities: case-control study nested within a population based screening programme in Australia. Supervisor: Professor Steve Kisely
Sandra Dimitic University of Queensland Care Burden in Mental Health. Supervisor: Associate Professor Dan Siskind
Kate Hall University of Queensland Helping caregivers of children stop smoking. Supervisor: Professor Steve Kisely
Rachel Land Bachelor of Pharmacy The impact of clozapine on hospital use: a systematic review and meta-analysis. Supervisor: Associate Professor Dan Siskind

MEDICAL STUDENTS SUPERVISED BY MSAMHS RESEARCH STAFF
Aly Dziouba University of Queensland Supervisor: Associate Professor Dan Siskind
Ben Vialle University of Queensland Supervisor: Associate Professor Dan Siskind
Emily Sawyer James Cook University Supervisor: Associate Professor Dan Siskind
Evelyn Ma University of Queensland Supervisor: Associate Professor Dan Siskind
Jocelyn Desoe University of Queensland Supervisor: Associate Professor Dan Siskind
Taiwan Irene Lee James Cook University Supervisor: Associate Professor Dan Siskind
Torun Sivesind University of Queensland Supervisor: Associate Professor Dan Siskind
Qichen Zhang University of Queensland Supervisor: Associate Professor Dan Siskind

PSYCHIATRY REGISTRAR SCHOLARLY PROJECT
Anul Ravindran The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Supervisor: Associate Professor Dan Siskind
Catherine Benson RANZCP Supervisor: Associate Professor Dan Siskind
Daniel Wysoczanski RANZCP Supervisor: Associate Professor Dan Siskind
Gopi Ravindran RANZCP Supervisor: Associate Professor Dan Siskind
Gordon Hopkins RANZCP Supervisor: Associate Professor Dan Siskind
Grace Tso RANZCP Supervisor: Associate Professor Dan Siskind
Joe Chen RANZCP Supervisor: Associate Professor Dan Siskind
Julia Farrington RANZCP Supervisor: Associate Professor Dan Siskind
Katherine Moss RANZCP Supervisor: Associate Professor Dan Siskind
Lara McCarthy RANZCP Supervisor: Associate Professor Dan Siskind
Michael Lee RANZCP Supervisor: Associate Professor Dan Siskind
Nicola Warren RANZCP Supervisor: Associate Professor Dan Siskind
Peter McAdie RANZCP Supervisor: Associate Professor Dan Siskind
Puja Kumar RANZCP Supervisor: Associate Professor Dan Siskind
Romi Goldschlager RANZCP Supervisor: Associate Professor Dan Siskind
Sheelu Shah RANZCP Supervisor: Associate Professor Dan Siskind
Thilini Jayasekera RANZCP Supervisor: Associate Professor Dan Siskind
Tom Reddell RANZCP Supervisor: Associate Professor Dan Siskind
**RESEARCH DISSEMINATION**

**PUBLICATIONS**


Kisely, S. (2016). Involvement of patients in planning their future treatment may reduce compulsory admissions to hospital. *Evidence-Based Mental Health*, 20(1), 26. doi:10.1136/eb-2016-102530


PEER REVIEWED ABSTRACTS

Hall KE, Egger A, Kisely S, Urego F. The Smoking Cessation TRUST Program of Louisiana: The Pediatrician’s Role in Identifying and Referring Eligible Patients. Pediatrics, Feb 2016, 137 (Supplement 3); 605AD10:1542/peds.137.Supplement.3.605A.


BOOK CHAPTERS


BOOK REVIEWS


Clinical Practice Guidelines


Conferences, Seminars, Workshops


Dark, F. (2016). Oral Presentation, RANZCP College Conference


### GRANTS, AWARDS & FELLOWSHIPS

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

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<td>2016-19</td>
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<td>PA Research Support Scheme Small Grants</td>
<td>The Evaluation of Rehabilitation Oriented Language in the Documentation of Case Managers in a Mental Health Mobile Intensive Rehabilitation Team</td>
<td>$25,000</td>
<td>2016</td>
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</table>
INTERESTED IN RESEARCH AT MSAMHS?

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

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

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