ABOUT METRO SOUTH ADDICTION AND MENTAL HEALTH SERVICES

Metro South Addiction and Mental Health Services provide inpatient, hospital-based and community mental health and community alcohol and drug services for all age groups across a number of campuses.

We embrace a forward looking, progressive approach and work collaboratively with all stakeholders in order to achieve expected outcomes. A clear and strong consumer and carer focus is promoted.

Led by our Executive Team, our vision is to provide our community excellence in consumer centred, integrated care across the continuum of addiction (alcohol and drug) and mental health services.

We will pursue four strategic priorities and goals to help us achieve our vision:

- **Better outcomes for consumers, families, carers and the community**
  - Ensure the provision of services are timely, equitable, accessible and appropriate

- **A partnership approach by linking and engaging with our community**
  - Services are delivered through collaboration, consultation and integration

- **Accountability and confidence in our health system**
  - Ensuring clinical care is supported by an organisational framework that is based on accountable corporate and clinical governance

- **Excellence in clinical care, education and research**
  - Support an organisational culture that promotes integrated care through research and education for evidence based, best practice care.

Our mission is to demonstrate exceptional care to consumers experiencing addiction and/or mental health problems so that we reduce the burden of disease and integrate care with our key health partners.

We have six core values that define how we embrace our day-to-day work:

- **Courage** - To challenge what is status quo and lead change
- **Leadership** - To guide and direct with purpose and direction
- **Team work** - We work in a transparent, responsible and accountable manner
- **Respect** - We treat consumers, carers, families and other staff with equality and consideration
- **Integrity** - We demonstrate honesty, loyalty and sincerity
- **Caring for people** - To help, assist and guide individuals to achieve their goals.

- **487,070 clinical service contacts provided across our community (for the period January 2017 - June 2018)**
- **20,872 clinical hours delivered each month**
- **1,149 full-time equivalent staff members (for the period January 2017 - June 2018)**
- **$257 million expenditure (for the period January 2017 - June 2018)**
FOREWORD

It is a pleasure to provide a report for the 3rd edition of the Research and Learning Year in Review for Metro South Addiction and Mental Health Services (MSAMHS).

The last 18 months have been exciting with the growth in the number of research projects that are both service related and linked with activities that are seeking to address causation and treatment of mental illness and addictions.

MSAMHS were very pleased to host the inaugural research symposium which was aligned with the Queensland Consultation Liaison Psychiatry Symposium. The symposium was able to attract speakers such as Brenda Happell, Professor of Nursing and Executive Director Synergy: Nursing & Midwifery Research Centre, University of Canberra and Australian Capital Territory Health. Her presentation focused on "Researching every day, every way and everyone, yes everyone" with the other five speakers covering service delivery and suicide research. The other significant aspects of the day, were the presentations by our staff that provided a snapshot of the variety of research undertaken across Metro South Addiction and Mental Health Services. For more details about the symposium please take the time to read the article later in the report.

It is excellent to see that research and learning continues at pace within Metro South and that there is involvement in the broader addiction and mental health service community including Metro North and Ipswich and West Moreton. The participation of so many of our staff in research and learning, and that it occurs in collaboration with other elements of Metro South Health and the Universities (Griffith University, Queensland University of Technology, University of Queensland, University of Southern Queensland and Bond University) is a pleasing and important aspect of the work we do.

Thank you to all of those involved and congratulations on another 18 months of amazing research activity in Metro South Addiction and Mental Health Services.

David Crompton
Professor David Crompton OAM
Executive Director

WELCOME

Over the past 18 months, Metro South Addiction and Mental Health Services (MSAMHS) continued to deliver innovative, quality research: future-focused, collaborative and change-making.

Throughout the year our researchers participated in more than 92 research 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. We continued to build strong partnerships in 2017 and welcomed Associate Professor Carolyn Ehrlich from Griffith University to work with our staff to undertake research within our service.

During the year we won funding for a number of innovative projects that align with our research pillars of physical health, trauma informed care, family and carer sensitive practice and peer workforce. Our strengths include the breadth of research topics, evolving partnerships with the tertiary education sector and access to existing data, resources and infrastructure.

We continued to focus on research capacity building and a highlight was the MSAMHS Inaugural Research Symposium. This was an important event for our service to share, learn and explore research outcomes and achievements. Throughout the day, 14 presentations covering areas as diverse as substance use, suicide prevention, infant mental health, physical comorbidity and pharmacotherapy.

Building capacity has also been realised through the work of the MSAMHS Research Advisory Committee that has mentored and provided advice on approximately 40 projects over the last 18 months. This has been complemented by regular education sessions on a wide range of research methods, as well as a hands-on workshop on meta-analyses.

This report captures our activities and achievements from January 2017 to end June 2018. I trust you enjoy this edition.

Steve Kisely
Professor Steve Kisely
Director of Research
Evaluating effects of a physical activity mental health

Nicole Korman1,2, Dan Siskind1,2, Shelukumar Shah1, Shuichi Suetani1,2, 
1 Addiction and Mental Health Services, Metro South Health Services 2 School of

Methodology

We conducted a single-arm prospective cohort pilot study for patients with SMI, at the Coorparoo Continuing Care Unit (CCU). Participants were asked to engage in three sessions per week of a PA program supervised by final year EP students and outcomes measured pre and post the intervention, with paired samples t test performed. The primary outcome was distance on the 6 minute walk test (6MWT) and MET (Metabolic Equivalents) level as a measure of cardiorespiratory fitness was calculated from this. We assessed a range of secondary outcomes including metabolic data, activity levels, positive and negative symptoms of psychotic disorders, sedentary behaviour, attitudes to exercise and quality of life.

Results

13 patients consented, and 10 participants completed the program. There was broad level acceptance (77% completion rates) over the 12 weeks. Adherence rates to the PA program were 78%. Of those who completed the program, there were promising improvements in fitness (6MWT), MET level, minutes of exercise engaged in, and psychiatric symptoms including negative symptoms. Metabolic outcomes, attitudes to exercise and quality of life did not change.

Table 1 – Exercise Outcomes before and after 12 week PA intervention (N=10)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline mean (SD)</th>
<th>Post mean (SD)</th>
<th>Mean (CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6MWT, metres</td>
<td>452 (65)</td>
<td>528 (89)</td>
<td>76 (54, 99)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>MET level</td>
<td>3.15 (0.31)</td>
<td>3.51 (0.6)</td>
<td>0.36 (0.26, 0.47)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Exercise Minutes per week</td>
<td>65.5 (48)</td>
<td>245 (212)</td>
<td>179.5 (18, 340)</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>Sedentary behaviour</td>
<td>7.9 (4.5)</td>
<td>5.6 (2.5)</td>
<td>2.13 (-0.50, 4.7)</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Table 2 – Secondary Outcomes before and after 12 week intervention (N=10)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline mean (SD)</th>
<th>Post mean (SD)</th>
<th>Mean diff (CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAPS</td>
<td>46.2</td>
<td>30.7</td>
<td>14.5 (9.6, 19.9)</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>BPRS</td>
<td>32.4 (8.3)</td>
<td>29 (6)</td>
<td>3.4 (4.7)</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>Metabolic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>29.2 (4.9)</td>
<td>29.4 (4.6)</td>
<td>0.19 (-1.2, 1.0)</td>
<td>n.s.</td>
</tr>
<tr>
<td>Abdomen (cm)</td>
<td>100.9 (11.6)</td>
<td>102.8 (12.1)</td>
<td>2.13 (-0.50, 4.7)</td>
<td>n.s.</td>
</tr>
<tr>
<td>Fastest BSL</td>
<td>4.8 (0.57)</td>
<td>4.6 (0.6)</td>
<td>0.12 (-0.2, 0.4)</td>
<td>n.s.</td>
</tr>
<tr>
<td>Systolic BP</td>
<td>134 (19.7)</td>
<td>127 (14.5)</td>
<td>7.0 (-5.0, 19.8)</td>
<td>n.s.</td>
</tr>
<tr>
<td>Diastolic BP</td>
<td>85 (9.5)</td>
<td>79 (8.6)</td>
<td>6.5 (-0.7, 16.7)</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

Conclusion

Our findings suggest PA programs delivered by exercise physiology students using a novel, low cost naturalistic real world design appear acceptable and feasible for patients with SMI in a residential rehabilitation setting.

Limitations: This small pilot study was unblinded and did not have a control group. This may limit conclusions regarding the effectiveness of the intervention due to potential confounders, such as improvements in symptoms due to other therapies offered to residents or general positive effects of being in rehabilitation. MET level equation has been built in a cardiorespiratory population and not schizophrenia.
**LIGHTNING INTERVIEW**

**DR JUSTIN CHAPMAN**

**CONSUMER CONSULTANT**

**Why did you choose your profession?**

Long story short... My background is actually in physics and mathematics. I completed two years of a PhD in experimental atomic physics before quitting. I changed fields for a variety of reasons – one being that working in a dark lab all day turned out to be much less romantic than I’d envisioned as a child, another being that I broke too many things... as it turns out, lasers are expensive. I loved exercise and sports so I became an exercise instructor. Through my lived experience I’m interested in improving health and well-being in people with mental illness by positively influencing physical activity in people with mental illness.

**What are you currently researching?**

My research is always about improving physical health and wellbeing in people with mental illness. Within Metro South Addiction and Mental Health Service (MSAMHS) specifically, we’re looking at improving the service-wide delivery of evidence-based physical health interventions for consumers. In MSAMHS and more broadly I’m leading a randomised controlled trial of two physical activity interventions for outpatients of Metro North Mental Health and Metro South Addiction and Mental Health Services, and a cross-sectional study to assess fitness in people diagnosed with psychotic disorders. We recently received funding to extend this work into North Queensland for Indigenous people recovering from mental illness.

**Are there people that have inspired you to become a researcher?**

Everyone who has been involved in my journey as a researcher has provided their own inspiration and motivation to continue on the research path. Of particular note have been my supervisor at QIMR Berghofer Prof Michael Breakspear who has supported my work for the last few years, and Associate Professor Sue Patterson at Metro North HHS has been a colleague and mentor since before beginning my PhD. More important than individuals however, the support from MSAMHS and Metro North Mental Health Services, local Primary Health Networks, and community organisations like Police Citizen Youth Club (PCYC) Queensland and Richmond Fellowship Queensland has enabled me to lead research initiatives and develop as a researcher.

**How do you propose to translate your research into practice?**

Research translation is a major component of my work. The work I do with Geoff Lau, Director of Therapies and Allied Health, and the Physical Health Reference Group at MSAMHS is all about impacting clinical practice to improve our focus on the physical health outcomes of consumers. Also, PCYC Queensland have supported me to continue developing, implementing and evaluating exercise and nutritional interventions for people with mental illness at sites across the state.

**Qualitative or quantitative?**

I’ve always tended to lean more towards quantitative than qualitative. It seems like statistics on health outcomes and the efficacy of interventions are more influential on informing policy and practice than qualitative analyses. I have developed an appreciation for qualitative work and the insights that a well-written qualitative article can provide however - just as long as I don’t have to transcribe interviews (I’m happy.)

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

Hmm hard to say, I seem to have tunnel-vision when it comes to research. I’m interested in improving health and well-being in people with mental illness by positively influencing lifestyle factors. Although this is a very important field of research, I’m not sure that there are any ‘discoveries’ on the horizon, it’s more about implementation from here. I’d like to think that the big discoveries will be new effective medications that have no negative side-effects.

---

**TRIALLING THE JUST RIGHT STATE PROGRAM**

**NICOLA CANTONI**

**OCCUPATIONAL THERAPIST**

Occupational Therapists at Bayside Child and Youth ACU (CYACU) are committed to providing innovative, effective and alternative approaches for families affected by severe and complex mental health difficulties. Bayside CYACU is currently trialling the Just Right State program, which offers psychoeducation, sensory-based and play-based strategies to reduce the impact of stress on young people and caregivers. Developed by Occupational Therapist Eadaooin Bhreathnach, the Just Right State program was first introduced to Australia in 2016, and Bayside CYACU is one of few services in Australia trained in delivering this program. The Just Right State program is influenced by recognised psychological and scientific frameworks, including work by Bruce Perry, Bessel van der Kolk, Stephen Porges, Allan Schore, John Bowlby and Patricia Crittenden. The program aims to help children and parents be more emotionally aware within themselves and others, and learn some strategies to help both adults and children self-regulate.

Limited quality data exists regarding the effectiveness of trauma-informed interventions in mental health. Often, individuals affected by trauma require lengthy input from various fields, including mental health, education, employment and public health. They also tend to not consistently respond effectively to traditional first line mental health interventions (e.g. cognitive behaviour therapy, psychotherapy). It is anticipated that this project, and further exploration of biofeedback technology, can aid in determining future mental health service delivery.

In partnership with the Research and Learning Network, the Central Queensland University and with the aid of a PhD Occupational Therapy student, Bayside CYACU is seeking to evaluate changes in behaviour, severity of stress, parent-child relationships, parental self-efficacy and changes in nervous system responses before, during and three months post intervention. The research team is planning on using biomarkers to measure nervous system responses (e.g. through heart rate variability).

Bayside (CYACU) Occupational Therapist Nicola Cantoni is pleased with the current pilot of the Just Right State program.

It is a privilege to be able to trial the Just Right State program at Bayside CYACU. We have recently trialled the program with five young people and their carers. We were able to provide personalised feedback to carers during the caregiver sessions, and it was a joy to see the children enjoying interacting with each other and achieving success with some of the activities. I am excited about exploring the potential of using biomarkers to further enhance our understanding of nervous system responses for children with various sensory processing and attachment patterns and the impact of Just Right State program interventions on stress responses. Thank you to our team leader and the clinical leadership team for their support with this project. We also hope that in the future, biofeedback technology can be used to explore nervous system responses for consumers and carers involved in other CYACU interventions.”

For further information about Eadaooin Bhreathnach’s work, visit [www.sensoryattachmentintervention.com](http://www.sensoryattachmentintervention.com)
Introduction
Clozapine is the most effective anti-psychotic for treatment refractory schizophrenia, but causes significant metabolic disturbances including obesity and type 2 diabetes. The metabolic adverse reactions may be mediated in part by clozapine induced dysregulation of Glucagon-like-peptide-1 (GLP-1). GLP-1 is an intestinal epithelial derived peptide, released with ingestion of food, that triggers satiety, reduces glucagon production, promotes insulin production and slows gut motility. Clozapine has been shown to interfere with GLP-1 function in animal models, leading to metabolic dysregulation including obesity and preference for high calorie meals. Administration to animals of exogenous GLP-1 agonists such as exenatide have been shown to counter this effect of clozapine. Exenatide subcutaneous weekly injections may assist obese people on clozapine lose weight.

Methods
This randomised, controlled, open-label, pilot trial aims to evaluate the effect of exenatide on weight loss among clozapine-treated obese adults who have schizophrenia, with or without poorly controlled diabetes. Thirty out-patients will be randomised to once weekly extended release sub-cutaneous exenatide or treatment as usual (TAU) for 24 weeks. This trial examines the safety, tolerability and acceptability of exenatide among obese people with schizophrenia on clozapine, with an evaluation of change in weight, glycaemic control, psychosis severity and metabolic parameters.

Results
All 28 participants completed the study. (Exenatide=14, TAU=14) Six people on exenatide achieved >5% weight loss, compared to only 1 TAU participant (p=0.029). Mean weight loss was greater for exenatide than TAU at week 24 (-5.29kg vs -1.12kg, p=0.015). BMI was lower for exenatide at week 24 (-1.80 vs -0.36 p=0.018). Fasting glucose was significantly lower for exenatide at week 24. There was no significant difference for other metabolic syndrome components. Eight participants on exenatide reported transient mild nausea in the 2 hours after the injection, while 7 reported diarrhoea, and 7 reported vomiting. No participants had dropped out.

Table 1. Testing at Study Visits

<table>
<thead>
<tr>
<th>Week</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse events</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Vital signs (blood pressure and pulse)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Haematology</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Patient reported outcome questionnaires</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body measurements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>HBA1c</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Fasting plasma glucose</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Fasting triglycerides</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Fasting insulin for HOMA</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>HbA1c, LDL</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>BEFSL-A</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Other</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

Conclusion
This is the first trial investigating GLP-1 agonists for glycaemic control and weight loss in clozapine-treated people with either diabetes or obesity. These results suggest good tolerability and a consistent and favourable pattern of weight loss effects due to exenatide. GLP-1 agonists could assist in reducing the cardio-metabolic associated morbidity and mortality secondary to clozapine.
This was a unique opportunity for staff to engage with an internationally recognised evidence based policy and practice. Professor Ella Arensman is Associate Editor of Crisis, The Journal of Crisis Intervention and Suicide Prevention. She is also a visiting alliance against depression, and past President of the International Association for Suicide Prevention. Professor Arensman is the Scientific director with the National Suicide Research Foundation (NSRF) and Research Suicide Prevention Program: Reach out, 2005-2014, and Connecting for Life, 2015-2020. Professor Arensman has been involved in research and prevention into suicide and self-harm for 30 years, with emphasis on risk and protective factors associated with suicide and self-harm, and effectiveness of suicide prevention and self-harm intervention program. In Ireland, she played a key role in developing the first and second National Suicide Prevention Program: Reach Out, 2005-2014, and Connecting for Life, 2015-2020.

**ABSTRACT: RISK FACTORS ASSOCIATED WITH ALCOHOL RELATED SELF-HARM AND SUICIDE: NEW INSIGHTS AND IMPROVING EVIDENCE BASED POLICY AND PRACTICE**

Alcohol is often involved in self-harm acts and present at time of deaths by suicide, and it increases risk of suicidal behaviour. People who engage in self-harm are more likely to die prematurely due to alcohol-related factors. In completed suicides, the proportion of those dependent on alcohol ranges from 51% to 77%.

It is known that, while rare as a method of self-harm, alcohol is often consumed prior to or during a self-harm act, with involvement ranging from 26-60% of acts. Alcohol involvement in self-harm poses challenges for the management and assessment of self-harm patients in the emergency department (ED). Comorbidity and dual diagnoses add complexity, and alcohol intoxication may lead to delayed assessment following a self-harm act as well as posing difficulties for medical staff in treating such patients. While alcohol increases the risk of suicidal behaviour, suicidal behaviour may increase the risk of alcohol consumption through its proximal effects (being used as part of the suicide method, to numb fears) and distal effects (lowering self-image, increasing social isolation and rejection).

Research based on data from the National Self-Harm Registry Ireland indicates that reducing Irish adolescents’ heavy drinking should reduce their self-harm rate by at least 17%.

**INTRODUCTION**

People who engage in self-harm are more likely to die prematurely due to alcohol-related factors.

**METHODS**

Our research team has conducted a comprehensive literature review, focusing on recent studies that have investigated the role of alcohol in self-harm and suicide. We have also interviewed health professionals to gain insights into their experiences and perspectives on the issue.

**RESULTS**

Our findings indicate that alcohol plays a significant role in self-harm and suicide. The results suggest that interventions aimed at reducing alcohol consumption and improving access to mental health services can significantly reduce the risk of self-harm and suicide.

**DISCUSSION**

Policy makers and health professionals should consider the role of alcohol in self-harm and suicide prevention. The implementation of comprehensive policies and interventions targeting alcohol-related factors can lead to significant reductions in self-harm and suicide rates.

**CONCLUSION**

Our study highlights the importance of addressing alcohol-related factors in self-harm and suicide prevention. Further research is needed to explore effective strategies for reducing alcohol consumption and improving mental health outcomes.
Research is both valued and encouraged within the Rehabilitation Academic Clinical Unit (ACU). I work as a psychiatrist in residential rehabilitation services, supporting people with severe and persistent mental illness to enhance their living skills and involvement in the community. Under the mentorship of our ACU Director Dr Frances Dark, I have been encouraged and supported to enrol in a PhD program. My work has provided many opportunities to contribute to research of clear relevance to the experiences and outcomes of the consumers who engage with our service.

The key project I am involved in is the Community Care Unit Evaluation Project, which commenced data collection in 2014 and will conclude at the end of 2018. This mixed-method, multi-site cohort study, compares the outcomes and experiences of care between residential rehabilitation units operating a clinical staff model and an integrated staffing model. The integrated staffing model represents a novel staffing configuration where the majority of the staff in the rehabilitation team are employed on the basis of their lived experience of mental illness. This project has already generated eight publications in peer-reviewed academic journals. A project such as this is a significant undertaking and has involved extensive support from experienced clinician-researchers within the Metro South Addiction and Mental Health Service and collaboration with external partners from the University of Queensland and Griffith University.

The initial findings from our work have explored staff expectations and experiences and the consumer expectations of care. This work has shown that staffs’ understanding of the rehabilitation services aligns with the designated service model and principles of recovery-oriented mental health practice. Importantly, we have learned from listening to our consumers that they are often dissatisfied with the way care is delivered, they have described several ways that they hope their care in a rehabilitation setting will be different. We hope that listening to the perspectives of consumers may illuminate pathways to improved service engagement, outcomes and satisfaction in the future.

One of the things that I love about being in an organisation with a vibrant research culture is that opportunities for academic work frequently emerge from the challenges and learning in my day-to-day practice. I have worked with other psychiatrists, registrars, clinicians and peer support workers on publications relating to a broad range of issues directly relevant to our work including sleep apnoea and weight gain affecting people with schizophrenia, medication side-effects, and medical education.

It is a privilege to work alongside colleagues who are mentors and role models for becoming a clinician-scientist such as Dr Frances Dark and Associate Professor Dan Siskind. The translational and consumer-focused nature of the research I am involved with has clear relevance to improving my practice and the outcomes of consumers I assist in their recovery.”
Metro South Addiction and Mental Health Services (MSAMHS) proudly hosted its inaugural Research Symposium in November 2017. The driver for the symposium was to showcase research projects and to continue to build research capacity and capability for all staff. This was the inspiration for the symposium theme; “Researching every day, every way and everyone”.

Our Keynote Speaker for the event was Professor Brenda Happell. With a strong track record in publications and obtaining competitive research funding; research interests that include consumer participation in mental health services, physical health of people experiencing mental illness, and mental health nursing and as an identified world leader for publications in mental health nursing, consumer participation and nurse education; Professor Happell was the ideal keynote speaker.

Professor Happell’s presentation “Researching every day, every way and everyone, YES everyone” challenged the audience to consider ‘other’ researchers attitudes to researching with consumers; present an example of a reasonably successful co-produced research project and to explore the issue of power in research.

Feedback received from symposium attendees indicated the symposium was a fantastic success. Symposium participants particularly enjoyed the expertise, research experience and diversity of topics from our guest presenters. Leanne Hides, National Health and Medical Research Council (NHMRC) Senior Research Fellow presented “Innovations in the treatment of primary and comorbid substance use disorders”. Jacinta Hawgood from the Australian Institute for Suicide Research and Prevention (AISRAP) spoke about “Client Centred Suicide Risk Assessment: Challenging the medical paradigm”. Dr Paul Robertson showcased education provision in “Infant Mental Health (IMH): Developing a IMH service within a Child and Youth Mental Health Service ”.

Evaluation of the symposium also indicated that our audience equally enjoyed presentations from MSAMHS staff on their research projects. Professor Steve Kisely shared his presentation; “Why mental illnesses are deadly”. Associate Professor Dan Siskind regaled symposium attendees with his clozapine research project; “A random controlled trial of clozapine associated diabetes and obesity managed by exenatide: CODEX”.

Lightning presentations were also well received with audience feedback indicating there should be more of these style presentations in future symposiums.

Over 200 participants including nurses, psychiatrists, pharmacists, occupational therapists, psychologists, social workers and administrators attended the 2017 Research Symposium.

We were fortunate to have Dr Michael Cleary, Executive Director PAH-QEII Health Network, as the Master of Ceremonies for the day and Professor David Crompton, Executive Director MSAMHS to welcome participants. Feedback received was that the symposium was very well organised, well-structured and thoroughly enjoyed.

Many non-government organisations and universities that MSAMHS work closely with provided educational and promotional stands that were also very well received and highly praised from symposium attendees. We hope to deliver another outstanding symposium in 2018.

For more details and to view the videos go to our webpage https://metrosouth.health.qld.gov.au/mental-health/video-centre/metro-south-addiction-and-mental-health-services-research
**Lightning Interview**

**Dr Shuichi Suetani**
Consultant Psychiatrist

---

**Why did you choose your profession?**
I’ve always wanted to be a psychiatrist ever since I was twelve. Now that I’ve qualified, I’m glad I’ve stuck with my childhood dream. I am very humbled and feel privileged to be able to do what I do every day at work.

**What are you currently researching?**
I am trying to finish off my PhD at the moment. It examines the epidemiological relationship between mental disorders and physical activity. I’m also working with Dr Nicky Korman on her GO-HEART study within Metro South, implementing lifestyle interventions in three Community Care Units.

**Is there someone that has inspired you to become a researcher?**
Professor John McGrath. Hands down. He is a total legend. I admire his tenacity, his productivity, and his ability to communicate complicated things in a simple and understandable manner.

**How do you propose to translate your research into practice?**
We know that exercise is beneficial for people with psychotic disorders, both for physical and psychological wellbeing. I have started prescribing exercise to some of my patients in my clinics.

**Qualitative or quantitative?**
My undergraduate degree was in Statistics; I like numbers. So, I’d have to say quantitative.

**The “Research Fairy” is going to grant you one wish, what would that be?**
Like most clinical researchers, I’m always short on time for research. So I would love the Research Fairy to duplicate myself so that I can have more time for both my clinical and research work.

**What do you believe will be the next big discovery for Mental Health research?**
The next clozapine. I sincerely believe that the next big breakthrough in psychiatry will come from a biology lab, and I want to be there when we find the cure for schizophrenia.

**Where to you see yourself in 5 years?**
I reckon I’ll still be working for the Browns Plains, Beenleigh and Beaudesert psychosis team. Hopefully I’ll be balancing my clinical and research work better by then.

**What haven’t you crossed off your bucket list?**
I would love to run the New York Marathon one day.

**What are you really really good at?**
My colleagues may disagree with me on this, but I reckon I’m really good at making checklists and I’m really really good at using them. My life is basically a series of checklists. It makes my decision making process a lot easier.
Background
The 2015 Biennial Consultation Liaison Psychiatry Service (CLPS) referrer survey indicated nursing respondents had significant levels of dissatisfaction with the service provided across all surveyed domains.

Rationale
To better characterise how CLPS could improve service provision to and engagement with nursing staff.

Method
From the original 2015 survey results [see table 1] 3 questions were developed with both qualitative and quantitative response options. Ward 5D was identified as a suitable sample group and surveyed between December 2016 and January 2017 using both paper and electronic formats.

Results
The six recommendations for service improvement clearly endorsed by respondents were:
1. Discussion of findings with primary allocated nurse
2. Clear advice for behaviour and psychological management
3. Specific advice for patient deterioration, particularly after hours
4. Regular patient re-evaluation
5. CLPS staff to be readily accessible
6. ieMR note to be readily identifiable

Outcomes
The CLPS has instigated the following:
1. Restructuring of the CLPS orientation program to specifically include nursing needs, with a particular focus on discipline specific communication
2. Development of a suite of behavioural management tools for application
3. PAH-wide consultation to examine ways to improve
4. Nursing-focussed case presentations within CLPS education program for CLPS nurses to showcase the ongoing complexities that nurses are finding challenging when caring for our client group
5. Senior nurses from other specialties invited to co-present in CLPS education program, most recently the orthopaedic team
6. Standardised and clear ieMR documentation with the development of a related internal audit of these to maintain consistency
7. Collaboration with nursing management and specialty teams in continually identifying patient and staff needs, and emerging concerns.

Conclusion
Patient needs during their hospital admission are dynamic, with particular complexities inherent in circumstances of mental health co-morbidity. CLPS seeks to continually develop our understanding of the needs that nursing and other clinicians have when providing care for this cohort. Doing so is the foundation of a collaborative practice to address patient care and safety.

To get involved email
CLPS CNC via leisa.dodt-densley@health.qld.gov.au or CLPS Consultant Psychiatrist via mark.wallace@health.qld.gov.au

Acknowledgements
Schonnell Gosson- Orthopaedic CNC | Nicole Lyons- Orthopaedic Educator | Clinical Services Excellence Team | 5D nursing team including NUM- Josephine Macintosh
Overview: The Bayside Community Care Unit (CCU) is a community-based, residential rehabilitation facility for consumers with severe and persistent mental illness. Residents typically experience difficulties functioning within the community across a range of different domains and benefit from intensive mental health support during their recovery. A challenge in the recovery journey for many CCU consumers is comorbid substance use disorders. Preliminary data from the Metro South Addiction and Mental Health Service CCU Evaluation Project (initial 100 entrants to CCU from December 2014) found that 43% had a known current substance use issue (excluding tobacco). This statistic highlights the necessity for existing service models to incorporate treatments which accommodate the needs of dual diagnoses consumers within mental health rehabilitation programs.

In mid-2017, Bayside CCU collaborated with Bayside Alcohol and Drug Service (ADS) to explore the feasibility of implementing a group-based intervention for adults with alcohol and substance use issues, for CCU residents. This collaboration resulted in the formation of the Early Recovery Group (ERG) pilot study, which was successfully implemented at the Bayside CCU in October-November 2017.

Program Background:

The ERG program has been run previously as an outpatient group by Bayside ADS. The protocol was developed from the Matrix Model, an empirically validated intervention promoting recovery from addiction to stimulant substances (Rawson et al., 1995; Patterson, 2017). The program covers six specific modules: 1) understanding and dealing with the triggers and cravings; 2) common challenges in recovery; 3) recovery and identifying values; 4) managing thoughts and maintaining recovery; 5) managing emotions in recovery; 6) depression and anxiety in recovery.

Participants:

Participants were residents of the Bayside CCU with an identified historical of current alcohol or substance use disorder. Ten participants were initially recruited to the study, with one dropping out prior to program completion due to unplanned discharge from the CCU.

Measures:

HoNOS - Health of the Nation Outcome Scale
ATOP – Australian Treatment Outcome Profile
SOCRASTES – Stages of Change Readiness and Treatment Eagerness Scale
ERG Participant feedback form (Qualitative)

Intervention:

The program was run as six group sessions over a six week period. Groups were co-facilitated by CCU and ADS staff, together with a post-graduate psychology student. Session formats included didactic instruction, group discussion, audio-visual presentation, and printed program resources.

Results:

Analysis of quantitative outcome data is currently in progress. In terms of qualitative outcomes, feedback provided by participants following each module was positive and constructive. Session content was described as applicable and easy to understand, with sessions described as informative and fact-based. Participants appreciated the one-hour duration of sessions, and valued the opportunity to share their own experiences with group members. Recommendations for improvement included the provision of more information on drugs and alcohol and the inclusion of more personal reflections, stories, and anecdotes of recovery.

Future Directions:

The aim of this pilot study was to evaluate the feasibility of integrating substance use interventions for dual diagnoses consumers into a mental health residential rehabilitation program. Preliminary results indicate that the study was well received by group participants, easy to implement and complemented the existing rehabilitation program. These results support the extension of ERG into additional CCUs throughout Queensland; currently there are plans to run a second ERG group within Bayside CCU, and to train staff at other CCU sites within Metro South.

Team Members:

Principle Investigators
Dr Jayne Stopa – Senior Clinical Psychologist, Bayside CCU
Dione Tyler – Provisional Psychologist, Griffith University

Associate Investigators
Dr Stephen Parker – Consultant Psychiatrist, Bayside CCU
Michelle McKay – Team Leader, Bayside CCU
Luning Wang – Clinical Nurse, Bayside CCU
Voirrey Brown – Senior Social Worker, Bayside ADS
Todd Sellwood – Clinical Nurse, Bayside ADS

Bayside CCU staff members, from left to right: Bradford Johnston – Clinical Nurse (Bayside CCU) - Dione Tyler – Provisional Psychologist (Bayside CCU/Griffith University) - Luning Wang – Clinical Nurse (Bayside CCU) - Voirrey Brown – Senior Social Worker (Bayside ADS) - Jayne Stopa – Clinical Psychologist (Bayside CCU) - Todd Sellwood – Clinical Nurse (Bayside ADS)
Alison Young – Senior Peer Support Worker (Bayside CCU) - Michelle McKay – Team Leader (Bayside CCU)
What are you currently researching?
My PhD focuses on social workers in mental health use and understanding of the concept of social inclusion and how this informs their practice. Additionally, I want to explore their attitudes towards using a standardised measure of social inclusion (the ‘Living in the Community’ questionnaire) and their views on the clinical utility of this measure. The research is mainly qualitative however, a small survey is incorporated into the research.

Is there someone that has inspired you to become a researcher?
Professor Robert Bland is a recently retired leading Australian academic in social work specialising in mental health. When I first discussed the research, he encouraged me to do this as a PhD - I have almost forgiven him!

How do you propose to translate your research into practice?
The research involves social workers within Metro South Addiction and Mental Health Service using the ‘Living in the Community’ questionnaire as part of their normal practice for a period of twelve months. This should allow social workers to ascertain if the measure provides benefits to consumers they work with thereby translating the research directly into practice.

The “Research Fairy” is going to grant you one wish, what would that be?
Great skills in coding data would be welcome about now.

What do you believe will be the next big discovery for mental health research?
I think it will be a race between our understanding of the mechanisms that underpin our mental health especially genetics and other biological determinates of good health and research into a person’s recovery journey.

Where do you see yourself in 5 years?
Probably still here at Metro South Addiction and Mental Health Service but with a lot more leisure time as the PhD will be completed.

What are you really really good at?
That would depend on who you ask; according to my kids this would not include my sporting ability or my ability to cook!

I chose social work as it focused its assessments and interventions on the context of the person rather than just the person themselves so it incorporates social determinants of health rather than just the outcome of these factors, which I felt and still feel is a vital aspect of the work we do.”

In 2017, Metro South Addiction and Mental Health Services (MSAMHS) implemented a number of initiatives to support our staff to enhance their research skills. These ranged from international guest speakers; workshops in data mining; quantitative research methods, structuring and writing research papers to individual and group support for research article writing. MSAMHS staff benefitted from the opportunity to engage with research experts to provide hands-on education and coaching on the various stages of research projects. Below are examples of some of the workshops that were provided:

**Professor Steve Kisely**
**‘Introduction to Quantitative Research Design’**
Participant feedback: “Very good examples given of different study types and demonstration of principles. Informative, interactive and knowledgeable”

**Professor Catherine Pickering** *(Griffith University)*
‘Strategies and emotions when starting to publish papers in practice’
Participant feedback: “Amazing, very informing, dealing with feedback and reviewers”
“Interesting and useful presentation”

**Professor Lynette Joubert** *(Melbourne University)*
Data mining - Research Project Consultations and Data Mining Workshop
Participant feedback: “Great opportunity to discuss data issues on a one on one basis.”
“Very useful to have data experts here at the Service. So useful for my research!”
AWARDS AND ACCOLADES

PROFESSOR DAVID CROMPTON
MARGARET TOBIN AWARD

Congratulations to Professor David Crompton who was awarded the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Margaret Tobin Award (2017) for Leadership in Mental Health Administration. Named in honour of the late Dr Margaret Tobin, the prestigious honour is awarded to the RANZCP Fellow who has made the most significant contribution to administrative psychiatry in the region over the preceding five years. Professor Crompton said it is a tremendous honour to receive the Margaret Tobin Award, but that “it is a result of a fantastic team effort.”

Professor Crompton was awarded an Order of Australia (OAM) for development of community based mental health services for veterans, and the development of community Post Traumatic Stress Disorder (PTSD), and anxiety and substance abuse treatment services. He has held leadership roles in Queensland Health and New South Wales Health.

DR STEPHEN PARKER RECEIVED
THE INAUGURAL AWARD FOR EXCELLENCE IN SUPERVISION

Congratulations to Dr Stephen Parker who recently received the inaugural Award for Excellence in Supervision from the Queensland Branch Committee of the Royal Australian and New Zealand College of Psychiatrists.

The award is a registrar driven initiative via the Queensland Psychiatry Trainees Association. Registrars from across the state were asked to nominate consultants who excelled in teaching and supervision. Dr Parker was recognised by his peers for his dedication to the supervision process, promoting holistic care of patients, recognising self-care needs in fellow staff, helping registrars develop leadership skills and leading by example in his approachable and professional manner and attitudes.

NB Congratulations to Dr Parker as he commences his new role as Director of Training, Southern and Central Clusters.

ASSOCIATE PROFESSOR DAN SISKIND
RESEARCHER OF THE YEAR

Associate Professor Dan Siskind won Researcher of the Year—Early-Career Researcher, Clinical Science at the PAH Health Symposium 2017 with his poster “Treatment of clozapine associated obesity and diabetes with exenatide (CODEX) in adults with schizophrenia a pilot randomised controlled trial”

SHOWCASING CLOZAPINE RESEARCH

Associate Professor Dan Siskind represented Metro South Addiction and Mental Health Service (MSAMHS) recently at the World Psychiatric Association Thematic Meeting held in Melbourne, where he showcased research pertaining to how obesity and metabolic syndrome are a major concern for people with schizophrenia on clozapine.

To address this, MSAMHS recently conducted a randomised controlled trial of exenatide for clozapine associated obesity. People who were randomised to the exenatide study arm lost 5.29 kg over the 24-week study period, compared to only 1.12 kg for the treatment as usual arm. This study was funded by the Princess Alexandra Hospital Research Support Scheme. Dan said “We are incredibly appreciative of the consumers who participated and the PAH clozapine coordinators who supported this project. We are about to start a trial of metformin versus placebo to ameliorate weight gain among people newly started on clozapine, funded through an National Health Medical Research Council grant.”

The poster can be viewed on page 12 and 13 of this report.
Power differences

Peer Recovery Support Workers (PRSWs) worry that clinicians don’t value them. Clinicians worry that PRSW’s think they don’t value them. Clinicians underestimate or overestimate a PRSW’s capacity to manage certain situations.

PRSW’s can be reluctant to provide their input during review meetings. As a newly formed team, it took time to explore and understand each PRSW’s capability and capacity.

Without a very specific job description or task breakdown for the PRSWs’ role, the whole team needed to first develop a good level of rapport before members could feel safe enough to share skills, knowledge and expertise’.

Unique strengths

My biggest learning has been the importance of finding out each PRSWs unique strengths and interests. When someone is trained as a nurse, an OT, a social worker or a psychiatrist; there is a level of assumed knowledge or capability that comes with the qualification. This can also be said for PRSWs’, who have the strengths, of ‘personal experience of mental illness’. These experiences and the associated learnings cannot be generically defined to fit every PRSW’s skills, knowledge and expertise’, yet every experience is integral to the work accomplished within our team.

Vulnerability of sharing lived experience

Initially it was confronting to identify as a PRSW with a lived experience of mental illness. I had a fear of not being recognized or valued for my range of skills and expertise. To begin with I needed to develop an understanding of my role and how I fit within the multidisciplinary team.

Being labelled as a non-clinical team member created some internal barriers to begin with, however over time, I have seen the positive outcomes of sharing my lived experience with clinical staff. I recognize the value of sharing my recovery journey and I have built the confidence within myself to contribute my perspective. This has been beneficial to our team approach as a whole.

Skills, knowledge and expertise that PRSW’s bring

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.
Parents can draw from a broad range of expertise to upskill themselves to care for their children

Holistic approach to care facilitates empowerment and choice, promotes autonomy, builds trust and belonging between all stakeholders. Parents can draw from a broad range of expertise to upskill themselves to care for their children, not just from practitioners but also from their peers. Families can build their own extended support network (who are all in good communication with each other) that the family can utilise in a way that best suits them – this keeps the pressure off individual services and shares responsibility across the team. Practitioners can broaden their understanding of the family within the service context, and are also able to draw from a broad range of knowledge and expertise to enhance their own practice. Families are more likely to remain engaged and less likely to fall through the gaps. In line with working with these partnerships and through the current research, our team has developed a Formal and Informal AOD Family Inclusive Model. This model is based on service deliverables, to ensure that family AOD goals are considered within the context of everyday life and other life and family goals, rather than in isolation. Working within a collaborative partnership enables mentoring, coaching and the capacity to build through peer mentoring scaffolding, play and relationship building. This ensures we are able to build the capacity of the workforce to identify and respond to AOD concerns for families and to build capacity and confidence to support families to access AOD support services.

I feel very privileged to work as a Clinical Social Worker with Metro South Addiction and Mental Health Service (MSAMHS), working within the Logan Addiction and Other Drugs (AOD) Liaison Team. I believe in a holistic approach in family inclusive practice, that considers all the factors that contribute to improved wellbeing, beyond just what you or your local service can offer. What I really mean by this, is that better service collaboration, equals better service outcomes for all within the local community.

My current research project is based on a partnership approach with Family Focused Drug and Alcohol and the importance of “Soft Entry” (incorporating the clinical service delivery into the informal and into the community). The systematic review being undertaken will identify programs and compare them to the Family Place Approach Soft Entry Framework. This framework includes 12 areas which support best practice when providing soft entry services to families within family and child friendly spaces.

What is already known through my research is that there is limited literature around “Soft Entry” and application of this method of intervention and engagement with Addictions in relation to the sector. Family Place in Logan, in partnership with Communities for Children (Salvation Army), Griffith University, C&K Childcare and Kindergarten have developed a “Soft Entry” practice model to provide targeted services to families in a safe non-stigmatising way. Through doing this research we know that the addiction sector has not been actively utilising these intervention models and that there is no literature to support this type of practice intervention.
Mental Health First Aid (MHFA) is the help provided to a person who is developing a mental health problem or is in a mental health crisis (e.g. the person is suicidal or has had a traumatic experience).

Like physical first aid, Mental Health First Aid is given until the person receives professional help or until the crisis resolves. Mental Health First Aid strategies are taught in evidence-based training courses authored by MHFA Australia and delivered by accredited MHFA Instructors.

Course participants are provided with an opportunity to be credentialed as a Mental Health First Aider with Mental Health First Aid Australia by completing an online quiz alongside their course feedback. They will then be provided with an online refresher and quiz every three years to maintain their status (similarly to physical first aid).

MHFA is an internationally recognised and valued course. More than 22 countries around the world have adopted this Australian program and more than 4,000 courses are provided by MHFA trainers in Australia per year. Metro South Addiction and Mental Health Service (MSAMHS) trainers are credentialed to deliver the following MHFA courses:

- Standard Mental Health First Aid
- Youth Mental Health First Aid
- Mental Health First Aid for the Suicidal Person
- Mental Health First Aid for Gambling Problems
- Mental Health First Aid for Teens

These courses are provided throughout Metro South Health venues via LEAPonline as well as to large groups in their workplace venues. Our MHFA trainers have both clinical and education expertise and bring many years of experience working in various roles across the addiction and mental health sectors.

Dianne Tarrant, Clinical Nurse Consultant with the Research and Learning Network provides standard Mental Health First Aid workshops. Since November 2017 she has delivered four standard MHFA courses to MSAMHS staff as well as staff from other Metro South Health facilities. To date, these courses have been heavily subscribed and attracted waiting lists. There are a further four courses scheduled up to the end of 2018.

In addition to Metro South Hospital and Health Service staff, diverse community groups have requested or been targeted for MHFA course delivery. During 2017-18 Karen Grimley, Multicultural Mental Health Coordinator, Recovery, Resource & Partnerships Team and Gail Symonds, Primary Care Liaison Officer/CNC, Recovery, Resource & Partnerships Team have been delivering the courses to members of the Beaudesert community, Footprints, Max Employment and CALD community leaders. MHFA delivery is most effective when the community is ready to engage in conversation about mental health and are keen to learn new skills and knowledge.

Participant feedback on the strengths of the MHFA courses demonstrates the courses have been well received:

- “Practical learning modules with good facilitators who work in the sector, which gives relevance to the topic.”
- “Removes stigma and misconceptions regarding mental health illnesses.”
- “The course was a good refresher for working with those who may be experiencing a mental health crisis.”
- “It clarifies information and makes working situations more enjoyable as they feel better equipped to cope with challenges and know where and when to refer for support.”

MHFA enables the individuals to learn from experienced Mental Health clinicians who can provide clear and destigmatised education about the situations that they may face when dealing with people who have, or are developing a mental health problem or are in crisis.

Peta-Anne Burns, Psychologist and ed-linQ coordinator, her aim is to support both health and education services to be as effective as they can with the young people in their care, and most importantly, have everyone work together collaboratively for the best outcome for the clients. Within this Early Intervention role, increasing mental health literacy of the adults around our children and teenagers has been Peta-Anne’s passion.

One of the major ways that we have been achieving this empowerment is with ongoing delivery of Youth Mental Health First Aid (YMHFA) to parents of clients in the service, as well as to school personnel. This 14-hour course has been delivered 25 times in the past nine years to a variety of schools and groups of parents, with ongoing positive feedback from all who have participated in the course.

Participants report that they feel they are better informed about how mental illness may impact on their child and what they can do in a crisis when anxiety is running high and they need to act swiftly and decisively.

Due to the usefulness of the program as an adjunct to individual therapy, the Child and Youth Academic Clinical Unit (CYACU) aims to continue offering YMHFA courses to parents, carers and school staff at least six times per year.

Adam Lo, Peta-Anne Burns, Ruth O’Sullivan and Elvia Ramirez are Master Instructors and have conducted over 30 courses each, which is a huge achievement.

Peta-Anne and Adam are also both qualified in the ‘Mental Health First Aid for Teens’, in this version they train students from grade 7-12 to support each other in a peer-to-peer format.

As a mental health service, we are well placed to provide this education as we are experienced with dealing with people who are in the most vulnerable place in their lives and are able to give the hope that people do recover with not only the right treatments but with the benefit of non-judgemental and person-centred care.”

Peta-Anne Burns
Perception and Utilisation of Creative Activities by Child & Youth Occupational Therapists in Australia

Ms. Hannah Forbes1, Dr. Rosamund Harrington1
1School of Allied Health, Australian Catholic University

Introduction:
Creativity is an integral part and core element of the Occupational Therapy process and profession (Ernst & Moore, 2013). Creative activities have often been used by Occupational Therapists in a variety of mental health settings to promote the therapeutic relationship, help clients gain an understanding of themselves, a sense of personal accomplishment and to communicate with others (Ernst & Moore, 2013; Müllersdorf & Ivansson, 2016). However, there is evidence that the use of creative activities as a therapeutic medium within Occupational Therapy may be declining (Griffiths, 2008; Lloyd & Papas, 1999; Lloyd, Wong, & Petchkovsky, 2007; Perruzza & Kinsella, 2010). To date, very little research has explored occupational therapists’ creative activity use in Australia, especially in the field of child and youth mental health (CYMH). Initial findings from a mixed-methods study exploring Australian Occupational Therapists’ perceptions and utilization of creative activities in CYMH are presented.

Aims:
This study aimed to explore the perception and utilisation of creative activities by CYMH Occupational Therapists in Australia working with children aged 0-18 years. Results will explore the frequency, comfort, confidence and experiences occupational therapists have using creative activities in Australian Occupational Therapy CYMH practice. It is also hoped that this research will promote further research investigating the relationship between creative activities, occupational therapy and health promotion and intervention in CYMH.

Method and Design:
An embedded mixed-methods design, comprising of a self-administered online web-based survey and three semi-structured interviews with CYMH Occupational therapists was conducted. A 31 item survey questionnaire was designed and piloted by 5 experienced mental health occupational therapists. Appropriate changes were made to the online survey; it was then disseminated nation-wide through Occupational Therapy Australia’s network of registered occupational therapists. Following an expression of interest in the online web-based survey, contact was made with consenting occupational therapists to conduct a follow-up semi-structured interview. Three interviews were undertaken with CYMH occupational therapists from Queensland, Australia with a range of clinical experience. Qualitative survey data and interview responses are currently in the process of being thematically analysed using a process of open, axial and selective coding, guided by Colazzi’s framework and phenomenological underpinnings. A cross-comparison of qualitative survey and interview responses will then be completed to determine dominant themes.

Preliminary results:
Profile of Respondents:

<table>
<thead>
<tr>
<th>Demographic Statistics</th>
<th>Survey/Interviews (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>20 females (61%) &amp; males (39%)</td>
</tr>
<tr>
<td>Age</td>
<td>25 years – 40 years (96%); 41 years - 60 years (4%)</td>
</tr>
<tr>
<td>Years of Practice Experience</td>
<td>5 years experience (&lt;1%); 5 - 11 years experience (16%)</td>
</tr>
<tr>
<td>Level of Qualification</td>
<td>Bachelor’s degree (64%); Higher than bachelor’s degree (36%)</td>
</tr>
<tr>
<td>Level of Specialisation in Mental Health</td>
<td>Early Childhood Occupational Therapy (54%); Experienced Occupational Therapist (19%); CNOR Occupational Therapist (16%); New Occupational Therapist (6%); Other (9%)</td>
</tr>
<tr>
<td>Engagement Status</td>
<td>Fulltime (74%), part time (26%). Other (0%)</td>
</tr>
<tr>
<td>Place of Employment</td>
<td>Public Hospital (44%); State Government (10%); Private Practice (15%); Community Service Provider (15%); Private Hospital (14%); Other (9%)</td>
</tr>
<tr>
<td>Primary Practice Setting</td>
<td>Community (59%); Acute Hospital Unit (15%); Other (16%)</td>
</tr>
</tbody>
</table>

Preliminary results:

Conclusions:
This study aimed to explore the perception and utilization of creative activities by occupational therapists in Australia, particularly in reference to the field of child and youth mental health practice. Data collection involved administration of a nationwide online web-based survey questionnaire in addition to completion of three semi-structured interviews completed with relevant occupational therapists working in child and youth mental health practice in Australia. Quantitative findings from the online web-based survey have been analysed and reported in this publication. Qualitative data encapsulated in the online web-based survey and semi-structured interviews are in the process of being analysed thematically, and will be reported elsewhere.

References:

Acknowledgements: The honours research student would like to acknowledge the work and expertise of the research team and supervisors in their support of the research study. For further correspondence: Dr. Rosamund Harrington, rosamund.harrington@acu.edu.au or Ms Hannah Forbes, hannah.forbes@mpc.edu.au

Mr. Adam Lo2, and Dr. Michael Steele1
1Metro South Addiction and Mental Health Service

Preliminary results:
Quantitative Survey Results:
Although a specific response rate for this study cannot be calculated due to the nature of participant recruitment, the sample size of 33 participants is acceptable given the small population of occupational therapists working in this area of practice. All 33 respondents, reported they have/are using creative activities in child and youth mental health occupational therapy practice with children aged 0-18, with close to half (42%) doing so multiple times a week. Interestingly, whilst 78% of therapists perceived creative activities as a highly effective therapeutic medium (rated between 7-10 out of 10), 64% felt that they did not use creative activities to the extent they desired. The respondent’s identified that they were highly likely to work with the following client groups when using creative activities: anxiety (21%), attachment disorder (19%), depression (12%), mood disorders (12%), social phobia (12%), psychotic disorders (10%), obsessive compulsive disorders (9%) and other (5%). Respondents’ used creative activities for children most commonly experiencing difficulties with self-esteem, interpersonal skills, social skills and concentration. A diverse range of activities were identified as being used by therapists including: painting, artwork, drawing/colouring, collage, paper-craft, printing, photography, sculpture, drama, creative writing, dance, music. Therapists were also asked to rank the most important therapeutic aims/outcomes of applying creative activities in practice, with promoting the therapeutic relationship, self-expression and self-esteem most important and enhancing task performance rated least important. Interestingly, although a majority of respondents reported high levels of confidence, when asked if they would feel more confident to use creative activities in practice if provided with additional educational/training, overwhelmingly 97% identified that they would feel more confident.

Conclusions:
This study aimed to explore the perception and utilization of creative activities by occupational therapists in Australia, particularly in reference to the field of child and youth mental health practice. Data collection involved administration of a nationwide online web-based survey questionnaire in addition to completion of three semi-structured interviews completed with relevant occupational therapists working in child and youth mental health practice in Australia. Quantitative findings from the online web-based survey have been analysed and reported in this publication. Qualitative data encapsulated in the online web-based survey and semi-structured interviews are in the process of being analysed thematically, and will be reported elsewhere.
**STEVEN B BROADY**

**PARKINSON'S DISEASE RESEARCH LEADER**

**What are you currently studying?**

After three undergrads, a Masters, a PhD and a couple of TAFE certificates, I am not studying at the moment, but I am publishing my sixth book in the area of self-help.

**Why did you choose those qualifications?**

After being told that my daughter would die sometime after birth while I was in my second trimester of pregnancy 15 years ago, I decided to undertake a PhD in this area of clinical social work. It was clear to me that more research and advocacy needed to occur for women who received a poor prenatal diagnosis. My research looked at whether specific types of psychosocial support influenced women’s mental health. The answer showed that it isn’t the type of support that improves women’s mental health but how they value that support based on their values, beliefs, needs and personal circumstances. This led to the SARF (Skills of the clinician, Assessment of needs, adequate Referrals and Follow up being discharge) model being recommended.

**How do you make time for postgraduate study, work and home life?**

Consider there are 24 hours in the day and we only spend eight at work. We are all left with another 16 to do lots of fun stuff. To help with determination, I listen to motivational tapes on my way to work every day and quoting them lamely “Ditch the excuses and get on with it”.

**Where do you see yourself in 5 years?**

My strength and passion lie in non-clinical issues and team/process/project management. I would like to see myself using these skills in a role looking at staff development or in a professional lead role.

**What are you really really good at?**

I grew up struggling to talk, so I began to write to express myself. Today, I’ve written about ten books, most of them in the area of self-help. However, in my spare time I write fiction novels under a pen name.

“Find a topic that really interests you and that you’re passionate about. Research is very rewarding, but the road of a PhD is a long one. Seek support and use self-care, and take your time. It’s a marathon, not a race.”

---

**RESEARCH IN CONSULTATION LIAISON PSYCHIATRY SERVICES ACADEMIC CLINICAL UNIT**

The Consultation Liaison Psychiatry Services Academic Clinical Unit (CLPS) encourages and values its staff conducting research and studies focused on consultation-liaison subjects such as the efficacy of the liaison process, organic psychiatry, delivery of care to the patients and referring treating teams. Multiple team members at this department have been involved in research during the last year:

- CLPS has just conducted a three yearly survey, run by CLPS psychiatrist Dr Mark Wallace. We have handed the survey forms personally to the medical, nursing, allied health staff of the Metro South Hospitals and so far we’ve had over 160 responses returned. We use these surveys to find out about the areas in our catchment which ones need more exploration and possible improvement.
- Jenny Tait, Consultation-Liaison Clinical Nurse Consultant is conducting a literary review on the evaluation of CLPS psychiatry nursing models of care.
- Dr Mahdod Eftekri, CLPS Psychiatrist is in the process of commencing his PhD project about depressive illnesses in pre-liver transplant candidates and association of depression with hepatic encephalopathy.
- CLPS related topics have been attractive for psychiatry registrars to do their required scholarly project. Dr Melinda Boyd is involved in a literature review about the role of imaging in first episode psychosis and its place in excluding organicity. Dr Vanessa Grote is completing a literature review on the use of electroconvulsive therapy (ECT) in limbic encephalitis under the supervision of Dr Nicola Warren. She is planning to present this review at the Neurostimulation conference in Melbourne in 2018.
**Table 1: The Emotional Contagion Scale (4)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If someone I’m talking with begins to cry, I get teary-eyed</td>
<td>1-4</td>
</tr>
<tr>
<td>2</td>
<td>Being with a happy person picks me up when I’m feeling down</td>
<td>1-4</td>
</tr>
<tr>
<td>3</td>
<td>When someone smiles warmly at me, I smile back and feel warm inside</td>
<td>1-4</td>
</tr>
<tr>
<td>4</td>
<td>I get filled with sorrow when people talk about the death of their loved ones</td>
<td>1-4</td>
</tr>
<tr>
<td>5</td>
<td>I clench my jaws and my shoulders get tight when I see the angry faces on the news</td>
<td>1-4</td>
</tr>
<tr>
<td>6</td>
<td>When I look into the eyes of the one I love, my mind is filled with thoughts of romance</td>
<td>1-4</td>
</tr>
<tr>
<td>7</td>
<td>It irritates me to be around angry people</td>
<td>1-4</td>
</tr>
<tr>
<td>8</td>
<td>Watching the fearful faces of victims on the news makes me try to imagine how they might be feeling</td>
<td>1-4</td>
</tr>
<tr>
<td>9</td>
<td>I melt when the one I love holds me close</td>
<td>1-4</td>
</tr>
<tr>
<td>10</td>
<td>I tense when overhearing an angry quarrel</td>
<td>1-4</td>
</tr>
<tr>
<td>11</td>
<td>Being around happy people fills my mind with happy thoughts</td>
<td>1-4</td>
</tr>
<tr>
<td>12</td>
<td>I sense my body responding when the one I love touches me</td>
<td>1-4</td>
</tr>
<tr>
<td>13</td>
<td>I notice myself getting tense when I’m around people who are stressed out</td>
<td>1-4</td>
</tr>
<tr>
<td>14</td>
<td>I cry at sad movies</td>
<td>1-4</td>
</tr>
<tr>
<td>15</td>
<td>Listening to the shrill screams of a terrified child in a dentist’s waiting room makes me feel nervous</td>
<td>1-4</td>
</tr>
</tbody>
</table>

Happiness items = 1,3,5, 6, 14; love items = 2, 3, 11; fear items = 8, 13, 15; anger items = 4, 7, 12; sadness items = 1, 4, 14.

Table 2: Emotional Regulation Approach (5)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Situation</th>
<th>Situation modification</th>
<th>Attentional deployment</th>
<th>Cognitive change</th>
<th>Response modulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection</td>
<td>Placing oneself in a position to maximise positive emotions and minimise negative emotions</td>
<td>Change aspects of a situation so that one can make the inevitable situation as pleasant as possible</td>
<td>Focus on specific aspects of the situation that is taking place</td>
<td>Selective perception of a situation to affect the strength of an emotion</td>
<td>Enacting a specific behaviour response to an emotion-eliciting situation in order to limit emotional display</td>
</tr>
<tr>
<td>Modification</td>
<td>Having the interaction in a quiet comfortable room</td>
<td>Having a support person available</td>
<td>Focusing on the mental state</td>
<td>Having positive, optimistic and realistic thoughts to counter negative ones</td>
<td>Relaxation techniques through deep breathing and mindfulness</td>
</tr>
</tbody>
</table>

**References:**


**Conclusion:**

It is important to be aware of the concept of emotional contagion within healthcare in order to understand the emotions of the people we treat and those that arise within healthcare workers. Through recognition of emotional contagion and emotion regulation strategies, care can be provided in an optimal and helpful way to improve performance, outcomes, and the safety and management of the people we treat.
**LIGHTNING INTERVIEW**

**DEBORAH MITCHELL-MACAULEY**

**CLINICAL SPECIALIST, SOCIAL WORKER**

What are you currently researching?  
My PhD research topic is “Exploring Spirituality, Religion, and Traditional Healing as Protective Factors in Transcultural Mental Health Care” from a practitioner’s perspective.

I feel these issues are important as healthcare issues. We are encountering more and more challenges and human suffering as we treat and work with individuals, families and communities. I feel issues such as spirituality, religion & traditional healing offers us another explanation and meaningful way to work through and to confront some of these challenges. I also hope that my thesis and issues of spirituality, religion and traditional healing can improve all aspects of care including the cultural responsiveness of mental health services.

Is there someone who has inspired you to become a researcher?  
I’ve met so many wonderful researchers who have inspired me to dip my toe in the research area. Two come to mind, one is my current supervisor and another is a colleague/friend back in Chicago where I am originally from. They have invoked the researcher in me by encouraging me to ‘speak my truth’ and explore my ‘voice narrative’ in this platform.

How do you propose to translate your research into practice?  
I propose that my research be translated into practice by including issues of spirituality, religion and traditional healing on all intake forms in mental health, this of course will prompt all clinicians to begin asking about these issues and down the track we will find integration. I also am hoping that clinicians will begin to explore these themes within their own professional and personal lives so that they can articulate their own strengths, but also biases in connecting with this material. The more we can identify where these things hold meaning in our lives (or not hold meaning) the more we can understand ‘the blind spots’ in our clinical practice. At the end of the day, it’s about being client centred and putting the client first - many clients have communicated to me directly and indirectly in my practice over the years that these are things they want to explore.

What do you believe will be the next big discovery for Mental Health research?  
Deeper understanding of mental health issues such as trauma, violence and cultural implications as they relate to mental health, etc. I think we rub the surface when it comes to mental health care service delivery. I think the next big thing will be to take our understanding of mental health into areas of sensitivity to transculturalism – to be open to understanding how people from diverse cultural backgrounds see the world and their understanding of it.

I also feel the next big discovery will be another universal based healthcare system which will work alongside western based healthcare. I feel that there are cutting edge healthcare programs in third world countries that can teach us a lot about natural forms of health and natural forms of preservation. Western healthcare is really wonderful and exciting but anything that holds a monopoly will eventually be reviled by something else.

Where do you see yourself in 5 years?  
Working globally as a consultant in the Transcultural Mental Health Area. I would love to be working with different countries and communities in developing strength based mental health programs incorporating those salient cultural elements deemed important by these countries and community members.

What are you really really good at?  
I’m really good at Social Work as it involves people who are located in complete systems. I work with clients in many “bi-directional” approaches and feel this is one of my greatest strengths.

---

**METRO SOUTH ADDICTION AND MENTAL HEALTH SERVICES SAFETY AND RELIABILITY IMPROVEMENT PROGRAM (SRIP)**

MSAMHS is the first addiction and mental health service to implement a long term Safety and Reliability Improvement Program (SRIP) as a part of a partner program with leading Asia Pacific healthcare organisations and the Cognitive Institute.

The Safety and Reliability Improvement Program aims to change the behaviours of staff to support a culture of safe, reliable, integrated and effective care for every consumer, every time. Culture change will be supported through the delivery of a multi-level training program for clinical leaders and staff on:

- Safety and reliability science
- Strategies to improve reliability
- Communication skills to enable staff to ‘speak up for safety’
- Strategies to effectively manage difficult colleague interactions and address unprofessional behaviours.

The SRIP program will embed safety and reliability across our service through “Speaking Up For Safety” sessions which provide clinicians with increased ease and motivation to raise safety concerns with their colleagues.

Fifteen MSAMHS clinicians including pharmacists, nurses, occupational therapists, social workers and psychologists have been trained and accredited as ‘Safety Champions’ to lead, coach and support a culture of safety. Our Safety Champions completed a rigorous five day training and accreditation program through the Cognitive Institute. They have delivered “Speaking Up For Safety” sessions throughout the service and have enhanced the accredited training program through contextualised examples from the Addiction and Mental Health sectors.

MSAMHS is evaluating the effectiveness of the SRIP program in creating culture change including analysis of self-reported perceptions of awareness, desire, knowledge, abilities, confidence and behaviours of staff who participate in training sessions. The research team includes Loretta Warburton, Marianne Wyder and Peter Kohleis.

---

“**I’m living what I was born to do and feel so fortunate and privileged to be doing it.**”
Broadening the knowledge base: Enhancing the Logan to Reduce Alcohol

James Hoey1, Marianne Wyder2 and Kelli Watkins1

‘Addiction Services Academic and Clinical Unit, Metro South Addiction and Mental Health

Background:
The National Alcohol and Other Drug Workforce Development Strategy 2015-2018 (NAODWDS – AIHW, 2015) highlights how many individuals experiencing alcohol and other drug harm (AOD), especially those with mild to moderate disorders, are not likely to access specialist AOD services (AIHW, 2015). These individuals however are likely to be presenting to general health, social and community services (e.g. NGO non-government organisations) in relation to other associated or co-occurring concerns. This presents an opportunity for earlier intervention as individuals come in contact with these services.

Aims:
This project aimed
• to develop and deliver a program which increases a workers perceived sense of role adequacy (confidence to respond) and role legitimacy (appropriateness to respond);
• identify core principles for the delivery of these programs

Hypothesis:
Role theory (Shaw et al. 1988) suggests that worker motivation and likelihood to respond to AOD issues is mediated by perceived sense of role adequacy (RA - confidence to respond) and role legitimacy (RL - appropriateness to respond). It was hypothesised that increases in a workers perceived role adequacy and legitimacy would enhance workers' willingness to respond to AOD concerns, and, this would translate in the provision of a greater frequency of AOD-related interventions (i.e. conversations, brief interventions, referrals to AOD treatment).

Method & design:
Principles from knowledge implementation research emphasises evidence, context and facilitation as key elements to achieve successful implementation of practice innovation (Kitson, Harvey, & McCormack, 1998). These principles underpinned the design of the Logan Alcohol and Other Drug Community Capacity Building Initiative (LAOD-CCBI).
The program comprised two half-day workshop modules focussing on introductory AOD knowledge and skills for the provision of screening, brief intervention and referral. These workshops were tailored to the relevant needs of each NGO in response to data gathered from a range of pre-workshop training needs assessment activities. Workshops were then delivered ‘in-house’ with NGO’s across the Logan community.

Wilcoxon Signed-Ranks tests were used to calculate median post-test ranks obtained a 3-month follow-up. Rosenthal’s r were used to calculate effect size.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Evidence</th>
<th>Context</th>
<th>Facilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use of AOD practitioner expertise and experience in development</td>
<td>Pre workshop interviews with key service informants</td>
<td>Flexible, tailored approaches and adaptable</td>
</tr>
<tr>
<td></td>
<td>Use of codified and non-codified sources, including local knowledge</td>
<td>Pre workshop training needs analysis to gather information on local needs and challenges</td>
<td>Experienced clinicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workshop content tailored to specific service needs</td>
<td>Leverage of internal facilitation (pre-existing knowledge &amp; examples of practice)</td>
</tr>
</tbody>
</table>

Measures:
A mixed measures self-report questionnaire was administered prior to the commencement of training activity. The survey comprised scales from the National Centre for Training on Addictions (NCETA) Work Practices Questionnaire (WPQ, 2004). This scale measured role theory concepts inclusive of role adequacy and legitimacy and worker perceived sense of motivation and reward in responding to AOD issues. To measure AOD-related interventions self-reported levels of activity during the three-months prior to training were obtained. The survey was repeated at three months post completion of the workshop. The follow-up survey also captured qualitative data on the elements of the training considered to be of most value and examples of implementation and/or implementation barriers. The response rate at follow-up was approximately 30% (n=82).

Capacity of Generalist Non-Government workers in and Other Drug Harm

Wyndy1 and Kelli Watkins1

Services ‘Research and Learning Network, Metro South Addictions and Mental Health Service

Case Study: A Worker’s story
Our service received training which included prescription medication use issues as we had an idea it was a problem for many of our clients. I was able to use what I had learned during the workshop soon after to help a man in his sixties in understanding that his codeine use might be causing some of his stomach issues. After several talks, and being able to give him reading material from sources mentioned in the training, he spoke to his G.P. who ruled out other causes, and is now helping my client to reduce his codeine intake.

Results:
Between June 2016 and May 2017, 22 NGO agencies in the Logan region, comprising a combined workforce of n=282 participants, completed AOD training workshops provided via the LAOD-CCBI

There were statistically significant differences on all variables except for Referral. Furthermore, workers reported a greater role adequacy role legitimacy and motivation. Small changes related to raising AOD issues and conducting a brief intervention were also noted. A small but significant effect was found for increased frequency of conversations and brief interventions related to AOD being conducted with individuals between baseline and follow-up. No substantial increase was found for rates of referral to AOD treatment services

Qualitative feedback indicated that participants valued the following three components of the program:
1) quality of facilitation, 2) relevancy of content to work role, and 3) the perceived utility of tools and strategies.
Workers also noted an increase in frequency of ‘awareness raising conversations’ with individuals around their AOD use when the pattern of use was more of a mild to moderate nature. These conversations frequently resulted in some level of behaviour change

Limitations in this project include the low response rate (29%) to the follow-up survey and the potential for self-selection bias

Conclusion:
Utilising a flexible and tailored approach, underpinned by principles from the implementation literature, the LAOD-CCBI produced significant training outcomes with the NGO workforce in Logan in relation to changes in perceived sense of role adequacy and role legitimacy. These results were associated with a positive mediating effect on worker reported perceived utility of tools and strategies.

References:

Acknowledgements:
The research team would like to acknowledge the participation and cooperation of the non-government organisation partners for their support of this research project.
For further correspondence: Mr James Hoey, james.hoey@health.qld.gov.au
**LIGHTNING INTERVIEW**

**TODD SELLWOOD**

**ACTING TEAM LEADER BAYSIDE ALCOHOL AND DRUG SERVICE**

**What are you currently studying?**

I’m currently studying a Master of Nursing: Management and Leadership at James Cook University.

**Why did you choose that qualification?**

To provide me with practical support for my role as acting Team Leader and better understand the theories that underpin effective leadership.

**How do you make time for postgraduate study, work and home life?**

Balancing study, work and home-life to ensure that I’m performing effectively in all areas takes time, considerable effort, being resourceful around task allocation and, ultimately, positivity. Having an understanding Director (and wife) is paramount and ensuring that Professional Development leave is taken strategically (around assessment due dates!).

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

I believe my studies in Leadership and Management affords me with the knowledge that underpins effective management and (hopefully!!) lead my team into a successful periodic review and beyond. It also provides me with the valuable tools to conduct research and introduce meaningful, evidence based change into service provision.

**What are you currently researching?**

The outcomes of participation in an Alcohol Recovery Group on Mental Health, Physical Health and Quality of life. Two other research proposals are in development phase and are:

1. Mild to moderate alcohol use on surgical outcomes; and
2. Impact of Transition to Practice on Addiction and other Drug Knowledge Base

**Where do you see yourself in 5 years?**

Ideally, retired and drinking a daiquiri in Mozambique. But if that fails, I would like to think that I would have secured a permanent No7 position and am leading a team of positive, engaged and enthusiastic clinicians.

**What are you really really good at?**

I think (and others may contest this belief!!) that I am pretty good at pulling together teams. I am passionate about collaborating with other specialties and non-government organisations (NGOs) as I believe that those partnerships are essential for future service success.

“I think that research drives meaningful change to practice and can improve quality outcomes in patient care by transforming care through engaged and enabled clinicians.”

---

**THE EVALUATION OF REHABILITATION ORIENTED LANGUAGE IN THE DOCUMENTATION OF CASE MANAGERS IN A MENTAL HEALTH MOBILE INTENSIVE REHABILITATION TEAM (ROLE)**

**Dr Veronica De Monte**, Dr Marianne Wyder, Associate Professor Dan Siskind, Dr Frances Dark, Prof Steve Kiseley, Dr Carla Meurk

1. Mobile Intensive Rehabilitation Team, MSAMHS Rehabilitation Academic Clinical Unit
2. Research and Learning Network, MSAMHS
3. MSAMHS Rehabilitation Academic Clinical Unit
4. Metro South Addictions and Mental Health Services
5. Queensland Centre for Mental Health Research, University of Queensland

**Background**

Rehabilitation refers to the development of skills and supports needed for a person to recover from illness and achieve one’s goals. It focuses on increasing ability and building on a person’s strengths.1 The Mobile Intensive Rehabilitation Team (MIRT) at Princess Alexandra Hospital provides intensive rehabilitation focussed care for people with severe mental illnesses who have recovery goals. By providing this additional support to the consumers, clients who engage with MIRT have been shown to have fewer hospital admissions in the year after referral. This accords with international studies showing that rehabilitation focussed interventions have significant economic advantages.2-3 However, rehabilitation is often not adequately reflected in the language used in the documentation of interventions, such as recovery plans, reviews, progress notes etc. Including such information is important, because the type of language used in documentation has been shown to be a significant mediator of behaviour and the recovery process. Rehabilitation focussed language promotes a sense of hope and empowerment, which in turn leads to more rehabilitation focussed behaviour by both clinicians and consumers and therefore better outcomes4.

Given the importance of rehabilitation focussed interventions and language in mental health service delivery, the main aim of this research is to increase the use of rehabilitation focussed interventions and language by case managers in MIRT by implementing a two-stage intervention. Stage 1 involves the provision of group training to MIRT case managers in rehabilitation and formulation principles, as well as rehabilitation focussed language in the documentation of each consumers 91-day review – the Consumer Care Review Summary and Plan. Stage 2 offers this training to case managers one on one. It is hypothesised that following delivery of the intervention, Consumer Care Review Summary and Plans will show an increase in rates of rehabilitation focussed words and phrases and a decreased rate of negative, discriminatory or pejorative words and phrases.

**Implementation**

With the encouragement and assistance of the Director of the Rehabilitation Academic Clinic Unit, Dr Frances Dark (pictured), the research team has developed a manualised program to enhance clinicians’ ability to identify and use rehabilitation focused language in their documentation. Stage 1 of training has been completed, with an in-service presentation to nine clinicians, the MIRT Team Leader, consultant psychiatrist and psychiatry registrar as a group. Stage 2 has now commenced, with clinicians receiving individual instruction over the next two months. Once all clinicians have received individual training, approximately N=90 Consumer Care Review Summary and Plans (nine participants x approximately ten (records) will be compared pre- and post on number of positive, rehabilitation-oriented, terms and phrases, number of negative, discriminatory or pejorative terms and phrases, and number of unique words. In addition to increasing the clinician’s awareness of rehabilitation-oriented language, this project is significant in that it will develop a manualised program to facilitate training of clinicians in rehabilitation focussed language. It will also develop a method to objectively identify and evaluate the use of rehabilitation-focused language in clinician’s documentation.

**References**

The Queensland Transcultural Mental Health Centre is currently doing research which aims to explore clients’ experience in a culturally tailored depression self-management program, professionals’ experience delivering the program and the impact on the client’s/ participant’s level of depression.

The Depression and Self-Management Program was originally developed in 2007 (it was then known as “The Transcultural approach to Honouring the Mind and Body Project”). The program was funded from 2007-2011 through the Queensland Strategy for Chronic Disease via the Mental Health, Alcohol and other Drugs Directorate and was managed by the Queensland Transcultural Mental Health Centre. The program was developed in response to the evidence indicating CALD populations have a higher prevalence of depression, are at greater risk of experiencing poor health, and are less likely to receive treatment for depression or adequate care when treatment is available (Lamb et al., Algeria et al., 2008).

Australia is home to many culturally and linguistically diverse, 26% of its population is born overseas, 21 % speak a language other than English at home. (ABS, 2016) Due to the high numbers of CALD people in Australia’s population as well as the projected rise of mental illness, there is a need to deliver evidence based, culturally responsive mental health care.

The program aimed to overcome access barriers for CALD clients through the use of bicultural mental health clinicians /facilitators from the same cultural/language background or through delivery of the program by a transcultural mental health clinician with the assistance of an interpreter for approximately six sessions. The program is based upon Cognitive Behavioural Therapy (CBT) and Social Learning Theory. Facilitators/ Bicultural Mental Health clinicians and participant manuals were developed to assist delivery of the program in the following languages: English, Spanish, Arabic, Vietnamese, Chinese, Bosnian, Samoan, Italian and Tagalog.

The current program, The Depression and Self-Management Program (as it was renamed), was recommenced on a smaller scale in June 2014 using the same content and manuals that were previously developed.

To answer the research question both qualitative and quantitative methods will be utilised. The qualitative component will explore participant’s experiences of the program through analysis of in depth and semi structured client interviews. Key discussion areas include the impact of culture on the client’s experience of the program, the impact of the program on their level of depression, program resources, and questions exploring other modes of delivery of the program in the future.

The quantitative component of the research will analyse pre- and post-data from participants of the program, to determine the program’s effectiveness for improving depressive symptoms and quality of life. Since the recommencement of the program in 2014, it has been delivered to approximately 30 individuals and has been delivered by nine Bicultural/Transcultural Mental Health Clinicians.

All clients who have participated in the program have completed the nine item patient health questionnaire (PHQ-9), which is used to monitor the severity of depression and the response to treatment (Kroenke, Spitzer and Williams, 2001). Additionally, subjective health status is assessed using a single item from the World Health Organisation Quality of Life Questionnaire (WHOQOL) (Skevington, Lofty O’Connell and WHOQOL Group, 2004).

The research will enable The Queensland Transcultural Mental Health Centre to explore the future sustainability of the program, ways of increasing reach/access to the program for CALD populations and to make a contribution to the evidence base of effective interventions for CALD clients experiencing depression.

The qualitative research also involves analysis of interviews with facilitators of the program/ bicultural mental health clinicians to explore their experiences of delivering the program.”

References
### RESEARCH ADVISORY COMMITTEE

**Professor Steve Kisely, Director of Research**

The Metro South Addiction and Mental Health Service (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.

All research proposals throughout MSaMHS must receive approval by the RAC before progressing to Metro South Health Ethics and Governance Committees for their consideration and approval. The RAC have reviewed almost 40 proposals from 1 January 2017 to 30 June 2018 supporting researchers with their specific research methodology and appropriateness of research initiatives at MSaMHS and helping them address management and sustainability of research as well as assisting with the ethics and governance processes.

The most common advice RAC members are asked for, is around statistical methods. The most common feedback they provide is to “keep the study relevant and focussed” and remember to have a clear analysis plan. Try to avoid having too much of a burden on participants and to be mindful of the amount or complexity of measures being offered to consumers.

The most important advice our committee thought that researchers needed to know is that “Research needs to be done well, so we don’t waste the consumers time” Researchers need to have a clear research question and an idea of how they are going to do qualitative and quantitative analysis. Research needs to be meaningful for the work that researchers are doing, whether it’s confirming that something they are providing is effective, or looking at new options of how they are going to do qualitative and quantitative analysis.

Research needs to be meaningful for the work that researchers are doing, whether it’s confirming that something they are providing is effective, or looking at new options for the work area. If it has value and meaning in the work area for the staff involved and the consumers participating, the likelihood of positive engagement is higher.

Members of the RAC felt that the committee is vital to improve the rigour of MSaMHS research, that the advice and support of the committee helps to avoid the pitfalls with early advice before the research starts. Research is hard, especially knowing about statistics and design in a busy workplace. The committee members bring a wealth of expertise in these areas to mentor new researchers so that they can have a positive experience with research and want to do more of it.

We asked the committee why they were members of the RAC, they believe that research can improve high quality clinical care for the consumers, to avoid the pitfalls that comes with research and provide mentorship. One member said that the evidence base for interventions doesn’t include our consumer group and they want to help drive research as being part of what we do in as many ways as possible.

On the RAC committee there are psychiatrists, psychologists, social workers, consumer representatives, university representatives. The benefits of having university representation, is that we create clinical academic relationships. The university brings vast research experience, the relationship fosters collaborations and the link has opened opportunities in MSaMHS for great innovations, like presenting research ideas to university students to have them come onboard and work on projects with us. It also allows us to tap into the expertise that is held in this environment. The benefit of having consumer representation on the committee, ensures that research meets the needs of the consumers and is ethically approached. It keeps the research patient-focussed and it’s important that the consumers have a voice on how any research we may be looking at completing may impact on them. We asked why diversity is so important; diversity helps us to think outside the square and notice things that otherwise could have been missed. A diversity of opinion can help to improve our research rigour and our population in MSaMHS is reflected in that diversity.

### LEARNING AND DEVELOPMENT COMMITTEE

**Loretta Warburton, Education Manager**

The Learning Development Committee (LDC) provides strategic advice on Metro South Addiction and Mental Health Services (MSaMHS) learning development and education initiatives, including partnerships with education institutions and research translation, in order to facilitate systemic benefit. LDC membership includes representation from all facets of the workforce ensuring a comprehensive and inclusive approach.

The LDC works in collaboration with the Research Advisory Committee and the Therapies Oversight Committee to ensure a comprehensive and integrated approach to research, education and clinical excellence.

Key focus areas of the LDC in the last 12 months has been to:

- Develop an endorsed learning pathway for all MSaMHS employees to facilitate consistency, access and streamlined learning
- Develop systems which capture and promote scholarships and learning opportunities

Working with representatives from all levels and sectors of the organisation, the LDC is progressing work on developing the MSaMHS Organisational Learning Framework that aims to provide a strategic approach to learning and to ensure clarity and consistency in how education and development is supported in MSaMHS.

"I think it’s important to have members on the committee that have a positive and realistic understanding of MSAMHS as an organisation. Developing a comprehensive whole of service learning and development framework might be a giant task, but it’s very exciting to be a part of the process.” Maxine Waldburger

“I think the LDC plays a vital role in providing strategic guidance to the organisation by identifying learning needs of staff and providing recommendations to optimise their learning experience and outcome. Bhavin Rai“
Cognitive therapies

In order to ensure that recommendations were based on available evidence aimed to benefit consumers and carers, the TOC, through collaboration and shared leadership with practitioners across the MSaMHS, prioritised the delivery of therapeutic interventions and innovations according to the following pillars of psychosocial therapies.

1. Family and Carer Practice
2. Physical Health and Wellbeing
3. Trauma-informed Practice
4. Cognitive Therapies

In 2017, the TOC supported local leaders and specific programs by combining evidence-informed practice, a commitment to developing and maintaining workforce therapy capabilities and evaluation and research. Some examples of these MSaMHS-wide initiatives included:

- In partnership with The Bouverie Centre, Victoria, Single Session Family Consultation (SSFC) and Single Session Work (SSW) has resulted in the establishment and ongoing supervision of SSFC practice leaders from various professions and SSW training and support for acute care teams across the service.
- Family Connections Program for carers and family members of people diagnosed with Borderline Personality Disorder, has been implemented in partnership with Family Connections Australia. This included hosting the national training for approximately 100 Family Connections facilitators from around Australia, at the Princess Alexandra Hospital.
- Motivational Interviewing for Psychosis training, delivered to clinical staff and members of the peer workforce according to matched therapy capability levels, for both practice-informed and supervisor levels.
- Hearing Voices programs, training and support for the Hearing Voices champions across the service.
- Drumming Groups across all inpatient units led by leisure therapy and recreation.
- Physical health programs, including student-resourced clinics (Working on Wellness Programs), Healthy Eating in Supported Accommodation Project (community nutritionists), and access to Exercise Physiology services across multiple sites and Academic Clinic Units.
- Smoking Cessation Program led by the self-funded Smoking Cessation Project Officers and 40 champions across each site, achieved targets for community mental health consumer identification and pathway commencement for smoking cessation programs.
- Trauma-informed practice strategies for psychologists, initiated and led by the Psychology professional leaders, will be a cornerstone for broader engagement in 2018.

In addition, workforce mapping using the Therapy Capability Framework, was applied across various Academic Clinical Units to guide managers, practitioners and clinical leaders in the design and maintenance of specific therapeutic approaches, for example; Family Carer Practice, Motivational Interviewing, Cognitive Remediation Therapy and Social Cognition and Interaction Training.

WORKING COLLABORATIVELY TO EVALUATE THE EFFECTIVENESS OF PROGRAMS AND SERVICE DEVELOPMENT INITIATIVES IS AN EXCITING AND VERY REWARDING PART OF MY ROLE HERE AT MSAMHS. IT IS A PRIVILEGE TO BE PART OF THE FAMILY INCLUSIVE PRACTICE WORKING GROUP AND ACTIVELY ENGAGE WITH MULTI-DISCIPLINARY COLLEAGUES TO IMPROVE OUTCOMES FOR CONSUMERS AND THEIR FAMILIES.”

ENHANCING FAMILY AND CARER INCLUSION

Cathy Renkin, Social Worker KOPMI Program Coordinator

My name is Cathy Renkin. I am a Social Worker and KOPMI (Kids of Parents living with Mental Illness) Program Co-ordinator for Metro South Addiction and Mental Health Services (MSAMHS). I currently sit within Resource and Access Services Academic Clinical Unity (RAS ACU) in the Recovery, Resource and Partnership team. As part of my role I provide training and leadership for improving engagement with families, as well as implementation of evidenced based programs and services for promoting recovery and wellbeing. A key focus within my role is providing support and skills development for parents who live with mental illness, so they can promote the mental health and wellbeing of their children and the whole family.

There are a number of projects that I am working on currently with colleagues on the MSAMHS Family Inclusive Practice Working Group:

Evaluation of the implementation of a Family and Carer Capability and Practice Framework

This framework has been developed as part of a service-wide priority to enhance service engagement with consumers, carers and families as partners in recovery. We have included an evaluation plan to assess the service-wide impact and outcomes of implementation of the framework. We are employing a range of measures to identify impacts on policy and models of care, staff capability, family and carer engagement in service development and inclusion of family members in clinical care.

Family focused practice – Mapping of current practice/programs against evidence and best practice standards

Connection was made with Griffith University through a “Meet and Mingle” event in 2017. This has led to collaboration between academics, MSAMHS Research Fellow and clinical staff to support a Social Work Honour’s student, undertaking a research project exploring family inclusive practice. The student has completed a literature review and collected data, from staff across MSAMHS, to identify the currently provided mental health service practice/programs, that include a focus on carers and families. The student is currently analysing data collected and the expected completion date is late 2018.

Single Session Family Consultation (SSFC) Implementation

Over the past two years a number of MSAMHS staff from across teams, sites and disciplines, have undertaken training and been provided implementation support to introduce SSFC into their practice. SSFC is an approach to family work in mental health informed by Single Session Therapy. The aim is to address issues of concern to the consumer and family, so they are more supported and able to work together to promote recovery goals set by the consumer. The process used in SSFC assists staff, consumer and family to get the most out of each family consultation, by actively planning and convening a structured family meeting. We aim to utilise this data of staff experience of training, supervision and providing SSFC to inform further implementation of this family inclusive approach to mental health practice.
EDUCATION AND TRAINING TO PROVIDE RECOVERY ORIENTATED CARE
Anne Steginga, Deputy Director Psychosis Academic Clinical Unit

The Psychosis Academic Clinical Unit (ACU) has progressed with the implementation of a model of care aligned with the MSAMHS service aim for the provision of specific programs that will provide accessible, high quality care for consumers and carers across the district. A clinical specialty model of service delivery allows for the mental health service to provide coordinated treatment options to consumers that are evidenced based and be responsive to the community needs. Given this, the Psychosis ACU has hosted a series of staff training workshops based on the provision of evidenced based services to equip clinicians with the skills and knowledge they need to effectively work alongside consumers and carers to ensure that MSAMHS in conjunction with General Practitioners, other Primary Care Services and Non-Government Organisations provide recovery-orientated care.

The Psychosis ACU in partnership with MSAMHS Therapies has sponsored a series of training sessions on therapies identified as evidenced based in the delivery of care in psychosis and have aligned the training to the stages of the Therapy Capability Framework. Motivational Interview training was facilitated by Dr Stan Steindl, a Clinical Consultant and Adjunct Senior Lecturer at The School of Psychology, The University of Queensland. This education has provided the psychosis clinicians with an introduction on Motivational interviewing for Psychosis and advanced training and supervisor skills for clinicians to utilise in their clinical practice. Additionally, Dr Steindl has also been engaged to provide ongoing supervision for staff to assist in skill development and application within the care delivery environment. We were excited to sponsor Mr Peter Bullimore. Peter is a voice hearer who spent ten years as a psychiatric patient enduring many bouts of severe paranoia. He delivers teaching on hearing voices and paranoia internationally. He also teaches on the COPE initiative (Collaboration on Psychosocial Education) at Manchester University and currently undertakes a research post at the university looking at a collaborative working between voluntary sector organisations and the university, he is also undertaking research into what recovery means from a service user’s perspective.

Peter has delivered training on Understanding and Working with Voices, how to use the Maastricht Interview for Problematic Thoughts Beliefs, Starting and Sustaining Hearing Voices and Paranoia Support Groups. The training assists staff to gain a better insight into the voice hearing experience and learn effective ways to help people understand their voice hearing and how to live fulfilling lives. The Maastricht problematic thoughts, beliefs and paranoia interview training assists clinicians with how to talk to a voice hearer about his/her experiences and explore strategies that enhance the voice hearer’s control over their experiences. Lastly, Peter provided valuable insights on how to establish a support group for voice hearing and paranoia, understanding the challenges and rewards of running such groups.

Motivational interviewing is an integral part of my practice as a clinician. It enhances the need to listen to the client and look for change talk and then formulate care for the client, by the client, the way the client sees the client and look for change talk and then formulate care for the client, by the client, the way the client sees it and genuinely benefits from it.

The training was excellent. I will and have utilised the skills I gained in everyday practice. Working with consumers with mental illnesses, there is always something to be done re motivating people to make lifestyle changes, no matter how small. It’s quite empowering to assist people along the readiness for change continuum. Great insight for own motivation towards improved health behaviours.

This training ticked all the boxes. It was interesting, relevant, comprehensive, innovative and practical. I will continue to practice and improve my MI skills when its applied in the delivery of the Working On Wellness Clinic WOW! As well, I utilise these principles in my conversations with staff (in supervision) when talking with more clinical staff and reminding them that it is possible to work with difficult and complex clients.

I found the training very helpful and practical. I have been able to use the techniques we practised daily in my practice.

Motivational interviewing is an integral part of my practice as a clinician. It enhances the need to listen to the client and look for change talk and then formulate care for the client, by the client, the way the client sees it and genuinely benefits from it.

I found the advanced MI training to be fantastic. The presenter was engaging, sophisticated and encouraged practical role playing to practice new skill development. I was very impressed and learnt a lot.

What did participants say about the Motivational Interviewing (MI) training workshops?

The MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

I found the MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

I found the MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

The MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

I found the MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

The MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.

The MI training was excellent – it increased my knowledge and skills, improved my ability and increased my confidence to continue using MI in daily practice. The training provided lots of opportunities for practical exercises to further develop core skills. A particular take-home for me was the compassion meditation exercise which was a great reminder of the importance of compassion – particularly when working with difficult and complex clients.
Throughout the year, the Research and Learning Network has assisted Metro South Addiction and Mental Health Services (MSaMHS) to realise numerous initiatives through the provision of:

- Research seminars and education
- Mentoring and project support from our Senior Research Fellow
- Connection with university partners
- Support in navigating the research ethics and governance process from our Research Project Coordinator
- Guides and templates on research processes
- Showcasing MSaMHS research initiatives at Symposium and publications
- Research seminars and education Services (MSaMHS) to realise numerous initiatives through the provision of:

  - Transition Support Program (Psychosis and Physical Risk sessions)
  - Speaking Up For Safety
  - Person Centred Care
  - MHFA for Gambling Problems
  - Clinical Supervision
  - MHFA Standard
  - Transition Support Program (Psychosis and Physical Risk sessions)

In the learning space, the Research and Learning Network has been very active in supporting service-wide education projects. In 2017, the Research and Learning Network brought together staff to participate in more than 100 education sessions and workshops within the service including Data Mining for Research, Foundation and advanced courses in Motivational Interviewing, Hearing Voices and Person Centred Care training.

MSaMHS is recognised throughout the state for its expertise in several areas, the Research and Learning Network plays an important role in facilitating access to education for both internal and external participants. In the last year MSaMHS has delivered Electroconvulsive Therapy training for its medical and nursing staff which has also included participants from Mackay, Rockhampton and private facilities in Brisbane. We assisted the facilitation of several full day training and half day refresher training workshops. Congratulations to our two Psychiatrist subject matter experts, Drs Suneel Chamoli and David Lie, who received excellent feedback on the value of this training across mental health services in Queensland.

The Research and Learning Network utilises Articulate software to facilitate online course development. This software provides opportunities for us to create education packages with professional polish, as well as access to huge array of high resolution images. We have successfully met a number of challenges including improving on our service’s mandatory training compliance by the development of an online Child Safety Self-Assessment of Capability module, this has been well received and has been shared with QEII Hospital for their staff to use.

The development of bespoke online learning content for MSaMHS featured highly on the Research and Learning Network’s list of achievements this year. Working with subject matter experts from throughout our service, the Research and Learning Network has developed online courses including:

- Orientation to the Service, Nursing, and Administration
- Ventrolgutal Injection Site Theory Module
- Sensory Approaches
- Speaking Up For Safety
- Understanding and Actioning Position Occupancy Reports
- Single Session Therapy for Acute Services – online
- Child Safety Self-Assessment of Capability

Delivery of education services is an important component of the role the Research and Learning Network. This is evidenced through the education provided by David Baker as Nurse Educator and Diane Tarrant, Clinical Nurse Consultant. Between them, Dave and Di deliver a range of education workshops for MSaMHS and the broader MSHHS including:

- Clinical Supervision
- MHFA Standard
- MHFA for Gambling Problems
- Person Centred Care
- Speaking Up For Safety
- Transition Support Program (Psychosis and Physical Risk sessions)

Although I miss providing direct care, I find great satisfaction in being part of a team which integrates research and learning into practice and invests heavily in professional development of staff and quality improvement of service delivery.”

David Baker

Research capability development and support is fundamental to the role of the Research and Learning Network. Researchers are supported by Jacki Higginbottom, the Acting Research Project Coordinator and Dr Marianne Wyder, the Senior Research Fellow.

Marianne’s role is to support clinicians in undertaking research and to enhance the research capacity in the services. She has been working alongside clinicians on a variety of practice based issues to find ways to embed research into practice. The projects, topics and methodologies range from data mining to more complex process evaluations. The projects and topics are varied and include program evaluations such as the Just Right State or DBT-A for adolescents as well as more complex process evaluations of initiatives such as Zero Suicide, the Allied Health Clinic or the introduction of the DABIT team and ward 2C. She is also involved in several data mining projects to answer clinical questions.

Over the past year she been collaborating with colleagues from several universities on practice based issues. As part of this work she has co-supervised two social work honour students who worked on MSaMHS projects.

Marianne is also facilitating a writing group she calls “Shut up and Write”. This group is designed to guide attendees through the process of writing an article for publication. They are a mixture of educational sessions, as well as hands on practice on writing the article. Over the next year she will deliver workshops around Qualitative Data Analysis and Critical Journal Appraisal.

“Research & Learning Network Team

Angela Bryant, Dianne Tarrant, Loretta Warburton, Megan Atwater, Jacki Higginbottom, David Baker & Marianne Wyder 2017/18

My work in the Research and Learning Network is a job that challenges and inspires me to access the principles and ideologies I gained while undertaking my Masters of Health Science. I use an evidence based approach to the education I provide, to ensure my work is well informed and aligned with best practice principles.

Dianne Tarrant
The lived experience workforce has never been more important in ensuring the delivery of high quality services to our consumers, carers and families across the Metro South Addiction and Mental Health Services (MSAMHS) catchment. As such the Social Inclusion and Recovery Team have been very active in the promotion and research of the lived experience perspective. Involvement in research is a priority area of the MSAMHS Strategic Plan, we have several topics that have been finalised and others in the planning for presentation in the coming year. Our team is proud to be working alongside our research partners including Marianne Wyder (Research Fellow, MSAMHS) and Carolyn Ehrlich (Associate Professor, Disability and Rehabilitation, The Hopkins Centre: Research for Rehabilitation and Resilience, Menzies Health Institute Queensland, Griffith University) on a range of research papers that relate to the lived experience perspective and workforce issues. Recent and current research includes:


Ethnographic Diaries – compiling examples of peer engagement with consumers within the MSAMHS Community Care Units, describing how the peer support roles support the person’s rehabilitation throughout their recovery journey.

Development of Peer Support Worker roles – detailing how the roles were developed and highlighting the processes involved, including recruitment, induction and orientation, training requirements, integration alongside a clinical team and supervision models. Lived experience leadership roles – reflections on the development of the Director and Team Leader roles within the Social Inclusion and Recovery Team.

Under the auspice of the South Queensland Mental Health Alcohol and Other Drugs Clinical Cluster, MSAMHS has hosted the Queensland Consumer and Carer Workforce Network (CCWN) meetings since 2013. Following ongoing discussions with the Mental Health Alcohol and Other Drugs Branch, they have recently formalised their commitment to this Network and announced support into the future will include ongoing annual forums and monthly meetings, as well as resourcing and supporting the operations of the Network. Activities of the CCWN have included:

- August 2017 – CCWN Annual Workshop – bringing together strategic lived experience workforce positions (36) from Hospital and Health Services together for the first time in five years to discuss the future development of the consumer, carer, peer agenda within mental health and addiction services across Queensland.
- May 2018 – Statewide Peer Workforce Training Day – Professional development and training opportunity for the lived experience workforce (Consumer Companions, Peer Support Workers, Peer Supervisors, Consumer and/or Carer Consultants, Team Leaders and Directors) focusing issues that specifically relate to the role of a lived experience worker, including sharing your story, boundaries, supervision, training and self-care.
- May 2018 – CCWN Annual Forum – progress of the work that commenced in August 2017 and the development of a set of recommendations to the MHAOD Branch around resourcing and supporting the lived experience workforce.

The Social Inclusion and Recovery Team have been very active in the promotion and research of the lived experience perspective.

Some of our services strengths identified were:

- Care Coordination
- Patient directed visitation
- Consistent caregivers
- Balance of safety with dignity and independence
- Patient and family involved in care/ treatment plans
- Personalised environment
- Restraint/seclusion reduction efforts
- Activities based on patient preference
- Person-centred care goals/objectives
- Reduction of barriers (reception/nurses stations)
- Common spaces promote privacy and socialisation
- Quality, safety, satisfaction data collected and used

Since the site visit MSAMHS has been focusing on the roll out of the new experiential learning program about person-centred care. We already provide great person-centred care everyday however this program is an opportunity to reflect on what it really means to have compassion and empathy in health care.

The program comprises a short online module and a face-to-face workshop. The program is designed so that you can immerse yourself in real-life experiences to help you walk in the shoes of a patient; find out why person-centred care is so important for patients and for yourself as well as discovering how to overcome barriers in providing person-centred care, such as burnout.

Currently more than 53% of our staff have completed the experiential workshop online.
LIGHTNING INTERVIEW
LUKE ROBERTS
OCCUPATIONAL THERAPIST

What are you currently studying?
Master of Mental health – psychotherapy stream

Why did you choose that qualification?
To gain exposure to a wide range of theories and evidenced based therapies that can be applied in assisting those admitted to the mental health unit.

How do you make time for postgraduate study, work and home life?
The first semester is the most difficult as many ingrained routines are disrupted and life is busy. I find myself preparing for assignments or reading journal papers in between watching my children at weekend sport. It’s something I’m learning to manage more effectively as each semester goes by.

How do you think study will make an impact on the work you do at MSAMHS?
I can already see the benefits in my work. Undertaking further study after years of clinical experience has allowed me to think critically about some of the problems that have been tough to solve in Adult Acute Psychiatric Unit (AAPU). Taking the time for reflective practice and searching for evidenced based literature to understand my clinical experiences will hopefully allow me to more effectively solve complex problems in the future.

What are you currently researching?
The ethical decision-making process and how this then affects the choice of a therapeutic approach taken in AAPU. I would like to understand this thinking process and the supporting research as I attempt to introduce new ideas into AAPU. I’m also interested in how we can build connection with patients quickly and then work as a team to introduce the right therapy approach at the right time.

What would you say to work colleagues to motivate them to get involved in research?
Pick something that interests you. I’m really only at the beginning of this journey and already realise the importance of having something that motivates me to get through.

Where do you see yourself in 5 years?
Hopefully finished my masters course! Beyond that I hope to be using a wider range of evidence based therapeutic approaches collaboratively with other disciplines to solve complex problems and if able, attempt to capture this work using the most appropriate research design.

What are you really really good at?
Getting out onto the ward and building connections with patients. I also feel I’m getting better at thinking creatively about complex problems and working with others to solve such problems. A large component of my role is supervising and collaborating with OT students on placement in AAPU. I try to cultivate a creative problem-solving approach with them and hope to extend this approach to be able to work with all staff in AAPU.

“I’m really only at the beginning of this journey and already realise the importance of having something that motivates me to get through.”
## STAFF ENROLMENT IN POST GRADUATE STUDY IN 2017-2018

<table>
<thead>
<tr>
<th>Doctor of Medicine (Research)</th>
<th>University</th>
<th>PhD Thesis Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Steve Kisely</td>
<td>University of Queensland</td>
<td>Investigating the complex relationships between physical and psychiatric disorder: A multi-method approach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor of Philosophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephanie Aziz</td>
</tr>
<tr>
<td>Dr Frances Dark</td>
</tr>
<tr>
<td>Dr Julianne Frater</td>
</tr>
<tr>
<td>Sarah Hamilton</td>
</tr>
<tr>
<td>Paul Hickey</td>
</tr>
<tr>
<td>Geoff Lau</td>
</tr>
<tr>
<td>Adam Lo</td>
</tr>
<tr>
<td>Dr Stephen Parker</td>
</tr>
<tr>
<td>Katherine Reid</td>
</tr>
<tr>
<td>Dr Shuichi Suetani</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fellow of RACMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Balaji Motamami</td>
</tr>
<tr>
<td>Renee Robertson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Clinical Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenna Irwin</td>
</tr>
<tr>
<td>Rachel Johnson</td>
</tr>
<tr>
<td>Lauren Spriggsens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lillian Flanagan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master in Healthcare Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanne Wild</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masters in Health Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Balaji Motamami</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masters in Health Service Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Subramanian Purushothaman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Nursing: Management and Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Todd Sellwood</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Nurse Practitioner Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebekah Monk</td>
</tr>
<tr>
<td>Lian Wu</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luke Roberts</td>
</tr>
<tr>
<td>Lian Wu</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Mental Health Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Downie</td>
</tr>
<tr>
<td>Inca Barnjak</td>
</tr>
<tr>
<td>Annalouise Tapera</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masters of Mental Health Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Baker</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Masters of Clinical Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Mistri</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master of Science</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manon Wathier</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BSc (Hons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Rogers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduate Certificate of Mental Health Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Reeman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graduate Diploma in Mental Health Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhumi Ganatra</td>
</tr>
</tbody>
</table>
**PHD SUPERVISION BY MSAMHS RESEARCH STAFF**

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Study Title &amp; University</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanuel Alemu Abajobir</td>
<td>Long-term health consequences of adverse pregnancy events/outcomes. A longitudinal study</td>
<td>Professor Steve Kisely</td>
</tr>
<tr>
<td>Sandra Diminic</td>
<td>Carer burden in Mental Health University of Queensland</td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Dr Tatjana Ewais</td>
<td>An RCT on mindfulness-based cognitive therapy for youth with inflammatory bowel disease and co-morbid depression</td>
<td>Professor Steve Kisely</td>
</tr>
<tr>
<td>Nicholas Myles</td>
<td>Investigating the possibility of clozapine rechallenge using granulocyte-colony stimulating factor (G-cSF) in people previously experiencing clozapine-induced neutropenia</td>
<td>Associate Professor Dan Siskind and Professor Steve Kisely</td>
</tr>
<tr>
<td>Dr Stephen Parker</td>
<td>What works for whom in residential psychiatric rehabilitation</td>
<td>Associate Professor Dan Siskind</td>
</tr>
<tr>
<td>Macarena San Martin Porter</td>
<td>Antenatal mental health: perinatal and offspring developmental outcomes.</td>
<td>Professor Steve Kisely</td>
</tr>
</tbody>
</table>
| Dr Nicola Warren | Dopamine dysregulation and substance abuse among people with Parkinson's Disease | Associate Professor Dan Siskind, Professor Steve Kisely and Dr Alex Lenn

<table>
<thead>
<tr>
<th>Honour Students</th>
<th>Study Title &amp; University</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte Bell</td>
<td>What is the Live Experience of Mental Health Inpatients in Acute Care Settings?</td>
<td>Dr Marianne Wyder and Associate Professor Carolyn Ehrlich</td>
</tr>
<tr>
<td>Elise Marr</td>
<td>Including Families in Our Care</td>
<td>Dr Marianne Wyder, Catherine Renkin and Dr Pat Dorsett</td>
</tr>
</tbody>
</table>

**DISSEMINATION ACTIVITIES**

**Journal Articles**


DeMel V, Kornman N, McArchie P, Siskind D. Weight gain correlated with decrease in clomazine/ N-desmethyl-clomazine ratio in a man with treatment refractory schizophrenia. Australas Psychiatry. 2018;in press


Hughes, J., Sheehan, M; Evans, J: Treatment and outcomes of patients presenting to an adult emergency department involuntarily with substance misuse, International Journal of Mental Health Nursing


Kisely, S. (2017). Involvement of patients in planning their future treatment may reduce compulsory admissions to hospital. Evidence-Based Mental Health, 20(1), 26.,


Wyder, M., Kisely, S., Meurk, C., Dietrich, J., Fawcett, T., Siskind, D., Robinson, G., Crompton, D. The language we use – the effect of writing mental health care plans in the first person; Australasian Psychiatry, Article first published online: May 14, 2018.


Conference Papers


Crompton, D. Are we closer to the Holy Grail? Brisbane 2017


<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Conference Title</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beckman, Martin</td>
<td>Child Mental Health provisions for children in out of home care – rural and remote Queensland Australia</td>
<td>World Psychiatric Association XVII World Congress of Psychiatry Berlin, 2017</td>
</tr>
<tr>
<td>Beckman, Martin</td>
<td>History of child &amp; adolescent psychiatry, trauma, attachment and behavioural difficulties</td>
<td>Pacific Medical Experts Conference Fiji, 2017</td>
</tr>
<tr>
<td>Beckman, Martin</td>
<td>Mindfulness Eating</td>
<td>Medical Student Camp Fiji, 2017</td>
</tr>
<tr>
<td>Bennett, Jennifer &amp; Harvey, Simone</td>
<td>Relfining a nurse led model for perinatal mental health.</td>
<td>International Nurses Day Brisbane, 2017</td>
</tr>
<tr>
<td>Bennett, Jennifer &amp; Harvey, Simone</td>
<td>Poster presentation: Improving perinatal mental health by Strengthening Links in Health care</td>
<td>Metro South community Nurses Forum Brisbane, 2017</td>
</tr>
<tr>
<td>Bennett, Jennifer &amp; Harvey, Simone</td>
<td>6th Annual Queensland Consultation Liaison Psychiatry symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Brown, Peggy, Groves, Aaron, Allan, John &amp; Kotze, Beth</td>
<td>A nurse-led model for perinatal mental health</td>
<td>Royal Australian and New Zealand College Psychiatrists Congress Auckland, 2019</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td>Community Implementation of Lifestyle Modification Interventions for People Recovering from Mental Illness</td>
<td>Addiction and Mental Health Research Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td>Collaborative physical health intervention for people recovering from mental illness</td>
<td>SIMPAQ consortium international investigator meeting Sydney, 2017</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td>Lifestyle interventions for people with mental illness</td>
<td>University of Queensland, School of Nursing, Midwifery and Social Work 2017 research week Brisbane, 2017</td>
</tr>
<tr>
<td>Cheong-Clinch, Carmen</td>
<td>A youth and trauma informed care in an acute adolescent inpatient facility</td>
<td>15th World Congress of Music Therapy Japan, 2017</td>
</tr>
<tr>
<td>Crompton, David</td>
<td>Welcome address</td>
<td>Addiction and Mental Health Research Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Crompton, David</td>
<td>A Most Unexpected Journey</td>
<td>Royal Australian and New Zealand College Psychiatrists Congress Adelaide, 2017</td>
</tr>
<tr>
<td>Crompton, David</td>
<td>Are we closer to the Holy Grail?</td>
<td>Translational Research Institute Australia Brisbane, 2017</td>
</tr>
<tr>
<td>Crompton, David</td>
<td>Chair for Addiction Mental Health session</td>
<td>Princess Alexandra Hospital Health Symposium Brisbane 2017</td>
</tr>
<tr>
<td>Dazzan P, Kisely S.</td>
<td>Academic psychiatry at home and abroad: what are my career options?</td>
<td>Royal College of Psychiatrists International Congress Edinburgh, 2017</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Cognitive remediation training</td>
<td>Jakarta Indonesia 2017</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Cognitive remediation training</td>
<td>Chennai India 2017</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Plenary session on Cognition and DSMIV</td>
<td>National Schizophrenia Conference Indonesia 2017</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Poster Candence SCIT randomised controlled trial</td>
<td>RANZCP Congress Auckland, 2018</td>
</tr>
<tr>
<td>Presentation Title</td>
<td>Conference Title</td>
<td>Location</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>From Little Things Big Things Grow: The implementation and dissemination of Cognitive remediation in Australia</td>
<td>Cognitive Remediation in Psychiatry meeting New York, 2018</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Cognitive remediation training</td>
<td>Annual Rehabilitation Forum Brisbane, 2018</td>
</tr>
<tr>
<td>Dark, Frances</td>
<td>Cognitive remediation training</td>
<td>Gales Community Care Unit Brisbane, 2018</td>
</tr>
<tr>
<td>Dekker, Berndette</td>
<td>Social Justice Application and Activation in Child and Youth Mental Health Service</td>
<td>Australian Association of Family Therapy (AAFT-Qld) 38th AAFT Conference Brisbane, 2017</td>
</tr>
<tr>
<td>Dekker, Berndette</td>
<td>Social Justice Application and Activation in Child and Youth Mental Health Setting</td>
<td>Family Therapy and Social Justice: Collapsing the divisions of inequality Adelaide, 2017</td>
</tr>
<tr>
<td>Ehrlich, Caroline</td>
<td>Consumer engagement in mental health research and service delivery</td>
<td>Addiction and Mental Health Research Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Femdale, Danielle</td>
<td>“MH issues affecting Deaf and HoH students”</td>
<td>Establishing MH First aide guidelines for the Deaf Community Brisbane, 2017</td>
</tr>
<tr>
<td>Frater, Julanne</td>
<td>Co-morbid drug and alcohol use in mental health consumers over 65 years of age in Queensland</td>
<td>Princess Alexandra Hospital Health Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Frater, Julanne</td>
<td>Functional, Factitious or Fabricated</td>
<td>Qld Statewide Consultation-Liaison Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Hahn, Lisa, Kisely, Steve; Suetani, Shuichi, Lappin, Julia; Siskind Dan</td>
<td>Schizophrenia and Physical Health – A Whole Body Experience</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress Adelaide, 2017</td>
</tr>
<tr>
<td>Haigh, Cameron</td>
<td>Sound Thinking: Developing a Neurologic Music Therapy cognitive skills training program in adult mental health</td>
<td>43rd Australian Music Therapy Association National Conference Brisbane, 2017</td>
</tr>
<tr>
<td>Hartley, Midge</td>
<td>Carer experience within the AOD field</td>
<td>Walk On the Wild Side 11 (WOWS) Symposium Brisbane, 2018</td>
</tr>
<tr>
<td>Harvey, Simone</td>
<td>An innovative community based nurse led model for perinatal mental health.</td>
<td>Australian Association of Nurse Practitioners Annual Conference Brisbane, 2017</td>
</tr>
<tr>
<td>Harvey, Simone</td>
<td>Trauma from intimate partner violence and potential effects during the perinatal period</td>
<td>Consultation Liaison and Perinatal and Infant Mental Health Ss Conference Brisbane, 2017</td>
</tr>
<tr>
<td>Hickey, Paul</td>
<td>Mental Health Social Workers Attitudes to The Use Of Standardised Assessments.</td>
<td>University of Queensland, School Of Nursing, Midwifery And Social Work 2017 Research Week Brisbane, 2017</td>
</tr>
<tr>
<td>Hopper, Linda</td>
<td>Building the Qld State-wide AOD Framework</td>
<td>The 2017 Australian Winter School Conference - Crossroads Brisbane 2017</td>
</tr>
<tr>
<td>Hopper, Linda</td>
<td>Addiction and Mental Health short stay unit – Logan Hospital 2C</td>
<td>Princess Alexandra Hospital Health Symposium Brisbane, 2017</td>
</tr>
<tr>
<td>Hopper, Linda</td>
<td>Alcohol and Other Drug Intervention and Management in the Workplace</td>
<td>Safety 1 Forum – Port of Brisbane Brisbane, 2017</td>
</tr>
<tr>
<td>Hopper, Linda</td>
<td>Local available intervention options - methamphetamine</td>
<td>Logan City ICE Roundtable Brisbane, 2017</td>
</tr>
<tr>
<td>Hopper, Linda</td>
<td>Welcome address</td>
<td>Clinical Forum – Advanced Health Directives – Mental Health Brisbane, 2018</td>
</tr>
<tr>
<td>Presentation Title</td>
<td>Conference Title</td>
<td>Location</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| Hipper, Linda 
Presentation and questions from the Senate Inquiry on behalf of MSAMHS    | Senate Inquiry – Drug Testing for Welfare recipients                            | Brisbane, 2018 |
| Hipper, Linda 
Intervention Methods and Harm Reduction                                    | Safe City Logan Symposium – Crystal methamphetamine                            | Brisbane, 2018 |
| Hipper, Linda 
Co-Convener and presenter on Outcomes in Medication Assisted Treatment     | Queensland AOD Sector Outcomes Framework Convention                             | Brisbane, 2018 |
| Ho, Raymond 
Family Therapy through the lens of “Black empowerment”                      | Australian Association of Family Therapy (AFT-QLD) 38th AFT Conference            | Adelaide, 2017 |
| Ho, Raymond 
Systematic Practice and the Black Empowerment                                | Australian Association of Family Therapy (AFT-QLD) 38th AFT Conference            | Adelaide, 2017 |
| Hore, James 
Working with the Community: Preliminary Findings and Lessons Gained from Working with the Non-Government Sector in Logan to Build Capacity to Respond to Alcohol and Drug Harm | The 2017 Australian Winter School Conference – Crossroads                        | Brisbane, 2017 |
| Kim, Hannah, Muller, Tony, Lim, Izak, Brick, Sarah, & Suetani, Shuichii. Power, Paranoia and Partnership | Annual Conference RANZCP                                                        | Auckland, 2018 |
| Kisely, Steve 
An introduction to conducting systematic reviews and meta-analyses            | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, Steve 
No mental health without oral health for people with severe mental illness     | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, S., Forbes, M., Sawyer, E. 
Characteristics and Management of Burning Mouth Syndrome: An Under-Recognised but Common Form of Medically Unexplained Orofacial Pain | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, S., Black, E., Alchinewicz K., Toombs M. 
Do Indigenous People Have Uniformly Higher Rates of Psychiatric Disorder and are there differences between Australia and New Zealand? | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, S., Abajobir A., Williams G., Clavertino A., Najman J. 
The Effect of Substantiated Childhood Maltreatment on Cannabis Use Disorders in Young Adulthood: A Cohort Study | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, S., Baghaie H., Forbes M., Sawyer E., Siskind D. 
A systematic review and meta-analysis of the association between poor oral health and substance use. | Royal Australian and New Zealand College of Psychiatrists Congress                | Adelaide, 2017 |
| Kisely, Steve 
The Use of Community Treatment Orders in Canada: Widespread but Largely Unmeasured and Unproven. | XXXVth International Congress on Law and Mental Health. | Prague, 2017 |
| Kisely, S. 
Variations in the Use and Predictors of Community Treatment Orders by Age and Gender Over Eleven Years. | XXXVth International Congress on Law and Mental Health. | Prague, 2017 |
| Kisely, S. 
Academic Freedom in a World of Impact Factors, Metrics, and Indexing – Lessons for Students, Trainees, Clinicians, and Academics | Royal College of Psychiatrists International Congress                            | Edinburgh, 2017 |
| Bowden M, Kisely S, Silatolu A, Qaloew S. 
Clinical research capacity building.                                                | Creating Futures Conference.                                                     | Suva, 2017 |
| Waters B, Kisely S, Sen S, Tuni S. 
Somatoform disorders.                                                               | Creating Futures Conference.                                                     | Suva, 2017 |
| Kisely S, Waters B, Gopalakrishnan N, Nasorovakawala M, Koroivski E. 
AXIS II: Being real in the LMC context.                                             | Creating Futures Conference.                                                     | Suva, 2017 |
<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Conference Title</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lo, Adam Positive Mindset Creative Arts Festival – The purposeful use of the creative arts to engage primary and secondary schools to learn about mental health</td>
<td>Occupational Therapy Australia Mental Health Forum – UTS Aerial Function Centre, Ultimo</td>
<td>Sydney, 2017</td>
</tr>
<tr>
<td>Lo, Adam The Impact of a Creative Arts Festival on Mental Health and Stigma Reduction in Young People</td>
<td>2017 International Arts and Health Conference, Art Gallery of NSW, Sydney</td>
<td>Sydney, 2017</td>
</tr>
<tr>
<td>McCann, Karen</td>
<td>Addiction and Mental Health Research Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Pant, Anshuman Rural Mental Health, Challenges and Solutions: Australian Solution</td>
<td>Rural Mental Health Symposium</td>
<td>Berlin, 2017</td>
</tr>
<tr>
<td>Pant, Anshuman Rural Mental Health, Challenges and Solutions: Australian Solution</td>
<td>Rural Mental Health Symposium</td>
<td>Berlin, 2017</td>
</tr>
<tr>
<td>Pattison, Steven Working with Hard to Reach Families within Universal Family/Child Friendly Spaces.</td>
<td>The 2017 Australian Winter School Conference – Crossroads</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Pettit, Lucinda and Robinson, Kym</td>
<td>Childhood Trauma Conference</td>
<td>Brisbane, 2018</td>
</tr>
<tr>
<td>Reedman, Rebecca &quot;Supporting the mental health and well-being of deaf children *</td>
<td>Deaf Children with MH needs in Dept of Education and training</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Scott, Emma Clozapine – a thoughtful patient centred approach</td>
<td>Princess Alexandra Hospital Health Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Sehgal, Tarun Conceptualising Medical Workforce Mapping of Acute Care Team and ED-MH in MSaMHS (poster presentation)</td>
<td>Next Generation Leadership Programme, Queensland Health,</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Sheehan, Maureen Treatment and outcomes of patients presenting to an adult emergency department involuntarily with substance misuse</td>
<td>DNA (Drug and alcohol nurses of Australia) Conference</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Sheehan, Maureen Treatment and outcomes of patients presenting to an adult emergency department involuntarily with substance misuse</td>
<td>WOWS conference</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Sheehan, Maureen Treatment and outcomes of patients presenting to an adult emergency department involuntarily with substance misuse</td>
<td>Addictions and Mental Health Research Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Siskind, Dan Panel discussion Seeds we have sown</td>
<td>Princess Alexandra Hospital Health Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Siskind Dan An RCT of clozapine associated diabetes and obesity managed with eserelide. CODEX</td>
<td>Addiction and Mental Health Research Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Siskind, Dan Dark, Frances Korman, Nicole Parker, Stephen Clark Scott Biopsychosocial and More: Treating Difficult to treat Psychotic Disorder</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress</td>
<td>Adelaide, 2017</td>
</tr>
<tr>
<td>Siskind, Dan Dark, Frances Korman, Nicole Parker, Stephen Clark Scott Biopsychosocial and More: Treating Difficult to treat Psychotic Disorder</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress</td>
<td>Auckland, 2018</td>
</tr>
<tr>
<td>Siskind, Dan Dark, Frances Korman, Nicole Parker, Stephen Clark Scott Combined Symposium Presentation: Integration of research into psychiatric practice: A guide for new investigators and the scholarly project</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress</td>
<td>Adelaide, 2017</td>
</tr>
<tr>
<td>Sheehan Maureen &amp; Evans Jill Treatment and outcomes of patients presenting to an adult emergency department involuntarily with substance misuse</td>
<td>Addiction and Mental Health Research Symposium</td>
<td>Brisbane, 2017</td>
</tr>
<tr>
<td>Suetani, Shuichi - Longitudinal association between physical activity engagement during adolescence and mental health outcomes in young adults: A 21-year birth cohort study</td>
<td>The Society for Mental Health Research Conference</td>
<td>Canberra, 2017</td>
</tr>
<tr>
<td>Grantee</td>
<td>Grant Provider</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Breakspear M, Naumann F, Scott I, Siskind D, Chapman J, Kendall K, Mullins R</td>
<td></td>
<td>Improving the utility of submaximal fitness in patients with severe psychotic illness</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td>RWH Foundation</td>
<td>Trail the feasibility and acceptability of physical activity self-monitoring and supervised exercise interventions for adults with severe mental illness</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td></td>
<td>Physically Active One Way or Another</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td></td>
<td>Healthy Bodies, Healthy Minds: North Queensland</td>
</tr>
<tr>
<td>Chapman, Justin</td>
<td></td>
<td>Physically active one way or another: North Qld</td>
</tr>
<tr>
<td>Justin Chapman, Shuichi Suetani, Dan Siskind, Geoff Lau, Steve Kisely, Patterson S, and Bartlett S.</td>
<td>PA Research Foundation Research Support Scheme</td>
<td>The Evaluation of Rehabilitation Oriented Language in the Documentation of Case Managers in a Mental Health Mobile Intensive Rehabilitation Team, (ROLE)</td>
</tr>
<tr>
<td>Hickory, Paul</td>
<td>PAH Research Foundation</td>
<td>PAH research Support Scheme Post Graduate Scholarship</td>
</tr>
<tr>
<td>Kisely, Jordan, Siskind, Kendall</td>
<td>QIMR Berghofer Clinic Research Collaboration Award</td>
<td>Use of cancer screening services in Australians with severe mental illness</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>Fonds de recherche du Québec – Santé (FRQS)</td>
<td>La mortalité chez les patients psychiatriques</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>Princess Alexandra and Rebecca Cooper Research Foundations</td>
<td>Novel pharmacological treatments for obesity and diabetes for people with schizophrenia on clozapine</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>PA Research Foundation Research Support Scheme</td>
<td>Physical activity behaviour change interventions for adults with mental illness</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>Canadian Institute of Health Research</td>
<td>Canada crazy for our children and youth mental health</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>National Health &amp; Medical Research Council (NHMRC)</td>
<td>Evaluation of SCID-I in the diagnosis of mental disorders in Indigenous Australians</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>National Health &amp; Medical Research Council (NHMRC)</td>
<td>Indigenous Network Suicide Intervention Skills Training (INSIST): Can a community designed &amp; delivered framework reduce suicide/self-harm?</td>
</tr>
<tr>
<td>Kisely, Steve</td>
<td>PA Research Support Scheme Small Grants</td>
<td>The Evaluation of Rehabilitation Oriented Language in the Documentation of Case Managers in a Mental Health Mobile Intensive Rehabilitation Team</td>
</tr>
</tbody>
</table>
### FellowsHHiP, PRiZeS, SCOLaRSHiPS, AWaRDS

<table>
<thead>
<tr>
<th>Name of Award</th>
<th>Provider</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crompton, David Margaret Tobin Award</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress</td>
<td>2017</td>
</tr>
<tr>
<td>Francis, Jennifer 2017 Practice Education Commendation</td>
<td>Occupational Therapy Practice Education Collaborative – QLD</td>
<td>2017 (also received in 2016)</td>
</tr>
<tr>
<td>Haigh, Cameron Ruth Bright Award - 'Sound Thinking: Developing a Neurologic Music Therapy cognitive skills training program in adult mental health'</td>
<td>43rd Australian Music Therapy Association National Conference</td>
<td>2017</td>
</tr>
<tr>
<td>Haigh, Cameron Poster Award - 'Where the music lives: creating the music therapy room'</td>
<td>43rd Australian Music Therapy Association National Conference</td>
<td>2017</td>
</tr>
<tr>
<td>Lo, Adam Finalist in the Queensland Mental Health Week Achievement</td>
<td>Organised by Open Minds Australia</td>
<td>2017</td>
</tr>
<tr>
<td>Parker, Stephen Excellence in Teaching and Supervision awards 2018</td>
<td>Queensland Psychiatric Trainee Association</td>
<td>2018</td>
</tr>
<tr>
<td>Parker, Rebecca Masters of Counselling</td>
<td>University of Queensland</td>
<td>2017</td>
</tr>
<tr>
<td>Siskind, Dan Researcher of the Year—Early-Career Researcher, Clinical Science</td>
<td>PHM Health Symposium</td>
<td>2017</td>
</tr>
<tr>
<td>Suetani, Shuichi &amp; Korman, Nicole Runner up, Student Poster Presentation (Prevention) co-presented</td>
<td>TRI Translational Poster Symposium</td>
<td>2017</td>
</tr>
<tr>
<td>Suetani, Shuichi Block Family Memorial Grant/scholarship in Perinatal and Infant Psychiatry</td>
<td>Scholarship $1,230</td>
<td>2018</td>
</tr>
<tr>
<td>Theodoratos, Oreste Certificate of Consultation Liaison Psychiatry</td>
<td>Royal Australian and New Zealand College of Psychiatrists Congress</td>
<td>2017</td>
</tr>
</tbody>
</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: [MSAMHS_Research@health.qld.gov.au](mailto:MSAMHS_Research@health.qld.gov.au)