Mental Health Research Digest

2020

Metro North Health

Queensland Government

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1. Foreword

Dr Kathryn Turner (Acting, Executive Director MNMH)

Metro North Mental Health is one of the largest mental health services in Australia. We oversee interconnected inpatient, community and rehabilitation services providing assessment and treatment to Metro North's diverse population of around 1,000,000 residents. Metro North Mental Health (MNMH) is also home to a range of specialist services including The Perinatal Mental Health Service, Queensland Eating Disorders Service, The Queensland Forensic Mental Health Service and The Queensland Victim Support Service.

Metro North Mental Health Service (MNMH) has been a Directorate of the Metro North Health Service (MNHS) since 2014. MNHS is the largest Health Service in Queensland, delivering a comprehensive range of health services to a local population of over one million people, in an area stretching from the Brisbane River to north of Kilcoy, as well as providing specialty services for patients travelling from throughout Queensland, Northern New South Wales and the Northern Territory.

The clinical services delivered by MNHS incorporate all major health specialties including medicine, surgery, psychiatry, oncology, women's and children, trauma, subacute and more than 30 sub-specialties. The Royal Brisbane and Women's (RBWH) and The Prince Charles Hospital (TPCH) are quaternary/tertiary referral facilities, providing advanced levels of health care which are highly specialised, such as, genetic health, burns treatment and heart and lung transplantation. Redcliffe and Caboolture Hospitals are regional hospitals, Kilcoy Hospital is a community hospital, and there is a clinical unit at the Woodford Correctional Facility.

Metro North HS mental health, oral health, Indigenous health, subacute services, medical imaging and patient services are provided across many sites including hospitals, community health centres, residential and extended care facilities, and mobile service teams, along with a dedicated Public Health Unit. The Herston Campus is also home to a diverse range of research and collaboration entities including the Clinical Skills Development Centre - one of the world's largest health care simulation centres – The University of Queensland, Queensland University of Technology, and Queensland Institute of Medical Research. Private healthcare facilities are also co-located private hospital facilities at TPCH and Redcliffe campuses.

MNMH has a budget of around $200 million and employs 1500 staff who work across multiple facilities providing care to people of all ages experiencing problems associated with mental illness and substance use issues. MNMH works closely with a range of community services and government agencies to promote access to a spectrum of care, which may be needed by individuals at any time. As a service we are committed to continually improving the process, experience and outcomes of care and the health and wellbeing of our staff. To this end we recognise research as an essential component of the health system and are actively engaged in development and application of robust research evidence in all elements of the service.

As with all areas of our Health Service, the past 12 months have presented unprecedented challenges for conducting research within MNMH. The focus on infection control and the increased demand for mental health support by both consumers and staff across the hospital has necessitated reprioritization of our activities. This has significantly impacted staff engaged in consumer research. Despite this, the determination of staff to continue with our highly

productive and high-quality Mental Health research program has resulted in the publication of more than 75 papers and the awarding of several large prestigious grants. Much of this productivity was undertaken not only in challenging clinical circumstances but in which research activities were impacted worldwide.

2020 was also a year of transition for research at MNMH. Professor James Scott took over the role of Director of Research following the resignation of Professor Michael Breakspear and Associate Professor Susan Patterson finished up after eight years in the Principal Research Fellow role. This role has been taken up by Hon. Associate Professor Kylie Burke. James and Kylie have established a dedicated research team with a vision to systemically embed research into clinical practice, broaden the research endeavour across staff and disciplines and to shift the research focus to emphasize service evaluation.
On behalf of Professor Brett Emmerson and myself, I am delighted to share the 2020 Metro North Mental Health Digest.

The work presented in this report demonstrates the breadth and depth of the research undertaken by MNMH researchers and clinicians during this very challenging period. Our work is united in seeking to generate the evidence needed to promote mental health, prevent mental illness, support early diagnosis and intervention and improve mental health and substance use disorders across the lifespan. Within such a context highlights are difficult to identify but I take this opportunity to acknowledge the extraordinary efforts of clinicians and researchers undertaking world leading work.

Congratulations to all the clinicians, researchers, consumers and partners involved.

Kathryn

2020

Highlights

Award

QUEENSLAND FORENSIC MENTAL HEALTH SERVICE

The Health Services and Implementation Award from the Metro North Hospital and Health Service for their project Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations

Published

CLINICAL TRIAL FOR PATIENTS WITH EARLY PSYCHOSIS

A clinical trial of adjunctive sodium benzoate versus placebo in patients with early psychosis published in the prestigious journal JAMA Network Open.

Grant

IMPROVING MENTAL HEALTH OF YOUNG INDIGENOUS AUSTRALIANS IN DETENTION

Professor Ed Heffernan and his colleagues were awarded $1.98 million Medical Research Future Fund (MRFF) grant for the design, implementation and evaluation of an intervention to improve the mental health of young indigenous Australians in detention.

Research Fellowship

IMPROVING OUTCOMES FOR PATIENTS RECOVERING FROM A CRITICAL ILLNESS

Associate Professor Dylan Flaws was awarded a Metro North Research Fellowship to progress his program of studies improving outcomes for patients as they journey from the intensive care unit back home.

Published

RCT SUPPORTING PEOPLE LIVING WITH SCHIZOPHRENIA

The completion and publication of an RCT comparing the effectiveness of social cognition and interaction training with placebo therapy (befriending therapy) in people living with schizophrenia. As a key site for the trial, this important study was published in the British Journal of Clinical Psychology.

2. Reflections on a Career
A Conversation with Professor Brett Emmerson

For the past 25 years Professor Brett Emmerson has led one of the largest Mental Health Services in Australia. In 2021, Professor Emmerson will move on from his role as Executive Director, officially handing the reins to Dr Kathryn Turner in September 2021.

In this edition of the MNMH Research Digest we celebrate Professor Emmerson's career and thank him for his stewardship and advocacy for Mental Health services and the many consumers who use them.
I had the opportunity to talk with Brett about his career and future plans and I am pleased to share excerpts from our conversation here.

Reflecting on your career can you talk a bit about your "journey" as a psychiatrist?

I started my psychiatry training at Princess Alexandra from 1982 to about 1987. During my training, I tossed up whether I was most interested in psychiatry or medical administration. In the end I did both, so I've got dual fellowships. The great thing about this job is that it is perfect for a medical administrator as well as a clinician. So, my trajectory was, I worked in community mental health services on the Southside of Brisbane, both Stones Corner and Woodridge for the first three years. I then, fairly early in my career, went into corporate office as Chief Psychiatrist from 1990-1994. After a while I found that I was de-skilling clinically, so I went took on the role of Director of the Logan-Beaudesert Mental Health Service. In 1997, I got the phone call that the Divisional Director of the RBWH Mental Health Service was finishing up. I was very interested in this job, so went for the interview and just arrived, 25 years later I'm still here!

In the early 2000's the role was redefined to Executive Director. Then when Metro North was formed in 2009 I became the inaugural Executive Director for what was then "a stream" within the Hospital and Health Service. Mental Health was one of multiple streams, including a medicine and a surgical stream. At that point the roles did not hold budgetary responsibilities, they provided professional advice and oversight of clinical practices. Budget responsibilities were added in around 2013 or 2014.

I imagine you have seen a lot change in Mental Health over time?

Yes, the service system has grown. In the 1980's the clinics were run Monday to Friday. We are evolving to 7-day a week 24 hour service. We are still not there yet and we face tremendous resource issues. We still have the lowest per capital expenditure on mental health of any jurisdiction in Australia and this means we have the least resources. For example, in 2019 Queensland spent $241 per head on mental health, while Victoria spent $243 per head. Victoria has just completed a Royal Commission which has resulted in $950 million flowing into their system. For Queensland to be comparable to this the government would need to provide another $700 million. This disparity holds us back from implementing best practice services. Still, there has been growth and good development and I think given government commitment, Queensland mental health services could be nation leading. We have some good services, I think our people do the best they can with the money we've got, but sadly we are not yet a priority.

The other thing is that we need a mental health plan. Queensland has only ever had one state plan, which was from 2007 to 2012. The advantage of a plan is that you know how much you are getting and you can grow your work force in a planned way. It takes time to foster and build a workforce. A plan and associated financial commitment means it is possible to establish workforce targets and then work with the tertiary sector so that they can start expanding and developing courses to meet future demand.

What would you describe as potentially the biggest or most impactful change to Mental Health that you have seen over your time in the role?

The focus on the community mental health services. The Non-Government Organisation sector has grown significantly. One of the more interesting changes was our partnership with Richmond Fellowship. They had a house at Clayfield which was a therapeutic community but the building they were in was sold when their lease was up. About 6 years ago they came to us and asked us what they should do? We identified that the group that is at most risk are people that are discharged from hospital, but are unable to cope and are repeatedly re-admitted. In those days we had very high readmission rates, so at Prince Charles, we started a program for this group. We gave them disability support and a mental health peer support worker.They were given support for the first 6 weeks after hospital. We found this made all the difference. And so 'hospital to home', or H2H, startedat Prince Charles. It has now been rolled out at RBWH, Metro South and Toowoomba. It's a great program. Currently, 750 people per year (250 RBWH, 250 Prince Charles, 250 Caboolture) receive 3 visits a week for 9 months and then 1 visit a week for 3 months. That 250 per site sounds great but that equates to 4 patients per week per site and we discharge, on average, 35 patients a week at each site. This means the program has to be targeted to the most needy. I hope that in the next 20 years every person that gets admitted with a serious mental illness will get proper support services during and following an admission. Evaluations are clear that this is a good way of spending money. But there is just not enough money allocated.

Where does research fit in to a healthy Mental Health system?

My interest in research stems from the fact that my father was a Professor of medicine at the Princess Alexandra Hospital and had an international reputation in uric acid metabolism and kidney disease. So, I grew up with academia. I can still remember in the 60's helping Dad correct his PhD. I would read it, mum would type it. So, I grew up as a university person. We went on sabbaticals to London and Philadelphia and Duke University, Durham. But it wasn't for me. I didn't want to be an academic. But facilitating research has been really important to me. Over my career I've always made sure that I have published at least once a year. A lot of that was service evaluation. Evaluation is a type of research, and I grew up in a time where it was seen as part of your job. It wasn't something you did as an extra. I would like to see psychiatry at Metro North move back to this. Where, to get a staff specialist job you've got to have a PhD. At the Royal Brisbane there are 3 or 4 areas where you will not get a staff specialist job if you haven't got a PhD. And I think that is where we need to be moving if we want to grow our workforce. I've seen it over my career, that the units where research is just part of the service, the clinicians stay longer, so you have better specialists and clinicians who provide better care. It provides people with diversity and challenge in their work which increases job satisfaction and enhances quality of care. University teaching is an important part of this, as is conducting research. This is the task for the new Executive Director, who I know is interested in research. She will bring her interests such as Suicide Prevention and JustCulture. These are all good areas for clinical and research work that need backing.

What's next for you?

When I leave on 8 July 2022, I will have been here a quarter a century and it has largely been a great 25 years. We've seen growth.I've met so many greatconsumers and staff,heard a lot of storiesand we are certainly so much betterthan we were25 years ago.What we've got is betterthan what we had but it is still totallyinadequate. We have a lot of workto do. I've joined the Mental health Review Tribunal,I am also chair of the Collegeof Psychiatrists and I am on the Mental Health Commission and the Board of the Australian Councilfor Health. I will also be continuing my private practiceclinic and some teaching for medical students.I will definitely continue to work withinpolitical and policyarenas to raise the profileof mental healthand the need for more resources to people with mental illness receive the excellent care they need and deserve.

3. Research at Metro North Mental Health Service

2020 represented a milestone year at MNMH for many reasons. The impact of the COVID-19 Pandemic was felt across the service with our Medical, Nursing and Allied Health teams facing unprecedented challenges that have continued into 2021. At the Research level there were also changes and challenges. In particular, we said goodbye to a Research Champion in Associate Professor Sue Patterson. Sue held the position of Principal Research Fellow for Mental Health for eight years and in that time provided consultation, support and guidance to numerous clinicians and researchers from within MN and to our university and industry partners. The impact of her work can be seen in the detail of the seven Annual Research Digests that she presided over. We thank her for her leadership and efforts in promoting and fostering Mental Health research.

This eighth Annual Research Digest is the first collated by Associate Professor Kylie Burke. We are very pleased to have this opportunity to showcase the excellent and varied research work undertaken by staff and students during 2020. As always, the report includes a list of grants, publications and other dissemination activities from the past twelve months. However, a report such as this cannot cover all of the activities undertaken in the service in the detail they deserve. Instead we hope to provide an overview of the types of work that our clinicians have collaborated on in 2020. We hope that the report highlights the value and role of research in building and sustaining evidence-based mental health care as well as the ways in which combining research with clinical practice can enhance our personal and professional wellbeing.

In 2021 we will be evolving the way we support research and evaluation as a service. We have established a Research Team comprising representatives from across our core disciplines and service sites (read on to meet the team and read about their goals for research at MNMH). The aim of the team is to continue to grow our culture of best practice clinical care framed by world class, innovative research. To achieve this, we will be working with the MNMH Executive to build capacity for research within the service and to enhance the way we disseminate, communicate and celebrate the outcomes of research conducted by our people. We will focus on clinical research and service evaluation, multi-disciplinary collaboration and internal and external partnerships. We aim to embed strategies that promote consumer involvement and prioritise engagement by First Nations clinicians and consumers.

We are looking forward to working to expand our capacity as a service to undertake research and evaluation activities that generate evidence to improve health care options and systems for people experiencing mental illness.

We would like to congratulate everyone who has been involved in research and evaluation in 2020. Managing a balance between clinical and research work is often challenging but never more so than during this period of the COVID-19 pandemic.

If you would like more information on any of the work included in this report or are interested in getting involved in research please get in touch.

Enjoy the report
James Scott and Kylie Burke

Meet the Metro North Mental Health Research Team

JAMES SCOTT

Director of Research MNMH

Who am I?
- I am a child and adolescent psychiatrist and a clinical researcher.

What do I love about research?
- My first involvement in research was as a training psychiatrist when I did a study to determine if the type of hallucinations experienced by adolescents with PTSD were different from those with schizophrenia.
- I really enjoyed the research process, formulating a worthwhile question and planning a study to answer the question.
- Since then, the mix of research and clinical work has been very rewarding.

My hopes for the MNMH Research Team?
- I believe the research team will support clinicians across Metro North Mental Health to be more involved in research which will in turn improve clinical care.

KYLIE BURKE

MNMH Principal Research Fellow

Who am I?
- I am a Psychologist and the Principal Research Fellow for MNMH;

What do I love about research?
- I believe research is a critical partner to clinical practice - they work together to ensure that we are able to offer people the most up-to-date, best practice services to promote their health and wellbeing;

My hopes for the MNMH Research Team?
- I am excited to be a part of the MNMH research team and hope that we can make a meaningful contribution to a service-wide culture that promotes clinical curiosity: asking questions of our practice while also building support and capacity for staff, students and consumers to partipate in research that leads to better care and enrichment of people's experiences with MNMH

NIALL HIGGINS

Research Fellow, Nursing

Who am I?
- I am a Registered Nurse with 30 years of clinical experience in mental health nursing. I was awarded a PhD from the School of Medicine at The University of Queensland in 2012 where my studies were based on the application of communication technologies for clinical purposes.

What do I love about research?
- I continue to have passion for understanding how technologies can benefit clinical practice and to assist consumers with their recovery.

My hopes for the MNMH Research Team?
- I am very pleased to be part of the MNMH research team who continue to be leaders in innovative mental health research that is relevant to clinical practice.

AMY HANNIGAN

Team Leader, QuEDS, Dietician

Who am I?
- I am the Team Manager and a Dietitian with the Queensland Eating Disorder Service

What do I love about research?
- How it challenges us to think about our service delivery and how we can do things differently.
-

My hopes for the MNMH Research Team?
- To foster a culture of evidence generating and evidence informed practice and to make research more accessible for clinicians.

HOLLIE WILSON

Director, ADIS 24/7 Alcohol & Drug Support

Who am I?

- I am Director of ADIS 24/7 Alcohol and Drug Support, a Statewide service hosted by Metro North. ADIS provides 24-hour, 7 day a week confidential support for people in Queensland with alcohol and other drug concerns, their families and health professionals. I also hold the portfolio for research coordination for the MNMH – Alcohol and Drug Service.

What do I love about research?

- I am drawn to research resulting in real, tangible improvements in outcomes for clients of our service.

My hopes for the MNMH Research Team?

- I hope that the MNMH research team can continue to build research capacity across all service areas, improve pathways for research including academic collaborations, and reduce administration associated with initiating projects.

STEPHEN PARKER

Research Psychiatrist

Who am I?

- I am a Research Psychiatrist working at The Prince Charles Hospital. I have a research background in mental health services and psychosocial interventions research.

What do I love about research?

- Research is how we work to better understand the work we do as mental health practitioners. It is about always looking for opportunities to things better, and caring that the hard work we do every day actually makes a difference. I think that the distinction between service evaluation, quality improvement, and 'research' is problematic. I love being involved in research with clear relevance to translation to improved outcomes and experiences for consumers and their families.

My hopes for the MNMH Research Team?

- I hope to collaborate with staff to build research capacity and culture that translates into improved practices and outcomes.

IMANI GUNASEKARA

Consumer Carer Coordinator

Who am I?

- I have a lived experience of mental health challenges. I use my lived experience to advocate for people in our service who also have mental health challenges. I develop educational materials, deliver talks and presentations, conduct consumer and carer forums and represent the consumer voice in meetings with clinicians.

What do I love about research?

- Qualitative research is a great opportunity for talking to service users about things that are important to them, and really hearing what they have to say. Consumers have unique expertise and insight, and research is a powerful tool to explore subjects that are consumer and recovery focused.

My hopes for the MNMH Research Team?

- I hope that the team will support collaboration with consumers at all stages of the research process. I would like to see consumers sharing decision making. It would be great to see academic / clinician researchers being mentors and supporters to consumer researchers.

FIONA DAVIDSON

Research and Evaluation Coordinator; QLD Forensic Mental Health Service

Who am I?

- I am a mental health nurse. My role is to support research opportunities and evaluation projects including: Prison Mental Health; Court Liaison; Community Forensic Outreach; Indigenous Mental Health Intervention Program, and Police Communications Centre Mental Health Liaison Service. I am also a PhD student (School of Population Health, University of Queensland; NHMRC Centre for Research Excellence in Offender Health) researching court-based approaches to mental health diversion.

What do I love about research?

- There is so much to love about research! I love that research can contribute to positive change for consumers, stakeholders and service providers. I love to learn new things and support others in exploring their research ideas. Working in forensic MH research allows me to combine my interests in information development, MH, criminology and social justice.

My hopes for the MNMH Research Team?

- I hope that the team can continue to build on the strong foundation of research that exist within MNMH. I would like to see opportunities to share information and establish a supportive network between members and across MNMH. A coordinated approach to communication regarding funding and training opportunities, current activities and to celebrate research success across MNMH would be a great addition.

SAMANTHA BICKER

Discipline Lead, OT; Allied Health

Who am I?

- Samantha Bicker Occupational Therapy Professional Lead RBWH-MNMH

What do I love about research?

- Research facilitates knowledge translation within clinical practice to assist services to provide the best treatment/interventions for mental health consumers. It also allows me to show case the value of my profession and enhance workforce capacity and capability to engage in discipline specific assessment and interventions. I work alongside a community of researchers that inspire and support me – its takes great collaboration and cohesion as a team to be on this journey.

My hopes for the MNMH Research Team?

- I aspire as part of the team to enable research to be achievable for all allied health to facilitate innovative and evidence based practice.

ANDREW TEODORCZUK

Staff Specialist

Who am I?

- I am an education researcher working clinically as an Old Age Psychiatrist and as an academic in the Office of Medical Education at the UQ Faculty of Medicine . In addition I am the Director of Clinical Training at The Prince Charles Hospital and Program Convener for the UQ MD Program.

What do I love about research?

- Research is central to both my clinical work and improving my teacher practice. Keeping up with research helps inform better clinical decision making and opens up educational opportunities for clinical colleagues across the Healthcare spectrum. Undertaking primary research helps introduce an element of scholarship and continual learning that enhances job satisfaction and maximizes the ability to make a difference in the work I undertake.

My hopes for the MNMH Research Team?

- That we build on the solid foundations we have to improve healthcare outcomes for patients. In addition I hope that with our local expertise in both Psychiatry and Geriatrics we position our selves as leaders in delirium research.

ED HEFFERNAN

Director Forensic Mental Health; Psychiatry

Who am I?

- I am a forensic psychiatrist and a clinical researcher.

What do I love about research?

- I love being able to use evidence to inform mental health care, both at a clinical and service level. For me research has been a significant contributor to developing forensic mental health services and improving care for people in mental health crisis. It has given me an opportunity to work with and learn from some brilliant people.

My hopes for the MNMH Research Team?

- I hope that the work we do will enhance our services, support clinicians and improve outcomes for people with mental health problems.

ERIKA GIEBELS

Research Assistant

Who am I?

- I am a psychology student currently undertaking my honours year at QUT in partnership with QIMRB. I am also working as a research assistant for MNMH Research Team.

What do I love about research?

- I have only recently dipped my toe into the world of mental health research, and so far, I find the process of investigation and discovery to be very rewarding.

My hopes for the MNMH Research Team?

- My hope for the MNMH Research team is to encourage and assist clinicians in engaging with research. They are a great source of expertise which is not yet being utilised to their greatest potential.

JULIE BLAKE

Senior Research Assistant

Who am I?

- I am a Senior Research Assistant and PhD candidate working within the Child and Youth Mental Health group at QIMR Berghofer. I also hold an Honorary Research role within MNMH and support work that builds research collaborations between the two institutes and between scientists and clinicians.

What do I love about research?

- I love the inquisitive nature of research generally. I enjoy finding out the 'whys' and 'how's' and using data to demonstrate this.

My hopes for the MNMH Research Team?

- My hopes for the MNMH Research Team is to support other clinicians to be involved in research and to demonstrate the importance of combining clinical knowledge and skills with research to improve patient outcomes.

DYLAN FLAWS

Consultant Psychiatrist/ Research Fellow

Who am I?

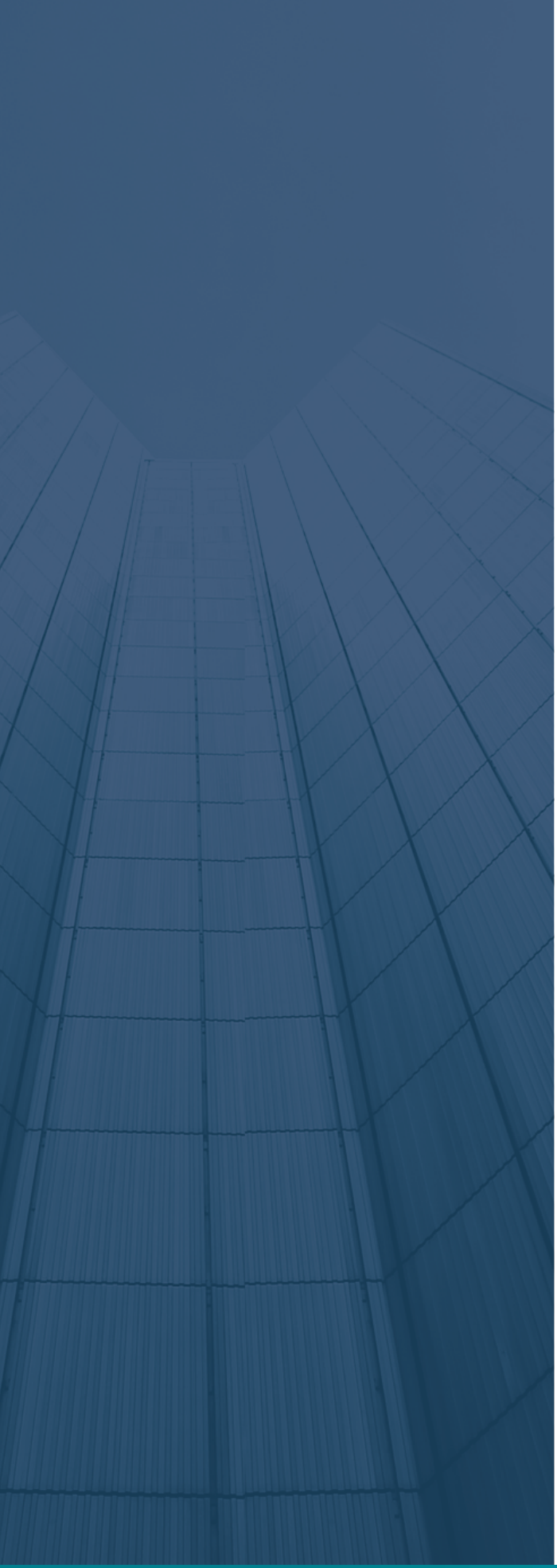
- I am a recently graduated psychiatrist and clinician research fellow. I work in the Caboolture Short Stay Unit.

What do I love about research?

- There is lots to love about research. It allows you to ask "what if", and look at the way we do things. It poses different kinds of challenges to my clinical work, and one good idea can improve the lives of millions.

My hopes for the MNMH Research Team?

- I would like to see research as core business for MNMH. People in our service have good ideas every day, and I would like to see them have the resources, guidance and confidence to see those ideas translate into better patient care and outcomes.



4. 2020: YEAR IN REVIEW

75

RESEARCH PUBLICATIONS

A significant achievement in a year which involved significant change to our researcher staff and barriers and delays to research dissemination.

$11,774,779.00

TOTAL GRANTS

Our researchers successfully obtained funding for 12 projects, from small seed grants through to major multi-year clinical trials.

19

PRESENTATIONS

Our staff presented keynote and invited addresses, paper presentations and posters at conferences, many of which required flexibility to adapt to an online format and schedule changes due to the impact of COVID-19.

We also acknowledge the many staff who had presentations prepared and cancelled due to the uncertainty and travel restrictions of the past year.

Photo by fauxels from Pexels

Metro North Mental Health | 2020 Staff Survey

Key Findings

- Two-thirds of staff who responded want more involvement in research
- Just under 50% of staff who responded reported 'ever' being involved in research
- 72 staff presented their research to colleagues

Survey description

As part of a strategy to build the capacity and support for research within Metro North Mental Health we undertook a survey of staff with the aim of understanding who and what types of research activities are currently undertaken within the service. Approximately 20 per cent of staff participated in the first of what is likely to be an annual survey. This report provides a summary of the outcomes.

We wish to thank staff for the time taken to participate.

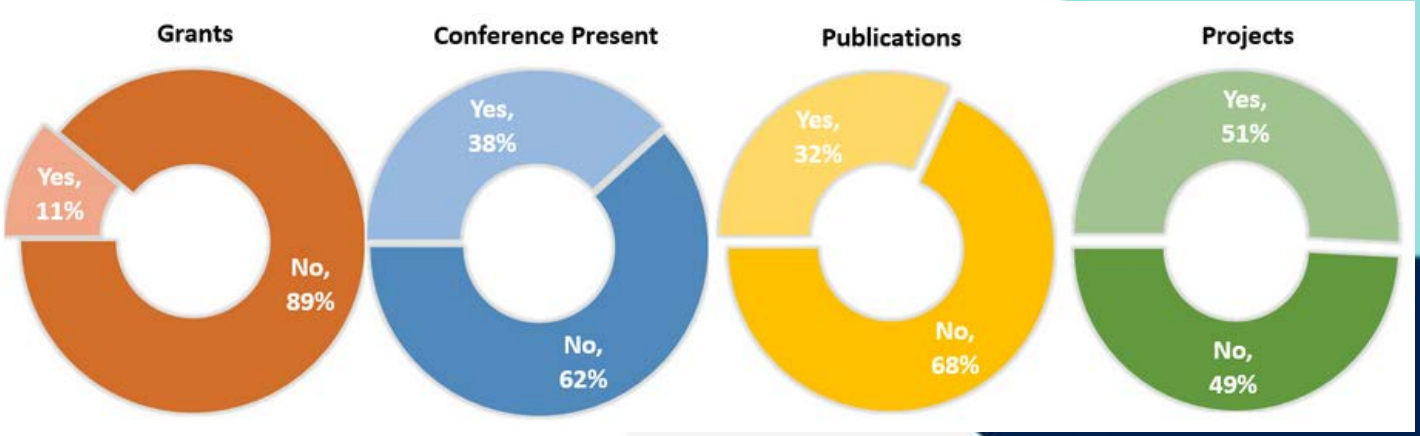
N = 236 Participants

Who wants to be more involved in research?

63% Said 'YES'

Staff were asked whether they had been or were currently involved in research. To try to understand people's motivation to participate in research, staff were also asked to indicate whether they would like to have more involvement in research. One hundred and sixty-four people answered this question, including people currently undertaking research and staff who have never been participated in the conduct of research. Almost two thirds of respondents want research to be part of their work life (n=104).

How have staff been involved in research to date?



- *Published (or in press/submitted) <12 months*
- *Investigator on a current or past peer reviewed grant*
- *Investigator on a current or past research or QA project*
- *Keynote or plenary addresses, conference poster presentation, invited speaker or presented findings of a project to other audience*

5. RESEARCH & COVID-19

Social isolation, restrictions, and uncertainty resulting from the pandemic have had a profound and unprecedented impact on mental health in society. The COVID-19 Pandemic has impacted the way we deliver and the demand for Mental Health Services. This has not only impacted on capacity to undertake and maintain research activities within the Hospital and Health Service but has undoubtedly generated a busy, new area of research.

Research that aims to understand the ways in which mental well-being has been impacted by the pandemic has been an important research focus in 2020. Particularly, finding ways to best support people with existing mental health conditions is an important priority. Metro North clinicians have been involved in research that aims to explore the impact of the COVID-19 pandemic on mental health service users and the staff that support them.

Two 2020 publications which highlighted the links between COVID-19 pandemic and mental health with MNMH team members are presented in this section.

RESEARCH & COVID-19

Keeping the Alcohol and Other Drug Workforce Resilient after the COVID-19 Emergency


Drug and Alcohol REVIEW

APSAD

Drug and Alcohol Review (May 2021), 40, 685–686
DOI: 10.1111/dar.13218

Keeping the alcohol and other drug workforce resilient after the COVID-19 emergency

Pandemic-related burnout has been reported in different regions of the world for healthcare workers [1–4]. Some of the preliminary findings suggest increased symptoms of exhaustion, depersonalisation, depression, anxiety and sleep disturbances [5,6]. These symptoms are also familiar to Australian alcohol and drug workers, particularly those who have high workloads and are working overtime [7].

In order to manage individual levels of resilience post-acute COVID-19, we must not forget to look after ourselves when the pandemic-era self-care signs are removed from lunchrooms. We can borrow some of the strategies used during the pandemic more generally, including: normalisation of psychological responses during and after a pandemic [21–24]; encouraging self-care [21–23,25] including physical activity, good sleep

Dr. Hoi Yan Li, a psychologist at Metro North Mental Health services, penned a Letter to the Editor of Drug and Alcohol Review, highlighting the importance of preventing workforce burnout among health workers in alcohol and other drug (AOD) units. Increased alcohol consumption, suspension of face-to-face services and the early release of low risk prisoners resulting from the pandemic have created an increase in demand and backlog of new and existing clients. The consequences of this are that AOD workers are overstretched and overworked. When asked about the changes this paper has led to, Dr Li shares "We developed an Insight workshop [...] to support staff who are at risk of burnout [...] and have received more qualitative feedback about the increased pressures of COVID-19 on staff wellbeing." In terms of what needs to happen moving forward Dr Li says "systems change in both government and NGO spaces, where it reduces stigma for the end service user and increases the resourcing for staff working in alcohol and drug services is likely to reduce burnout both during and after the COVID-19 health emergency. While there are often things beyond individual control, individual acceptance and resilience is important".

Preferences of People with Mental Illness for Engaging in Exercise Programs under COVID-19 Restrictions


COVID-19

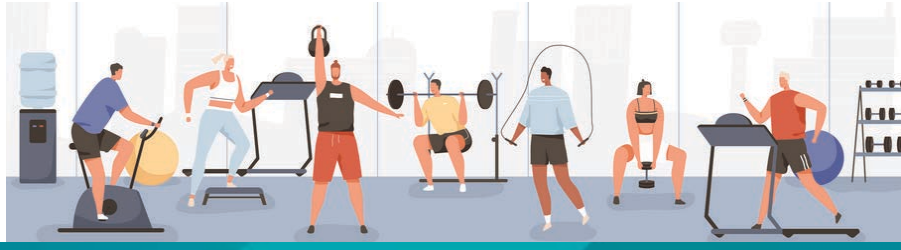
AUSTRALASIAN PSYCHIATRY

Preferences of people with mental illness for engaging in exercise programs under COVID-19 restrictions

Justin J Chapman QIMR Berghofer Medical Research Institute, Australia; Metro South Addiction and Mental Health Service, Australia; Queensland Police-Citizens Youth Welfare Association, Australia; and School of Human Movement and Nutrition Sciences, The University of Queensland, Australia
Emily Hielscher QIMR Berghofer Medical Research Institute, Australia
Sue Patterson Metro North Mental Health Service, Australia
Nicola Reavley University of Melbourne, Australia
Wendy J Brown School of Human Movement and Nutrition Sciences, The University of Queensland, Australia
Marianne Wyder Metro South Addiction and Mental Health Service, Australia
Sarah Childs Queensland Alliance for Mental Health, Australia
Anneliese Russell Richmond Fellowship Queensland, Australia
Shuichi Suetani Metro South Addiction and Mental Health Service, Australia; School of Medicine, Griffith University, Australia; and School of Medicine, The University of Queensland, Australia
James G Scott QIMR Berghofer Medical Research Institute, Australia; Metro North Mental Health Service, Australia; and School of Medicine, The University of Queensland, Australia

Abstract
Objectives: People with mental illness may be vulnerable to decline in mental health and reduced physical activity because of the COVID-19 pandemic and associated restrictions. The aim of this study was to inform the design of physical activity interventions for implementation under these conditions to improve/maintain well-being and physical activity in this population.
Methods: People with mental illness who had participated in a physical activity program prior to the pandemic were invited to complete a survey about the impact of COVID-19 on mental health and physical activity and their preferences for engaging in a physical activity program under pandemic-related restrictions.
Results: More than half the 59 respondents reported worse mental health and lower physical activity during the pandemic. The preferred format for a physical activity program was one-on-one exercise instruction in-person in a park. Program components endorsed as helpful included incentivization, provision of exercise equipment and fitness devices, and daily exercise programs. About a third of the participants repeated limitations in using technology for a physical activity program.
Conclusions: In-person exercise support is preferred by people with mental illnesses during pandemic-related restrictions. Enablement strategies such as providing equipment and self-monitoring devices should be utilized; assistance may be needed to incorporate the use of technology in exercise programs.

In a second paper, Metro North's Associate Professor Sue Patterson, was involved in a collaborative study which explored ways in which persons with a mental illness have been able to best engage in exercise programs under COVID-19 restrictions. The study found that in-person exercise support during pandemic–related restrictions was the preferred method of physical activity for those living with mental illness. Lead author Dr. Justin Chapman, says "Given the importance of physical activity for physical and mental health and wellbeing in people with mental health issues [...] we hope that this research will inform the implementation of exercise interventions for people with mental health issues in countries experiencing lockdowns and isolation requirements, improving support and protecting against decline in mental health in this vulnerable group".



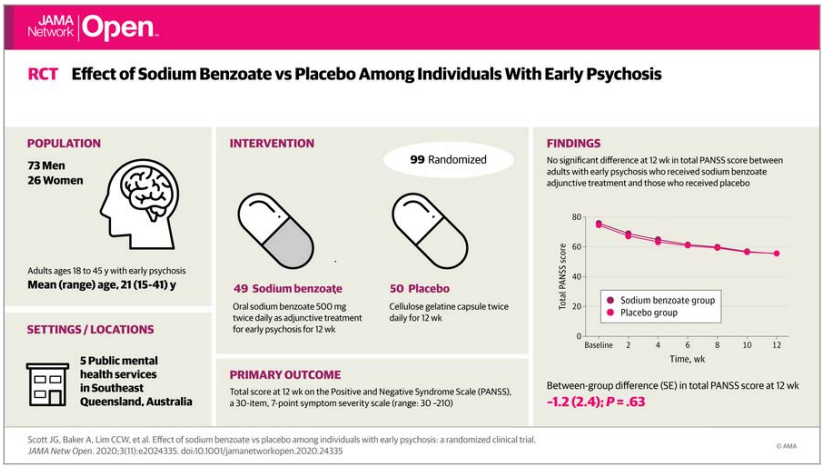
6. CLINICAL TRIALS & SERVICE EVALUATION

MNMH strives for practice-based research, clinical trials and evaluations and work to translate this research into clinical outcomes for consumers, carers and families. Our research covers a breadth of research topics relevant to care and recovery from serious mental illness and involves partnerships with universities, research institutes and other health services.

Involvement of our peer support workforce and those with lived experience are fundamental to our work in keeping our patients at the forefront of research carried out by MNMH. The value of these collaborations to mental health practice can be seen in the multi-centre, cross-disciplinary projects our teams are involved in, including the range of clinical trials being undertaken and which work to improve models of care and ensure the best possible outcomes for patients. The perseverance of those involved in these trials during an unprecedented and difficult year is a testament to the dedication of MNMH's staff.

Effect of Sodium Benzoate vs Placebo Among Individuals with Early Psychosis: A Randomised Clinical Trial

Professor James Scott, Director of the Metro North Early Psychosis Team, lead a multi-center randomized clinical trial to evaluate the efficacy of Sodium Benzoate in the treatment of early psychosis. In this clinical trial, multi-disciplinary scientific and clinical teams across five trial sites collaborated to establish the efficacy of Sodium Benzoate as an adjunctive treatment for first-episode psychosis. Anne Gordon, a Clinical Psychologist at MNMH and investigator on the study, explains how she facilitated recruitment of participants for the study: “My role was to drive the recruitment of participants for the trial and also to support the *Cadence* vision of making research a part of day-to-day clinical practice (embedding research into a busy tertiary health setting)". This involved reminding colleagues in the Early Psychosis Team and the Adult Mental Health teams to inform their clients of the trial, both verbally and in writing using Cadence participant information sheets, and letting them know of the possible benefits for participants who choose to be part.”



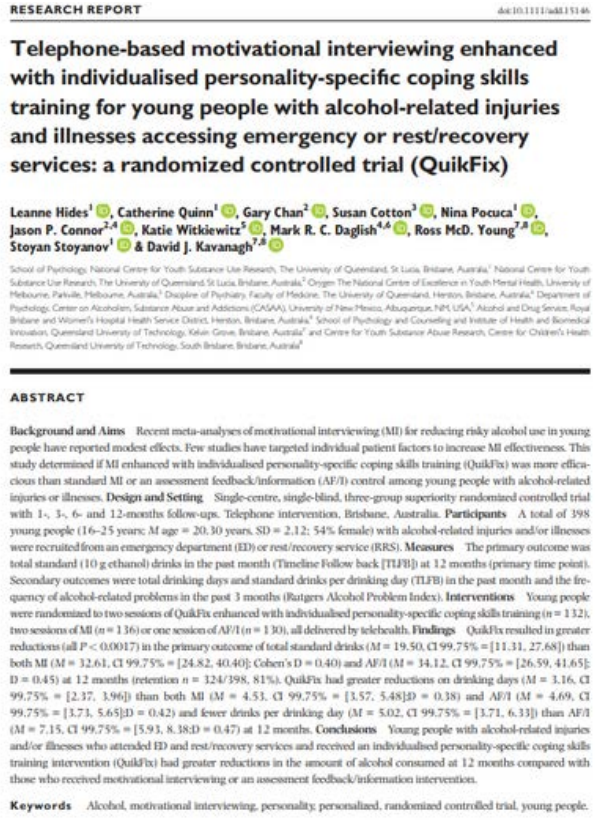
Anne also liaised with her colleagues regularly in both teams to check for suitable participants who met the eligibility criteria for the study (e.g. age range and onset of psychosis (<2 years) etc.). She would follow up colleagues to see if they had been able to attempt to recruit their clients to the study. Reminders were incorporated into weekly team meetings. Anne noted that "within Early Psychosis, myself and my colleagues also supported participants to stay in the research trial. For example, we helped facilitate (as needed) the weekly contact with researchers and participants especially in the context of any anomalies like rescheduling meetings or participants moving out of area, misplacing sodium BZ/placebo medicines or participants being admitted to hospital. Results from this study found that compared to pacebo, there was no significant improvement in early psychosis patients treated with sodium benzoate.

CLINICAL TRIALS & SERVICE EVALUATION

Telephone-based motivational interviewing enhanced with individualised personality-specific coping skills training for young people with alcohol-related injuries and illnesses accessing emergency or rest/recovery services: a randomized controlled trial (QuikFix)

Metro North Mental Health and Alcohol and Drug Services also engage in collaborative research with external partners to explore clinical innovations and build evidence-based programs. One such project, published in 2020 was the QuikFix program led by Dr Leanne Hides (School of Psychology, The University of Queensland). Dr Mark Daglish (Director, Hospital Alcohol and Drug Service) collaborated on this multi-site, multi-agency project which aimed to evaluate the efficacy of motivational interviewing (MI) enhanced with individualised personality-specific coping skills training (QuikFix) compared with standard motivational interviewing or assessment feedback/information(AF/I) among young people with alcohol-related injuries or illnesses.

Participants were categorised by personality risk profiles (anxiety sensitivity; hopelessness; impulsivity; and sensation seeking), which have been shown to predict susceptibility to binge drinking and other alcohol related problems. Based on this categorisation they were giving personality specific training in up to two cognitive-behavioural coping skills alongside MI. For example, the anxiety sensitivity group were provided with training in mind chill anxious thought awareness and acceptance skills.



RESEARCH REPORT

Telephone-based motivational interviewing enhanced with individualised personality-specific coping skills training for young people with alcohol-related injuries and illnesses accessing emergency or rest/recovery services: a randomized controlled trial (QuikFix)

Leanne Hides[1], Catherine Quinn[1], Gary Chan[2], Susan Cotton[3], Nina Pocuca[1], Jason P. Connor[2,4], Katie Witkiewitz[5], Mark R. C. Daglish[4,6], Ross McD. Young[7,8], Stoyan Stoyanov[1] & David J. Kavanagh[7,8]

ABSTRACT

Background and Aims Recent meta-analyses of motivational interviewing (MI) for reducing risky alcohol use in young people have reported modest effects. Few studies have targeted individual patient factors to increase MI effectiveness. This study determined if MI enhanced with individualised personality-specific coping skills training (QuikFix) was more efficacious than standard MI or an assessment feedback/information (AF/I) control among young people with alcohol-related injuries or illnesses. **Design and Setting** Single-centre, single-blind, three-group superiority randomized controlled trial with 1-, 3-, 6- and 12-months follow-ups. Telephone intervention, Brisbane, Australia. **Participants** A total of 398 young people (16–25 years; *M* age = 20.30 years, SD = 2.12; 54% female) with alcohol-related injuries and/or illnesses were recruited from an emergency department (ED) or rest/recovery service (RRS). **Measures** The primary outcome was total standard (10 g ethanol) drinks in the past month (Timeline Follow back [TLFB]) at 12 months (primary time point). Secondary outcomes were total drinking days and standard drinks per drinking day (TLFB) in the past month and the frequency of alcohol-related problems in the past 3 months (Rutgers Alcohol Problem Index). **Interventions** Young people were randomized to two sessions of QuikFix enhanced with individualised personality-specific coping skills training (*n* = 132), two sessions of MI (*n* = 136) or one session of AF/I (*n* = 130), all delivered by telehealth. **Findings** QuikFix resulted in greater reductions (all $P < 0.0017$) in the primary outcome of total standard drinks (*M* = 19.50, CI 99.75% = [11.31, 27.68]) than both MI (*M* = 32.61, CI 99.75% = [24.82, 40.40]; Cohen's D = 0.40) and AF/I (*M* = 34.12, CI 99.75% = [26.59, 41.65]; D = 0.45) at 12 months (retention *n* = 324/398, 81%). QuikFix had greater reductions on drinking days (*M* = 3.16, CI 99.75% = [2.17, 3.96]) than both MI (*M* = 4.53, CI 99.75% = [3.57, 5.48];D = 0.38) and AF/I (*M* = 4.69, CI 99.75% = [3.73, 5.65];D = 0.42) and fewer drinks per drinking day (*M* = 5.02, CI 99.75% = [3.71, 6.33]) than AF/I (*M* = 7.15, CI 99.75% = [5.93, 8.38;D = 0.47) at 12 months. **Conclusions** Young people with alcohol-related injuries and/or illnesses who attended ED and rest/recovery services and received an individualised personality-specific coping skills training intervention (QuikFix) had greater reductions in the amount of alcohol consumed at 12 months compared with those who received motivational interviewing or an assessment feedback/information intervention.

Keywords Alcohol, motivational interviewing, personality, personalized, randomized controlled trial, young people.

The study involved 398 participants (mean age: 20.8) with alcohol-related injuries and/or illnesses who were recruited from an emergency department (ED) or rest/recovery service (RRS) and followed up a total of four times over a 12 months period. Participants were randomized into one of three groups to receive either one session of AF/I; two sessions of MI, or two sessions of QuikFix. This trial found a decrease in alcohol consumption at 12 months in those who received the QuikFix intervention. These results suggest that training in personality-specific coping skills will further reduce consumption of alcohol more so than MI or AF/I alone.

7. NURSING RESEARCH

Supporting Clinical Care

Nursing Research at Metro North actively supports a range of service-based research projects initiated by the nursing leadership group. They aim to not only support nursing research across Metro North Mental Health as its capacity grows but also help develop academic partnership with universities.

Many of the initiatives that are developed are from the clinicians themselves and their particular specialty in nursing practice and how we care for the consumers of our service.

INTRODUCTION

Lisa Fawcett,
Director of Nursing MNMH

As Director of Nursing for Metro North Mental Health I value the impact that all clinicians have on the recovery and care of our vulnerable patient population. To achieve this professional nursing practice today calls for a wide range of knowledge, keen intellect and clarity of vision concerning nursing care values.

Observational skills of the nurse play an important part of their development as a clinical nurse and are integral to how nursing research is developed and conducted. Effective observation is noticing something and giving it significance by relating it to something else already observed or noticed, something which mental health nurses are particularly adept at. We are fortunate to have skilled experienced nursing researchers and educators collaborating with clinicians to improve patient outcomes through the implementation of evidence-based nursing practice on a daily basis.

For example, the concept, to identify and accept positive and negative expressions, feelings, and reactions, is particularly important when nurses integrate a trauma-informed approach into their practice to accommodate consumers that we care for. Recognition of the importance of this concept helps mental health nurses to create an atmosphere in which consumers can express their positive and negative feelings and emotions. Associated research reveals the extent to which so many studies that support mental health nursing practice are formulated in terms of nursing theories and models of care.

Another example are the principles and concepts of Safewards which are vital for mental health nursing care to facilitate awareness of self as an individual with varying physical and emotional needs. This evidence-based practice was introduced to our practice using Implementation Science techniques and is applicable to all consumers in varying degrees. We, as mental health nurses are challenged to plan a program of care directed at the relief of the problems and needs of the whole individual.

Evidence-based nursing practice is critical to deliver high-quality patient care and outcomes and is expected to form a part of all nurses' practice. Indeed our National Competency Standards mandate that all registered nurses must independently use relevant literature and research findings to improve current practice. This is why I see nursing research as a valuable asset to our service and to help guide the future of mental health nursing clinical practice.

In 2020, our nursing team were involved in a diverse range of projects and collaborations and I am pleased to showcase some of this wonderful work within this year's annual report.

DEVELOPING CLINICAL SUPERVISION CAPABILITY FOR NURSES AND MIDWIVES

Kobie Hatch from RBWH and Cathy Boyle from TPCH, two of our Nurse Educators, were sponsored and funded by the Chief Nursing and Midwifery Office (OCNMO) and Metro North Health Nursing to develop clinical supervision capability for nurses and midwives.

They developed of a Clinical Supervision Framework for Queensland Nurses and Midwives, for eventual implementation across all hospitals. Clinical Supervision is an evidence based professional development activity that has demonstrated benefits to people receiving care from nurses and midwife as well as benefitting clinical practice and overall organisational performance.

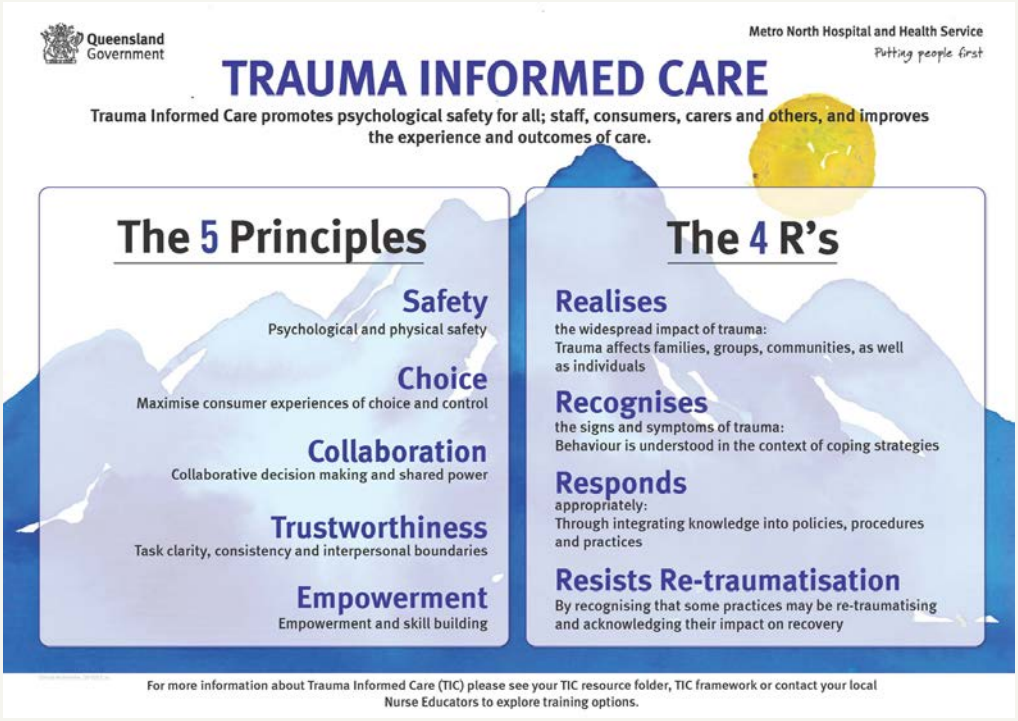
Kobie and Cathy also developed, piloted and evaluated a 4-Day Clinical Supervision Education and Training Workshop. Ethics exemption was obtained to evaluate this and demonstrated successful outcomes for preparing Nurses and Midwives (who do not have a background in Mental Health) to take on the role of Clinical Supervisor in the workplace.

Kobie was subsequently awarded the 2020 Sir Ian McFarlane Award for Excellence in Clinical Practice.

THE TRAUMA INFORMED CARE INITIATIVE

Another significant project that we undertook this year was related to our practice attitudes and how we communicate and acknowledge people who have experienced trauma. The Trauma Informed Care initiative was aimed at not only how we care for consumers but also the way that we treat each other in the workplace. The nursing leadership group applied for and were successful in being awarded over $300K in funding from OCNMO to develop this service improvement evaluation project early in the year. Much of the planning was completed prior to the onset of COVID-19 restrictions by the project team led by Clinical Associate Professor Lisa Fawcett, Nathan Dart and Associate Professor Niall Higgins included Robin Council, Lucinda Burton, Melanie Sullivan, Laura Freeburn and Tegan Louttit.

We included close consultation with our consumer and carer consulting group to help design and disseminate materials in the wards specifically for our consumers so that they can be aware of the changes that we are trying to make both at an individual practice level and at an organisational level. Changes were made to support practice through policy and MNMH procedural documentation that now include recognition of this important clinical practice. The Chief Operating Officer has recognised the value of this initiative and has sponsored the training of a further 50 trainers across Metro North Health for a broader roll-out across general clinical services.

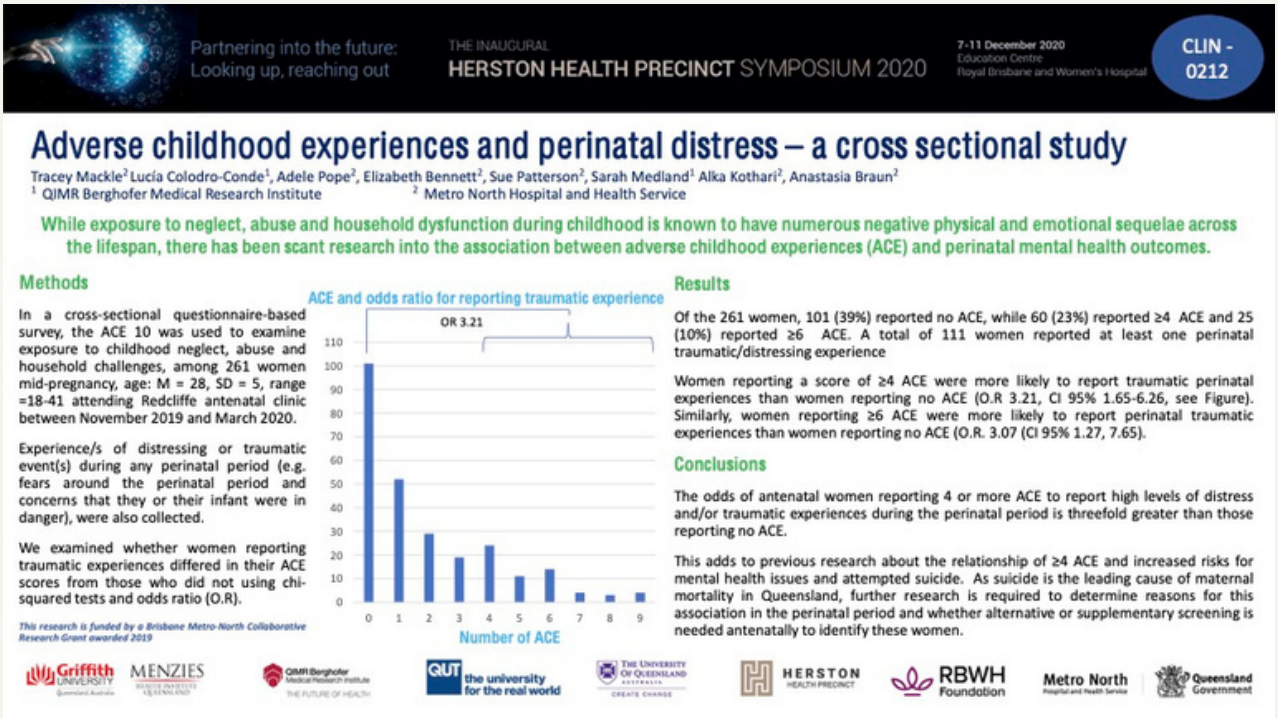


The majority of inpatient and community-based mental health staff from all disciplines were able to attend a Trauma Informed Care training program whilst keeping to the Covid-19 precautions.

DEVELOPING A SCREENING TOOL FOR PERINATAL POST-TRAUMATIC STRESS DISORDER (PN-PTSD)

Nursing and caring for people who have experienced trauma is a very important and contemporary area of active research. An interesting nurse led study that is currently being conducted by Tracey Mackle of the Perinatal Wellbeing Team aims to develop a screening tool for perinatal Post-Traumatic Stress Disorder (PN-PTSD). The research is in partnership with QMIR – Berghofer Medical Research Institute and together they have recruited 271 participants so far. This is a great achievement for the team given the difficulties encountered with the onset of Covid-19 restrictions. They have presented their interim results at various prestigious conferences during the year that include a ten-item questionnaire-based model that is 93% accurate in predicting PN-PTSD.

Tracey will build upon these impressive results for Phase II of her research to investigate postnatal assessment so that eventually Mental Health Nurse Practitioners will be better equipped to identify women at risk of, or currently experiencing trauma symptoms.

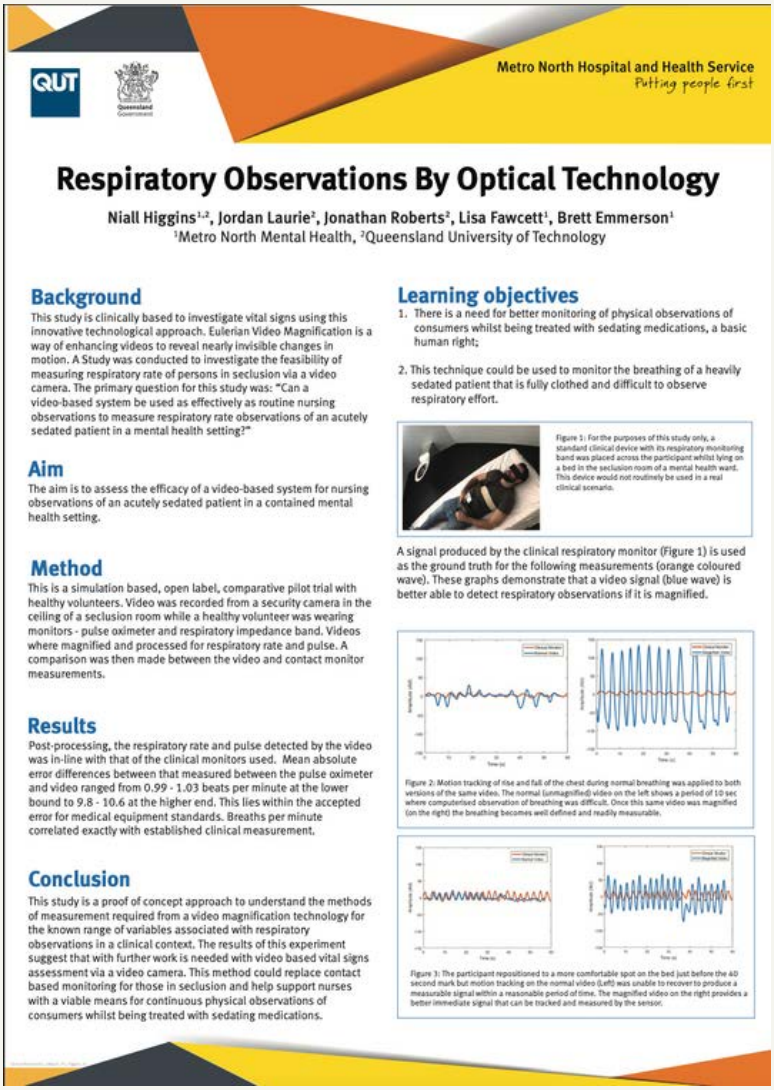


(Preliminary work presented at the Herston Health Precinct Symposium 2020)

SUPPORTING SAFE PRACTICE USING ASSISTIVE TECHNOLOGY

Other nursing research work was conducted on H-Floor and was aimed at exploring innovative ways to support safe practice by using assistive technology. Jordan Laurie from the QUT Engineering Faculty based much of his PhD on researching how state-of-the-art technology could be used to benefit consumers who have been administered sedating medications. In recognition of our endeavours toward Least Restrictive Practice, this research investigated how nurses could safely measure vital signs using non-touch techniques during the short period of time that consumers are being cared for in seclusion.

Jordan created a novel technique to measure heart rate using a camera under clinical conditions (which are very different from the ideal conditions in a laboratory). He also investigated the utility of using a camera technique that can magnify the rise and fall of chest movements in order to assist nurses with measuring respiratory rate. Many of the clinical staff on H-Floor assisted with this study by participating as healthy volunteers in seclusion as well as assisting with the observational arm of nursing respiratory rate measurement using before and after enhanced video footage. Both of these studies have been published and Jordan has just submitted his final thesis titled "Extending the applicability of non-contact vital signs assessment using RGB cameras".



Metro North Hospital and Health Service
Putting people first

Respiratory Observations By Optical Technology

Niall Higgins[1,2], Jordan Laurie[2], Jonathan Roberts[2], Lisa Fawcett[1], Brett Emmerson[1]
[1]Metro North Mental Health, [2]Queensland University of Technology

Background

This study is clinically based to investigate vital signs using this innovative technological approach. Eulerian Video Magnification is a way of enhancing videos to reveal nearly invisible changes in motion. A Study was conducted to investigate the feasibility of measuring respiratory rate of persons in seclusion via a video camera. The primary question for this study was: "Can a video-based system be used as effectively as routine nursing observations to measure respiratory rate observations of an acutely sedated patient in a mental health setting?"

Aim

The aim is to assess the efficacy of a video-based system for nursing observations of an acutely sedated patient in a contained mental health setting.

Method

This is a simulation based, open label, comparative pilot trial with healthy volunteers. Video was recorded from a security camera in the ceiling of a seclusion room while a healthy volunteer was wearing monitors - pulse oximeter and respiratory impedance band. Videos where magnified and processed for respiratory rate and pulse. A comparison was then made between the video and contact monitor measurements.

Results

Post-processing, the respiratory rate and pulse detected by the video was in-line with that of the clinical monitors used. Mean absolute error differences between that measured between the pulse oximeter and video ranged from 0.99 - 1.03 beats per minute at the lower bound to 9.8 - 10.6 at the higher end. This lies within the accepted error for medical equipment standards. Breaths per minute correlated exactly with established clinical measurement.

Conclusion

This study is a proof of concept approach to understand the methods of measurement required from a video magnification technology for the known range of variables associated with respiratory observations in a clinical context. The results of this experiment suggest that with further work is needed with video based vital signs assessment via a video camera. This method could replace contact based monitoring for those in seclusion and help support nurses with a viable means for continuous physical observations of consumers whilst being treated with sedating medications.

Learning objectives

1. There is a need for better monitoring of physical observations of consumers whilst being treated with sedating medications, a basic human right;
2. This technique could be used to monitor the breathing of a heavily sedated patient that is fully clothed and difficult to observe respiratory effort.

Figure 1: For the purposes of this study only, a standard clinical device with its respiratory monitoring band was placed across the participant whilst lying on a bed in the seclusion room of a mental health ward. This device would not routinely be used in a real clinical scenario.

A signal produced by the clinical respiratory monitor (Figure 1) is used as the ground truth for the following measurements (orange coloured wave). These graphs demonstrate that a video signal (blue wave) is better able to detect respiratory observations if it is magnified.

Figure 2: Motion tracking of rise and fall of the chest during normal breathing was applied to both versions of the same video. The normal (unmagnified) video on the left shows a period of 10 sec where computerised observation of breathing was difficult. Once this same video was magnified (on the right) the breathing becomes well defined and readily measurable.

Figure 3: The participant repositioned to a more comfortable spot on the bed just before the 40 second mark but motion tracking on the normal video (Left) was unable to recover to produce a measurable signal within a reasonable period of time. The magnified video on the right provides a better immediate signal that can be tracked and measured by the sensor.

Laurie J, Higgins N, Peynot T, Roberts J. Dedicated Exposure Control for Remote Photoplethysmography. IEEE access. 2020;8:116642-52.. IEEE Access, 8, 116642-116652.

8. ALLIED HEALTH RESEARCH

Multi-Displinary Teams in Action

Allied Health (AH) make up a major part of Metro North Mental Health's workforce. Our team comprises psychology, social work, occupational therapy (including a music therapist) and dietetics. Working in multi-disciplinary teams with medical and nursing clinicians, our AH clinicians implement therapeutic and environmental interventions across inpatient and community settings.

We asked Kylie Garrick, the MNMH Director of Allied Health about the role research has within the busy and demanding clinical activities of this diverse workforce. Here's what she said.

INTRODUCTION

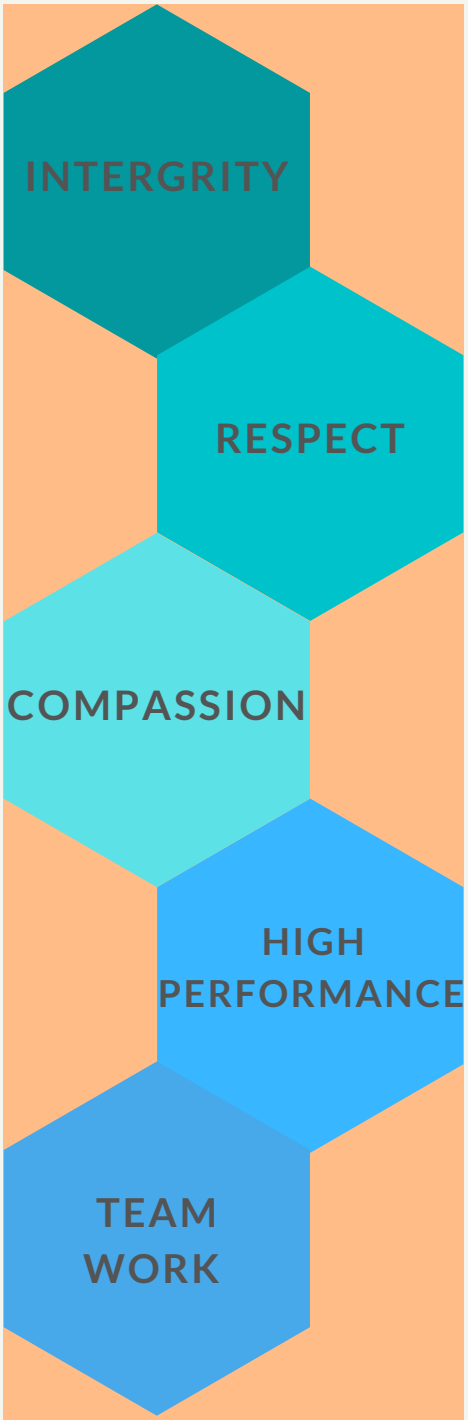
Kylie Garrick Director, Allied Health

In my role as Allied Health Director for MNMH I primarily consider myself to be a "consumer of research". Research is an essential part of evidence-based practice in an evolving clinical service. As clinicians we need to recognise that we don't know everything. We need to "think like a scientist": set up hypotheses about what will help our clients and test them. This way of thinking and having access to new and emerging evidence relating to mental health care, means we are open to new perspectives and improving what we do. It gives us opportunities to "do better".

The research undertaken by AH clinicians and students at MNMH helps to increase our understanding of mental health conditions and the best ways to support consumers of our service. However, the majority of our AH team are primarily engaged in direct clinical work and are not actively engaged in research. As an organisational psychologist, I believe that it is essential that we foster a "learning mind" in ourselves and those we supervise and work with.

My role as Director is, in part, to be "the bridge" between clinicians and research. This means encouraging clinicians to keep their knowledge and skills up-to-date by using evidence to inform their practice. So while they may not be actively designing and conducting research they are approaching their work as a "scientist-practitioner", using evidence within the clinical space to guide our care plans for clients and to build an effective service system.

It also means supporting clinicians to undertake or participate in research that is strategically relevant to our service and its consumers.



My approach to this work is guided by Metro North's Values in Action: integrity, respect, compassion, high performance and teamwork. It is through these values that I hope to promote a culture of continuous learning. Each year I choose a "Word of the Year" to help with this. Last year the word was "Pivot" in recognition of the completely novel situation that we faced.

Dealing with the impact of COVID-19 had an enormous cognitive load on everyone and required us to evolve our practices to meet people's needs. The need to think on our feet and "set up and test hypotheses" was extraordinary. This did also provide opportunities for health care innovation though. For example, the extent to which Wi-Fi and Bluetooth were able to be used to maintain and deliver care is really exciting.

I am pleased to introduce the Allied Health section of the 2020 Annual Report and I would like to commend staff for keeping that learning and growth mind last year and for their "we can do this" attitude that showed how flexible and adaptable our team is. I'd also like to thank all of the MNMH Allied Health team who are embarking on formalised research. I know how hard it is and appreciate everyone's efforts.

2021 WORD OF THE YEAR

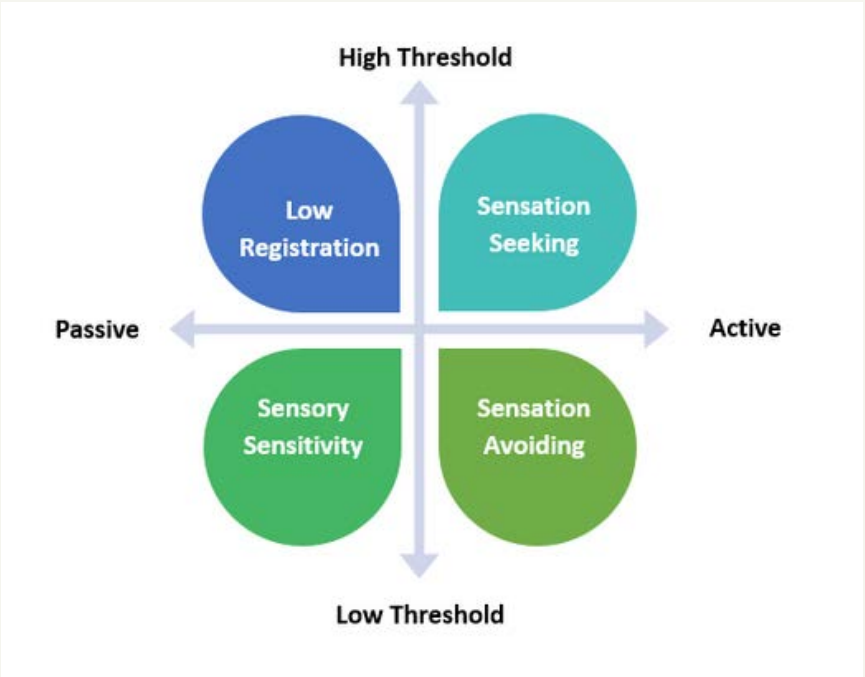
"Wonder"

Center your focus
Remember our values
Be curious
Look for the positive intention
FIND THE "WOW, HOW COOL IS THAT" MOMENTS

SUBSTANCES AND YOUR SENSES: THE SENSORY PATTERNS OF YOUNG PEOPLE WITHIN AN ALCOHOL AND DRUG TREATMENT SERVICE

Sensory processing has been shown to be linked to individual neurological thresholds for response to stimulus, i.e. how much stimulus is necessary to produce a response. A popular model used to explain this is called Dunn's 4 Quadrant Model for Sensory Processing. Dunn's Model suggests that those with a higher sensory threshold may fail or are slower to detect stimulus. Conversely, people with a lower threshold notice more environmental stimuli, so much so that they can become distracted or uncomfortable by the amount of stimuli they are processing. These responses are due to passive self-regulation. Alternatively, where a person actively responds to the stimuli they are processing, those with a high threshold may seek out sensory rich situations. Alternatively, low threshold people may avoid such environments which may overwhelm or irritate them. This is called sensation seeking and avoiding.

A team of Metro North Mental Health clinician researchers working in our Alcohol and Drug Services led by John Kelly, recently collaborated on a project that explored the sensory patterns of young people seeking support for substance use disorders from the Biala Psychosocial Treatment Team. The study aimed to investigate the sensory patterns of participants and associations between these patterns and young peoples substance use, trauma experiences, quality of life, mental and physical health.



Eighty-seven young people (mean age 20.8 years) took part in the cross-sectional quantitative research project. Participants completed the service's standard psychometric measures and biopsychsocial clinical interview with their treating clinician during the initial assessment. Consenting study participants also completed the Adolescent/Adult Sensory Profile (AASP*) during their next session.

SUBSTANCE ABUSE
https://doi.org/10.1080/08897077.2021.1901177

Taylor & Francis

ORIGINAL RESEARCH

Check for updates

Substances and your senses: The sensory patterns of young people within an alcohol and drug treatment service

John Kelly, BA (Psych) PostGradDipPsych[a], Pamela Joy Meredith, PhD, BA(Hons), BSc, BOccThy[b], Michelle Taylor, MA, BOccthy[c], Amanda Morphett, MSW[a], and Hollie Wilson, PhD, BPsych[a]

[a]Metro North Mental Health – Alcohol and Drug Service, Brisbane, Australia; [b]School of Health, Medical and Applied Sciences, Central Queensland University, Rockhampton, Australia; [c]Insight Statewide Drug and Alcohol Training Unit, Metro North Mental Health – Alcohol and Drug Service, Brisbane, Australia

ABSTRACT

Background: Substance use disorders (SUD) and trauma histories in adults have been linked with sensory processing patterns that are significantly different from the general population. Nevertheless, no studies have investigated sensory patterns, or the variables with which they are related, in youth with SUD. This study aimed to compare sensory patterns of this sample with normative data and consider associations between sensory patterns and: substance use, trauma, quality-of-life, mental and physical health. *Methods:* A cross-sectional quantitative research design was employed with a sample of 87 young people (mean age = 20.8 years) with SUD voluntarily attending a specialist youth outpatient alcohol and other drug (AOD) service. For participants, the Adolescent Adult Sensory Profile was added to measures routinely collected at the service. *Results:* Participants' sensory processing patterns for low registration, sensory sensitivity, and sensation avoiding were significantly higher than the normative population, while sensation seeking was both lower and higher. Ninety-one percent reported atypical scores on one or more sensory patterns. High rates of probable Post-Traumatic-Stress-Disorder (PTSD), psychological distress, and low quality-of-life were also reported, which were meaningfully related with sensory patterns. *Conclusion:* Young people reported complex combinations of sensory processing patterns, with comorbid probable PTSD, psychological distress, and low quality-of-life. Findings reflect studies with adult AOD, trauma, and other clinical conditions, and highlight the potential value of screening for sensory patterns and applying transdiagnostic approaches which simultaneously address substance use, mental health, trauma and sensory needs to optimize outcomes for young people with SUD.

KEYWORDS
Sensory processing; young adults; trauma; substance-related disorders

Results from the study showed that the complex interrelation between the young people's substance use disorder, trauma and mental health concerns and atypical sensory processing patterns. Young people reported complex combinations of sensory processing patterns, with comorbid probable PTSD, psychological distress, and low quality-of-life. Findings suggest that sensory-based interventions that have been found effective within mental health clinical samples could be useful with young people who have AOD concerns and may help address their multiple treatment needs. As found in studies with adults with complex mental health issues, sensory interventions can enhance community participation and improve recovery outcomes, which may improve the engagement, retention, and recovery for young people within AOD treatment. John and his team therefore suggest that sensory approaches offer promise as a component of trauma-informed care and recovery-oriented practice in mental health and AOD services and that there may be value in greater adoption of transdiagnostic approaches that simultaneously address substance use, mental health, trauma and sensory patterns.

*Brown C, Dunn W. Sensory Profile User's Manual. San Antonio, TX: Psychological Corporation; 2002.

CLOSING THE PHYSICAL HEALTH GAP FOR PEOPLE WITH SEVERE MENTAL ILLNESS

Cassie Benson (née Hoole)
Inpatient Mental Health Dietitian
Project Community Dietitian

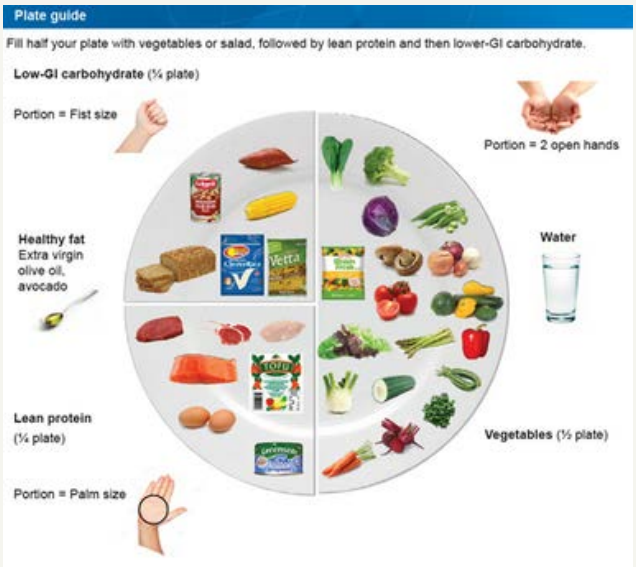
A new project addressing the nutrition of people living with severe mental illness (SMI) was commenced in late 2020. This dietitian led clinic was established with funding from Janssen and operates at both the Valley Mental Health Service and E floor outpatients at the RBWH. Led by Dietitian, Cassie Benson (née Hoole), this is the first clinic of its kind to be implemented within Queensland Health and will provide information on how best to integrate dietitians into the community multidisciplinary mental health team and build evidence regarding the impact of community delivered dietetics on meaningful outcomes for consumers.

This clinic is an important addition to outpatient services at Metro North Mental Health. As Cassie explained:

"People living with SMI experience a 20- year life expectancy gap as a result of cardiometabolic disease (e.g., diabetes, and cardiovascular disease). This is largely linked to poor diet. Treatments involving antipsychotic medications add further to these poor outcomes, with consumers gaining an average of 12kg and continuing to gain weight throughout the course of their illness".

But the good news is that diet is a modifiable risk factor. Dietary intervention delivered by a Dietitian during one-on-one consultations has been shown to prevent clinically significant weight gain in 75% of consumers commencing antipsychotics and significantly improve depression scores of those diagnosed with clinical depression. As a result, Dietary intervention is recommended as part of the cardiometabolic care for people being treated for a mental illness. However, people with SMI are currently not eligible to attend outpatient dietitian clinics offered at RBWH meaning that this vulnerable group experience inequality that places them at greater risk for adverse physical outcomes. Additionally, there is a need for dietary interventions to be delivered by clinicians with specialist mental health knowledge in order to ensure mental health factors are effectively incorporated. Alternative solutions and pathways to care are therefore needed to ensure sensitive, adequate and timely care is provided.

The Royal Australian and New Zealand College of Psychiatry has recognised the importance of diet in mental illness in their 2020 review, and recommends healthy diet as part of the foundational treatment of mood disorders.



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The clinic is available to all MNMH service users with referral by a clinician. Priority is given to those who are currently taking antipsychotics with known weight gaining side effects and a diagnosis of metabolic syndrome. Consumers receive six individual consultations with a dietitian. The dietary intervention comprises a structured approach that allows for flexible tailoring to meet the needs of each individual. Sessions can include discussions about eating out, convenience meals, healthy snacking and label reading.

Cassie is currently evaluating the clinic to assess the feasibility, acceptability and effectiveness of this new model of care. The aim of the evaluation of the clinic is to assess the feasibility and acceptability of delivering this service to both patients and staff. Cassie says that they expected the clinic would be well received given the interest circulated about dietetic involvement in the outpatient setting prior to commencing.

As part of the pilot of the clinic, Cassie aimed to evaluate the effectiveness of the dietitian advice provided by measuring weight, metabolic bloods and nutritional intake through diet recalls at the initial and final appointments. Early indicators are promising with the clinic seeing 26 consumers and another 14 wait-listed. Retention rates are high (85%) and the clinic has received positive feedback from consumers as well as Mental Health staff. Patients who attended all sessions over the three months experienced stabilisation of their weight, with some losing up to 6 kg.

"I'm surprised, I've really enjoyed it ... Cassie gave me lots of tips and ways to cook things I never thought of before .. or things to put together .. its been really good.. I eat better food now and I feel better" – Clinic User

"I can still have ice cream; I was happy about that ...I thought I would have to stop eating it – though I should probably not eat the whole box of them.. I should wait 15 minutes after the first one and see if I want another .. and you know what – sometimes I don't want another one" – Clinic User

"I just need to eat more fruit and veg – I thought she would suggest fancy stuff – but its normal stuff, like buy 7 oranges and eat one every day .. I can do that" – Clinic User

Cassie says she is most excited about improving the diet quality of all her patients. "Educating patients on what they can have, rather than what they can't. Diet quality (variety across all the food groups) is associated with the greatest improvements in physical and mental health outcomes, rather than weight alone".

"Its provided me, as a clinician, the opportunity to continue the conversations around healthy eating and better choices with my consumer who attended the clinic – he is happy to talk about the new things he has learnt and about the changes he is making to his diet" – Mental Health Clinician

"The clinic has been amazing – the dietician was able to take into consideration consumers mental state and adjust advice accordingly – she was able to suggest easy, healthy frozen meals for when people weren't feeling up to cooking a meal from scratch; her ability to change her advice and meet the needs of the consumer was really good" – Mental Health Clinician

SUPPORTING RESEARCH

Conducting research and evaluation within a large and extremely demanding clinical hospital is challenging and takes commitment and support from clinicians, supervisors and management.
At Metro North Mental Health we have wonderful research champions who are not only experts in their fields, providing excellent care to service users but who are generous in their commitment to promoting the skills and professional goals of their fellow health workers.

During the last 5 years, Dr Hollie Wilson has been a research ambassador within MNMH-ADS, which is the largest Alcohol and Other Drug (AOD) service in Queensland and hosts three Statewide AOD services. Having had a significant 15-year background as an academic prior to entering the public service, Hollie has brought energy and drive for research and continuous improvement to her role, team and the broader MNMH service. Hollie is passionate about providing support and mentoring for clinicians to learn about and participate in research.

She has established and facilitates the ADS Research Champions Network which has 29 members who are actively conducting and collaborating on research projects that aim to create meaningful differences in the lives of clients with alcohol and other drug addictions and the clinicians who support them.

We asked Hollie to share her thoughts about the importance of building research capacity within our Mental Health and Alcohol and Drug Service.

Dr Hollie Wilson
Director, ADIS 24/7 Alcohol and Drug Support

Your team has a strong focus on research. Why do you think this is important?
We work in an environment where demand exceeds capacity in alcohol and drug treatment and continuous improvement is vital to ensure our clients get the right care at the right time. Research is a vital element in evaluating the effectiveness of our programs and implementing new and novel ways to assist our clients.

How did you/are you building this research culture within your team?
We actively encourage and support staff to undertake and lead all aspects of research. Our Research Champions Network is a big part of this. The team meets every 6 weeks for two hours, with representatives from all disciplines including Medical, Psychology, Social Work, Nursing, Occupational Therapy and the MNMH executive. The network has helped us to embed a research culture within our large and growing clinical team and to improve staff satisfaction and productivity.

Last year was a really challenging year. How did this impact your team? What were the challenges you faced in keeping research on the agenda?

Last year we needed to focus our energies on service response due to the increased demand. It was challenging clinically and hard to keep research going. The Alcohol and Drug Service doesn't have any dedicated research positions (our research program is driven by the clinicians and team leaders in the Research Champions Network).

To try to keep some energy and drive, both for our clinical work and our research, we continued to hold staff research forums throughout the year.

What were some of the highlights for research in AOD in 2020?

A number of projects were running within ADS in 2020, including a focus on reducing barriers to treatment for priority populations and exploring the value of sensory approaches for young people in AOD treatment.

Students are an important part of research in your team. Can you tell us a little about that?

Our team regularly supervises QUT psychology (honours and masters) students who are undertaking the research components of their degrees. At the beginning of each year we advertise projects to students and students then have the opportunity to choose a project they are interested in. Students get to be a part of the whole research process – from preparing the project plan and ethics submission, to data collection and where possible, involvement in authoring a paper or presentation.

Hosting students is a great way to kickstart projects and give students the opportunity to work on research with real world clinical outcomes. It is also a great way to introduce a new generation of clinician-researchers to AOD services.

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9. MEDICAL RESEARCH

Evidence-based Practice & Training the Next Generation

INTRODUCTION

James Scott and Andrew Teodorczuk

The strength of a Mental Health Service comes from a focus on evidence-based practice and an overarching philosophy of continual improvement. Achieving this requires the integration of clinical and research activities. First is the critical use of existing and new literature to inform current practice. This is something all Mental Health practitioners should strive to regularly embed within their work. Another approach that shapes our clinical practice and service system is to directly conduct and participate in building new knowledge and skills. MNMH's medical team focuses on encouraging staff to identify and explore research and evaluation questions that produce meaningful changes in the way we care for our consumers, with a strong focus on promoting the development and training of next generation psychiatrists via the registrar program and support for "Scholarly Projects". Research conducted by our psychiatry consultants and registrars varies from involvement in large-scale clinical trials to clinical audits designed to assess how our practice meets established National and International best practice guidelines, qualitative studies providing in depth information on factors affecting staff and consumers and systematic reviews that synthesise current evidence for a particular clinical issue or practice.

These activities are imperative if we are to deliver a world class service that continually strives to provide best practice care for service users and to contribute to the health of our community. In a year that clinical work was compounded by extraordinary stresses and strains on mental health consumers and the Metro North Mental Health Service system we commend our clinical team for their diligence and efforts to maintain an evidence-based and learning-focused culture. This section provides some highlights of the work that was conducted during 2020.

ADJUNCTIVE GARCINIA MANGOSTANA LINN. (MANGOSTEEN) PERICARP FOR SCHIZOPHRENIA: A 24-WEEK DOUBLE-BLIND, RANDOMIZED, PLACEBO CONTROLLED EFFICACY TRIAL.

For those who, like most of us, don't know of the mangosteen, it is a tropical fruit which has long been used in traditional medicine. The rind of a Mangosteen is used to treat a variety of things from obesity and serious gum infections to skin conditions. However, the scientific evidence for its efficacy, even for these uses, is lacking. More recently, the Mangosteen has been subject to scientific investigation due to its bioactive compounds. These compounds have been implicated in the treatment of the symptoms of schizophrenia and schizoaffective disorder under the DSM-V, by targeting the theorised biological pathways of schizophrenia.

In a collaborative project, Professor James Scott and colleagues looked at 148 participants (mean age 38.9), half of which were assigned a 1,000mg/day dose of Mangosteen. The other half were given placebo. The primary outcome of interest was the Positive and Negative Syndrome Scale which evaluates the positive, negative and general psychopathology symptoms of schizophrenia. The treatment group has significantly higher symptom severity compared to the control group. However, both groups saw improvement in their symptoms over the 28 weeks of the study.

Study findings did not support previous findings that Mangosteen is an effective adjunctive treatment for schizophrenia or schizoaffective disorder as no between-group differences were found for the treatment and placebo groups.

Original Research

Adjunctive *Garcinia mangostana* Linn. (Mangosteen) Pericarp for Schizophrenia: A 24-Week Double-blind, Randomized, Placebo Controlled Efficacy Trial

The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie
2021, Vol. 66(4) 354-366

DOI: 10.1177/0706743720982437
TheCJP.ca | LaRCP.ca
SAGE

Péricarpe d'appoint Garcinia mangostana Linn (mangoustan) pour la schizophrénie : un essai d'efficacité de 24 semaines, à double insu, randomisé et contrôlé par placebo

Alyna Turner, PhD[1,2], Andrea Baker, MMHNurse[3], Olivia M. Dean, PhD[1,4], Adam J. Walker, PhD[1], Seetal Dodd, PhD[1,5,6], Susan M. Cotton, PhD[6,7], James G. Scott, PhD[3,8,9], Bianca E. Kavanagh, BA(Psych)(Hons)[1], Melanie M. Ashton, PhD[1], Ellie Brown, DCounsPsych[1,6,7], John J. McGrath, MD, PhD[3,10,11], and Michael Berk, MD, PhD[1,4,5,6,7]

Abstract

Objectives: *Garcinia mangostana* Linn. ("mangosteen") pericarp contains bioactive compounds that may target biological pathways implicated in schizophrenia. We conducted a double-blind randomized placebo-controlled trial evaluating the efficacy of adjunctive mangosteen pericarp, compared to placebo, in the treatment of schizophrenia.

Methods: People diagnosed with schizophrenia or schizoaffective disorder (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*), recruited across 2 sites (Brisbane and Victoria, Australia), were randomized to receive 24 weeks of adjunctive mangosteen pericarp (1,000 mg/day) or matched placebo. The primary outcome measure was the Positive and Negative Symptom Scale total score. Secondary outcomes included positive and negative symptoms, general psychopathology, clinical global severity and improvement, participant reported overall improvement, depressive symptoms, functioning, quality of life, and safety data at 24 and 28 weeks (4 weeks postdiscontinuation). Data were collected from July 2016 to February 2019.

Results: Baseline assessments were conducted on 148 people (mangosteen = 74, placebo = 74); data analyses were conducted on 136 (92%) participants with postbaseline data. The treatment group had significantly higher symptom severity compared to placebo, and both groups significantly improved on all symptom, functioning, and quality of life measures over time. No between-group differences were found for the rate of change between baseline and 24 or 28 weeks.

RANDOMISED CONTROL TRIAL OF SOCIAL COGNITION AND INTERACTION TRAINING COMPARED TO BEFRIENDING GROUP

Problems with social cognition are common amongst people with schizophrenia and finding interventions to assist in this area is a priority in the field. In a collaborative project, Professsor James Scott, Dr Anne Gordon and Colleagues conducted a randomised control trial to test the effectiveness of Social Cognition Interaction Training (SCIT) as a possible intervention in this area. SCIT is a group-based therapy which consists of three phases 'Introduction & Emotions', 'Figuring out Situations', and 'Checking it out' aimed to improve social cognition. Although previous research in this area has produced inconsistent results, SCIT has been associated with improvements in social cognition and social functioning among people with schizophrenia and the research team was hoping to find significant improvement through the use of SCIT than that seen in the control group. Befriending Therapy (BT) was used as the active control group. BT is similar to SCIT in many respects (e.g. group based, duration and frequency) however, it does not include social cognitive skills training. It involves group conversations focusing on neutral topics of interest to the participants.


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British Journal of Clinical Psychology (2020), 59, 384–402

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Randomized controlled trial of social cognition and interaction training compared to befriending group

Frances Dark[1]*, James G. Scott[2,3,4], Andrea Baker[4], Stephen Parker[5], Anne Gordon[3], Ellie Newman[6], Victoria Gore-Jones[1], Carmen C. W. Lim[4,7], Lyndall Jones[8] and David L. Penn[9,10]

Over a 12-week period 120 adults on the schizophrenia spectrum either received SCIT or BT. Neurological assessments in social cognition, social functioning and meta-cognition were conducted to establish as baseline, again post intervention and at a 3-month follow up.

No significant difference was evident between groups, although there was a statistically non-significant trend of improvement in both groups. Despite these findings, the authors said the following in regards to the future of research in this area:

"There is a very high level of disability experienced by many living with schizophrenia. To date, pharmacotherapy has been ineffective for social cognitive and neurocognitive impairments. It is essential that researchers and clinicians continue to collaborate in order to develop and evaluate psychosocial interventions, which aim to improve the lives of people living with schizophrenia."

METRO NORTH RESEARCH FELLOWSHIP 2020 AWARD: ASSOCIATE PROFESSOR DYLAN FLAWS

Associate Professor Dylan Flaws recently completed his Psychiatric Registrar program and is currently the Consultant Psychiatrist for the Redcliffe-Caboolture Hospital's Short Stay Unit. Alongside these demanding clinical roles Dylan has been busy establishing a flourishing early researcher career. He is leading multiple streams of research and building national and international collaborations that aim to improve identification, diagnosis and care for people as they recover from a critical illness. In 2020 Dylan's work was recognised with a Metro North Research Fellowship. This prestigious fellowship will allow him to progress his program of research designed to improve outcomes for patients as they journey from the intensive care unit back home.

We asked Dylan to tell us about more about his research and the role of research within a busy clinical role.

Congratulations on the Research Fellowship! What does this award mean to you?
This fellowship allows me to truly pursue my goal of being a clinician-scientist. I have protected time to pursue a program of research looking at how people recover after surviving a critical illness. I can use this time to take what I am seeing in my clinical work and find ways to do things better. I can also use that time to help build a research culture in our service. I would love to see more and more happen.

Your fellowship will focus on patients who experience a critical illness. Can you tell us what you have planned and why this work is so critical?
Over the past few decades, studies have shown high rates of anxiety, depression and PTSD among patients discharged from ICU as well as their carers and families. Patients can also have lasting physical or cognitive impairments, and all these issues have been shown to persist for years after they return home from hospital.

While we know that this "post-intensive care syndrome" (PICS) has a significant economic and emotional burden on the patient, their family and our society, we still don't know how best to predict, prevent, diagnose or treat it.

This program of research plans to explore this problem from several different angles, including following up patients over time after they leave ICU's across Metro North to measure the size and shape of the problem in our own service, and to develop some decision-aids to help clinicians both predict and screen for PICS. We are also going to conduct a qualitative study of patients leaving ICU after a physical trauma. This study will explore the patient's recovery experience, and ask what their needs, goals and priorities are from a health service as they return home.

Ultimately, we plan to conduct a co-design of an ideal post-ICU pathway to help patients in ICU as they transition out of hospital and resume their lives. This study parallels with several other projects looking at improving the ICU environment itself, and planned projects to look at the transplant population in more detail.

You have prioritised research throughout your career. Why do you think research is such an important part of being a psychiatrist (and a health professional more generally)?
I have two strong memories from medical school.
The first is the day during my GP rotation where I advocated for a patient to get an ECG because I didn't think his pain was "just reflux" and it turned out he was having a major heart attack. As far as I'm aware, this was the first life I saved in my career.
The second was the day I sat down to look at the impact the "chest pain score" I made for my PhD was having in the hospital where it had been used clinically for a year or two. The score allows patients to be processed faster so doctors could move on to the next waiting patient. I worked out that one "good idea" I'd had before I even finished my medical training had already saved more clinical time than I will spend during my entire clinical career.

Demand for mental health services has never been higher than this past year. How do you balance your research goals with the busy and overriding clinical parts of your work?
The greatest challenge of the clinician-scientist is managing competing demands. Your work life has two compartments, and their needs differ. In my mind, the whole thing is about helping patients. Patient needs always must come first, and that requires a degree of flexibility as to when the research can be conducted. Fortunately, the people I work with in both compartments recognise just how important the other half is, and we work constructively on ensuring that the needs of both compartments are met.

Do you have any advice for new and emerging clinicians who would like to get involved in research?
Show your interest and get involved! There's never a perfect time to take up research, and researchers are always grateful for clinician input in their projects. You already bring a valuable clinical expertise to the table, and the research skills can be learned along the way. Start with the simple tasks like data collection and entry, and work your way up from there. Most importantly, you probably have some very good ideas. I thought of a way to improve chest pain management before I was a doctor and nearly didn't share it out of fear that it might seem silly. I'm so glad I spoke up.

A/Prof. Dylan Flaws with the other 2021 Metro North Clinical research fellows; A/Prof. Lata Vadlamudi, A/Prof. Victoria Eley, Ms Natasha Roberts, and Dr Thuy Frakking at the Fellows Welcome Breakfast.

REGISTRAR PROGRAM: THE SCHOLARLY PROJECT

Stephen Parker (Research Psychiatrist; TPCH)

Developing critical appraisal and research skills is one focus in the training of Psychiatrists through the RANZCP. The Scholarly Project requirement is an important way Psychiatry Registrars develop the research skills that will help them understand, keep up to date throughout their professional careers, lead quality improvement activities, and improve service outcomes for consumers and carers.
The enthusiasm with which Metro North Registrars have embraced opportunities to contribute to service development, quality improvement, and research is impressive. All Metro North trainees who submitted a Scholarly Project (or exemption application) in 2020 have now successfully fulfilled this training requirement.

In my capacity as a Research Psychiatrist at TPCH, I have been working to ensure all Registrars have a plan for their Scholarly Project that aligns with their interests and will result in a tangible benefit for consumers, carers, and the service. I look forward to seeing these projects make a meaningful impact in 2021.

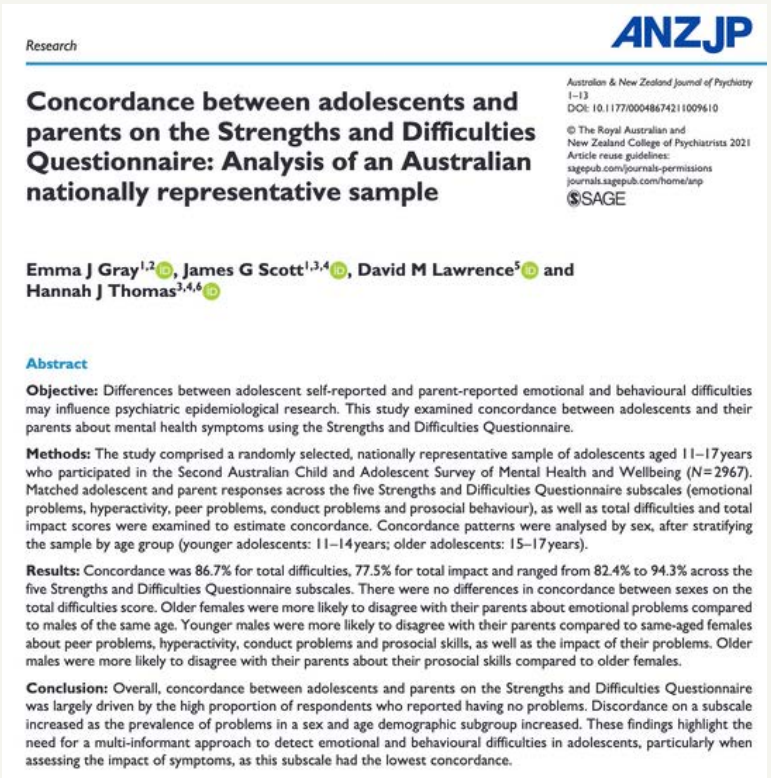
CONCORDANCE BETWEEN ADOLESCENTS AND PARENTS ON THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE: ANALYSIS OF AN AUSTRALIAN NATIONALLY REPRESENTATIVE SAMPLE

Emma Gray and Prof. James Scott sought to understand how both parents and their adolescent children (aged 11 to 17) agree and or disagree about mental health symptoms and the potential impacts of these symptoms.

The study investigated responses of a large group 11 to 17 year olds (*N*=2,967) on a Strengths and Difficulties Questionnarie with subscales in emotional problems, hyperactivity, peer problems, conduct problems and prosocial behaviour. These responses were matched with a parental response to estimate concordance.

Overall, concordance occurred at a rate of 86.7% for total difficulties. They found that the concordance rates were mostly driven by reports of no mental health problems with rates of 77.5% of the total impact and a range between 82.4% and 94.3% across strengths and difficulties subscales.

Further, there were no differences between male and female on total difficulties but some difficulties emerge on the subscales. Specifically, females disagreed more with their parents when it came to emotional problems. Younger males (11-14 years) disagreed more with their parents compared to young females about the impact of their problems as well as peer problems, hyperactivity, conduct problems and prosocial skills. Alternatively, older males (15-17 years) were more likely to disagree with their parents about prosocial skills compared to similarly aged females.



Research

ANZJP

Concordance between adolescents and parents on the Strengths and Difficulties Questionnaire: Analysis of an Australian nationally representative sample

Australian & New Zealand Journal of Psychiatry
1–13
DOI: 10.1177/0004867421009610

SAGE

Emma J Gray[1,2], James G Scott[1,3,4], David M Lawrence[5] and Hannah J Thomas[3,4,6]

Abstract

Objective: Differences between adolescent self-reported and parent-reported emotional and behavioural difficulties may influence psychiatric epidemiological research. This study examined concordance between adolescents and their parents about mental health symptoms using the Strengths and Difficulties Questionnaire.

Methods: The study comprised a randomly selected, nationally representative sample of adolescents aged 11–17 years who participated in the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (*N*=2967). Matched adolescent and parent responses across the five Strengths and Difficulties Questionnaire subscales (emotional problems, hyperactivity, peer problems, conduct problems and prosocial behaviour), as well as total difficulties and total impact scores were examined to estimate concordance. Concordance patterns were analysed by sex, after stratifying the sample by age group (younger adolescents: 11–14 years; older adolescents: 15–17 years).

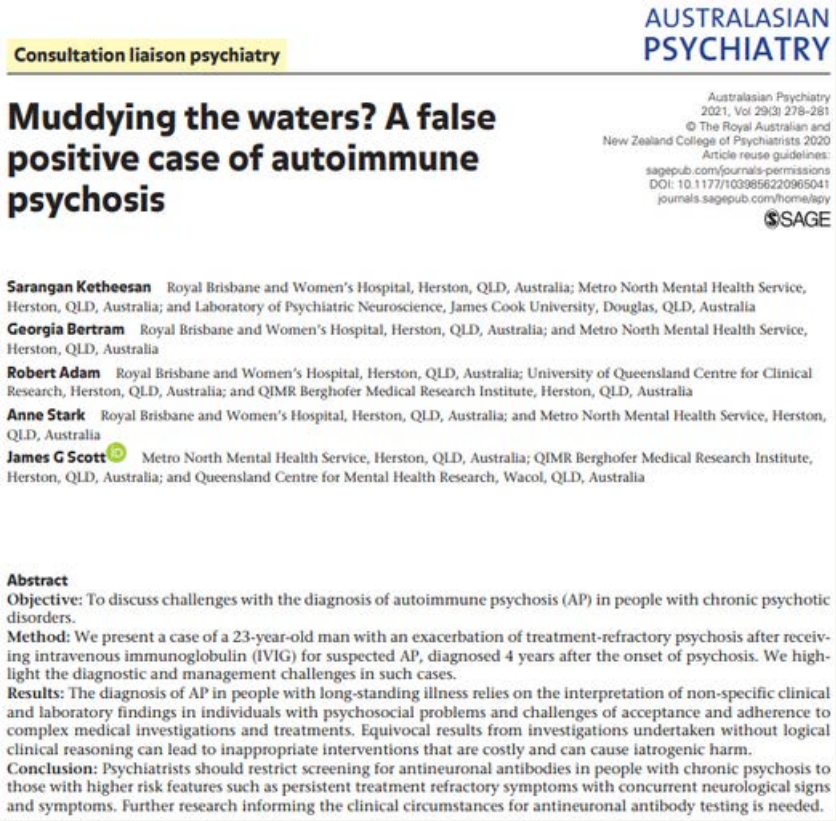
Results: Concordance was 86.7% for total difficulties, 77.5% for total impact and ranged from 82.4% to 94.3% across the five Strengths and Difficulties Questionnaire subscales. There were no differences in concordance between sexes on the total difficulties score. Older females were more likely to disagree with their parents about emotional problems compared to males of the same age. Younger males were more likely to disagree with their parents compared to same-aged females about peer problems, hyperactivity, conduct problems and prosocial skills, as well as the impact of their problems. Older males were more likely to disagree with their parents about their prosocial skills compared to older females.

Conclusion: Overall, concordance between adolescents and parents on the Strengths and Difficulties Questionnaire was largely driven by the high proportion of respondents who reported having no problems. Discordance on a subscale increased as the prevalence of problems in a sex and age demographic subgroup increased. These findings highlight the need for a multi-informant approach to detect emotional and behavioural difficulties in adolescents, particularly when assessing the impact of symptoms, as this subscale had the lowest concordance.

These findings highlight the need for multi-informant approaches when dealing with emotional and behavioural difficulties in this age group. Particularly, this project provides insight into how best to collect information about consumers that will lead to providing them with the best possible care and as such will greatly inform procedures moving forward.

MUDDYING THE WATERS? A FALSE POSITIVE CASE OF AUTOIMMUNE PSYCHOSIS

Sarangan Katheesan, Georgia Bertram, Anne Stark and James Scott, all of Metro North, alongside Robert Adam of the RBWH, published an insightful case study of a 23-year-old man with an exacerbation of treatment-refractory psychosis after receiving intravenous immunoglobulin (IVIG) for suspected autoimmune psychosis (AP). The patient was first treated for cannabis-induced psychotic disorder at 17 and had various admissions over 2 years for psychotic episodes eventually leading to his diagnosis of schizophrenia at 19. Despite treatment for schizophrenia, he had further admissions for exacerbated psychosis in the context of amphetamine use. Once the patient had ceased using substances in 2018, he was investigated for anti-NMDAR antibodies. The tests for which were found to be positive.



Consultation liaison psychiatry

AUSTRALASIAN PSYCHIATRY

Muddying the waters? A false positive case of autoimmune psychosis

Australasian Psychiatry
2021, Vol 29(3) 278–281

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SAGE

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Robert Adam Royal Brisbane and Women's Hospital, Herston, QLD, Australia; University of Queensland Centre for Clinical Research, Herston, QLD, Australia; and QIMR Berghofer Medical Research Institute, Herston, QLD, Australia
Anne Stark Royal Brisbane and Women's Hospital, Herston, QLD, Australia; and Metro North Mental Health Service, Herston, QLD, Australia
James G Scott Metro North Mental Health Service, Herston, QLD, Australia; QIMR Berghofer Medical Research Institute, Herston, QLD, Australia; and Queensland Centre for Mental Health Research, Wacol, QLD, Australia

Abstract
Objective: To discuss challenges with the diagnosis of autoimmune psychosis (AP) in people with chronic psychotic disorders.
Method: We present a case of a 23-year-old man with an exacerbation of treatment-refractory psychosis after receiving intravenous immunoglobulin (IVIG) for suspected AP, diagnosed 4 years after the onset of psychosis. We highlight the diagnostic and management challenges in such cases.
Results: The diagnosis of AP in people with long-standing illness relies on the interpretation of non-specific clinical and laboratory findings in individuals with psychosocial problems and challenges of acceptance and adherence to complex medical investigations and treatments. Equivocal results from investigations undertaken without logical clinical reasoning can lead to inappropriate interventions that are costly and can cause iatrogenic harm.
Conclusion: Psychiatrists should restrict screening for antineuronal antibodies in people with chronic psychosis to those with higher risk features such as persistent treatment refractory symptoms with concurrent neurological signs and symptoms. Further research informing the clinical circumstances for antineuronal antibody testing is needed.

A provisional diagnosis was given after consultation with two neurologists, a neuropsychiatrist and a child and youth psychiatrist of AP due to antibody positive CSF and treatment-refractory psychosis. and a 5-day treatment of IVIG recommended. They found that a false positive of AP had occurred as a result of non-specific clinical and laboratory findings. IVIG was administered which was found be inappropriate in this case and the patient's mental state deteriorated further.

This case study is the second false positive case of IVIG-induced psychosis following a course of IVIG to be documented in the literature and highlights the problems with antuneuronal antibody testing lacking clear clinical indication. Therefore, the use of IVIG should be carefully considered in instances where there is doubt as to its efficacy. The team call for further research surrounding clinical circumstances for antineuronal antibody testing. In the meantime, they suggest restricting screening for antineuronal antibodies in people with chronic psychosis in the absence of other high risk factors, such as recurrent treatment for refractory symptoms alongside neurological signs.

TIPS FOR A SUCCESSFUL SCHOLARLY PROJECT

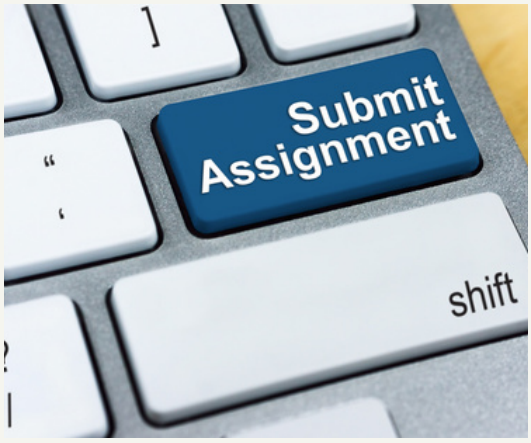
Sarah Reilly (Psychiatrist; TPCH)

We asked Dr Reilly to share some survival tips for registrars currently undertaking or who will be undertaking their scholarly project in the near future. Here is what she said:

Last year you completed your registrar training – Congratulations! This included a scholarly project. Do you think the scholarly project was a helpful component of your registrar training? Why?
Prior to beginning my scholarly project I had very little interest in research, in large part due to the other requirements of registrar training, and the perception that it was 'too hard'. Without the scholarly project, it is likely that I would have avoided research for many years. With mentorship from Dr Daglish, Dr Hayllar and Dr Scott, I am now involved in several projects and feel more confident in project design, ethics and grant applications. This in turn allows me to better support registrars in the future.

What tips would you give to registrars who have not yet started their project?
I think the scholarly project should be considered early in training. With support, junior registrars are able to manage this assessment item with greater ease than the exams. The process can take 6 to 24 months, depending on study design and ethics requirements. Several friends have been surprised by the time requirement for audits (must be a full cycle), quantitative projects (likely to need ethics approval), which is a particular problem if you are a final year registrar. If you begin to plan your scholarly project early in training, you can pick a topic and study type that is of greatest interest, instead of the one that you can complete most quickly. I recommend a supervisor who is an expert in your chosen topic, whilst also ensuring you have guidance from a researcher who has supervised several RANZCP registrar projects. It helps to submit a detailed proposal to the scholarly project team for approval, as you want to be aware of potential design or planning issues before you begin.

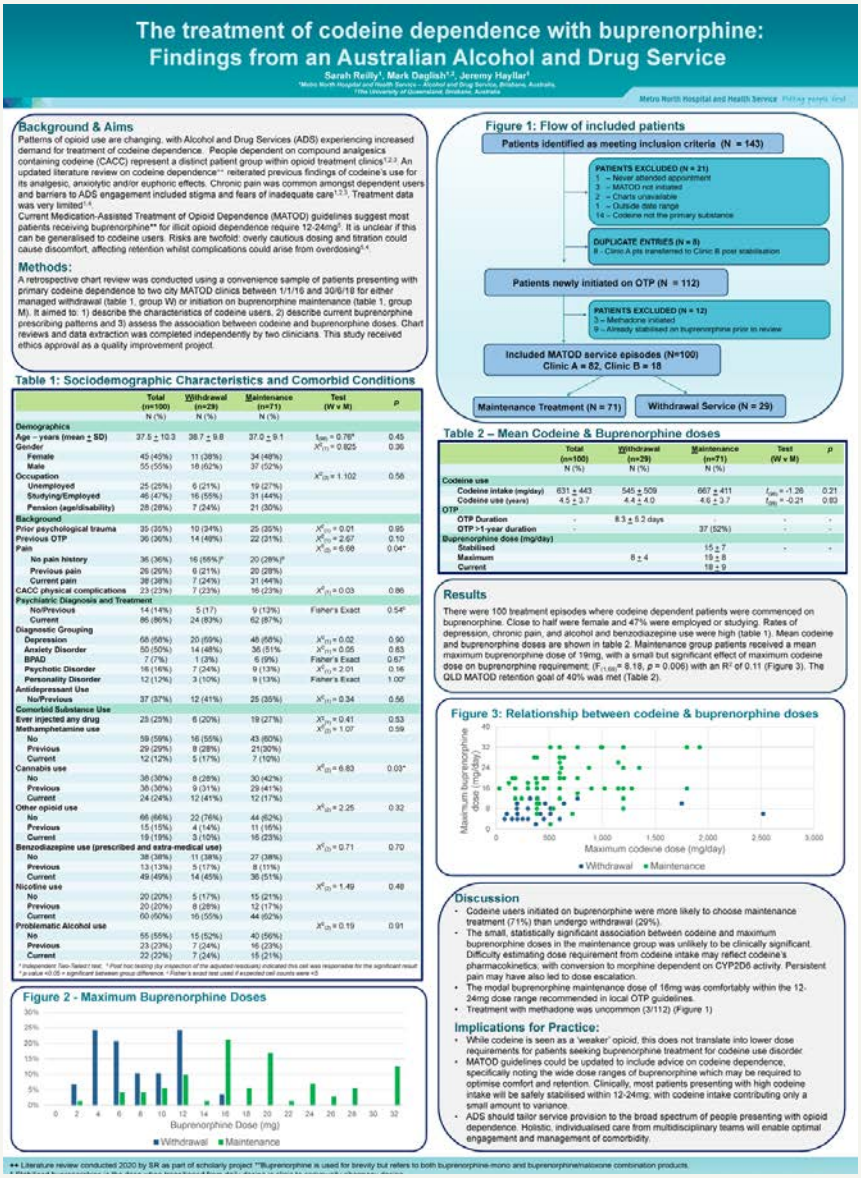
What tips do you have for supervisors/what type of supervisor do you hope to be?
I feel very lucky to have had such supportive, enthusiastic and knowledgeable supervisors - Dr Daglish, Dr Hayllar and Dr Parker. I believe finding a supervisor who is a good fit for you and your chosen clinical area is such an important first step. As a future supervisor I will aim to keep up to date with the RANZCP scholarly project manual and requirements/ feedback and will try to read past cases to familiarise myself with the expected standard. I would encourage trainees to seek early guidance from people who are familiar with the scholarly project process and requirements. I hope to ensure that my registrars pick achievable and interesting projects that are likely to inspire them to become involved in research opportunities in the future.



How does research fit into your goals? What do you like about/why is research important to you?
Research is critical to expanding our knowledge base, and I now know how I can make my own small contribution. As a new consultant the quality improvement area is of particular interest, as is my interest in addiction psychiatry. In saying that, balance is important and with a young family and a full-time clinic job, my research goals are limited by time restraints. This is where an inspiring and supportive team is so critical.

What's next for you in relation to research?
I have used my scholarly project as a base for posters and talks at international and local conferences. I recently won the RANZCP addiction prize (there are several annual awards related to the scholarly project) and I now hope to edit and publish my scholarly project in a journal.

In 2019, I received the new investigator grant through TPCH foundation and I have put this money towards a genetic study looking at CYP2D6 polymorphism in codeine dependence. This will improve our understanding of the genetic vulnerabilities towards codeine dependence which may then allow us to better understand treatment options. Dr Daglish, Dr Hayllar and my colleagues at Metro North's AOD services have recruited 90 patients so far.



10. Dissemination Activities

2020

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- Tronstad O, Flaws D, Lye I, Fraser JF, Patterson S. Doing time in an Australian ICU: The experience and environment from the perspective of patients and family members. Australian critical care. 2020.
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- Turner A, Baker A, Dean OM, Walker AJ, Dodd S, Cotton SM, Scott JG, Kavanagh BE, Ashton MM, Brown E, McGrath JJ, Berk M. Adjunctive Garcinia mangostana Linn. (Mangosteen) Pericarp for Schizophrenia: A 24-Week Double-blind, Randomized, Placebo Controlled Efficacy Trial: Péricarpe d'appoint Garcinia mangostana Linn (mangoustan) pour la schizophrénie : un essai d'efficacité de 24 semaines, à double insu, randomisé et contrôlé par placebo. Can J Psychiatry. 2020:706743720982437-.doi:10.1177/0706743720982437
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Conference Presentations

Invited Speaker, Oral, Posters and Book Chapters

Invited Speaker

- Downs E, Keating A, Butler J, Kennedy G. (2020). A Collaborative Approach in the Management of Late Onset Grade IV skin GVHD of an Adolescent Male Post Allogenic Bone Marrow Transplant. Haematology Association of Australia Annual Scientific Meeting,
- Munday J, Higgins N, Van Zundert A, Jones L, Vagenas, D, Keogh S. (2020) 'The agreement between zero-heat flux and esophageal temperature monitoring amongst patients undergoing upper or lower limb surgery: a prospective observational study' Centre of Interprofessional Collaboration within Emergency Care (CICE) Conference, Linnaeus University, Sweden: 23 October (Invited Speaker).
- Scott. J.G. (11th June 2020). Invited Speaker (Webinar) Addressing modifiable risk factors for mental disorders in children and adolescents. National webinar Prevention United.
- Scott. J.G. (13th June 2020). Invited Speaker (Webinar) Optimal pharmacological management of early schizophrenia. Binational Training Workshop (Aust & NZ).
- Scott. J.G. (16th June 2020). Invited Speaker (Webinar) The Management of early psychosis in young people. Peninsula Health Service, Victoria.

Oral Presentations

- Chan R. From concept to conclusion: success factors for leading evidence-based practice in oncology nursing. Emirates Oncology Conference 2020. Abu Dhabi
- Munday J, Higgins N, Van Zundert A, Jones L, Vagenas, D, Keogh S. (2020) 'The agreement between zero-heat flux and esophageal temperature monitoring amongst patients undergoing upper or lower limb surgery: a prospective observational study' RBWH Nursing and Midwifery Centre Grand Rounds, Brisbane, 6th August.
- Higgins, N., Marsh, N., Jones, L., McLeod, K., Hutton, T., Larsen, E., Muir-Cochrane, E., Dart, N., and Fawcett, L. (2020) 'Survey of staff experiences during COVID-19 pandemic' presented at: Herston Health Precinct Symposium, Royal Brisbane and Women's Hospital 7-11th December.
- Glasziou, P., Flaws, D., Connelly, L. & Cross, C. (2020). Data in the time of COVID19: Is truth the first casualty? QUT Webinar Data Science in the News - COVID-19 Panel Session #2. Centre for the Business and Economics of Health. The University of Queensland.
- Flaws, D., Jetten, J., & Warren, S. (2020). COVID19 Roundtable. Brisbane Diamantina Health Partners
- Australia: Shohag, H., Flaws, D., Ziegenfuss, M.; New Zealand: Villamor, M., Harris, D.; South Asia: Bangladesh Bisht, D, Noohu, S., Mishra, S., Aurangzeb, A., & Mathangan, S. (2020). COVID19 and frontline responders: Health professional perspectives. Centre for Governance Studies. Beyond PPE – COVID-19 and Safety, Stress and Trauma Concerns of Frontline Health Workers: Perspectives from Australia and New Zealand – South Asia Journal
- Flaws, D. (2020). MNHHS Early and Mid Career Clinical Researcher Workshop – Facilitator

Conference Presentations

Invited Speaker, Oral, Posters and Book Chapters

Oral Presentations Cont.

- Flaws, D. (2020). CICM Webinar – Maintaining wellbeing while working in ICU. The College of Intensive Care Medicine. Wellbeing in Intensive Care - Dr Dylan Flaws on Vimeo
- Flaws, D. (2020). Herston Healthcare Symposium – UQ Medical Student Introduction
- Ketheesan, S.,Tran, T., De Silva, D., Yat, C., Lau, A., Lindsay, D., Juster, R-P., & Sarnyai, S. (2020). Measuring stress and allostatic load in Indigenous Australians: A systematic review and analysis of biomarker studies. Presented at International Society of Psychoneuroendocrinology Virtual Annual Conference. Chicago. 10.1016/j.psyneuen.2020.104960Scott. J.G. (19th August 2020). Workshop Presenter (Webinar) Clinical management of early psychosis. Presented at Bi National On Line Workshop for PsyAcademy (Aust and NZ).
- Scott. J.G. (20th October 2020). Debate Panel Member (Webinar) Biological Psychiatric Association National Conference.
- Scott. J.G. (20th October 2020). Workshop Presenter Prescribing and Discontinuing medications in early psychosis: An evidence- based practice workshop (Brisbane).
- Brigg. N., Patterson, S., & Pradhan, A. (2020). Facilitating inclusion: Interservice Partnership, clinician engagement and consumer resilience enabling oral health access for people experiencing severe mental illness. Presented at: Mental Health Clinical Collaborative, Queensland Health Statewide Forum July 2020.

Poster Presentations

- Chan R. Palliative Care Nursing Research. 2nd Asia Pacific Palliative Care and Hospice Forum 2020. Beijing, China
- Higgins, N., Marsh, N., Jones, L., McLeod, K., Hutton, T., Larsen, E., Muir-Cochrane, E., Dart, N., and Fawcett, L. (2020) 'Survey of staff experiences during COVID-19 pandemic' presented at: Herston Health Precinct Symposium, Royal Brisbane and Women's Hospital 7-11th December.
- Flaws, D. (2020). Tracking Outcomes Post Intensive Care. presented at: Herston Healthcare Symposium

Book Chapters

- Emmerson B, Scott JG. 'Queensland Mental Health Services' In: Graham Meadows., John Farhall., Ellie Fossey., Brenda Hoppell., Fional McDermott., Sebastion Rosenberg., editors. Mental Health Services Across Australia. 4th Edition ed: Oxford University Press; 2020

Grants

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Metro North Mental Health provides specialist assessment and treatment services for people of all ages experiencing problems with mental health and/or substance use. Integrated community and inpatient services are provided through three area based services: Inner North Brisbane, The Prince Charles Hospital, and Redcliffe Caboolture Mental Health Services.