Metro North
Mental Health

Annual
Research Review
20**22**

Metro North
Health

Queensland
Government

Contents

Foreword from Dr Kathryn Turner
Executive Director

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Executive Director
Metro North Mental Health Service

Improving the mental health outcomes for people with lived experience of mental illness or alcohol and other drug issues requires a comprehensive and connected health system that is robust and flexible enough to provide sustainable, equitable, and cost-effective health care. The experience and impact of COVID-19 has required our services to rapidly learn and respond to unforeseen challenges under extreme conditions and has added an urgency to the need for clinical improvement reform. It has also brought with it significant innovations.

Our vision for Metro North Mental Health, including our Alcohol and Other Drug Services is for a service that promotes continuous service improvement and the development and translation of innovation and best practice. Research, evaluation, and quality improvement activities are central to this vision. Working alongside our clinicians, leaders, and people with lived and living experience of mental health issues and their families and carers (herein referred to as individuals with lived experience), researchers, implementation scientists and digital and data scientists help shape the way we deliver best practice care.

Best practice assessment and treatment requires an ongoing commitment to careful and systematic integration of research and clinical practice. Real time research and service evaluation that is co-constructed and/or undertaken by research-clinicians in partnership with individuals with lived experience and that is embedded from early planning stages leads to innovations in practice and service delivery. This will ensure new evidence can be adopted and scaled up across the system, thus reducing the time-lag between innovation and implementation and facilitating sharing of learnings broadly across the system.

Our aim over the next three to five years is to develop a research strategy and governance and support systems that provide a framework for addressing issues of critical priority within the existing system, including:

1. Ensuring clinical practice keeps pace with evidence

2. Reducing the existing siloed approach to service planning and clinical pathways or on short term "projects"

3. Building capability and confidence to undertake research and evaluation activities within the workforce

4. Embedding a culture of continuous learning and striving "to do better"

5. Facilitating access to and use of IT and digital technologies that support clinical decision-making and planning at the individual, service, and policy-levels.

As always, the work presented in our 2022 Metro North Mental Health Review provides a snapshot of the diverse and complex work undertaken across the Directorate which again was undertaken under significant increases in demand for support and treatment and the ongoing impact of COVID-19. Despite this our team has excelled, with more than more than one million dollars in grants awarded and almost 200 contributions to the mental health field via written and oral publications. Our staff were recognised for their work via Awards for their work in local, Metro North wide, and in broader professional arenas.

The 2022 outcomes are impressive, and I am proud to work alongside this dedicated workforce.

I am pleased to present you with the 2022 Metro North Mental Health Research Review.

Dr Kathryn Turner
Executive Director
Metro North Mental Health Service

About Metro North Mental Health

Metro North Mental Health, inclusive of Alcohol and Drug Services, is situated within the larger Metro North Hospital and Health Service which delivers responsive, integrated, and connected care to over one million people, in an area stretching from the Brisbane River to north of Kilcoy. Metro North's focus on clinical excellence, and strong commitment to clinical research, education, and training, ensures that we continue delivering cutting-edge, evidence-based, cost-effective health care.

Metro North Mental Health commenced as a Clinical Directorate in July of 2014 and employs upwards of 1,600 full time or equivalent staff. Metro North Mental Health provides services for people with severe and complex mental health needs across the life span including perinatal, adolescence and young adults, adults, and older persons. We provide specialist services including consultation liaison, forensic mental health, alcohol and drug services, eating disorders, community mental health and inner-city homeless outreach services. The service supports the recovery of people with mental illness through the provision of recovery focused services in collaboration with primary and private health providers and our non-government partners. There are joint allied health, nursing, and medical appointments and close links with multiple universities and specialist medical and nursing colleges.

All five public hospitals – Royal Brisbane and Women's Hospital (RBWH), The Prince Charles Hospital (TPCH), Caboolture Hospital, Redcliffe Hospital, and Kilcoy Hospital – provide emergency response assessment for crisis situations and are linked to specialist mental health and alcohol and other drugs services for assessment and care. Dedicated acute inpatient services are at the RBWH, TPCH and Caboolture Hospital. Community services are located in Brisbane City,

Fortitude Valley, Herston, Nundah, Chermside, Strathpine, Caboolture, and Redcliffe with outreach services to Kilcoy.

Metro North Mental Health is also the host site to services provided statewide. The Metro North Mental Health's Alcohol and Drug Service (ADS) works under a harm minimisation model to help clients stop using, reduce use or to use more safely by providing trauma informed, evidence-based treatments including opioid and substance withdrawal management, and counselling. The Needle and Syringe program helps to stop the spread of HIV and Hepatitis C among drug users. Adis 24/7 Alcohol and Drug Support offers a 24-hour, 7 day a week confidential support service for people with alcohol and drug concerns, as well as their loved ones and health professionals. ADS works with acute hospitals to provide early diagnosis of patients with substance use disorders, prevent complications, reduce length of stay, facilitate effective discharge planning/community aftercare, and avoid re-admissions. Queensland-wide consultation/liaison, information, education, training, and research services are also provided.

The statewide Queensland Eating Disorder Service (QuEDS) provides flexible care options for people with eating disorders. The multi-disciplinary team uses a "step-up, step-down" model to deliver a range of assessment, diagnosis, and treatment services including an 8-week intensive Day Program, individual outpatient treatment, a weekly Specialist Consultation Clinic, and inpatient care.

The Queensland Forensic Mental Health Service (QFMHS) co-ordinates a large multifaceted, state-wide forensic mental health service. Support is provided to a range of people experiencing mental illness, including people being treated under Forensic or Treatment Support Orders and people in contact or who are at risk of contact with the criminal justice system. QFMHS ensures consistency of standards statewide, coordinating safety and quality activities, development, and oversight of the model of service, training and development, clinical leadership, and service planning and development. QFMHS acts as a Queensland State departmental and interdepartmental liaison.

The Perinatal Mental Health Service (PMHS) offers support to women, their partners, and families from the point of conception until a year after the birth of a baby (i.e., the perinatal period). PMHS provides non-acute, specialist assessment and treatment and referral to further psychological or community services in addition to short term support and telehealth consultations.

The Queensland Health Victim Support Service offers statewide free counselling, support, and information to victims of crime where the person charged has been assessed as having a mental illness. This service assists people to access entitlements and helps victims after the offence for a long as a person may need. QHVSS provides early support for victims and families as they work towards recovery and helps them effectively cope with the offence to improve long term wellbeing.

Metro North Mental Health services are actively involved in research, seeking to build evidence base and constantly improve our practice, ensuring the quality of care provided to consumers.

Message from A/Prof Kylie Burke

A/Prof Kylie Burke
Director
Research Strategy and Evaluation
Metro North Mental Health

Welcome to the 2022 Research Annual Review: our 10th Annual showcase of the research and evaluation activities undertaken by Metro North Mental Health's clinicians and partners, including people with lived and living experience of mental illness, their families and carers and our external NGO, PHN, and university collaborators. A report such as this cannot cover all the activities undertaken in the detail they deserve. We hope to give an overview of the rich and varied work that our people have collaborated on in 2022 and provide a sense of the value and role of research in building, evolving, and sustaining evidence-based mental health care.

We continue to evolve the way we conduct and support research across Metro North Mental Health and Alcohol and Other Drug Services. The Research Team, comprising representatives across our core disciplines and service sites, continues to work with our Executive Team to grow a culture of best practice clinical care framed by world class, innovative research, evaluation, and continuous improvement. In 2022 we commenced working on the development of a Research Strategy, scheduled for publication in 2023. We are working with our Executive, staff, and people with lived experience, to develop research governance and support systems. In 2022 we held workshops to help define the research strategy and to identify priorities, strategies for supporting and building research capacity, and approaches to consumer engagement and involvement. This work continues in 2023.

This year we said goodbye to one of our most senior researchers, Professor James Scott. James is a leader in research for the diagnosis and treatment of early psychosis and has been a major driver for high quality evidence-based research and practice at Metro North Mental Health. James leaves a large space in our Team. We will miss his knowledge and insight. On behalf of our Team and service I wish James all the best and we look forward to collaborating in the future.

In this edition, we have the pleasure of highlighting work from across the three major hospitals, Alcohol and Other Drug Services and our specialist services including, QuEDS, QFMHS and TPCH Older Persons Mental Health Team. We bring focus to the excellent work of our nursing profession and clinicians involved in caring for people with complex mental health issues.

We also highlight our first inaugural Research Symposium. The event provided Metro North Mental Health clinicians and researchers with the opportunity to share their work with others from across the Directorate. The quality of presentations was excellent with presenters covering diverse topics from pharmacology to forensic mental health, alcohol and other drugs, through to social interventions for older persons experiencing mental illness. A key highlight was a panel discussion which provided insights into the importance of meaningful and genuine engagement of people with lived and living experience and their families and carers. The panel included two research interested consumers of our service, Vicki Hogan, and Amy Matthews, alongside Imani Gunasekara, Consumer Carer Coordinator. Details of this discussion are presented in this report. The insights and recommendations from the discussion are guiding future work to establish strategies and guidelines for enabling greater involvement and improved skills for clinicians and people with lived and living experience to work together.

Lastly, a report like this does not happen on its own. We thank all the Metro North Mental Health and Alcohol and Other Drug Services staff and partners for their contributions to the report and most importantly for the work you do to enhance our capacity to provide high quality care. Thank you also to our lived experience artists who have shared their work in this publication and to Marie Greco from Metro North's Clinical Multimedia team for her creativity and excellence in creating a design that showcases our work. I would especially like to acknowledge Erika Giebels for coordinating the report. It is fair to say that without Erika's efforts in liaising with clinicians and researchers, drafting content and working with Marie on the design that this report would not happen. We appreciate your efforts and look forward to doing it all again next year.

We hope you enjoy the report and feel inspired by the quality of work included.

A/Prof Kylie Burke
Director
Research Strategy and Evaluation
Metro North Mental Health

2022: Year in Review

$1,167,120.13
in awarded grants

17
Awards

110
peer reviewed publications

15
Invited Speakers and Plenary Lectures

60
Conference Presentations

8
books, chapters, and other writings

Highlights

The Inaugural Metro North Mental Health Research Symposium highlighted the scope and variety of work being conducted at Metro North Mental Health as our researchers and clinicians work together to improve clinical care and inform evidence-based practice.

Published – Dr Jeremy Hayllar co-authored a further two papers for the International ETHOS Engage Study: Enhancing Treatment of Hepatitis C in Opioid Substitution Settings Study Group. The series of articles highlight the current state of HCV infections in Australia.

Published – Dr Carmel Fleming published some of her work resulting from her PhD. Her paper on working with families of adults affected by eating disorders was published in the Journal of Eating Disorders (a Q1 Journal with an impact factor of 4.9).

Grants –

1. A $590,000.00 MRFF 2022 Effective Treatments and Therapies Grant will fund an exercise program to improve the quality of life of adults with severe mental illness
2. A $200,000.00 grant from the Queensland Mental Health and Alcohol and Other Drugs Branch will fund a suicide prevention quality improvement initiative using AI technology to assist in summarisation of consumer histories
3. A $124,000.00 project grant from Metro South Health Research Support Scheme for the implementation of evidence for family-based therapies in eating disorders.

PhD Completion – Dr Fiona Davidson. Dr Davidson completed her PhD in 2022 which focused to on the development of a uniform measure of performance for Australian Mental Health Court Liaison Services.

Awards –

Recipient	Award Name
Metro North Mental Health Research Symposium	
Ruby Cole	Best Rapid Fire presentation
Hoiyan Karen Li and Louise Durant	Best Free Paper Presentation
Laura Freeburn and Tegan Louttit	Consumer Carer Choice Award
MNMH Staff Excellence Awards	
Grand-friends Team (Older Persons Mental Health TPCH)	Highly Commended Award (people focus)
Short Stay Pathway (TPCH)	Highly Commended Award (Innovation)
Margie Chiovone (OT)	Winner – Excellence in Leadership
Nurse Led Over-dose Prevention Training Team	Winner – Excellence in Innovation
MN-Wide Co-Responder Team	Winner – Excellence in Integrated Care
2022 Caboolture and Kilcoy Hospitals and Woodford Corrections Health Research Symposium	
Dylan Flaws	Winner – Study in Progress Presentation
Other	
James Scott	Victorian Branch of RANZCP Travelling Scholarship
James Scott	Clarivate Highly Cited Researcher Award
Sharon Gordon	CAHRLI Local Awardee (Mental Health)
Niall Higgins & project team	General Award for the best paper presented reporting on project work at the 46th International Mental Health Nursing Conference
Nurse Led Over-dose Prevention Training Team	Best presentation at the Metro North Research Forum 2022
Grand-friends Team (Older Persons Mental Health TPCH)	Highly Commended Award (Innovation) at the TPCH Staff Excellence Awards
Morgan Sidari	Poster presentation winner at the 2022 early career investigator program hosted by International Society of Psychiatric Genetics

The 2022 Metro North Mental Health Research Symposium

On 31st August 2022 our Inaugural Metro North Mental Health Research Symposium was held. Staff and consumers from across Metro North Mental Health came together at QIMR Berghofer Medical Research Institute to hear about the research and evaluation projects which have or are currently underway within our service.

The half day event commenced with an inspiring Welcome to Country by Mr Ashley Ruska from the Yaggara Country and introductions by our sponsors: The Prince Charles Hospital Foundation (trading as Common Good) and the Royal Brisbane and Women's Hospital Foundation. We were then privileged to have the voices of people who have lived experience of mental illness and people who identify as family or carers to share the importance and impact of involving consumers and families and carers in research. The panel's key messages included emphasis on any consumer and carer involvement in research and improvement activities needing to be meaningful for and valued by the individual. The panel also described a range of ways in which clinicians and researchers enable and create barriers to participation. We share more about this further in this session.

The theme of the day "Stronger Together: Collaborating in Mental Health Research" demonstrated the scope and variety of work being conducted at Metro North Mental Health as our researchers and clinicians work together to improve clinical care and inform evidence-based practice. The call for abstracts resulted in 25 quality submissions, of which ten finalists were selected to represent the diverse research interests and disciplines involved in mental health and alcohol and other drug research, evaluation, and quality improvement. Presenters covered topics such as the national forensic mental health principles, resilience in the workforce, the treatment of eating disorders and screening for cardiovascular risk and sleep apnoea in people with serious mental illness.

A feature of the event were the exceptional presentations from our two keynote presenters: Professor John McGrath and Professor Leanne Hides. Prof McGrath and Prof Hides gave their insights on the importance of research and evaluation within their clinical work. Their research and evaluation work seeks to find ways in which consumer lives can be improved via the way care is provided and the resources offered to support them.

Professor John McGrath, a psychiatrist and conjoint professor at the Queensland Brain Institute, shared his insights on the importance of clinical research and the need to improve clinical care of those living with schizophrenia. He described his own research which aims to generate and evaluate non-genetic risk factors for schizophrenia.

Professor Leanne Hides, Chair of Lives Lived Well in Alcohol, Drugs and Mental Health at the University of Queensland and Deputy Director of the National Centre of Youth Substance Use Research, is a clinical psychologist with over 25 years of clinical and research experience in addiction. Prof Hides outlined the Quickfix intervention, a brief telehealth intervention for substance use that was developed by her team in the Lives Lived Well Research Group at UQ. Leanne's presentation described the impact of the program and highlighted the role of implementation science approaches to the success of embedding evidence-based programs within service models.

This inaugural event will pave the way for the Metro North Mental Health Research Symposium to grow in years to come.

Panel: Lived Experience Involvement in Mental Health Research and Evaluation

The symposium was enriched by the insights provided by a panel of people with lived experience. The panel members included two research interested consumers, Vicki Hogan, and Amy Matthews, alongside Imani Gunasekara, Consumer Carer Coordinator and was chaired by Metro North Mental Health's Director Research Strategy and Evaluation, A/Prof Kylie Burke.

The panel discussion highlighted the importance of people with lived experience being meaningfully involved in mental health and alcohol and other drug research and evaluation activities. Panel members shared insights and ideas from a Lived Experience Workshop that was held in July 2022. The workshop brought together people with lived experience and individuals who identify as carers and families to explore perceptions of research at Metro North Mental Health and ways that we can better engage with people in research and evaluation activities.

The panel suggested that despite barriers, people with lived experience and their carers want to be involved in research. They noted that being involved in research can provide a sense of satisfaction and pride and a sense of helping others and described actions that clinicians-researchers can take to support people with lived experience and/or carers and families to be involved.

- **Barriers to participation in research are created when researchers:**
  - Do not communicate how their feedback and advice has been implemented or the outcomes of their involvement.
  - Use jargon
  - Do not provide an explanation of the processes and purpose of the research project
  - Do not recognise their contributions or allow individuals the time and space to participate
  - View consumer involvement as tokenistic
  - Create a space where individuals feel as though they can't speak up and are not respected.

- **Consumer participation in research is enabled when researchers:**
  - Consider how research topics may impact a person and provide support managing negative experience via peer support, debriefing and supervision
  - Consider the language we use and are mindful to speak with respect and sensitivity
  - Clearly define the roles of all people involved in the project
  - Support individuals in the practical aspects of research (e.g., sharing possible opportunities for involvement, reimbursing for time and travel expenses, being flexible with timing of meetings)
  - Create learning opportunities about research processes and strategies through mentoring, collaboration and workshops
  - Acknowledge power imbalances and work to counter this.

Learning from the consumers of our services and their carers and family members is critical to ensuring that we continue to grow and improve the services we provide via high quality and relevant research, evaluation and improvement activities. The Lived Experience Workshop and Panel discussion represent the beginning of a process at Metro North Mental Health for building research partnerships that build capacity within our service to undertake projects that are co-designed, consumer-led and or that prioritise the lived experience voice as consultants and participants in projects.

We would like to thank all the of the people with lived experience and the carers/family members who attended the symposium event as well as Amy and Vicki for sharing their experiences and insights during the panel discussion. We look forward to collaborating further in the future.

Left to right: *Erika Giebels; Kylie Burke; Amy Matthews; Imani Gunasekara; Vicki Hogan*

Symposium Award Winners

The Symposium recognised two presentations which were thought to represent the best of each category (i.e., best free paper presentation and best rapid-fire presentation) and one which best reflected the interests of our consumers and carers. We would like to thank the staff and consumer/carer judges who had the very difficult task of choosing only three presentations out of the many that were certainly deserving.

Best Free Paper was awarded to Dr Hoiyan Karen Li and Louise Durant

**Nurse-led overdose prevention training in public medically-assisted opioid treatment clinics:
Research leading to advocacy**

Presenter: **Hoiyan Karen Li** *and* **Louise Durant**   *Co-Authors:* **Niall Higgins, Jeremy Hayllar**

Louise Durant and Hoiyan Karen Li receiving their award from Dr Kathryn Turner

Karen and Louise presented on the Nurse-led overdose prevention training which was delivered to all the nurses in three public opioid treatment clinics in Queensland.

They described the Metro North Mental Health pilot that led to changes in standard practice and advocacy for the development of a nurse-led take-home naloxone (THN) and overdose prevention training program for using intranasal THN kits.

Since the pilot, 132 interventions have occurred, and the authors are aware of at least 4 instances where using THN kits reversed opioid overdose in the community.

The project demonstrates acceptability of THN but it also represents how research can lead to collaborations between services and advocacy within a sector. The finding from the Metro North Pilot were presented at local and national forums triggering the implementation of THN training in various Hospital and Health Service's and Non-Government Organisations. The nurse-led overdose prevention training project also went on to win the Excellence in Innovation Award at the Metro North Mental Health Staff xcellence Awards.

As it happened, our symposium coincided with International Overdose Awareness Day, a day focused on ending overdose and remembering those who have died and their families. The members of our Alcohol and Drug Service (ADS) who were in attendance represented in their purple overdose awareness t-shirts.

Best Rapid Paper was awarded to Ruby Cole

PRIMROSE: A new way to assess cardiovascular risk in patients with severe mental illness

Presenter: **Ruby Cole**

Co-Authors: **Minnie Park,** Karthick Gurunathan

Ruby Cole receiving her award from Dr Kathryn Turner

Ruby gave an informative presentation about a retrospective audit of cardiovascular risk for older adults with serious mental illness and effectively communicated the importance of developing risk calculators in this area.

PRIMROSE is a cardiovascular risk calculator which was developed in the UK. PRIMROSE differs from the prominent calculator used in Australia, the Australian Absolute Cardiovascular Disease calculator (ACC), as it is not restricted to those aged between 45 and 75. The aim of the audit was to determine whether PRIMROSE could be used to widen the range of consumers being screened for cardiovascular risk by comparing its detection capabilities with the ACC.

The audit calculated the cardiovascular risk of 215 consumers. Due to age restrictions, 34 consumers who would have otherwise been ineligible with the ACC were able to have their cardiovascular risk calculated using the PRIMROSE. The average risk scores were higher for the ACC compared to PRIMROSE indicating that the ACC is more conservative in its calculations.

One interesting function of the PRIMROSE that is not available to be used in Australia was geographical profiling using post codes. Ruby concluded by suggesting an Australian equivalent of the PRIMROSE maybe useful to better account for socioeconomic factors in risk calculation.

Consumer Carer Choice Award

Our consumers and carers had the opportunity to recognise one presentation which best represented the interests of people with lived experience and those who identify as family or carers. The decision was based on four criteria, including the benefit of the research for consumers, effectiveness of communication and how interesting they found the research. They also considered the relevance and relatability of the research (i.e., whether the topic is meaningful and important). This award was presented to Laura Freeburn and Tegan Louttit for their presentation on building a trauma informed nursing workforce.

Building a trauma informed nursing workforce

Presenter: **Laura Freeburn** *and* **Tegan Louttit**

Co-Author: **Nathan Dart**

Laura Freeburn receiving the award on behalf of herself and Tegan Louttit award from Dr Kathryn Turner

Tegan and Laura presented their work in developing a trauma informed care (TIC) education program which has been delivered across Metro North Mental Health. TIC is founded upon the key principles of safety, trustworthiness, choice, collaboration, and empowerment. They summarised this nicely when they said:

> *"Trauma informed care examines not **what** care is delivered, but **how** care is delivered"*

The education program was delivered in a half-day format to over 400 staff, including 77% of the inpatient nursing staff at the RBWH. The programs development was done in collaboration with Aboriginal and Torres Strait Islander, multicultural and lived experience representatives.

Preliminary results from the program are promising. In particular, 93% of clinicians reported an improved understanding of TIC and 99% acknowledged that TIC is relevant and beneficial for their work.

Since the project completion, the TIC training has continued to be delivered and is now embedded into the Transition Support Program for graduate nurses. Laura and Tegan noted that delivering training to multiple service lines, including medical, surgical, and critical care (to name a few), with the Train the Trainer model was only possible with executive support. This is a great strength of the project as they acknowledged that TIC is a whole of service initiative and requires support from the staff at all levels and areas of the service.
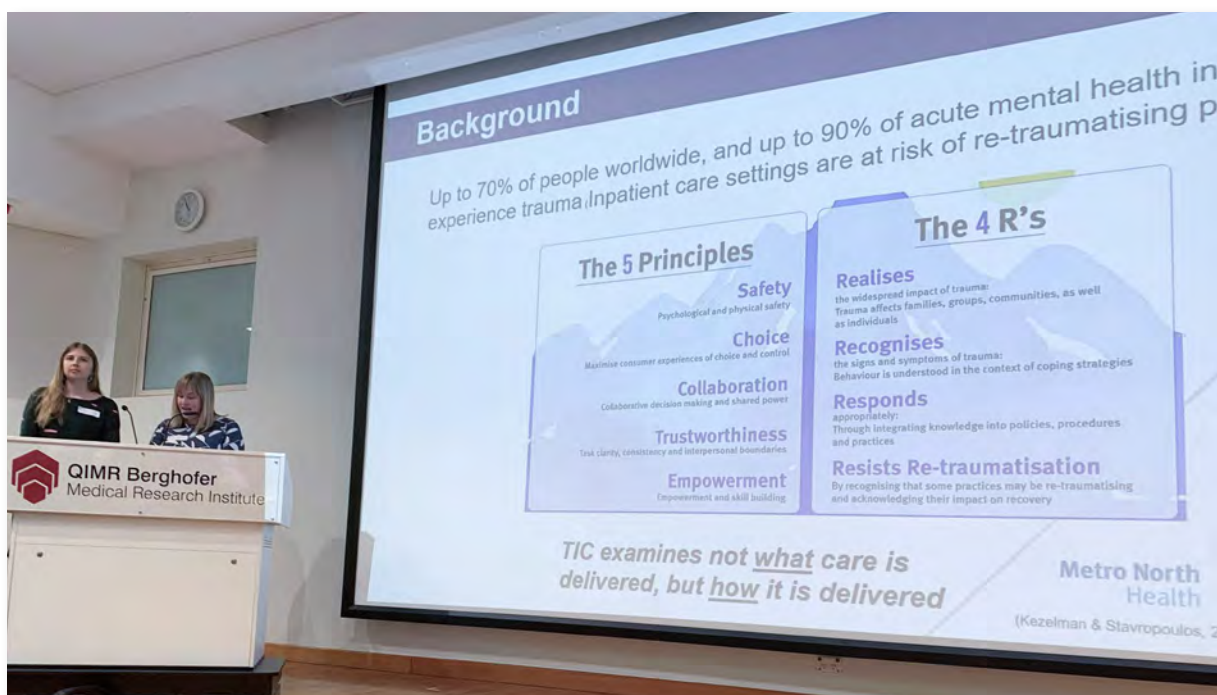
The Days Presentations

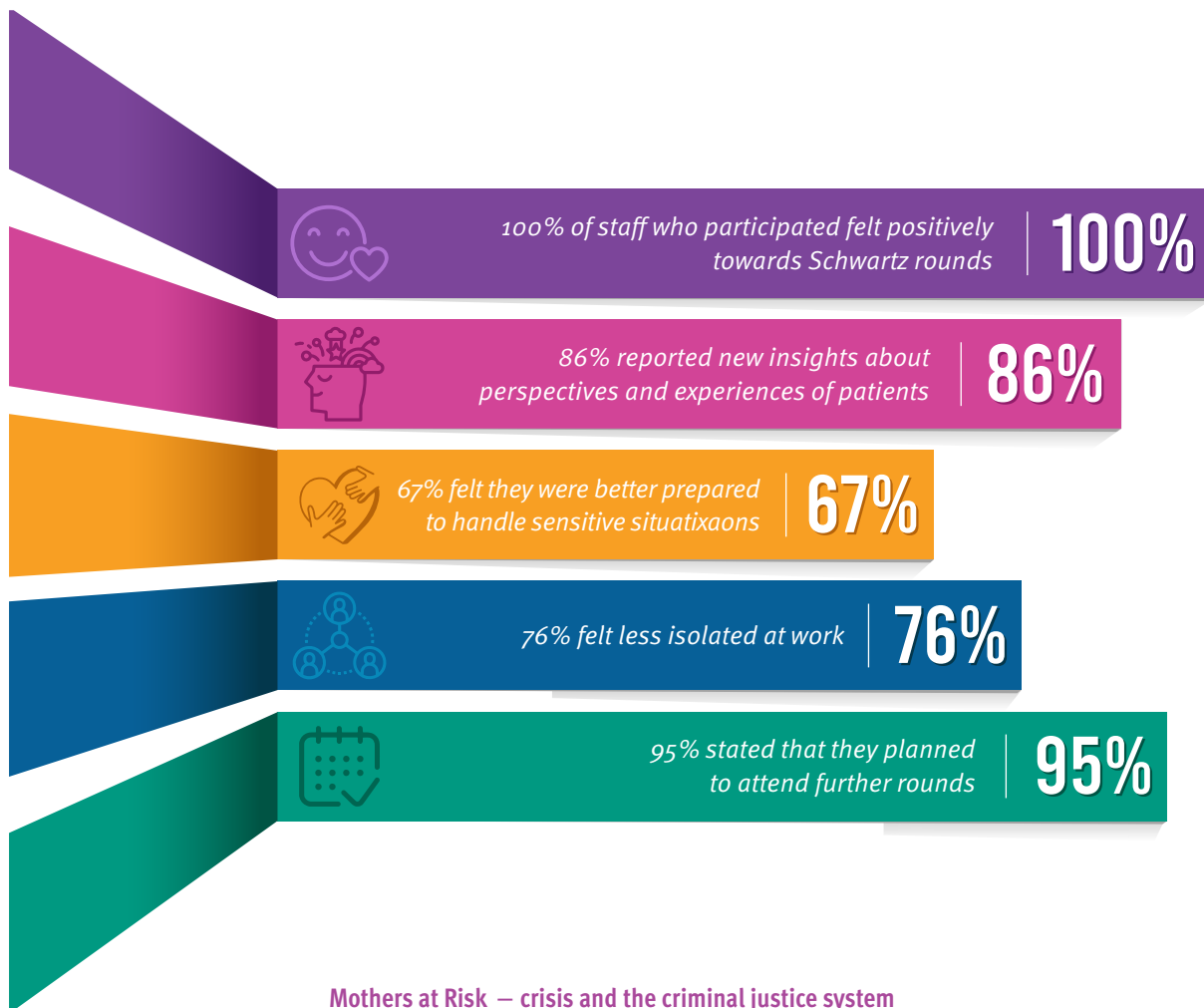**"I think it's the emotional PPE":** implementing systems wide resilience approaches

Presenter: **Andrew Teodorczuk**   *Co-Authors:*   Christy Hogan, Georgia Hunt, Jonathan Munro, Tatjana Ewais

Prof Andrew Teodorczuk's presentation described an organisational approach to increasing resilience within healthcare staff. Schwartz Rounds provide both clinical and nonclinical healthcare workers with an opportunity to share experiences about the social and emotional aspects of patient care. The approach has been found to increase compassion in patient care, empathy and to improve organisational culture and team relations.

The implementation project saw 21 staff from the ICU and Gastrointestinal departments at the Mater Hospital engage in Schwartz Rounds. The project team undertook a mixed methods evaluation to determine the effects.

This project and its promising results may offer a new way to improve the resilience of healthcare staff managing a pandemic.

100% 100% of staff who participated felt positively towards Schwartz rounds

86% 86% reported new insights about perspectives and experiences of patients

67% 67% felt they were better prepared to handle sensitive situatixaons

76% 76% felt less isolated at work

95% 95% stated that they planned to attend further rounds

Mothers at Risk — crisis and the criminal justice system

Presenter: Carla Meurk *and* **Katherine Moss**   *Co-Authors:*   Lisa Wittenhagen, **Michael Lam, Ed Heffernan**

Co-Presenters Dr Carla Meurk from the Queensland Mental Health Research Centre, and Metro North Mental Health's Dr Katherine Moss spoke about some findings from the Partners in Prevention Project relating to women who experience suicide crisis during and around the time of pregnancy. The Partners in Prevention project created a population-wide dataset linking information about suicide-related attendances by police and/or paramedics in Queensland.

They reported that the prevalence of suicidality is much higher around the time of pregnancy than had been previously estimated with high levels of unmet needs. They also put this into context through case studies, where they described the presentation, treatment needs, and pathways of care for mothers who have contact with emergency services whilst in crisis. Carla and Katherine suggested that the establishment of a research network could help to promote maternal wellbeing for mothers at risk of suicide crisis.

What's most important for forensic mental health principles? A lived experience partnership and national consultation

Presenter: **Fiona Davidson**   *Co-Authors:*   Stuart Kinner, Margaret Doherty, Rohan Borschmann, Louise Southalan, **Elissa Waterson, Ed Heffernan**

Australia's National Statement of Principles for Forensic Mental Health has not been reviewed or updated since its publication in 2006. Dr Fiona Davidson presented results from a national consultation process in relation to potential directions for updates to the principles. This was the first ever national process to partner with advocacy groups to include lived experience voices alongside system stakeholders. The project team conducted a national anonymous online survey ($n=136$) and fifteen two-hour online workshops ($n=195$) with lived experience and other stakeholders to determine what revisions they think are necessary. There was a consensus that future principles should:

- promote rehabilitation
- be person-centred

- create cross-agency collaboration
- address marginalisation and stigma and the need for equity

- establish specialised training
- use revised language and processes to apply the principles.

This work has resulted in recommendations being provided to National Mental Health Commission to support enhancements in forensic mental health in Australia with processes that are inclusive of the views of those with Lived and Living Experience and other system stakeholders.

Exploring the prevalence of loneliness in Australian older people with mental illness

Presenter: Ilina Agarwal

Co-Authors: **Niall Higgins**, Lee Jones, **Lin Lin Thaw, Rosie Bruce**, Isabella O'Brien, **Stephen Parker, Andrew Teodorczuk, Conor O'Luanaigh**

Older adults with mental illness are vulnerable to loneliness and the negative impacts of this (i.e., depression and anxiety), particularly during COVID-19. Loneliness often goes undetected and untreated. Dr Ilina Aragawal presented on a research project conducted to better understand the prevalence of loneliness within our older consumers and the association between loneliness, depression, and anxiety.

They found high levels of loneliness in the cohort, with 54.1% of respondents reporting loneliness. Higher rates of emotional loneliness were reported compared to social loneliness. Further, a moderate positive association was found between loneliness and depression and anxiety such that higher loneliness was associated with more depression and anxiety.

By not screening for loneliness, we miss an opportunity to improve the wellbeing of older consumers. If regular screening was implemented, targeted interventions such as intergenerational groups could be used to improve loneliness as well as other factors such as quality of life, and physical and mental wellbeing.

Screening for obstructive sleep apnoea in patients with serious mental illness

Presenter: Lai Ying Zhang

Co-Author: James Anderson, **Niall Higgins**, Jan Robinson, Sonia Francey, Andrew Burke, **Gail Robinson**, Deanne Curtin, George Tay

Lai Ying Zhang described results from a project focused on obstructive sleep apnoea (OSA) screening measures and determination of the rates of OSA in the psychiatric population. Patients with serious mental illness are at higher risk of OSA, yet it is under-recognised and under treated. The research team screened consumers of an outpatient mental health clinic over a 6-month period. They also took measures of participants quality of sleep.

Of the 65 participants involved in the study, 50% reported poor sleep quality, 12% were sleepy during the daytime and 46% were at risk of OSA. Five patients also agreed to participate in a diagnostic sleep test. This resulted in three being officially diagnosed with OSA.

The low uptake of participants who went on to engage in the diagnostic sleep test indicates that work needs to be done to improve the engagement of people with serious mental illness in the diagnosis, management, and treatment of OSA.

Measuring the change in eating behaviours and attitudes in an intensive eating disorder day program

Presenter: **Claire Gardiner**

Co-Author: **Lucinda Morrow, Amy Hannigan, Morgan Sidari**

Claire Gardiner, a Dietician from QuEDS outlined results from the evaluation of the QuEDS intensive eating disorder day program, which is a state-wide, non-residential, recovery focused intervention. Between January 2021 and March 2022, 29 participants attended evidence-based therapeutic groups and supported meal therapy, facilitated by a specialised multidisciplinary team. From these participants, 18 completed the full program.

The aim of the evaluation was to determine if there was a change in eating attitudes and behaviours and if there was a pattern in the type of behaviours that did change during the program. The Normal Eating Scale was given to participants before and after their participation in the day program.

There were significant improvements in normal eating behaviours across 3 domains: increased understanding of the importance of dietary fat intake, reduced reading of nutritional labels and restricting food choice to manage anxiety. The data from this project has provided insight and understanding around clients eating behaviours/patterns before and after the QuEDS day program.

Grand-friends — An intergenerational care program

Presenter: **Fiona Hope**

Co-Authors: **Maddison Campbell, Marion Fuller, Kylie Burke, Andy Teodorczuk, Conor O'Luanaigh,** Peta Griffin, Michelle Stanley

Approximately one in four older adults will report experiences of loneliness and social isolation. However, effective interventions that address these issues are lacking. Fiona Hope, team leader Older Persons Mental Health at TPCH presented a proof of concept for an intergenerational program to combat loneliness and social isolation. Through a collaboration between Metro North Mental Health and Prince Charles Child Care Centre, the "Grand-friends" program brought together older adults with a primary mental health diagnosis and kindergarten children once a week for six weeks.

The adult and child participants indicated that they liked the program and wanted it to continue beyond 6 weeks. Benefits were also reported by clinicians and childcare staff. Moving forward, the team aim to further evaluate and extend the program to determine the benefits over longer period of time. Furthermore, the project team were recognised at the Metro North Staff Excellence awards, receiving highly commended in the People Focused division.

The Free Paper Presenters: *Left to right:* *Louise Durant, Dr Hoiyan Karen Li, Dr Fiona Davidson, Dr Katherine Moss, Dr Carla Meurk, Prof Andrew Teodorczuk, Dr Ilina Aragawal*

The Rapid Fire Presenters: *Left to right:* *Laura Freeburn, Tegan Louttit, Claire Gardiner, Fiona Hope, Ruby Cole*

A symposium such as this cannot happen without significant input from multiple people. We thank our sponsors, The RBWH Foundation and the Prince Charles Foundation (trading as Common Good), the Metro North Mental Health Research Team and most significantly the organising team (pictured below).

The Organising Team : *Left to right:* *Prof James Scott, Tara Crandon, Erika Giebels, Julie Blake, Jenny Cox)*

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Nathan Dart
Operations Director RBWH
Director of Nursing
Metro North Mental Health

It has been a busy year for nursing research despite the challenges of both the COVID-19 pandemic and the extreme pressures that Metro North Mental Health have been under. One thing that continues to amaze me is the great teamwork across the service and various professions. We should all be proud of the clinical achievements as well as the excellent outcomes that have been achieved in nursing research. Both Mental Health and Alcohol and Drug nurses across the Directorate should be extremely proud of the work we do daily, providing contemporary, recovery focused, evidence-based interventions to our community. It is so pleasing to see that the Metro North Mental Health nursing profession continues to contribute to the Mental Health and Alcohol and Drug treatment evidence base.

As you read through our achievements you will see that some of this work was showcased at the International Mental Health Nurses conference held this year at the Gold Coast (aptly titled 'Mental Health Nursing in a time of Change'). Metro North Mental Health were strong participants and contributors on the International Mental Health Nursing platform. Our staff presented on a range of interesting and relevant topics, including how our colleagues deal with personal challenges outside the work environment. Our Nursing teams are leading change in practice for nurses in the general and midwifery settings by developing the capabilities required of nurses and midwives to undertake the important role of clinical supervision. Other work included a project exploring the experience of our staff during the pandemic and the development of a nurse-led training program to help prevent opioid overdose in the community by educating consumers on the use of naloxone nasal spray medication to reverse severe instances until help arrives. One of our PhD students who is working cross-discipline with us on a non-touch approach to assist nursing intermittent visual observations using artificial intelligence was awarded the Best Presentation prize in the General Category. He also came first runner up at his university for the Higher Degree Research Student Publication Excellence Award for his work presented at this conference.

Mental Health and Alcohol and other Drug Nursing was also a strong contributor at the recent Metro North Mental Health Symposium. Nursing research was evident in over half of the presentations at the multidisciplinary symposium including a national consultation to determine what is most important for forensic mental health principles; a project to build a trauma informed nursing workforce; as well as studies where consumers were screened for obstructive sleep apnoea and that explored the prevalence of loneliness on older people with mental illness. Exciting new work was also presented at the University of Southern Queensland Research Symposium 2022, 'Physical and Mental Health Across the Lifespan' detailing research into the 1300MHcall system and the feasibility of using Artificial Intelligence to prioritise calls made to a mental health helpline.

It is hard to fully articulate in a few paragraphs all the work that the nursing profession has achieved, well done to all and I hope that as a collective we will continue to strive to be the best we can. I would encourage each and every one of you to think of what we do and why we do it and challenge the status quo to see what we can contribute to the research and evidence base to improve the care and treatment provided to our vulnerable consumer population and to support their carers and significant others.

Using Technology in Nursing Practice

A/Prof Niall Higgins, Senior Research Fellow at Metro North Mental Health, is involved in various projects which look to technology to improve and innovate nursing practice. In 2022, his research has focused on the use of technology to screen for Obstructive Sleep Apnoea in consumers and artificial intelligence to monitor patient vital signs or physical activities.

A/Prof Niall Higgins
Senior Research Fellow (Nursing)
Metro North Mental Health

Screening for obstructive sleep apnoea in patients with serious mental illness using portable digital technology

Patients with serious mental illness (SMI) are at increased risk of obstructive sleep apnoea (OSA). Despite this, OSA is frequently under-recognised in the psychiatric population. This study describes the results of OSA screening in SMI patients using a portable digital device that is designed to collect sleep study data similar to that which would routinely be collected during an overnight stay in hospital. Metro North Mental Health conducted a two-part study to determine the utility of using this portable device to screen consumers with SMI for OSA.

OSA is characterised by intermittent pharyngeal collapse during sleep, causing hypoxia, frequent arousals and sleep fragmentation. Aside from its well-established cardiovascular sequelae, OSA also results in deficits in attention, global cognitive function and memory. Symptoms of major depressive disorder (MDD), such as excessive daytime sleepiness, overlap with those of OSA, and some studies have noted an increased prevalence of suicidal ideation in OSA patients with poor sleep quality. Sleep dysfunction has also been correlated with schizophrenia and bipolar affective disorder (BPAD). Patients with SMI are frequently prescribed psychotropic medications which can cause weight gain and metabolic syndrome, which are known risk factors for OSA, as well as sedative medications which disrupt sleep architecture. Previous reviews of the literature have confirmed a higher overall prevalence of OSA in SMI, especially in those with MDD or post-traumatic stress disorder (PTSD).

The ResMed ApneaLink™ portable diagnostic device (AL) has been presented as a viable alternative to polysomnography (PSG) in a population with high pre-test probability for OSA *(see fig 1)*.

Our group screened psychiatry ward inpatients with schizophrenia and schizoaffective disorder diagnosed according to DSM-5 criteria. We used a combination of questionnaire ('OSA50') and the ResMed ApneaLink™ two-channel portable diagnostic device, comprising a pulse oximeter and nasal cannula attached to a small palm-sized monitor and 1m elastic band. This approach was developed and validated for use in primary care with high sensitivity and specificity by Chai-Coetzer et al (2011). We hypothesised that screening during an inpatient stay with minimally obtrusive equipment would be acceptable to clients.

The project was conducted in two parts. Firstly, within an inpatient setting and secondly, within the TPCH outpatient mental health clinic. The study was approved by The Prince Charles Hospital Human Research Ethics Committee.

Part one saw seven patients successfully screened, results were (mean, range): age 43 years (20–69), body mass index (BMI) 22.5 (19–35), OSA50 score 1.6 (0–5), ESS 5.4 (0–13), apnoea–hypopnoea index (AHI) 2.7 (0–11) and oxygen desaturation index (3%) 3.6 (0–8).

1. ApneaLink Plus device
2. Chest movement sensor
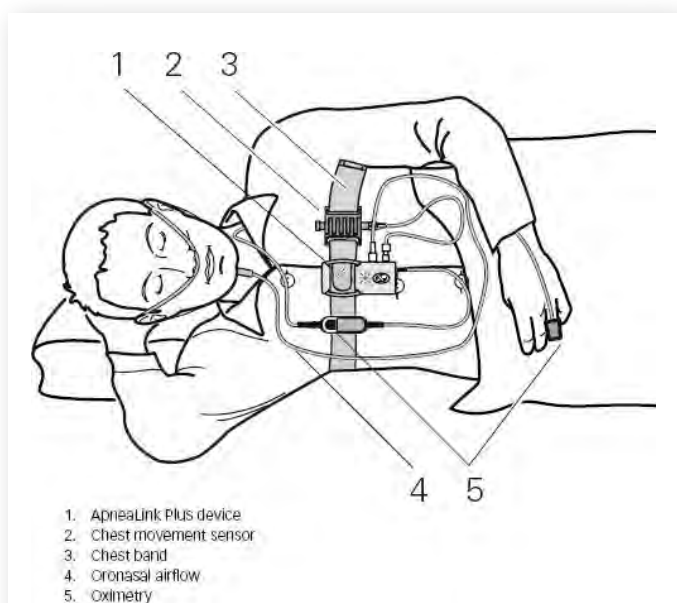3. Chest band
4. Oronasal airflow
5. Oximetry

Figure 1.   (Tarnow, L., Klinkenbijl, B., & Woehrle, H. (2013). Sleeping beauty or the beast? –metabolic syndrome from an obstructive sleep apnoea perspective. *European Endocrinology, 9*(1), 12)

Only one of the participants was not currently on antipsychotic treatment. No patient screened positively for significant OSA (AHI ≥ 15). Four participants provided feedback: four were satisfied with the explanation of the device, three found the device easy to apply, two reported comfortable sleep, other responses 'undecided'. Mental health nurses reported ease of use of the device which was incorporated as part of their usual workload.

The utility of a screening test depends on its acceptability to the participant and the prevalence of the disease in the screened population. While the ApneaLink™ device was well tolerated by staff and participants, uptake in the inpatient setting was poor. Most subjects who declined participation cited a lack of sleep symptoms or interest in testing. Furthermore, our consenting sample had generally normal BMI and normal ESS scores, suggesting this group had a low pre-test probability for significant OSA.Despite our initial results, we believed that there was a role for OSA screening in this group. Future screening targeted a subgroup of mental health consumers expected to have higher rates of OSA, such as those with a higher BMI or those on high doses of antipsychotics. Consumers were more inclined to participate when stabilised in a community setting rather than undergo testing while medicated and unwell in a noisy hospital ward.

Part two of the study recruited consumers attending the TPCH mental health clinic. These consumers were screened for OSA using the OSA50, STOP-BANG Questionnaire (SBQ), Epworth Sleep Score (ESS) and the Pittsburgh Sleep Quality Index (PSQI). They were then offered diagnostic sleep testing via ResMed ApneaLink™ and polysomnography. Inclusion criteria were SMI diagnosis (MDD, schizophrenia/schizoaffective disorder, BPAD, PTSD), had been assessed by a psychiatrist to be capable of providing informed consent and safe to have home ApneaLink™ or PSG (no risk of harm to self/others, no cognitive impairment, well controlled psychiatric disorder). Patients with established OSA or who had already been investigated for sleep disordered breathing in the past 2 years were excluded.

Table 1. Screening questionnaires for subjective and objective features of OSA

OSA50	Four-item questionnaire
	Screens for likelihood of moderate or severe OSA
	Incorporates: age ≥ 50 years old, waist circumference (≥102 cm for males, ≥88 cm for females), snoring, witnessed sleep apnoea
STOP-BANG questionnaire (SBQ)	Screens for likelihood of OSA
	Incorporates: subjective variables (snoring, tiredness, observed apnoea, hypertension), objective variables (BMI, age, neck circumference, gender)
Epworth sleep score (ESS)	Measures daytime sleepiness
	Screens propensity to doze during commonly encountered situations (e.g. sitting and reading, watching television, passenger in a car for 1 hour without break)
Pittsburgh sleep quality index (PSQI)	Assessment of sleep quality and disturbance
	Differentiates between 'good' and 'poor' sleepers

Of the 65 patients recruited in the outpatient clinic, 65% had a primary diagnosis of schizophrenia or schizoaffective disorder, 85% were on antipsychotic medications and the majority were obese. Approximately 50% of patients reported poor sleep quality via the PSQI, in contrast to 12% with elevated daytime sleepiness via the ESS. 46% of our cohort were at risk of OSA due to an elevated OSA50 or SBQ. Of the five patients who agreed to proceed to diagnostic sleep testing, three were diagnosed with OSA.

Patients with SMI are at greater risk for OSA and report significant sleep disturbance. Utilising the OSA50 and the STOP-BANG Questionnaire, we identified that a substantial proportion of our outpatient psychiatric cohort warranted sleep study evaluation, with a number of these being diagnosed with OSA who otherwise would have been missed. Although the Epworth Sleepiness Score did not correlate with diagnostic likelihood of OSA in our cohort, we did find that the Pittsburgh Sleep Quality Index was useful in identifying those who were in the higher bracket for OSA risk. The evaluation of sleep disordered breathing in psychiatric patients may be severely limited by the low uptake of health interventions in this group, which is potentially modifiable through a coordinated patient-centred approach.

Personalised activity monitoring using stacked federated learning

Recent advances in remote patient monitoring (RPM) systems can recognise various human activities to measure vital signs, including subtle motions from superficial vessels. There is a growing interest in applying AI to this area of healthcare by addressing known limitations and challenges such as predicting and classifying vital signs and physical movements, which are considered crucial tasks. Federated learning is a relatively new AI technique designed to enhance data privacy by decentralising traditional machine learning modelling.

The use of AI can enhance the capabilities of RPM systems through processing the recorded data and by training deep machine learning models to build efficient predictive systems. An example of this is the use of early warning scores that have been designed by clinicians to detect early signs of patient deterioration. Typical RPM systems predict possible future clinical events based on recorded data as well as real-time time-series data. These assistive applications can be particularly useful for acute inpatient care, but they can also be applied to those being cared for in their home as a strategy to manage the current pandemic.

An important consideration when designing RPM systems is to ensure the confidentiality of health information and the adaptability of a system to the business processes of clinical activities. Current research approaches promote homogeneous data-centric models built on a centralised data server. This method of generalising the data learning could limit the application of RPMs to health care that needs to be person-centric and individualised.

A/Prof Niall Higgins, alongside colleagues Thanveer Shaik (lead author), Xiaohui Toa, Xujuan Zhou from University of Southern Queensland; Yuefeng Li from Queensland University of Technology and Rajendra Acharya from Singapore University of Social Sciences aimed to detect accurate vital signs and natural body movements of multiple mobile patients in an acute mental health setting. As part of this research, a simulated psychiatric hospital ward was established using a RPM system utilising sensors and radio frequency identification (RFID) technology. Optimum positions of RFID reader-antennas were determined in the simulated ward based on received signal strength indicators from passive RFID tags.
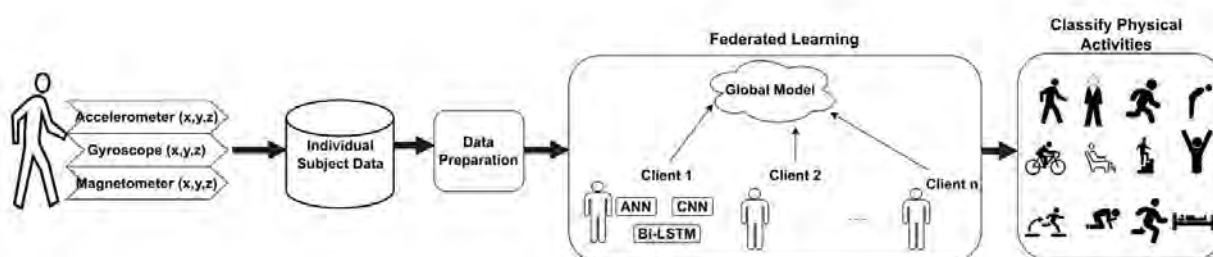

Figure 3: Research architecture overview.

Signals detected were considered vital signs originating from subtle motions from the patient's body, and those from larger body movements were considered indicative of physical activities. This research offers a method to classify physical activities using AI models and compares their performances. Federated learning is introduced to protect individual patient privacy and enhance the AI architecture with decentralised modelling. The proposed approach was able to classify the labels and outperform the state-of-art works in each local model and global model.

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1. Chai-Coetzer, C. L., Antic, N. A., Rowland, L. S., Catcheside, P. G., Esterman, A., Reed, R. L., Williams, H., Dunn, S., & McEvoy, R. D. (2011). A simplified model of screening questionnaire and home monitoring for obstructive sleep apnoea in primary care. *Thorax, 66*(3), 213. https://doi.org/10.1136/thx.2010.152801

Laura Freeburn: Learnings from 2022 Clinical Excellence Queensland Health Improvement Fellowship

In 2022, I had the privilege to join the Healthcare Improvement Fellowship, which is run through the Healthcare Improvement Unit within Clinical Excellence Queensland. The fellowship supports front-line clinicians to become future leaders in healthcare improvement by providing them with high-level capability across a breadth of approaches to safety and quality. Essentially, the past year has completely shifted the way I perceive the inherit complexities within healthcare and provided me a new lens and some tools to be able to view this.

I am hoping to take this opportunity to share with you eight of my key lessons learnt:

1. *Healthcare is a complex adaptive system;* Where the function of simple systems can be understood by studying its parts (think of a pendulum or a bicycle) and there is an obvious cause and effect, complex systems cannot be understood by studying parts in isolation. Healthcare systems are complex systems, meaning the whole is greater than the sum of its parts and we need to understand how parts interact with each other.

Laura Freeburn
Nurse Educator
Metro North Mental Health

2. *All accidents are caused by multiple contributing factors;* In traditional ways of thinking about and responding to incidents there is a tendency to want to get to the "root cause" and this term is used a lot in healthcare with things such as root cause analysis. However, there is an increasing appreciation that incidents are created by multiple interacting factors. What we now know is that catastrophe requires multiple failures. Overt catastrophic failure occurs when small, apparently innocuous failures join to create opportunity for a systemic accident.

3. *Safety is an emergent property of a system;* The state of safety in any system is always dynamic; continuous systemic change ensures that a hazard and its management are constantly changing. People continuously create safety. Failure free operations are the result of activities of people who work to keep the system within the boundaries of tolerable performance.

4. *A human error lens is flawed;* this tends towards a reductionist approach that humans are the broken parts to be fixed, leading to a blame focus and does not consider the factors which lead to the decision making at the time and prevents learning. Ultimately, we need to understand why decisions made sense to the person at the time.

5. *Hindsight bias;* one of the safest bets you can make as an investigator/outside observer is that you know more about the incident than people who were caught up in it – thanks to hindsight. The effect of knowing an outcome of a sequence of events is huge. It has an enormous impact on your ability to objectively look back on an event where you no longer can.

6. *Work-as-imagined (WAI) and Work-as done (WAD);* it is an unspoken assumption that the former will correspond to the latter. WAI is an idealised view of the formal task environment that disregards how task performance must be adjusted to match the constantly changing conditions of work and the world. Systems perform reliably because people are flexible and adaptive, rather than because the systems have been perfectly thought out and designed or because people do precisely what has been prescribed. The variability of everyday performance is necessary for the system to function and is the reason for both acceptable and adverse outcomes. The way we think about safety must correspond to WAD and not rely on WAI.

7. *Safety-I & Safety-II are two complementary views of safety (rather than two conflicting approaches);* Safety-I tacitly assumes that systems work because they are well designed and maintained, because procedures are complete and correct, and because people behave as they are expected to – and more importantly as they have been taught or trained to do. This unavoidably leads to an emphasis on compliance in the way work is carried out and increased attempts at standardisation with more policies and regulations. The purpose of Safety-II investigations is to gain an understanding of how things usually go right, since that is the basis for explaining how things occasionally go wrong. The safety principle is to facilitate everyday work, to anticipate developments and events and to maintain the adaptive capacity to respond effectively to the inevitable surprises.

8. *We need to move towards a Restorative and Just Learning Culture;* RJLC moves away from asking who did something wrong and what should be done about them, to what was responsible for things going wrong and how this can be addressed. This framework accepts that involved staff can have both accountabilities and needs and is predicated on the principle of inclusive engagement of all stakeholders. RJLC recognises that staff are accountable for being part of the healing, learning, and improving processes after a clinical incident, however at the same time, they too may have needs for support and these needs are recognised within this framework.

The 46th International Mental Health Nursing Conference 2022: Mental Health Nursing in a Climate of Change

The 46th International Mental Health Nursing Conference took place on the Gold Coast and was hosted by the Australian College of Mental Health Nurses. The event theme, "Mental Health Nursing in a Climate of Change", recognised the recent disruptions caused by COVID-19 and ever-growing impact of climate change on mental health. In this "climate of change" the event provided an environment for discussion and debate of the challenges faced by nurses with the presentation of new ways of thinking and working in mental health.

Metro North Mental Health's nursing staff were highly successful in their applications to the Conference with 3 oral and 2 poster presentations accepted into the program.

The Passing of a Colleague: A mental health nurse's personal journey

Collyer, B. *(2022). International Journal of Mental Health Nursing, 31 (S1) p9.*

Bruce Collyer, Nurse Educator at RBWH presented a poster detailing the experience of a colleague who was diagnosed with Colorectal Cancer in the midst of the COVID-19 Pandemic. Bruce highlighted the struggles this colleague experienced from anxiety and depression to anger and grief. Experiencing this firsthand gave new meaning and understanding to the emotional states of the consumers that we care for at Metro North Mental Health. Their journey had them looking to the professional skills required to overcome the personal challenges associated with their diagnosis, in addition to those faced by their family, friend and colleagues. The poster gives honest insight into just how difficult and complex it can be to manage personal health crises as a nurse and the extensive impact this can have on those around them.


The Passing of a Colleague

Bruce Collyer - **Nurse Educator** - Metro North Mental Health - RBWH

In March 2020, just as the COVID 19 Virus was making its early presence felt, a colleague of mine was diagnosed with Colo-rectal cancer after having a colonoscopy. The journey they travelled through from their initial diagnosis, to their surgery, to their treatment journey, to their brief return to work and their re-diagnosis, to their re-hospitalisation and their eventual passing. Their journey was one that challenged the human emotional resilience and their personal framework as a friend, colleague, parent, and that of a nurse.

From initial diagnosis, through surgery, to the commencement of chemotherapy, to dealing with all the emotional challenges, this journey tested their personal and professional resolve as an experienced nurse. This journey caused them to experience emotional states that we see in many of our patients, that we care for as nurses, but have had minimal personal experience. Symptoms such as anxiety, depression, anger, and grief, were experienced by both themselves and family members. The challenge made them draw on their own personal and professional experiences. Not only dealing with these feelings themselves but also providing a level of support for family members, as well as relatives, friends, and work colleagues. This drew on all their emotional reserves.

Watching this friend and work colleague experience all the side effects of chemotherapy, watching them loosing all their hair, constantly experiencing nausea and vomiting, diabetic symptoms, and mood fluctuations. These challenged their various relationships with family, relatives, friends, and work colleagues. Dealing with anger and depression, this was a tidal wave of emotions. The treatment journey was not just dealing with the chemotherapy but being challenged to their emotional core.

Just when they thought the treatment journey was over, and life was returning to something resembling normality and their returning to work. Their symptoms returned and the truth of the prognosis was revealed that their time on earth would be limited. This journey was the toughest journey they had ever travelled.
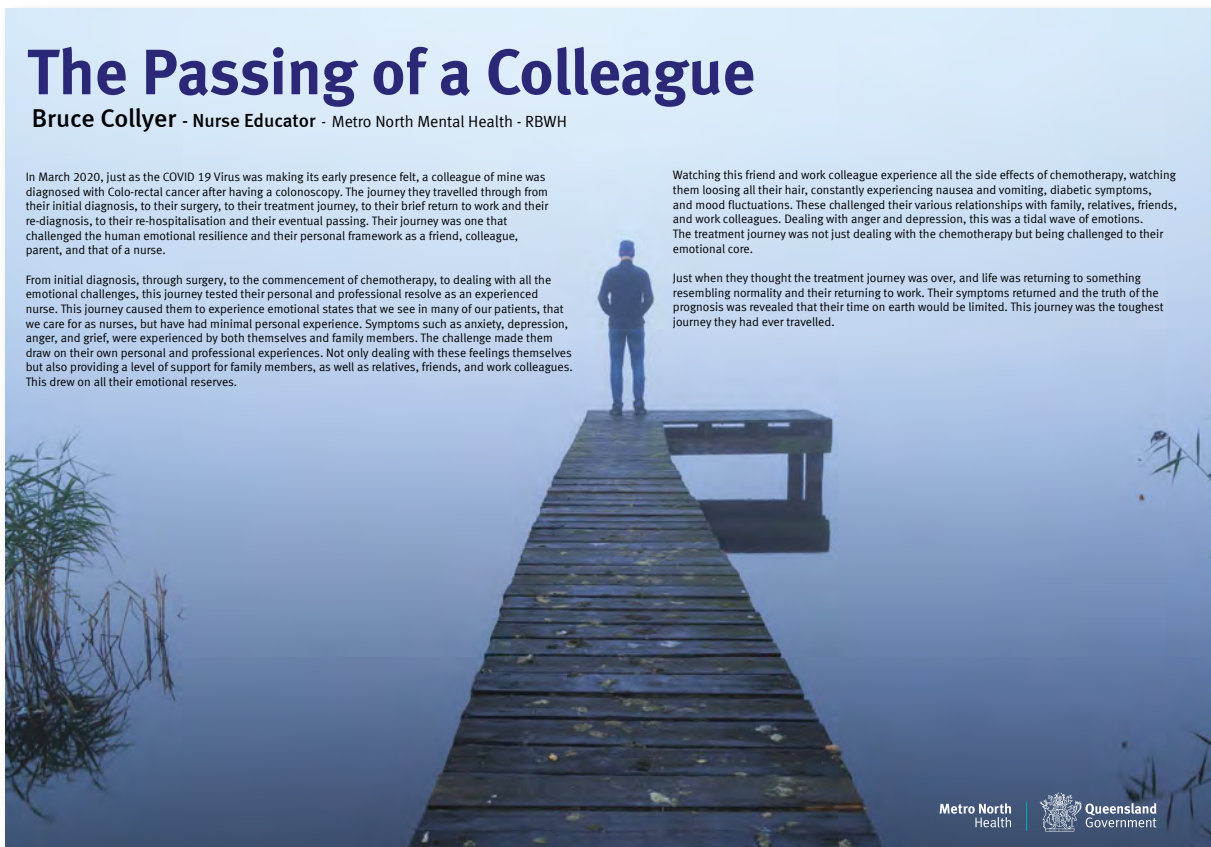
Metro North Health | **Queensland** Government

Developing Clinical Supervision Capability in Queensland Mental Health Nurses Leading Change

Clinical Supervision is a well-established process for mental health nurses which is supported by training programs and guidelines. However, similar structures have historically not been available for nurses and midwives more broadly, despite it being an important professional support mechanism within the workplace. Metro North Mental Health's Nurse Educators, Kobie Hatch (RBWH) and Cathy Boyle (TPCH) have conducted a series of projects, funded by the Office of the Chief Nursing and Midwifery Officer, to develop clinical supervision capabilities in Queensland nurses and midwives.

Commencing in March of 2020, the initial project faced the debilitating challenges of COVID-19. The team successfully overcame these challenges and developed a *Clinical Supervision Framework for Queensland Nurses and Midwives* (published in March 2021) and a *4-Day Clinical Supervision Education and Training Pilot Workshop for Nurses and Midwives*. Despite the travel and space restrictions associated with COVID-19 the project team were able to co-ordinate the face-to-face delivery of the pilot workshop in June 2020, and the evaluation data supported the effectiveness of the workshop in preparing nurses and midwives (without a specific background in mental health) to obtain the skills required to undertake the role of clinical supervisor.

The project reinforced the important role that mental health nurses play in supporting the roll out of clinical supervision for nurses and midwives more broadly. Through this project Kobie and Cathy learnt that there is a need to be clear about the definition of clinical supervision, as there is considerable misinterpretation of the term outside of the mental health specialty. It is also important to articulate how clinical supervision differs from other professional development and clinical support strategies, and to communicate the specific benefits of clinical supervision to safe and professional practice, ongoing professional learning and development, and nurses and midwives' wellbeing.

Since this initial project, an additional nine clinical supervision education and training workshops have been conducted across Queensland and further funding has been received to continue this important work.

This project was presented as an oral and as a poster at the Association of Queensland Nursing and Midwifery Leaders Conference in November 2022. The dissemination of these findings at multiple forums and in multiple forms may assist others who embark on a journey of development and evaluation relating to clinical supervision.

Left to Right: *Florence Liu, Cathy Boyle, Kobie Hatch, Laura Hadjion, Sarah Brown.*
(Photo courtesy of The Australian College of Mental Health Nurses)

## Survey of staff experiences during COVID-19 pandemic

Between June and July of 2020, A/Prof Niall Higgins led a project to survey staff within the RBWH mental health and surgical wards in addition to community services. The aim of the survey was to investigate the impacts of COVID-19 on stigma towards healthcare workers by developing a Healthcare Worker Stigma Scale.

Exploratory and confirmatory factor analyses were conducted to assess the dimensions of stigma, as measured by the scale and its reliability and validity. The results showed that stigma towards healthcare workers could be broken down into 5 factors:

1. Fear of getting infected with COVID-19

2. Being avoided or judged by others

3. Willingness to care for COVID-19 patients

4. Healthcare settings' morale; and

5. Following precautions to prevent infection.

These 5 factors accounted for 55% of the variance in how healthcare workers perceive stigma arising from the community. Positively, the authors found that Australian healthcare workers generally felt well supported at work and appreciated by the general community during the pandemic.
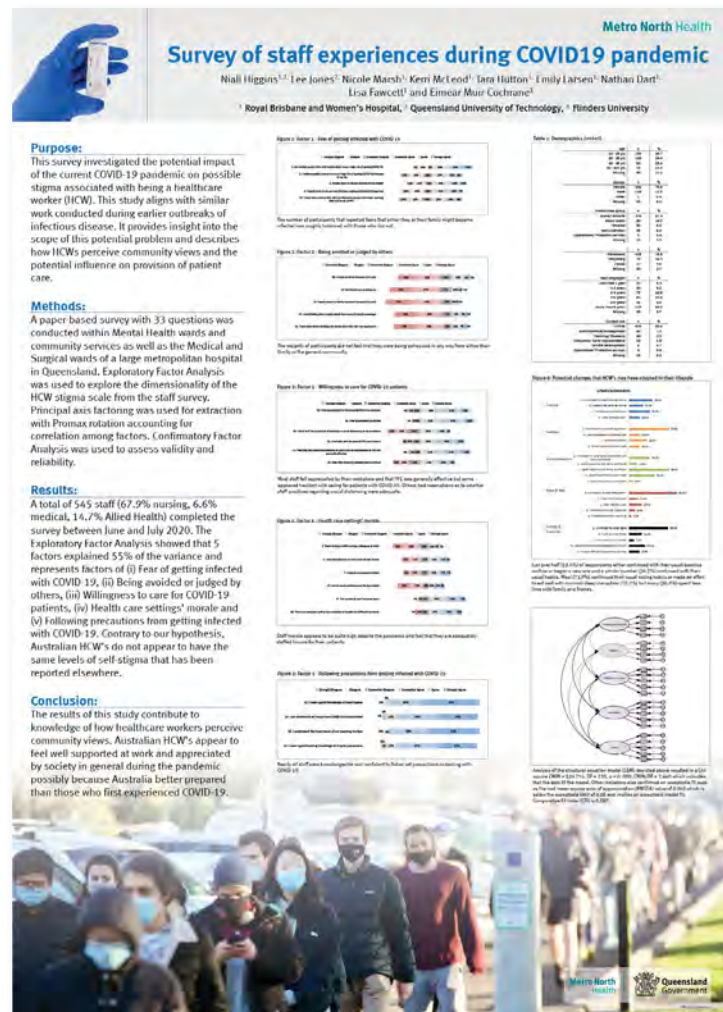
A non-touch approach using artificial intelligence to assist nursing intermittent visual observations

*Shaik, T., Tao, X., **Higgins, N.,** Gururajan, R. & Zhou, X. (2022). International Journal of Mental Health Nursing, 31 (S1) p24.*

The remote monitoring of patients is an emerging field that uses non-invasive digital technology to monitor patients without hindering their daily activities, which is particularly applicable to mental health wards where consumers are not spending the majority of time in bed or connected to a device.

A/Prof Niall Higgins presented on behalf of his PhD Student, Thanveer Shaik, from the Queensland University of Technology. In this study, a prototype for a Remote Patient Monitoring (RPM) system was developed for early detection of suicidal behaviour in a hospital based mental health facility. Their project used two RFID readers and antenna *(see figure 2)* to identify the optimal positioning of antenna to maximise the signals received from the passive tags. Two distance variables attributed to the readers were strongly correlated with dependent RSSI variable and a value decrease in these two variables enhanced the received signal strength indicator (RSSI) signal. A Decision Tree machine learning algorithm was best at predicting RSSI using regression modelling with mean absolute error 0.01 and mean squared error 0.003. In the future, the research team would like to replicate this study to test the efficacy of passive tags in reading suicidal behaviour and vital signs.

Figure 2. *Ultra-High frequency RFID research antenna and passive RFID tag*

The research team received the General Award for best paper presented reporting on project work at the 46th International Mental Health Nursing Conference 2022. This paper was also presented at the 28th Annual International Conference on Mobile Computing and Networking InterContinental in October of 2022.

Focusing on opioid overdose prevention within public opioid treatment clinics in a climate of change

***Li, H. K., Durant, L. Higgins, N. & Hayllar, J.** (2022). International Journal of Mental Health Nursing, 31 (S1) p13.*

This presentation by Louise Durant and Dr Hoiyan Karen Li is based on the work that was presented at the Metro North Mental Health Research Symposium. The authors should be congratulated for their dedication to the dissemination of their project findings. If you would like to know more about this project, you can read the full story on page 11.

References:

1. Australian College of Midwives, Australian College of Nursing, & The Australian College of Mental Health Nurses inc. (2019). Position Statement: Clinical Supervision for Nurses and Midwives. Australian College of Midwives.

Forensic Mental Health Research

A/Prof Ed Heffernan
Director
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Dr Elissa Waterson
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The Queensland Forensic Mental Health Service (QFMHS) is a large, state-wide forensic mental health service providing support to a range of people experiencing mental illness who are in contact with or are at risk of contact with the criminal justice system and may include people being treated under Forensic or Treatment Support Orders. This can include vulnerable population groups involved in complex justice processes and, as such, it is essential that services are evidence based and responsive. QFMHS has a strong focus on the translation of multifaceted, innovative, and collaborative research to improve the evidence-base for the specialty area of forensic mental health.

QFMHS takes a collaborative approach to research with strong industry connections including university and mental health research institutes. This collaborative approach to research supports clinician-researchers to engage in meaningful research which will have real world practical and translatable outcomes. For example, Dr Fiona Davidson, as part of her PhD, investigated the performance of Mental Health Court Liaison Services from a national perspective. Her research has resulted in a uniform approach for evaluating these services and the expansion of services across Australia, including Queensland, Victoria, New South Wales, and South Australia.

Forensic Mental Health Services work at the interface between multiple systems and sectors, including mental health, police, justice, corrections, and courts. We recognise that cross-sectoral partnerships are crucial to achieving the best outcomes both in our clinical service provision and in our research projects. Since 2017, QFMHS has collaborated with Queensland Centre for Mental Health Research (QCMHR), Queensland Police service, and Queensland Ambulance Service on a nationally representative data linkage study, Partners in Prevention, which aims to understand service contacts and pathways for people in a suicide crisis involving emergency services. More recently, with the guidance of QCMHR's Dr Carla Meurk, this study has focused on the suicide prevention needs of specific subgroups including young women and mothers, and veterans. We are proud to present some of the 2022 findings from this program here.

QFMHS has an ongoing commitment to exploring and expanding models to meet the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people in custody, an example of which is the Indigenous Mental Health Intervention Program. As part of this program, PhD Candidate Elke Perdacher is conducting research on strategies to reduce the access gap for Aboriginal and Torres Strait Islander people in custody. Her work focuses on the implementation and sustained adoption of culturally informed digital mental health tools into service delivery for Indigenous people in custody via the Stay Strong App.

In this section we are proud to present some of the work done by QFMHS in 2022.

Q & A with Researcher, Dr Fiona Davidson

Dr Fiona Davidson from the Queensland Forensic Mental Health Service (QFMHS) recently completed her PhD investigating the performance of Mental Health Court liaison services. We spoke to Dr Davidson about her PhD experience, research interests and role as QFMHS Research and Evaluation Manager.

Tell us a little about who you are and your research interests?

My current role is the State-wide Coordinator of Research and Evaluation for Queensland Forensic Mental Health Services. I also have a role with the Queensland Centre for Mental Health Research (QCMHR) Forensic Group. My background is in mental health and alcohol and drug nursing.

I really enjoy any opportunity to improve outcomes for people with lived experience of mental ill health who are involved in the criminal justice system. A lot of my work involves forming and supporting state and national collaborative approaches to forensic mental health research at a systems level. The most recent project that I have been involved in was a national stakeholder consultation about what's most important in forensic mental health. We heard from people with lived experience, forensic clinicians, Chief Psychiatrists and policy makers, non-government organisations, police, representatives of mental health commissions, corrective services, courts, and legal organisations. Hearing about the current challenges and hopes that system stakeholders have for forensic mental health systems was a unique and wonderful experience for me.

Pictured: Dr Fiona Davidson at her graduation

You have recently completed your PhD; can you tell us about your research and the PhD Experience?

My PhD involved a national approach to performance measurement and a benchmarking project for Mental Health Court Liaison Services across Australia, which you can read about more below. It was a long road! It took me 8 years to complete the requirements as I was studying part time and working at the same time. I took some time off throughout my candidature for health and work reasons. I had a great advisory team and lots of support from colleagues, family, and friends along the way. Let's just say I am REALLY happy to have finished it!

You are the Research and Evaluation Manager for QFMHS, can you tell us about your role?

My role has lots of variety and multiple dimensions. These include information development and supporting service reporting, evaluation, and research across the various forensic mental health service types in Queensland. It includes working with forensic mental health services to help them to identify the types of information that they need to be able to better understand their consumer group, the services they are receiving and how effective those services are. I help to set up systems for reporting to help create a clearer picture of the specialist role that forensic mental health services perform within the broader mental health system. My role provides support to clinicians who are involved in or interested in undertaking research and evaluation activities, and I lead research projects as well. Working with forensic mental health stakeholders, clinicians and leaders is the best part of my role.

What advice would you give to someone new to research?

I would encourage new researchers to talk with their local research coordinator, colleagues, and leaders to explore their ideas and to get an idea of what might be possible. Following this, you can start to form a brief proposal that describes what you are keen to achieve (aims) and how you will answer your research question (method). It's helpful to involve others in your plan to draw on a variety of perspectives and experiences. There is some great information on the Metro North Human Research Ethics Committee websites to help navigate the process of documenting a research project and how to gain the approvals that are needed. It's important to be aware that approval from your manager and service leadership is required to undertake a work-related research project and it's always better to get in-principle support early in the planning phase. There are some great training opportunities and at times some research grants that are available to support you in your research efforts. The Metro North Mental Health Research Team can help to get the project scoped, approved, and underway.

Australian Mental Health Court Liaison Services: Developing an approach to performance measurement

Mental Health Court Liaison Services (CLS) are specialist clinical teams working within the criminal justice system to identify people with mental illness and intervene before incarceration and conviction. The services are multi-functional, conducting mental health assessments, providing case reports to inform judicial decision making, giving advice regarding diversion options, and even linking people to mental health services. However, prior to Dr Davidson's PhD studies, there was limited research about how these services should be delivered and the efficacy of the existing models. As such, her PhD involved four interlinked studies that aimed to establish a nationally agreed upon performance framework for CLS.

Study one and two looked to identify and compare programs and approaches utilised across Australian jurisdictions, as well as their legislative context. Via written surveys and interviews, it was found that the purpose of these services, and the supporting legislation, are generally consistent. The common purpose for CLS is twofold. Firstly, the diversion of mentally ill people away from the criminal justice system to appropriate treatment services, and secondly, to reduce court delays resulting from questions about fitness for trial, criminal responsibility, and or mental health diversion. Further, legislation to address the mental health needs of people post-arrest and during court proceedings exists in each jurisdiction. Each jurisdiction was found to have legislation to support mental health assessments, including the transfer of individuals to inpatient mental health facilities for the purposes of assessment. While some differences do exist, the consistency between jurisdictions makes it amenable to a uniform approach for performance measurement, that could produce meaningful comparisons.

The development of a framework for performance measurement was the focus of the third study. She asked the question "how should the performance of CLS be measured?". To answer this question Dr Davidson established a working group comprising representatives of CLS from each Australian jurisdiction, including an Aboriginal and Torres Strait Islander representative to develop a framework and a set of key performance indicators. The working group adopted the nine Tier 3 domains from the National Mental Health Performance Framework 2000 *(see fig. 3)*.

Accessible	**Effective**
Safe	
Appropriate	
Continuous	
Capable	
Efficient	
Responsive	
Sustainable	

Figure 3. *The nine domains from the NMHPF in order of importance as ranked by the working group.*

However, they found that the KPI's from that document were not relevant for forensic services and therefore, they used international literature, local approaches, and expert opinion to develop KPI's that were appropriate for forensic services.

The fourth and final study applied the new framework to compare CLS across Australia and evaluate the framework itself. Outcomes from the study indicated that the KPI's set out by the framework were considered worthwhile and relevant to policy and practice while also enabling meaningful comparison across jurisdictions. Deficits in the quality and reliability of some data gathered by CLS's were also highlighted, paving the way for improvements.

The collaborations established in this project resulted in a combined effort across states to share and identify innovative approaches for court liaison services. This led to the development of a uniform approach to performance measurement and real world benefits via an expansion of services in four states (Victoria, New South Wales, Queensland, South Australia) and the establishment of a CLS in the Northern Territory.

Using the Stay Strong App for the Wellbeing of Aboriginal and Torres Strait Islander Australian Prisoners: Feasibility Study

Aboriginal and Torres Strait Islander people have higher rates of mental disorder, substance misuse and suicide than non-Indigenous Australians (Al-Yaman, 2011; Productivity Commission, 2019; Fazel & Seewald, 2012; AIHW, 2022; Heffernan et al., 2012; ABS, 2021a, 2021b, 2022). This gap in health equity is even more marked for Aboriginal and Torres Strait Islander people in Australian prisons, where Aboriginal and Torres Strait Islander people represent 29% of the prisoner population (Fazel & Seewald, 2012; Heffernan et al., 2012; ABS, 2021b, 2022). The gap in prevalence rates and representation in the prison population suggests an increased presence of poor wellbeing and mental health, low engagement with interventions, and low efficacy of available interventions for Aboriginal and Torres Strait Islander Australians in prison.

The National Agreement on Closing the Gap aims to eliminate the gap between the health and welfare of Aboriginal and Torres Strait Islander and non-Indigenous people (Australian Government, 2020); with two of the targets being a reduction in the incarceration rates of Aboriginal and Torres Strait Islander people and improvement in the social and emotional wellbeing of Aboriginal and Torres Strait Islander prisoners. There is however a lack of access for prisoners to evidence-based, culturally informed interventions *(Perdacher et al., 2019)*.

This study forms part of the larger Stay Strong Custody Project (SSCP) which has involved the implementation and sustained adoption of culturally informed digital mental health tools into service delivery for Aboriginal and Torres Strait Islander prisoners. Since September 2015, the SSCP has been trialling culturally safe digital mental health resources through Queensland Forensic Mental Health Service's Indigenous Mental Health Intervention Program (IMHIP). IMHIP is a Queensland Health social and emotional wellbeing service delivered specifically for Aboriginal and Torres Strait Islander people in prison.

The key digital mental health app that was evaluated within the SSCP was the Stay Strong App. A culturally informed digital wellbeing and mental health intervention developed specifically for Aboriginal and Torres Strait Islander people. The app uses 11 steps to engage users in a non-threatening discussion of the wellbeing and mental health. The app, which was originally designed for use within the community, was re-designed for use in custody.

Using the Stay Strong App for the Well-being of Indigenous Australian Prisoners: Feasibility Study

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To the researchers' knowledge, this was the first implementation and evaluation of a digital mental health app within Australian prisons. Given the innovative nature of this project there were challenges in approval and implementation, all of which were resolved and outlined in more detail within the published paper. This paper also outlines the study that tested the acceptability of the app at a practice level, through post-use qualitative interviews. Acceptability was demonstrated with both IMHIP clients and practitioners identifying the Stay Strong App as a culturally appropriate tool which supported client goal setting, increased client-insight, improved client empowerment, enhanced engagement and was easy to use. The project was therefore able to demonstrate implementation and sustained adoption. Feedback from both clients and practitioners indicated that the Stay Strong App is a culturally safe digital mental health and wellbeing tool for use with Aboriginal and Torres Strait Islander people in prison.

The paper has been published in an open access journal, JMIR Formative Research, and can be read in full [online](). You can also find out more information about the Stay Strong app on the [Menzies School of Health Research website]().

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Partners in Prevention: Using data linkage studies to investigate suicide crisis calls to emergency services and how this can be used to enhance systems

Analysis of the Partners in Prevention linked dataset, established in 2017, continues, with the focus turning to the needs of specific sub-groups identified within the study. Initially funded by the Suicide Prevention Health Taskforce, the project has continued as a collaboration between Queensland Forensic Mental Health Service, Metro North Mental Health, and Queensland Centre for Mental Health Research, West Moreton Health. To date, the "PiP" study has resulted in:

6 published reports

3 peer-reviewed articles

5 A series of video resources for first responders and clinicians*

these videos are viewable within Queensland Health via the QFMHS QHEPS page. These videos are not available to the general public.

Suicide crises among women and mothers during and around the time of pregnancy:
Prevalence and timing of initial contact with first responders and health services

Suicide crises among women and mothers during and around the time of pregnancy: Prevalence and timing of initial contact with first responders and health services

Carla Meurk[1,2], Susan Roberts[3], Michael Lam[4], Lisa Wittenhagen[1,2], Leonie Callaway[5,6], Katherine Moss[1,2,4], Jayne Lucke[3], Ruth Barker[7,8], Elissa Waterson[1,4], Catherine Rawlinson[9], Natasha Malmstrom[10], Edward Weaver[11], Elisabeth Hoehn[9], Emma Bosley[12,13], Shelby Watson[14] and Ed Heffernan[1,2,4]

Abstract

Objectives: Suicide is a leading cause of maternal mortality. Suicidality during and around the time of pregnancy can have detrimental impacts on a child's development and outcomes. This paper examines prevalence, demographic characteristics, and timing of initial contact with first responders and health services for a cohort of women who experienced suicidality during and around the time of pregnancy.

Methods: Findings are drawn from the Partners in Prevention (PiP) study, a population-wide linked data set of suicide-related attendances by police or paramedics in Queensland, Australia. A sub-cohort of women was identified, who were between 6 months preconception and 2 years postpartum at the time of a suicide-related contact with police or paramedics (PiP-Maternal). Findings are compared to other girls and women who had a suicide-related contact with police or paramedics (PiP-Female). Prevalence, demographic characteristics, timing of contact with first responders and health services, re-presentations, and mortality are reported.

Results: The PiP-Maternal cohort comprised 3020 individuals and 3400 births. Women in the PiP-Maternal cohort were younger, more likely to be of Aboriginal and/or Torres Strait Islander descent and live outside of a major city than the PiP-Female cohort. There were high rates of out-of-hours calls to police and ambulance, and similar perceived seriousness of the call between women in the PiP-Maternal and PiP-Female cohorts. Women in the PiP-Maternal cohort were

The most recent article published from the PiP dataset focusses on women during and around the time of pregnancy. Key findings were that women who experience a suicide related contact with police or paramedics during and around the time of pregnancy comprised approximately 1% of women who gave birth in Queensland over the period examined. These women were more likely to be younger, of Aboriginal and/or Torres Strait Islander descent, and live in regional or remote areas of the state than other women who had a suicide related contact with police or paramedics. After adjusting for these differences, women who were pregnant during or around the time of their contact with police or paramedics were less likely to be transported to an emergency department than other women who had a suicide related contact with police or paramedics. Further research is needed to explore the reason for this finding, and to identify optimal care pathways following crisis for these women.

Suicidality among veterans

Another key sub-group of importance are veterans. Initial exploration of the PiP data identified a sizeable cohort of veterans who had contact with police or paramedics. Examination of this data are ongoing. The PiP study is also expanding its series of video resources. In collaboration with the Gallipoli Medical Research Foundation, as well as InSight, QFMHS and Queensland Centre for Mental Health Research, stakeholders recently came together for a workshop to co-design a second series of video resources for first responders and clinicians to improve responses to veterans' in crisis. The resources are planned for completion at the end of 2023.

Bipolar Disorder in the Australian Defence Force:
Estimating prevalence from Defence electronic Health System records

A/Prof Ed Heffernan, Director of QFMHS and psychiatrist in the Australian Army Reserves, has also been involved, along with collaborators, in a number of studies on the mental health of members of the Australian Defence Force (ADF).

In a study published in 2022, the research team sought to identify the treated prevalence of Bipolar Disorder in serving members of the ADF. Previously published research indicated that Bipolar Disorder may be disproportionately high among members of the ADF (Van Hooff et al., 2018). The current audit of administrative data found a very low prevalence of bipolar disorder among serving members. Reasons for the discrepancy between the team's findings and previous results include the possibility of a measurement error in previous research, pertaining to an earlier and now surpassed version of the Composite International Diagnostic Interview (CIDI). Potential explanations for the very low treated prevalence identified, included the 'healthy worker effect', whereby individuals with, or at risk of, Bipolar Disorder are excluded during recruitment or early in military service. This article resolved an important question regarding the mental health profile and treatment needs of current and ex-serving members of the ADF. Outcomes from the study have potential to inform ongoing service and treatment delivery within the ADF. You can read the full article online at the Journal of Military and Veterans' Health website.

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Eating Disorders and Behaviour

Amy Hannigan
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Queensland Eating Disorder Service

2022 has been a busy year for the Queensland Eating Disorder Service (QuEDS) both clinically and for research and evaluation. Involvement in research is critical to ensuring that our clinicians have access to best practice information and resources for supporting people with lived experience of eating disorders and their families and carers. Achieving great outcomes within research happens as part of great collaborations and 2022 showed this via our continued involvement in large scale, multi-state initiatives as well as via the multidisciplinary projects undertaken within our team. I am pleased to share some of the great work QuEDS has been involved with here.

QuEDS has an ongoing partnership with the Inside Out Institute, Australia's only Institute for Eating Disorder Research and Clinical Excellence (University of Sydney). A primary focus of this partnership is the MAINSTREAM research strategy which utilises existing health system development hubs funded in New South Wales, Victoria, and Queensland (at QuEDS) to embed and develop research expertise within frontline services that is lived experience informed and linked to frontline care, therefore maximising translation into policy and practice. Dr Morgan Sidari has joined QuEDS for this project as the QLD postdoctoral researcher, leading collaborative evaluations with QuEDS, CYMHS Eating Disorder Program and Eating Disorders Queensland.

Another significant partnership project was that between QuEDS day program and the University of Western Sydney to conduct a Clinical Evaluation of Wandi Nerida Residential care facility which is Australia's first residential eating disorder facility. This study is measuring clinical effectiveness, experience and outcomes of people who complete the Wandi Nerida program to (1) people who complete QuEDS day program and (2) people who were assessed but did not engage/complete the Wandi Nerida program and had treatment as usual (TAU). Evaluation is due to conclude at the end of 2023.

QuEDS completed an evaluation of a multidisciplinary led assessment stream which was run in parallel with the existing psychiatry assessment stream. The evaluation was undertaken as a service improvement project aiming to improve existing challenges with waiting times for assessment. The project was also part of the Metro North Graduate Certificate in Health Services Innovation. Results from the evaluation demonstrated wait time to assessment significantly decreased following implementation of the multidisciplinary assessment stream and has been able to be maintained due to the flexibility of the model of care implemented. Results also indicate that the clinic was acceptable and valued by consumers with no significant difference in satisfaction between the multidisciplinary assessments and Psychiatry assessments.

In another project, our Dietitians, Claire Gardiner and Lucinda Morrow, and research clinician Dr Morgan Sidari completed an evaluation of participant change in eating behaviours and attitudes in the QuEDS day program and presented these results at the Australian and New Zealand Academy for Eating Disorders and at the Metro North Mental Health Research symposium. Results suggest that the day program significantly increased normal eating behaviours in the domains of importance of dietary fat intake, reduced occurrence of reading nutrition labels and not restricting food choices to manage anxiety. The data from this project has provided insight and understanding around clients eating behaviours/patterns before and after the QuEDS day program.

Working with families of adults affected by eating disorders: Uptake, key themes, and participant experiences of family involvement in outpatient treatment-as-usual

For children and adolescents, family-based treatments are considered the optimal approach when treating eating disorders. However, this is not the case for adults. In fact, the evidence for family involvement in the treatment of adults with eating disorders is limited and the importance of including family members and other supports when people across the lifespan experience eating disorders has only recently been recognised in treatment guidelines and recommendations for best practice in this area. Policy directives suggest eating disorder practitioners evaluate the knowledge of families and carers, address misconceptions, and assess how the home and social environment of a person might impact their eating disorder as well as influence their recovery. It should also be noted that family members and carers may experience their own distress as well as difficulties with health services and therefore their needs also need to be considered and responded to by service providers.

Although these guidelines indicate that families and carers should be included in care there is no consensus about the most effective methods to do so. Dr Carmel Fleming and Jacqueline Byrne from the Queensland Eating Disorder Service (QuEDS), together with Prof Karen Healy and Dr Robyne Le Brocque from The University of Queensland tested the safety, acceptability, and feasibility of a low-intensity family intervention for adults with eating disorders, offered alongside standard care, within the QuEDS community outpatient clinic.

Over a 12-month period, 14 clinicians and 24 patients and their families participated in the trial resulting in 61 needs assessment questionnaires and 31 family sessions. Carers and adult patients identified similar problems including eating disorder specific concerns/assistance needs, communication issues, future worries regarding impact and progress after treatment, and emotional challenges eating disorder problems can present to name a few. They also indicated similar levels of distress and concern regarding these interpersonal and communication problems.

After the family intervention, there was a significant change in levels of distress for families and carers. For patients, reported levels of life interference from interpersonal issues were significantly lower and self-reported confidence to deal with them higher after the family session. Both patients and carers indicated that their concerns were either adequately discussed or fully addressed in the low intensity intervention.

The study provides strong preliminary support for brief but structured family-based consultations as an adjunct to treatment as usual for adults affected by eating disorders. However, further confirmatory research is necessary.

Working with families of adults affected by eating disorders: uptake, key themes, and participant experiences of family involvement in outpatient treatment-as-usual

Carmel Fleming[1,2*], Jacqueline Byrne[2,3], Karen Healy[1] and Robyne Le Brocque[1]

Abstract

Background: Eating disorders are associated with significant personal and family costs. Clinical guidelines recommend family members be involved and supported during care, but little has been reported regarding the preferences of adults around carer involvement in treatment. The necessary intensity of family work with adults is also unknown. A trial of a standardised brief family involvement method was conducted in an adult eating disorder service offering treatment-as-usual. Uptake and feasibility of implementing the approach as part of standard outpatient care and the preliminary impact on issues identified by adult patients and carers were evaluated.

Methods: Eligible referrals at an adult eating disorders outpatient clinic were offered as needed family consultation to address presenting interpersonal problems identified by patients and their family members, and outcomes were evaluated 4 weeks later. Pre and post intervention surveys identified participant self-reported change in (i) problem frequency, (ii) distress and disruption caused, and (iii) confidence regarding presenting problems. Open text responses provided an overview of patient and carer goals for family involvement and revealed how the novel method impacted these areas as well as overall experience of, and feedback regarding, the brief family intervention.

Results: Twenty-four female participants aged 18–53, and 22 carers participated in 31 consultations. Common concerns raised were eating disorder related interpersonal and communication issues. The focused sessions, offered on a one-at-a-time basis, showed preliminary effectiveness for reducing both patients and carer concerns. For example, adult patients reported that life interference from interpersonal problems was lower and confidence to deal with them was higher following family consultation. Carers also reported that frequency, level of worry, and life interference around presenting problems were lower after the structured family intervention.

Conclusions: Brief family consultation, with a single focus on issues identified by family members and adult patients, was a safe and feasible procedure with adults affected by eating disorders. Effective at meeting the needs of participants, the framework investigated in the current study may also be a useful direction for adult services to consider when looking to support families and meet recommendations for their routine involvement in the outpatient care.

Trial registration: Australian Clinical Trials Register number: ACTRN12621000047897 (www.anzctr.org.au).

Interview with Dr Morgan Sidari, Research Fellow

Dr Morgan Sidari
Postdoctoral Research Fellow
Queensland Eating Disorder Service

Can you tell us about your background and how you started working with Queensland Eating Disorder Service (QuEDS), Child and Youth Mental Health Service Eating Disorders Program (CYMHS-EDP), and Eating Disorders Queensland (EDQ)?

My background is in psychology research, particularly in using simulations and other technical methods to answer complex questions. While working on my PhD, I realised that I wanted to contribute more directly to mental health, so I began doing program evaluation work in a youth space. I loved this work and decided to pursue a career in mental health research with a focus on evaluation and evidence-based interventions. Throughout 2022, I worked with these three services as part of my role as the Queensland Postdoctoral Researcher for the InsideOut Institute's Mainstream collaboration.

Can you give us an overview of the evaluation projects you're currently working on?

One project is The Shared Table, a joint initiative involving QuEDS, CYMHS-EDP and EDQ. The online training modules provide carers and other supports with information and activities covering the stages of meal support, communication skills, setting rules, boundaries, and non-negotiables and provides an in-depth look at the role nutrition plays in recovery. The program is designed to be useful for supporting people of any age with eating disorder. Our evaluation aims to assess the effectiveness of the program in building confidence among carers and identify which strategies are most helpful and implemented most often.

Another project I am involved in is Strong Foundations, a CYMHS-EDP program. This six-week, live online, clinician-led psycho-education program for parents and carers aims to improve parental self-efficacy while their young person is on the waitlist for treatment. The program covers a range of topics such as understanding eating disorders, effective communication strategies, setting appropriate boundaries, and managing stress. Our evaluation will assess whether the program achieves its goal of improving parental self-efficacy (and hopefully has positive effects on carers' anxiety and depression-related symptoms too).

What is the primary objective for Mainstream, and how do the programs you're evaluating fit into it?

The primary objective of my part of Mainstream is to evaluate programs that our services have already implemented in response to the needs in our state. The Mainstream collaboration operates across NSW, VIC, and QLD, and my role is focused on evaluating the two QLD programs I mentioned earlier. By publishing our findings in peer-reviewed journals and promoting these evidence-based programs, we hope to increase their reach and help other services to emulate these programs in settings with similar needs to ours.

How do you envision facilitating clinicians' involvement in research?

I believe it's crucial to involve clinicians in research, as they understand the realities of front-line mental health care. I've been assisting some of our clinicians with data analyses that they have presented at national conferences and symposiums, emphasising the broader value of the work that they are doing here in Metro North Mental Health. I aim to be a valuable resource for the service, providing support and advice on data analysis and learning from the expertise of our clinicians.

What are your future goals for your role within the Metro North Mental Health?

One of my future goals is to embed evaluation into normal practice, ensuring that we collect data as we go while allowing consumers the option to opt-out. This continuous evaluation process will help us better understand the effectiveness of our programs and make any necessary adjustments. We hope to integrate this into several of QuEDS' programs in the near future. I'm looking forward to working with our clinicians to ensure this is done in the most effective (and least obstructive!) way possible.

I'm also committed to using my experience with statistics and programming to make the data we collect for research more useful and accessible for clinicians' day-to-day work. To achieve this, I'm working with our CYMHS-EDP counterparts to create reports that can be used in their team meetings. These reports will provide an overview of an individual young person's trajectory on key metrics from assessment onwards, potentially assisting with discussion and treatment planning throughout their recovery journey. If CYMHS-EDP finds these reports useful, the same principle could be applied here at QuEDS as well.

How do you feel about joining QuEDS and working in Metro North Mental Health?

I am delighted to have joined QuEDS and look forward to meeting other clinicians and researchers here in Metro North Mental Health! I'm excited to contribute to our shared mission of improving mental health care and ensuring that our services continue to be evidence-based and tailored to the needs of our community.

Alcohol and Other Drugs

Dr Hollie Wilson
Director
Adis 24/7
Alcohol and Drug Support

Dr Jeremy Hayllar
Clinical Director
Alcohol and Drug Services

Substance use disorders have wide-reaching effects on individuals, their families, and the community. Mental illness and substance use often co-occur and share many aetiological pathways. This comorbidity can have a compound effect and increase the risk for a range of detrimental outcomes, including self-harm, suicidality, homelessness, violence, relationship breakdowns, unemployment, and poor physical health.

Metro North Mental Health includes a range of local and state-wide Alcohol and Drug services (ADS) aimed at prevention, early intervention and treatment for substance use disorders. Ensuring that clinicians and clients have access to the most up-to-date evidence-based information and strategies is critical to contemporary alcohol and drug practice. At Metro North Mental Health's ADS we believe that clinician involvement in research is fundamental to developing and enhancing the service. This means almost all those working in the service are engaged with research in some way. This aspect of our work encourages staff to critically examine the performance of the ADS, and to consider innovative ways to improve consumer outcomes.

The ADS is a diverse and growing multidisciplinary team with a history of conducting collaborative research and mentoring early career clinicians, researchers, and students in research. We have an established research champions network which has driven the establishment of an evidence-based research and clinical culture that is embedded within the service and supported by the Metro North Mental Health Executive and Research Team. This structure enables us to build research capacity by giving clinicians a clear structure and pathway for sharing their ideas and receiving feedback, mentoring and support to undertake projects.

The ADS offers clinician-researchers and their collaborators the unique opportunity to undertake innovative research tackling the most critical issues within the alcohol and other drugs (AOD) sector. The comprehensive data systems and Client Advisory Committee place the MNMH's ADS staff in an ideal position to conduct research from small scale investigative studies through to large scale effectiveness and population health initiatives.

Over the past five years, ADS research and evaluation projects have targeted training, priority populations, improving pathways into treatment, and enhancing family and carer support. This includes research into the role and effectiveness of the state-wide hosted alcohol and drug services (Adis 24/7 Alcohol and Drug Support and Insight Centre for Alcohol and Other Drug Training and Workforce Development). Our team has undertaken novel research that aims to reduce opioid overdoses through nurse-led prevention program, research that aims to enhance the treatment of Hepatitis C in opioid substitution settings (ETHOS Engage Study), and research examining the integration of sensory approaches treatment of substance use disorders. Overall, our research aims to facilitate tailored ADS experiences that reduce the impact of substance use on wellbeing and functioning.

As a service, we aim to continue supporting and engaging with research and evaluation projects that test new ground. We have a strong history as early adopters of innovations in practice and as collaborators in large scale trials that advance new treatments and implementation of evidence-based treatment. For example, we are one of four sites for the TINA prospective randomised placebo controlled multicentre study of mirtazapine in the treatment of methamphetamine use disorder, with a 12-week follow up. The study is supported by the Medical Research Futures Fund, and recruitment began in late 2022. Methamphetamine use disorder is a significant challenge for patients and clinicians alike, yet there is comparatively less evidence for drug treatment compared to opioid use disorder.

We look forward to sharing outcomes from our current projects in future editions of the Research Review and we are proud to highlight here some of the outstanding work of our clinicians from 2022. As a group, we have disseminated our research through 18 peer-reviewed publications and conference/symposium presentations. We feature two innovative projects that were completed or published in 2022.

Sensory Approaches: Bringing an Occupational Approach to Alcohol and Other Drug Services

Occupational Therapists (OTs) take a holistic approach to support people to experience enhanced wellbeing through participation in the activities of their daily life (Occupational Therapy Australia, 2021). In the context of Alcohol and other Drug (AOD) treatment, OTs work as part of multidisciplinary teams however, throughout the industry there is limited access to and understanding of the contributions of occupational therapy interventions to improve health and wellbeing for clients (Occupational Therapy Australia, 2021). Michelle Taylor from Insight, Centre for Alcohol and Other Drug Training and Workforce Development, with Melissa Bridge from Metro South Health, Addiction and Mental Health Services and Sophie Pitts from Australian Catholic University conducted a project to understand how occupational approaches can be implemented to support consumers with substance use issues. They also sought to raise awareness of the role of OTs within AOD treatment and recovery. To achieve these aims, a mixed method survey collecting qualitative and quantitative data was administered to OTs working with people with substance use issues.

Participants were asked what they would recommend to increase access to occupational approaches in AOD treatment. Respondents suggested education regarding the benefits of occupational approaches as a possible solution as well as increasing role specific input, promotion of occupational approaches with multidisciplinary teams and greater opportunities to showcase the work of OTs. Participants also would like to see greater representation of the discipline within management and leadership positions.

Sensory approaches are one example of occupational approaches that go underutilised when working with people with substance use issues. One of the 14 questions asked of participants was "what are the unique skills occupational therapists bring when working with people with substance use issues?". In response to this question many participants noted providing sensory approaches as an important role of OTs which is beneficial to many clients. Sensory approaches use the senses to promote emotion regulation when feeling anxious, overwhelmed, or under aroused and disconnected from the body. As one participant stated:

"Sensory integration is a unique skill that OTs can bring to the AOD field as sometimes the consumer is seeking the sensory input they receive from the substance."

As part of the project, the team was able to make recommendations for greater use of occupational therapy, including sensory approaches in AOD services. These recommendations and other findings from the project can be read about in the **Bringing an Occupational Approach to Alcohol and Other Drug Services** poster.

These insights about sensory approaches are now being translated into further training for AOD workers from all disciplines. Michelle Taylor and Dr Hoiyan Karen Li engaged in a cycle of consultation, training, professional support, and toolkit development to produce a training program. Nine training workshops have now been delivered to 158 participants from multidisciplinary backgrounds, including OT, social work, psychology, nursing, and counselling. The project team are about to embark on a study with 3 month follow up to learn more about the ongoing benefits of sensory approaches in treating AOD issues. We look forward to seeing the outcomes of this training program. The poster **Introducing Sensory Approaches to the Alcohol and Other Drug Workforce** highlights their progress to date.

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BRINGING AN OCCUPATIONAL APPROACH TO ALCOHOL AND OTHER DRUG (AOD) SERVICES

Project by Melissa Bridge and Sophie Pitts. We would like to acknowledge and thank our supervisor Michelle Taylor for her guidance and support throughout this project.

Project aim: To understand how occupational approaches are being used to support consumers with substance use issues. **How?** A 14 question survey created alongside the Care Planning Prompt Tool (Queensland Health, 2020), was distributed to 40 Occupational Therapists (OTs) across QLD, Australia and internationally who work with consumers with substance use issues.

Participants: 17 OTs participated in the survey. The majority of participants work in the Government sector (88.24%), with approximately half working in AOD (47.06%) and/or Mental Health services (41.8%). Nearly half of participants' consumers are located in metropolitan (52.94%) and/or regional areas (47.06%).

AOD interventions OTs use:
- 88.24% of OTs use Harm Reduction, Mindfulness, and Psychoeducation
- 82.35% of OTs use Motivational Interviewing, Relapse Prevention and Management, and Trauma Informed Care

WHAT DO OTs DO IN AOD?
Engage and re-engage consumers in meaningful occupations.
Create and re-establish roles and routines.
Build skills, knowledge and supports.
Address occupational issues, needs and goals.
Enhance purpose and identity.

"Engaging in meaningful purposeful activity is one of the best relapse prevention strategies we have, and that's what OTs do well"

Occupational approaches OTs use:

Approach	%
Healthy Lifestyle	94.12%
Sensory Approaches	88.24%
Goal Setting, Values Clarification	82.35%
Roles, Routines, Habits	82.35%
Occupational Formulation and Intervention Planning	76.47%
Leisure/Interests	64.71%
Social Connectedness	58.82%
Living Skills Training	52.94%
Grading and Adaptations of Tasks/Environment	41.18%
Vocational Training	29.41%
Other	23.53%
Cognitive Remediation Therapy	17.65%

OTs integrate their occupational approaches with AOD interventions by:
- Using OT models and frameworks to guide practice
- Through meaningful occupations and activities
- Through routines and habits
- Using clinical reasoning to complete assessment/intervention/care planning
- Having a focus on consumer roles, values, strengths and goals

RECOMMENDATIONS
1. Improve understanding of the OT role in AOD services
2. Better advocate for the role of OT in AOD services
3. Implement change within AOD service culture
4. Increase evidence-based literature on occupational approaches in AOD
5. Implement more professional development opportunities for OTs
6. Increase access to resources (funding and equipment)
7. Create more occupation-based resources

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Introducing sensory approaches to the alcohol and other drug workforce

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Sensory Approaches

Sensory Approaches refers to a range of strategies which utilise sensory systems to regulate arousal states when experiencing symptoms of distress and agitation.[1]

These are used in clinical settings to promote self-regulation and safety[2] and have numerous benefits including low cognitive demand, rapid effects and minimal resource outlay.

For those with alcohol and drug (AOD) issues, Sensory Approaches can aid management of cravings,[3] and mood states,[4] and meeting of social, emotional and psychological needs.[5]

Implications for Practice

Despite this, little attention has been brought to Sensory Approaches within AOD services. A barrier to its implementation is a lack of effective and accessible training.

Future directions for sensory approaches in AOD

More widespread training and support for services to implement Sensory Approaches.
Further research into translation and dissemination of Sensory Approaches for AOD.
Occupational Therapy undergraduate projects.
Translation and dissemination of resources and outcomes.

We asked participants, What did you like about the training?

"Learning about neurobiological processes that underpin using a Sensory Approach with clients."

"The framework provided was simple and clear, therefore easily explained to others."

"Practical take home strategies."

"Lots of visual and hands on opportunity to explore the resources."

9 workshops
158 participants
AOD/Mental Health 136 (86%)
Culturally & Linguistically Diverse 19 (12%)
Aboriginal & Torres Strait Islander 3 (2%)

Social Work 39 (27%)
Occupational Therapy 25 (17%)
Psychology 22 (15%)
Nursing 19 (13%)
Counsellor 41 (28%)

Specialised reference groups (AOD & Occupational Therapy)
Those with lived experience
Training participants

Consultation
Training
Method Between 2017 and 2022
Toolkit
Professional Support

Views
Using Your Senses to Cope tool (7486)
Sensory Plan (1644)
Webinars (1753)
Videos (1473)

Consultation and advice
Communities of practice
Assisting services to deliver sensory-informed interventions in withdrawal, counselling and residential services

Discussion and Conclusions

Sensory Approaches are evidence-based trauma-informed interventions used alongside current AOD interventions to support self-regulation, wellbeing, management of cravings and mood. Clinicians and those with lived experience of AOD issues value initiatives that further their capacity to use Sensory Approaches. Investment in training initiatives can broaden individual and systemic applications of Sensory Approaches in the AOD sector.

A free toolkit is available through Insight:
https://insight.qld.edu.au/toolkits/using-your-senses/detail

insight

Metro North Health

The Tina Trial: A Phase III Randomised Placebo-Controlled Trial of Mirtazapine as a Pharmacotherapy for Methamphetamine ("Ice") Dependence

Dr Jeremy Hayllar
Director
Alcohol and Drug Services

In 2021, Dr Jeremy Hayllar from the Metro North Mental Health Alcohol and Drug Service (ADS) was part of a research team lead by A/Prof Rebecca McKetin from the University of New South Wales who were awarded a $4.9 million grant from the Medical Research Future Fund to investigate potential pharmacotherapies for methamphetamine dependence. This resulted in the TINA Trial, which began recruitment in late 2022.

Crystalline methamphetamine, commonly referred to as "Ice", is a growing health concern in Australia. Both Mental Health and Alcohol and Drug services struggle to cope with people who have developed methamphetamine use disorder (MUD). Presentations for methamphetamine treatment have increased from around 10,000 in 2009/2010 to nearly 60,000 in 2018/2019, with fewer than one in 10 people receiving minimally adequate treatment. This is partly because MUD treatment may involve long stay residential rehabilitation and there is currently no approved and effective pharmacotherapy.

Some preliminary trials suggest that mirtazapine, a generic antidepressant medication, may offer a solution. A phase II trial of 60 people showed positive results with a significant reduction in methamphetamine use compared to placebo over 12-weeks (Colfax et al., 2011). This result was then replicated in 140 people over 24-weeks (Coffin et al., 2019). These trials showed statistically and clinically significant reductions in methamphetamine use between 15% and 18%, along with improvements in depressive symptoms and quality of sleep.

Whilst phase II trials have provided preliminary evidence of efficacy, a phase III trial is needed to generalise these benefits to the wider population. The current TINA Trial will seek to establish the effectiveness and safety of mirtazapine as an outpatient pharmacotherapy for MUD using a 12-week double-blind placebo-controlled randomised trial.

Over the next 2 years, the ADS will seek to recruit 60 participants as part of the multi-site trial. These participants will report on their methamphetamine use/abstinence, depressive symptoms, quality of sleep and HIV risk behaviours, amongst other measures. The goal of the trial is to establish whether mirtazapine will reduce self-reported rates of methamphetamine use. It is also expected that periods of abstinence will increase, along with improvements in sleep quality and reduced symptoms of depression. At the time of writing, the Biala site has already recruited 20 patients in the study, suggesting a significant demand for effective treatments for MUD.

Should the results of the TINA Trial demonstrate the efficacy and safety of mirtazapine as a treatment for MUD, it may offer a cost effective and feasible alternative to inpatient care, providing patients with an accessible, oral medication which can be readily integrated into general practice.

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Suicide and Self-Harm Prevention
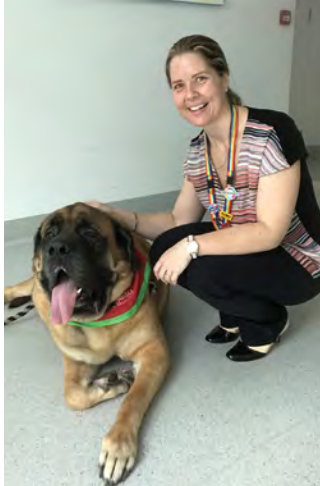
Danielle Alchin
Team Leader – Suicide Prevention and Comprehensive Care
Metro North Mental Health
With Tyson the Therapy Dog

Suicide has a profound impact on families, community, and society. The causes of suicide are multifaceted and complex making the task of identifying, preventing, and responding to this significant social issue challenging. However, it is recognised worldwide that suicides of people engaged with healthcare are preventable if individuals, community, government, and non-government sectors work together. A complex interplay of factors impacting on suicide, self-harm and overdose highlights the value of targeting these issues together.

Over the past decade, there has been a paradigm shift in the approach to suicide prevention. There has been recognition that many people who die by suicide do not necessarily have a severe or enduring mental illness, that most of those who die by suicide were not identified as high risk in recent contacts, and that suicide specific interventions (such as safety planning and non-clinical aftercare) are essential components of a pathway of care. However, there remain individuals, for example those who present with severe mental illness and/or with high lethality attempts, who have been proven to have very high rates of suicide and, therefore, require a particularly strong clinical focus on diagnosis, formulation, treatment of mental illness and clinical aftercare.

Thus, it is imperative that our Mental Health services work with individuals and communities to identify, prevent and provide treatment for individuals who are at risk for or have engaged in suicidal behaviours.

At Metro North Mental Health, the prevention of suicide, self harm and overdose is a key priority. During 2021, we embarked on a Directorate-wide continuous improvement process to support this work, and the *ASPIRES: Suicide, Self-Harm and Overdose Prevention Plan (ASPIRES)* was officially launched on 21 June 2022. The plan aims to build on important systems approaches such as the internationally established Zero Suicide Framework by extending the aims and strategies to include principles of Restorative Just and Learning Culture, trauma informed care and recovery-oriented practice. During 2022, the implementation and evaluation plan was developed and launched across the service. The ASPIRES framework was collaboratively developed, with lived experience, clinicians, leaders, researchers, educators, patient safety officers and representatives from our regional partners all contributing to its development and our efforts to seek out and embed the best evidence-based approaches and compassionate care for suicide, self-harm and overdose prevention.

One of the first steps in the ASPIRES plan was to explore knowledge and benchmark training within the service. To this end we undertook a survey of our workforce. Some preliminary outcomes from this survey are presented in this section.

ASPIRES is only one aspect of our work on suicide prevention. Our clinicians and researchers across the service are engaged in a range of studies that have contributed to knowledge and practice and we are pleased to share a summary of these studies here.

Restorative just culture significantly improves stakeholder inclusion, second victim experiences and quality of recommendations in incident responses

Metro North Mental Health has identified the adoption of a Restorative Just and Learning Culture (RJLC) as a priority for the service to further support safety culture and the ASPIRES Plan. Through embedding RJLC we aim to facilitate healing for all who have been impacted by the loss of consumers or clients to suicide or overdose, or other traumatic incidents, and promote trust, relationships, and recovery for those affected. Support for consumers, families and clinicians who are impacted by these events is central to this approach, as is support for learning and improving in our complex systems.

Dr Kathryn Turner, Executive Director of Metro North Mental Health and Alcohol and other Drug Services has been researching and publishing in the area of Restorative Just Culture (RJC) and safety culture for some time. Dr Turner's 2022 paper presents research conducted at the Gold Coast Mental Health and Specialist Services where they implemented a Clinical Incident Response Framework which incorporates RJC and Safety II principles. The research team used multiple methods including a staff survey, analysis of triage data and process audits to assess changes in stakeholder inclusion, second victim experiences and quality of recommendations after the implementation of Restorative Just Culture throughout the service.

The staff survey conducted in 2019 showed a statistically significant change in percentage of staff who felt blamed for adverse events compared to 2017, decreasing from 20% to 16.4%. A significant association was also found between staff's ability to participant in incident review processes and positive perception of just culture within the service. Their participation was also associated with lower levels of distress and impacted less on their self-efficacy. The research team noted reductions in use of Root Cause Analysis as a method of incident review with zero reviews conducted in that manner in 2018 compared to 15.4% in 2017. Post the implementation of a Critical Incident Response Framework, recommendations made as a result of a review were more specific with clearer aims and greater capacity to measure performance.

The paper concluded that, although challenging, the implementation of a Clinical Incident Response Framework which is based on RJC, and Safety II can improve service culture.

Restorative just culture significantly improves stakeholder inclusion, second victim experiences and quality of recommendations in incident responses

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ABSTRACT

Objective: Matching safety and quality improvements to the complexity of healthcare, Gold Coast Mental Health and Specialist Services implemented a new response to clinical incidents: the Gold Coast Clinical Incident Response Framework (GC-CIRF). It utilises a Restorative Just Culture (RJC) framework and Safety II principles. This paper evaluates its impact.

Methods: Staff surveys measured perceptions of just culture and second victim experiences. Quality of recommendations were compared before and after implementation. For the 19 incidents that occurred after the implementation of GC-CIRF, audits of the review processes were undertaken, measuring several components.

Results: Results show significant improvement in staff perceptions of just culture and second victim experiences. Review of incident review data showed several shifts in line with Safety II and RJC. The process audit demonstrated inclusion of a broad range of stakeholders, and significant improvements in the quality and strength of recommendations.

Conclusions: Embedding RJC and Safety II concepts into the incident review process is associated with improved measures of culture and review outputs. The integration of Safety II concepts and support of cultural shifts will require further work and committed leadership at all levels.

Key Words: Restorative just culture, Just culture, Zero suicide framework, Clinical incidents, Safety II, Resilient healthcare, Complex systems, Second victim, Human error and patient safety, Root cause analysis

The Paradox of Suicide Prevention

Over the last few years, Queensland has had a renewed focus on suicide prevention with systems approaches such as the Zero Suicide Framework being implemented across the state. As a priority of Metro North Mental Health, it is important to understanding best practices for suicide prevention and the theory behind new systems approaches. Our Executive Director, Dr Kathryn Turner, along with A/Prof Kylie Burke, Director Research Strategy and Evaluation co-authored a paper with colleagues from the USA, New South Wales and the Gold Coast. Their theoretical paper discusses the Paradox of Suicide Prevention and outlines an example of how a systems approach, like the Zero Suicide Framework, can be implemented within a large Australian mental health service.

The move away from traditional risk categorisation methods to predict suicide and/or allocate resources has been met with many challenges, including the reluctance of clinicians and services and the risk of overcorrection within healthcare systems. The Prevention Paradox, however, provides a useful model to support the shift to a new focus i.e., a systems approach to suicide prevention, whilst maintaining the effective aspects of existing models. The Prevention Paradox recognises that the greatest burden of disease or death is caused by those at low to moderate risk of suicide, simply due to their large numbers.

To address the Paradox, changes need to occur at the clinician and service levels. It is essential that clinicians provide care in-line with the best evidence in individualised psychosocial assessment, diagnosis, formulation, clinical treatment, and handover to address needs. They must also embrace suicide specific care for all consumers, regardless of risk level or diagnosis, such as a pathway of care that includes safety planning, counselling on lethal means and rapid follow-up in the community. At a service level, the paradox of prevention broadens the scope of intervention and follow up, whereby the number of consumers needing care increases dramatically. To manage this demand on the service, individualised formulative risk mitigation/prevention approaches need to be supported alongside the development of pathways and procedures that facilitate intervention for populations/sub-populations, regardless of individual risk assessment.

However, for publicly funded services previously reserved for high-risk consumers, taking measures to address the paradox at the system and clinician level can quickly overwhelm them. The paper presents a case study of the Gold Coast Mental Health and Specialty Services where they implemented a Suicide Prevention Strategy based on the Zero Suicide Framework. The implementation of the strategy saw significant reductions in re-presentations with suicide attempts for consumers treated under the strategy. However, the increased numbers of consumers also limited the capacity of clinical teams to complete all parts of standardised pathway of care highlighting the need for careful resource planning and evaluation of the strategy.

Article

The Paradox of Suicide Prevention

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Abstract: The recognition that we cannot use risk stratification (high, medium, low) to predict suicide or to allocate resources has led to a paradigm shift in suicide prevention efforts. There are challenges in adapting to these new paradigms, including reluctance of clinicians and services to move away from traditional risk categorisations; and conversely, the risk of a pendulum swing in which the focus of care swings from one approach to determining service priority and focus (e.g., diagnosis, formulation, risk and clinical care) to a new focus (e.g., suicide specific and non-clinical care), potentially supplanting the previous approach. This paper argues that the Prevention Paradox provides a useful mental model to support a shift in paradigm, whilst maintaining a balanced approach that incorporates new paradigms within the effective aspects of existing ones. The Prevention Paradox highlights the seemingly paradoxical situation where the greatest burden of disease or death is caused by those at low to moderate risk due their larger numbers. Current planning frameworks and resources do not support successful or sustainable adoption of these new approaches, leading to missed opportunities to prevent suicidal behaviours in healthcare. Adopting systems approaches to suicide prevention, such as the Zero Suicide Framework, implemented in a large mental health service in Australia and presented in this paper as a case study, can support a balanced approach of population- and individual-based suicide prevention efforts. Results demonstrate significant reductions in re-presentations with suicide attempts for consumers receiving this model of care; however, the increasing numbers of placements compromise the capacity of clinical teams to complete all components of standardised pathway of care. This highlights the need for review of resource planning frameworks and ongoing evaluations of the critical aspects of the interventions.

Keywords: suicide prevention; mental health service; pathway of care

ASPIRES Workforce Survey: Understanding staff knowledge, beliefs and attitudes about suicide, self-harm and overdose prevention

The ASPIRES Workforce Survey was conducted between April and June of 2022. The Survey aimed to establish an understanding of the knowledge, skills, beliefs, and attitudes of Metro North Mental Health and Alcohol and Other Drug Services staff about suicide, self-harm, overdose, critical incident review and current organisational practices. Outcomes from the survey provide a baseline understanding that will inform strategies within the ASPIRES plan and that will be used to track our progress towards having a service system that supports. Across the service 549 people responded with 309 responses having more than 70% of the survey completed. Staff who participated in the workforce survey were equally spread across the service with representation proportionally spread across the Directorate (e.g., AOD = 37; Redcab = 56; TPCH = 76; RBWH = 79; other = 58). There was a broad representation of experience and professional discipline with the majority of participants having worked in mental health greater than 11 years. Nursing and allied health were the most represented disciplines.

We asked staff about whether they had received training in suicide and overdose prevention. High proportions of staff reported having engaged with training (98.2% completed at least 1 program; 71.1% had completed more than one).
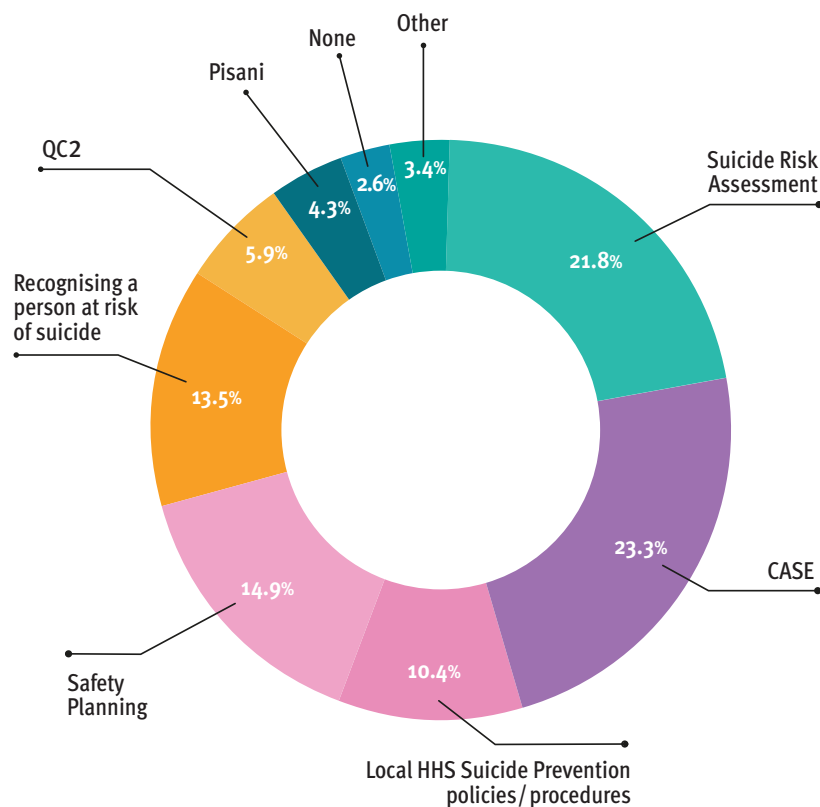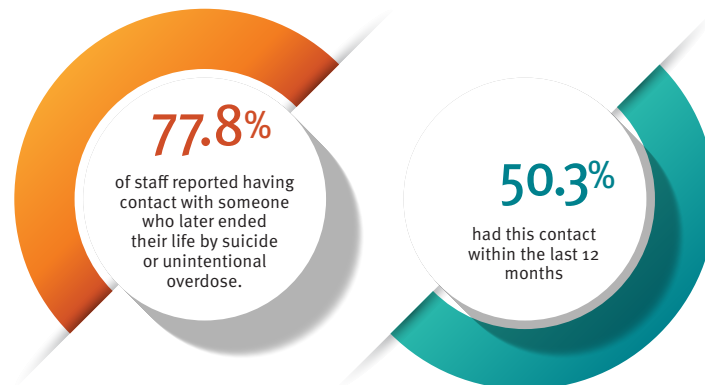

A majority of respondents stated that they believe that training in suicide and overdose prevention was supported by the service. However, less than half felt confident applying suicide prevention and overdose procedures in practice. Redcliffe Caboolture hospital have been implementing the Zero Suicide Framework since 2018, with 496 staff trained between 2018 and 2021.

As would be expected, there were significant differences between RedCab compared to other services and hospitals in training and confidence. Overall, this reflects RedCab having undertaken more staff training and that they report being more confident and resourced than other areas of the service.
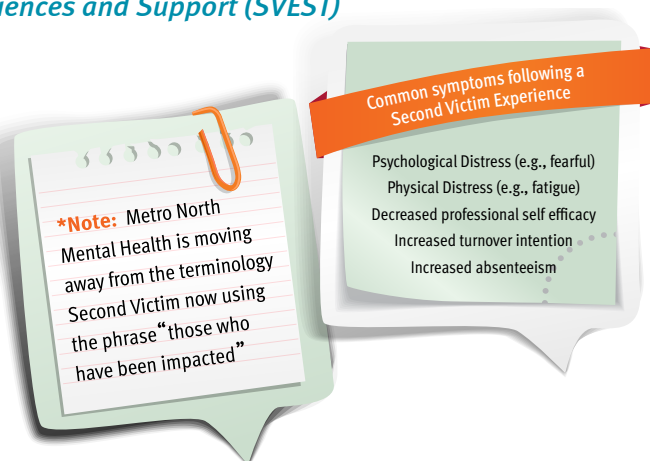
Critically, a large proportion of respondents had been in contact with someone who later took their life by suicide, self-harm or overdose.

77.8%
of staff reported having contact with someone who later ended their life by suicide or unintentional overdose.

50.3%
had this contact within the last 12 months

Second Victim Experiences and Support (SVEST)*

The term second victim refers to health care workers who have been involved in an unanticipated adverse patient event, medical error and/or patient related injury and who is traumatised by the event(s) (Burlison et al., 2017). Being a part of a critical incident can have a wide range of effects on staff, including psychological and physical symptoms. The APSIRES Workforce Survey assessed these symptoms as well as how staff perceive they are supported through critical incidents.

*Note: Metro North Mental Health is moving away from the terminology Second Victim now using the phrase "those who have been impacted"

Common symptoms following a Second Victim Experience

Psychological Distress (e.g., fearful)
Physical Distress (e.g., fatigue)
Decreased professional self efficacy
Increased turnover intention
Increased absenteeism

The proportion of staff who strongly agreed or agreed with having experienced common symptoms or negative outcomes:

Staff felt they did not receive support from:

Colleagues **43%**
Supervisors **66%**
Organisation **42%**
Non-work related **50%**

Psychological Distress 20%

Physical Distress 13%

Turnover Intention 17%

Low professional Self-efficacy 20%
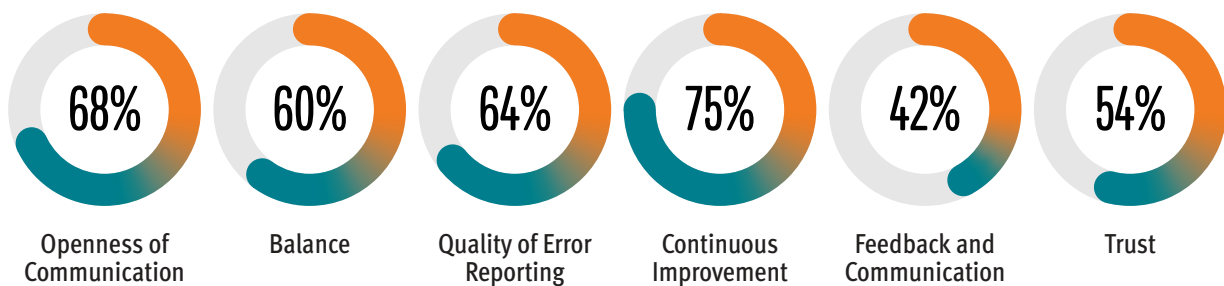
Absenteeism 21%

Just Culture at Metro North Mental Health

Restorative Just and Learning Culture (RJLC) is a fundamental aspect of the ASPIRES Plan. Through embedding RJLC we aim to facilitate healing for all who have been impacted by the loss of consumers or clients to suicide or overdose, or other traumatic incidents, and promote trust, relationships, and recovery for those affected. Support for consumers, families and clinicians who are impacted by these events is central to this approach. Metro North Mental Health and Alcohol and Drug has identified the adoption of a RJLC as a priority for the service to further support the safety culture. RJLC extends on just culture to create an environment that promote healing, learning and improvement after a critical incident (Sampath et al., 2021; Turner et al., 2022; Zehr, 2002).

Respondents were asked about the culture at Metro North Mental Health and Alcohol and Other Drug Services and whether they would agree that we have the characteristics of a just culture. Participants rated each statement on a 7-point scale from 1 (Strongly disagree) to 7 (Strongly agree).

The proportion of people who agreed or strongly agreed with the characteristics of a Just Culture being present at Metro North Mental Health and Alcohol and Drug Services were high:

68%	60%	64%	75%	42%	54%
Openness of Communication	Balance	Quality of Error Reporting	Continuous Improvement	Feedback and Communication	Trust

People who agreed or strongly agreed with the above characteristics of a just culture were also likely to agree or strongly agree that the service provides ongoing support and resources to further their understanding of suicide and overdose prevention.

Analysis of the outcomes from the survey are continuing and will be used for research publications and service planning purposes. To track success of the implementation and outcomes associated with ASPIRES the survey will be repeated biannually with the next survey due in 2024.

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The Australian Youth Self-Harm Atlas

In 2022, staff members of Metro North Mental Health were involved in the first Australia-wide study examining regional variability of youth self-harm (including non-suicidal self-harm and suicide attempts) and related risk and protective factors. The study was led by Dr Emily Hielscher from the Queensland Institute of Medical Research Berghofer (QIMRB) with co-investigators Prof James Scott, Julie Blake and Erika Giebels of Metro North Mental Health, Prof David Lawrence from University of Western Australia and Curtin University, Prof Philip Batterham from Australian National University, Martina McGrath and Kathy Poulton from partner organisation Roses in the Ocean, and Dr Ivan Chang and Dr Karen Hay also from QIMRB.

With funding from the National Suicide Prevention Research Fund, which is managed by Suicide Prevention Australia, the authors mapped the prevalence of youth self-harm across the country. This was achieved using a mixed methods approach, triangulating insights from survey, census, and focus group data. Quantitative data analysis of the Census and Young Minds Matter survey, a nationally representative survey of Australian adolescents, was used to geographically map self-harm prevalence across the country. More nuanced and detailed qualitative data was gathered from 14 focus groups with young people with lived or living experience of self-harm or suicidality and other key stakeholders (such as clinical/support staff) in geographically diverse areas. These focus groups explored regional differences in the most pertinent risk and protective factors for self-harming behaviours, as well as barriers to local youth services and supports.

The quantitative analysis identified large regional variability in the prevalence of youth self-harm. Specifically, the Northern Territory, Western Australia and South Australia had the highest estimated prevalence of youth self-harm at a state and territory level. At the local level, small area clusters with the highest estimated prevalence were also identified in each state and territory. These findings have important implications for state-wide planning and resource allocation, providing further guidance for a systems-based, regional approach to youth suicide prevention. The jurisdictions identified should be considered high priority for federal funding programs.

The qualitative focus groups asked participants what they consider were the most important risk and protective factors in their work/study, home, play, and digital environments, and what services exist or could be improved to better support young people in their local area. Participants indicated that the home and digital environments of young people were most influential in relation to their self-harming and suicidal behaviour. Young people noted needing a balance of privacy and time with others at home. Too much time with others made them feel stressed, and at times, unsafe, conversely too much time alone increased feelings of loneliness. Social media were viewed as both good and bad depending on the people and content participants interacted with. Online environments were considered complex and difficult to navigate. It was common among participants to be exposed to harmful or triggering content which, combined with well-trained algorithms would become difficult to avoid. Young participants at times encountered online influencers who initially appeared to support recovery but were in fact disingenuously promoting harmful behaviours to vulnerable young people.

Young people also noted that having and creating safe spaces, such as their own bedroom, quiet rooms at school, and implementing self-monitoring strategies to build their own safe spaces online, were protective against poor mental health and desire to engage in self-harm behaviour.

The nationally representative survey showed that 70% of young people reporting self-harm had not accessed mental health services in the previous 12 months, with 39% of this group reporting an unmet need for care. The latter was further explored in the focus group discussions with young people. Some had experienced poor service availability and stigma. Invalidating and disrespectful experiences led to some young people feeling like they must be really unwell to be taken seriously or receive care, sometimes even feeling dehumanised or humiliated by hospital staff. A blue-sky thinking exercise asked participants to think big about how support services for young people could be improved. Both service staff and young people would like to see greater after-hours care and 'missing middle' services aimed to fill the gap between community and inpatient care amongst other things.

This project examined many aspects of self-harm and suicidality in Australian young people, including geographic mapping of prevalence and risk and protective factors in various aspects of their life. It also examined how services and supports may be improved. Overall, these findings should be used to help guide the allocation of funds and resources to better support young people who have lived experience of self-harm and suicidality. Final data and maps from this project will be published on AIHW's national Self-Harm and Suicide Monitoring System Website.

Older Persons

Fiona Hope
Team Leader Older Persons
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The Prince Charles Hospital

Ageism and social isolation according to the World Health Organization Global Report on Ageing (WHO, 2021) are leading causes of poorer physical and mental health, earlier death, and reduced quality of life for older people and is estimated to cost society billions every year. This report identifies that "every second person in the world is believed to hold ageist attitudes", and healthcare rationing based on age is identified as being a widespread practice. As a society why is it that we place so much less importance and value on our older generation? Supporting research opportunities focussing on older people and mental illness is important to developing evidence-based practises, improving outcomes, reducing stigma, promoting early intervention, and reducing impact on quality of life for our older generation.

We know that approximately 1.6 million Australian's aged over 65 years live alone, with approximately 1 in 4 older adults reported to experience loneliness and social isolation. International research indicates that loneliness in older people experiencing serious mental illness is considerably higher, with our own internal research findings indicating rates of approximately 54%, which is double the prevalence of loneliness among the general older population. Covid and the pandemic has also had its impact on mental health of our older generation with increased presentations of depression, anxiety, loneliness, and social isolation.

From a growing concern about the loneliness and social isolation experienced by our older consumers, its impact on recovery and quality of life the TPCH-OPMH piloted a Grand Friends program in 2022. This was for the team an innovative and creative solution which was well accepted by participating consumers. Grand-friends received attention towards the end of last year with many positive media reports and the program being spot-lighted as part of the Common Good's Giving Day which raises funds for research and new initiatives across TPCH and RedCab. The Common Good have also supported a grant application, which if funded will enable the further development of Grand Friends' programs in Metro North Mental Health.

Grand Friends was recognised in December 2022 at The Prince Charles Hospital Excellence Awards receiving a Highly Commended- Innovation category and also at the Metro North Health Excellence Awards as Highly Commended-People Focus category.

Over 2023, we would love to see Grand Friends grow and spread to other childcare centres and to developing the evidence if its value and effectiveness as an intervention for depression, anxiety, loneliness, and social isolation.

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Prof Andrew Teodorczuk: Update on Delirium Research

Prof Andrew Teodoczuk
Staff Specialist Older Persons
Mental Health
Director of Clinical Training
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2022 has been a year of ongoing high activity in the field of delirium practice and research. Since publication of the Delirium Care Standards in 2021, the indicators demonstrating if standards are being met have been high on healthcare agendas. Specifically, the Standards have swung the pendulum away from prescribing for delirious patients. Reflecting this, the language has changed from minimising towards avoiding the use of antipsychotics as treatment for delirium. But how realistic is this clinically when, for example, we know that in palliative care 80% of delirium cases are managed using antipsychotic medications?

To aid with navigating the change from prescribing to a non-pharmacological mindset, myself, together with Prof Elizabeth Sampson, University College London, and Dr Fred Graham from the Princess Alexandra Hospital published a multidisciplinary and pragmatic guide to non-prescribing. We describe a patient focussed, rational, and judicious approach to help with the implementation of the Standards. To increase the impact of the paper and messages on family focussed approaches, the manuscript was published in a delirium themed edition of the highly read journal Geriatrics.

Out of this publication, a team compromising Dr Chloe Yap, Intern at TPCH, University of Queensland Academy of Medical Education staff and colleagues from the UK presented at the European Delirium Association meeting in Milan, Italy in November 2022 outlining how to tackle teaching of delirium in medical school. There is a well-established educational need to improve delirium practice but within the presentation common barriers to implementation were recognised and novel approaches to teaching were outlined. The team will develop the work further at the Australian and New Zealand Association of Health Professional Educators, 2023 and then seek to publish.

Review

Is There a Role for Medication in Managing Delirium with Dementia?

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Abstract: People with dementia are more likely to develop delirium. We conducted a brief literature search and give a pragmatic overview of the key issues. Making rational and safe prescribing decisions is highly influenced by organisational culture and embedded staff practices. Comprehensive assessment for unmet physical, psychological, and social needs is an important intervention in itself. Taking a broad overview of possible pharmacological interventions should include stopping inappropriate medications and prescribing for key drivers of the underlying causes of delirium. Prescribing psychotropic medications may be indicated where there is significant distress or risk to the person with dementia and risk to those around them. It is vital to consider the dementia subtype and, where possible, involve family and friend carers in the decision-making process. Medications should be prescribed at the lowest possible dose for the least amount of time after carefully weighing risks versus benefits and documenting these. While these cases are challenging for staff and families, it can be rewarding to improve the quality of life and lessen distress for the person with dementia. There are also opportunities for informing family and friend carers, educating the wider multidisciplinary team, and promoting organisational change.

Keywords: delirium; delirium superimposed on dementia; dementia; inappropriate prescribing; nursing care; organizational culture; older adults; psychomotor agitation; psychosocial intervention

An important milestone was reached in 2022 with the founding of the first scientific journals dedicated to Delirium research. As one of the 4 founding editors, alongside Prof Daniel Davis from University College London, Prof Barbara Kamholz from University of California, and Prof Alastair MacLullich from University of Edinburgh, we welcome submissions to *Delirium* and the sister journal *Delirium Communications*, and the Journal is pubmed indexed.

Lastly, 2022 has represented a period of building capacity in delirium research. Led by Dr Alison Mudge from the Internal Medicine and Aged Care department of the RBWH, a DREAM delirium interest group has formed. Together we will be evaluating the point prevalence of delirium in May 2023 including on mental health wards.

Furthermore, recognising the central need to manage Delirium in mental health settings a Symposium on Delirium has been accepted for presentation at RANZCP in May 2023. A/Prof Stephen Parker will present on the role of ECT in managing Delirium with reference to a systematic review led by a Metro North Mental Health Registrar, Dr Katie Lupke and published in *Acta Psychiatrica Scandinavica*. You can read more about Dr Lupke and the systematic review in the ECT section of this report.

With an eye to further grant funding, Metro North Mental Health is collaborating with colleagues at University of Technology Sydney to explore how best to teach delirium in a palliative care setting. The collaboration has received funding and backing to be taken forward and developed with Research Assistant support into a MRFF bid for 2023.

Grand-friends – An Intergenerational Program

The Older Persons Mental Health (OPMH) team at The Prince Charles Hospital identified a gap for older consumers around loneliness and social isolation which often impacted their recovery. In response, they sought to provide older consumers with an opportunity to increase social involvement and connection with community via an intergenerational program, Grand-friends which was piloted during 2022. The project team which included Fiona Hope (Team Leader), Marion Fuller, Dr Maddison Campbell, Prof Andrew Teodorczuk, and Dr Conor O'Luanaigh, from OPMH-TPCH alongside A/Prof Kylie Burke from Metro North Mental Health's Research Team. The project was completed in partnership with Peta Griffin and Michelle Stanley from the Prince Charles Early Education Centre.

The project team saw many successes in 2022 including receiving Highly Commended Awards at both the Metro North Mental Health and TPCH Staff Excellence Awards in the People Focus and Innovation categories respectively.

We spoke with Fiona Hope, Team Leader, to find out more about Grand-friends and their plans for the future.

Tell us about the program and its importance?

Grand-friends is a program where something truly magical happens- there is something about mixing older people and four year old children together which creates a group that truly transcended our expectations when we started the pilot. It is a group where both generations enjoy and look forward to seeing each other each week. We were surprised at the bonds that have developed between our Grand-friends and the children. Last year's program finished off with a joint graduation ceremony where our Grand-friends farewelled our little friends off to their next adventures at prep. While Grand-friends were sad to say goodbye, they were all looking froward to meeting and creating bonds with a new group of children in the new year.

The Grand-friends program is very simple and was designed to give our older consumers the opportunity, within a supportive environment, to have social interactions not only with each other but also with the children. Specifically, we hoped the program would reduce loneliness and social isolation, but it has proven to be so much more for both generations.

Grand-friends occurs weekly and every week the group engages in a wide variety of play and activities. Weekly activities are often planned around the interests, skills, and experiences of our Grand-friends so that they can share and impart their knowledge. Our Grand-friends have participated in show-and-tell, teaching music, singing, flower arranging, art, crafts, cooking and so much more.

Intergenerational programs are important in that they aim to bring generations together in a purposeful and meaningful way to increase understanding and respect while contributing to building more inclusive and connected communities. These types of programs can have an important role to play in assisting older people to feel valued, socially connected and worthwhile.

What are the benefits for participants?

The benefits for the Grand-friends last year were enormous. They all built confidence, felt better about themselves, but most talked about the sense of purpose that attending Grand-friends gave them. They enjoyed being part of a group, being able to help in sharing skills, and it gave each member something to look forward to each week.

There were always smiles, laughter, hugs and happiness at the groups, with even visitors to the group being quite touched by the experience.

The Grand-friends also looked out for and supported each other during the program. From photos of the groups over the period you could see the changes in our Grand-friends faces and demeanour, with many joining back in with past activities and interests or new ones over this period.

The children also benefited from the program, as they too grew in confidence, and emotionally connected with our Grand-friends. They also enjoyed playing and doing activities with Grand-friends, with many parents reporting how much their child looked forward to Grand-friends each week.

The Grand-friends have been invited to visit the local school where the majority of last year's children are now in prep, and we are arranging to visit and catch-up with them again in the near future.

Looking to the future, what are your plans to evaluate the project?

We are looking to more formally evaluate the program so that we can establish the evidence base and articulate the benefits for our older mental health consumers, the children and staff involved.

The plan is to submit an ethics application in the near future, so that we can use both qualitative and quantitative measures to investigate the impact of the program. We will use the De Jong Loneliness scale, Older People's Quality of Life Scale, Geriatric Depression scale, and Mental Health Inventory, along with focus groups, qualitative feedback and surveys.

To-date there has been no published literature about trialling intergenerational programs with mental health consumers, and we would hope to contribute to the evidence that these types of programs can be valuable and should be provided as part of recovery focussed interventions.

This year we plan to expand Grandfriends with a second and even third group in the onsite childcare centre.

Electroconvulsive Therapy

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Electro-convulsive therapy (ECT) can be a life-saving treatment for people experiencing severe mental illness. This treatment involves the administration of a pulsed electrical stimulus to initiate a seizure with therapeutic intent in a controlled clinical setting. ECT is an important evidence-based intervention for major depressive disorder, bipolar disorder, and psychoses. While efficacious, ECT is also associated with various side effects, including confusion, memory problems, and muscle pain. Research in ECT has contributed to significant advances in its safety, tolerability, and side-effect profile. These changes include a shift to individualised dose titration, brief and ultra-brief stimuli use, novel electrode placements, and changes in anaesthetic regimes. Alternative approaches seeking to replicate the efficacy of ECT are increasingly available, including transcranial magnetic stimulation (TMS) and direct current stimulation (DCS). Despite the broadening array of neurostimulation techniques, ECT remains an essential treatment option for managing acute and severe disturbances in mental state.

In Queensland, ECT is a 'regulated treatment' with particular emphasis on consumers providing informed consent, or in the case of consumers subject to involuntary treatment, approval by the Mental Health Review Tribunal. In 2022 Metro North staff contributed to a legislative review of the status of advanced health directives relating to ECT in Australia. This review highlights the importance of ongoing efforts to ensure that the relevant legislative frameworks align with and support contemporary ethical and human rights frameworks.

Metro North Mental Health has also substantially led a systematic review exploring the evidence base for ECT as a treatment for delirium. This project was a great example of research driven by clinical questions arising in direct clinical practice. The project was initiated based on discussions between mental health staff and other medical disciplines within the service.

In 2022, Metro North Mental Health increasingly emphasised efforts to standardise ECT processes across the Redcliffe-Caboolture, The Prince Charles Hospital, and the Royal Brisbane & Women's Hospital. Work is underway to establish shared processes for monitoring the ECT side effects and outcomes. Additionally, collaborative efforts to standardise the training and accreditation of staff involved in the administration of ECT across the hospital sites have commenced. Hopefully, these quality improvement initiatives will also create opportunities for further research to enhance ECT practice and outcomes.

Psychiatric Advance Directives and Consent to Electro-Convulsive Therapy (ECT) in Australia: A Legislative review and suggestions for the future

Electroconvulsive therapy (ECT) is a widely used, safe, and effective treatment for people experiencing acute episodes of serious mental illness. However, administering ECT to people currently experiencing acute distress can be procedurally and legally complex.

When a person who is experiencing an acute episode and is unable to provide consent, ECT can be administered in certain circumstances under a Psychiatric Advance Directive (PAD). PAD's, similar to Advance Health Directives, allow a person to document their wishes and preferences whilst they are well to ensure that they are respected in the event that they lose capacity. Often, PAD's are drafted in the hopes that patients will receive effective care quickly before their symptoms become more severe. In reality PADs can be inefficient at achieving this due to the complex regulatory frameworks being spread across different legislations and interpretations.

With this problem in mind, Dr Subramanian Purushothaman, Director of ECT at the RBWH and Dr Uday Kolur, Senior Psychiatrist at TPCH collaborated with Dr Kay Wilson from the Melbourne Law School at University of Melbourne to review the current state of the legislations across Australia and make suggestions for future law reform.

The laws for PAD's are complex and commonly can carry heavy penalties for doctors who breach these laws. A significant portion of the complexity arises when patients who have previously given consent to ECT under a valid PAD, are now incapacitated and resisting treatment. Under the legislation in Queensland is it not clear whether force can be used to administer ECT in these circumstances. This is particularly difficult in meeting fasting requirements for anaesthesia and facilitating treatments. Therefore, to avoid severe penalties under the law, approval is sought from the Mental Health Tribunal resulting in delays and potential increases in symptom severity. These laws are difficult to understand as they are spread across three pieces of Queensland legislations (i.e., the Mental Health Act, Power of Attorney Act and Guardianship and Administration Act) and vary significantly across jurisdictions.

To minimise complexity and increase clarity, timely reform is needed. The law should be consolidated into one location. These provisions should explicitly address the boundaries of consent to ECT including whether this can refer to anaesthesia and the required preparation.

Law reform in this area would allow patients greater access to ECT when they need it the most. It would also create a clearer, simpler legal environment where clinicians can act with confidence, without fear of severe legal penalties.

Psychiatric advance directives and consent to electroconvulsive therapy (ECT) in Australia: A legislative review and suggestions for the future

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ABSTRACT

Psychiatric Advance Directives (PADs) have been adopted in many jurisdictions around the world and in most Australian states and territories. They are seen as a less restrictive and patient-centered approach to the provision of mental health care. Electroconvulsive therapy (ECT) is a restricted treatment in most jurisdictions in Australia and across the world. This paper explores the history, regulation and use of ECT and PADs and the intersections between them. It provides an overview of the legislative framework in each Australian state and territory and explores some of the issues which have arisen such as complexity of the regulatory framework, making PADs binding for refusing and consenting to ECT, involving treating teams in how PADs are made, using restrictive interventions to implement PADs, and the role of the Tribunal. While PADs are often framed as an important legal tool for allowing patients to refuse psychiatric treatment (especially ECT), the paper emphasizes that they can also be an innovative way for people to consent to psychiatric treatment in advance and an empowering option to access mental health care. It then makes some suggestions for future reform.

Q & A with Registrar, Dr Katie Lupke – Completing a Scholarly Project

Tell us a little bit about yourself

My name is Katie, and I'm a Psychiatry Registrar currently based in Brisbane. Originating from Belfast, I completed my medical studies in the UK before moving to Australia, where I found a passion in Psychiatry, and embarked upon my RANZCP training in 2019. Currently I am in my fourth year of the training programme. My current role sees me working between the RBWH and TPCH within the Early Psychosis team. This term forms part of my advanced training in Addictions Psychiatry. I hope to complete the RANZCP training programme in August 2024.

What are your research interests and why do you think they are important?

Evidence-based medicine is fundamental to our work as Medical Practitioners in order to ensure we provide optimal care to the consumers with whom we work. In order to maintain this standard, I believe a strong foundational knowledge within the world of research is key. Medicine itself is constantly evolving, and that is seen significantly within the field of psychiatry. The ability to keep up date with research with an appraised lens, is imperative to modern day psychiatry. For me the areas of psychiatry that predominate as interests have been ECT, Addiction psychiatry, and the Psychotherapies.

As such, when an opportunity arose to embark on this research project focusing on ECT as a treatment for delirium, I did not hesitate. This was my first opportunity to take the lead within a research project which, although initially a daunting prospect, was extremely rewarding and paved the way for my first publication in Acta Psychiatrica Scandinavica, as well as completing my Scholarly Project (a summative assessment which forms part of the RANZCP training pathway). As a novice researcher, the journey to publication was certainly a learning curve, but in the best way. I think it's always important to remember that practical learning and textbook learning are two very different things. As trainees we revise research principles, statistics, and critical appraisal skills for our written exams, but taking these skills and applying them practically really helps cement this knowledge. I hope that the skills I have acquired will help me not only in future research endeavours, but in my day-to-day life as a future Psychiatrist.

How did you come to be doing a systematic review on the use of ECT to treat Delirium?

I began working on this systematic review as part of my Scholarly project. At the time, I was working within a Consultation-Liaison team at the RBWH where delirium presented itself as a common clinical scenario, and I noted the challenges of treatment. As such, this question, in combination with my interest in ECT certainly piqued my curiosity.

A systematic review is a big endeavour, what helped you to be successful?

From my experience, a successful research project requires three essential elements - a topic of interest, a curious mind, and a supportive team. There is no doubt that the initial stages of a systematic review can take time, but it is an excellent opportunity for learning and the process is much more engaging if you are passionate about the topic. Working within a supportive team was another key element that definitely propelled the success of our research. Within the team there was such a broad range of knowledge and experience not only in research and Psychiatry, but within the sub-specialities of ECT and delirium. It really does take a team, and thankfully for us it culminated in a publication in Acta Psychiatrica Scandinavia, which is an achievement I whole-heartedly credit to the efforts of everyone involved.

What advice would you give to other novice researchers or people completing scholarly projects?

1. Practically, I would echo the sentiments above; I can't emphasise enough the importance of a good team (support network) and focusing on your areas of interests. An idea you're interested in will make the hours on Endnote go a lot quicker!

2. Leave plenty of time; the training programme can be demanding and as you progress through training your attention will be pulled in many different directions. Research projects don't happen overnight so if you can, start early

3. If you don't know where to start – just ask. There's a multitude of people out there to help you, from librarians, to peers, to supervisors who want to see you succeed

4. Don't be afraid of getting stuck in; the world of research can be a daunting one, but anyone is capable of achieving great results with the right support, the right topic, and a curious mind.

A systematic review of modified electroconvulsive therapy (ECT) to treat delirium

Delirium is a costly and distressing complication of hospital-based care which is difficult to treat effectively. Some literature has proposed ECT as a potential therapy which may have anti-delirium effects, particularly for severe or treatment resistant cases. To better understand ECT's potential as a treatment in this area, Dr Katie Lupke conducted a systematic review of the literature. Dr Lupke, alongside Prof Andrew Teodorczuk, Dr Sarah Steele, Dr Uday Kolur, A/Prof Gail Robinson, A/Prof Stephen Parker, all of Metro North Mental Health, and A/Prof Nicola Warren from Metro South and A/Prof Anne Wand from University of Sydney undertook a review of 1,226 papers. Through screening, this was narrowed down to 10 studies which met their inclusion criteria.

In the 10 studies identified, there was insufficient support for the use of ECT as a treatment for delirium. The majority of papers were of poor quality providing non-empirical (case study) support, with only one quasi-experimental study being described as of "fair" quality.

Despite the fact that all included studies reported positive effects on delirium symptoms as a result of ECT, there were significant methodological limitations. One such example is that participants were generally young with few comorbidities. Therefore, these results cannot be generalised to wider populations, including those most likely to experience delirium (i.e., older persons and people with comorbidity). Some studies also lacked essential safety data and objective measures of confusion that can distinguish between confusion resulting from ECT and the symptom of delirium.

Overall, it is clear that further research is necessary to properly examine the utility and safety of ECT in treating delirium. This research will need to involve a wider variety of participants and robust methodologies to overcome current flaws in the evidence base.

A systematic review of modified electroconvulsive therapy (ECT) to treat delirium

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Abstract

Background: Delirium is costly for patients, carers, and healthcare systems. In addition, non-pharmacological and pharmacological management of delirium is challenging. Electroconvulsive therapy (ECT) has been proposed and used as an anecdotal treatment of delirium in clinical practice. However, the efficacy and safety of this approach are not well understood.

Objective: To synthesise and review the evidence relating to the safety and efficacy of ECT as a treatment for delirium.

Methods: A systematic review was completed according to PRISMA guidelines using the PubMed, CINAHL, Cochrane Library, and PsycINFO databases. Studies were eligible for inclusion if modified ECT was used to treat delirium symptoms. ECT for delirium in people with neuroleptic malignant syndrome, catatonia, or confusional states associated with acute primary psychiatric conditions were excluded. All included records were first ranked using the hierarchy of evidence-based medicine; quality was then assessed using the Joanna Briggs critical appraisal checklists. Pooled data across the cases identified were analysed using descriptive statistics.

Results: Of 1226 records screened, 10 studies met inclusion criteria: six case reports, three case series, and one quasi-experimental study. The literature base was of mixed quality. A single quasi-experimental study was assessed to be of 'fair' quality, the remainder of the case series and case reports were rated as 'poor' to 'fair' quality. A total of only 40 individual people with delirium who were treated with ECT were identified. In 33/40 cases, the aetiology of delirium was substance withdrawal. The number of ECT treatments administered ranged from 1 to 13. ECT was reported to positively contribute towards treatment of delirium in all cases, although objective measures of improvement were reported in only 6/13 patient cases from case reports and case series (46%). The singular quasi-experimental study reported a statistically significant decrease in duration of delirium, time spent in physical restraint, and in

Management of Serious Mental Illness

A/Prof Stephen Parker
Director, Research
Metro North Mental Health

Supporting people experiencing severe mental illnesses such as schizophrenia, schizoaffective disorder, and bipolar disorder, is an important focus of public mental health services in Australia. Research focusing on severe mental illness is also of critical importance to improving outcomes, reducing stigma, promoting early intervention, and reducing care disparities. Sobering statistics such as the life expectancy of people experiencing severe and persistent mental illness in Australia being up to 20-years less than the general population emphasise the need for assertive action to find ways to do things better. This is particularly so given that much of this reduction in life expectancy is attributable to potentially reversible risk factors including cardio-metabolic health.

In 2022 Metro North Mental Health was a collaborator in a successful $590,000.00 MRFF Effective Treatments and Therapies grant focused on providing opportunities for physical activity engagement for adults living with severe mental illness. Furthermore, important work Optimising Smoking Cessation Care continues to be led by Sally Plever in collaboration with the University of Queensland. It is great to see such large projects being undertaken that are directly relevant to supporting the wellbeing of our consumers. There have also been an increasing number of staff-initiated research and quality-improvement projects working to improve clinical practices and the movement of consumers from the mental health service back to primary care settings. Examples of these initiatives include the clinical audit of zuclopenthixol acetate for acute behavioural disturbance leader by Aislinn Kennedy, and a project exploring facilitators and barriers to 'Management of Long-acting injectables and primary care'. Another example of the innovative work being undertaken with a focus on severe mental illness in 2022 was the systematic scoping review of sexual and reproductive health in adolescents and young adults experiencing psychotic disorders. This project was led by Mark Vickers and James Scott and involved broad inter-disciplinary collaborations. The multiple unmet needs and healthcare disparities identified through the review reflect significant opportunities for research efforts in the coming years.

Sexual and Reproductive Health in Adolescents and Young Adults with Psychotic Disorders: A Scoping Review

Sexual Health is highly important to young people and covers many domains including sexual behavior, pregnancy, abortion, sexual violence, gender identity and sexual preference. Young people with psychotic disorders are at an increased risk of poorer sexual health outcomes including higher rates of unwanted pregnancies and abortions and more prevalent adverse obstetric outcomes. They are also more likely to engage in sexual risk taking, at higher risk of sexually transmitted infections, and more likely to experience sexual dysfunction. Furthermore, those young people with psychotic disorders are at an increased risk of sexual violence, coercion, and intimate partner violence. Adolescents and young adults with psychotic disorders may be particularly vulnerable due to impaired decision making and comorbid substance misuse which are associated with risky behavior, vulnerability, and lower knowledge about safe sex practices.

Historically, Sexual Health has been poorly addressed by Mental Health Services. There has long been a lack of knowledge and confidence in sexual history taking and applying Sexual Health interventions in the Mental Health setting. At the Royal Brisbane and Women's Hospital a team of Mental Health providers are trying to turn this around. The first scoping review on this topic has recently been completed and published in a high impact international journal. A team lead by Dr Mark Vickers conducted the review and screened over 5,000 articles to identity a small number of studies and case reports looking at Sexual Health in young people with psychosis.

The research team found that sexual dysfunction is an issue for around 40% of this cohort and that this is not attributable to medication side effects, but better understood as a symptom of the psychosis itself. They also found that this group was more likely to not use condoms and to misunderstand the risks associated with various sexual activities. Consequently, they are also at higher risk of contracting diseases like HIV and syphilis. Most strikingly the scoping review identified many key areas of deficiency in the existing literature. Women's health issues, in particular pregnancy and abortion, was very poorly reported on. Similarly, the team reported there was a concerning lack of research looking at issues of gender identity and sexuality in this group and a dearth of research on sexual violence.

The authors of this scoping review are now looking to improve practice at the RBWH by encouraging the routine screening for sexually transmitted infections and blood borne viruses in all sexually active adolescents and young adults with psychotic disorders.

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Working to Improve Smoking Cessation in People with Serious Mental Illness

People with serious mental illness die earlier than the general population mainly because of preventable smoking related diseases such cardiovascular disease, respiratory disease, and cancer. While smoking rates in the general population have reduced over time, for example only 10% of adult Queenslanders are daily smokers, for people with serious mental illness this rate has not reduced. In Queensland adult mental health services over 50% of consumers smoke. The good news is that mental health clinicians are well placed to offer evidence based smoking cessation support that can provide consumers with the best chance to quit.

However, the provision of routine smoking cessation care in psychiatry inpatient services has been rare and frequently suboptimal. The recent advent of smoke free healthcare and legislation banning smoking in health care services has prompted Queensland mental health services across the state to implement routine screening for smoking and delivery of a brief evidence-based smoking cessation intervention, the Smoking Cessation Clinical Pathway (SCCP) to consumers who smoke. This has been a great step forward and Queensland services lead the way in providing routine smoking cessation support within adult inpatient mental health units. However, how this support is being provided and the way in which it is received by consumers who smoke remains unclear.

The Optimising Smoking Cessation Care (OSCC) project conducted by PhD Candidate Sally Plever, from the Mental Health Clinical Collaborative, aims to ask consumers about their experience of smoking cessation support during their inpatient admission, conduct a chart review to identify the smoking support provided and follow-up consumers quit outcomes. With support from a Metro North Collaborative Research Grant and the University of Queensland, the project recruited 160 consumers who smoke tobacco across adult acute inpatient units at RBWH and TPCH. The project team conducted brief interviews with consumers who smoke discussing their experiences of smoking, attempts to quit, and cessation care received on the inpatient units.

Consumers are now participating in a three month follow up where the project team get updated on the quit status and any attempts to quit or seek support to quit. At the three-month follow-up consumers are also invited to provide a CO_2 breath sample which will be used to confirm quit status. Follow-up's are also planned for six and 12 months.

The medical chart review is also underway in partnership with the RBWH Pharmacy. This review will look at the use of Nicotine Replacement Therapy and smoking medication use within the inpatient units. From this review, the project team hope to identify how clinicians can best assist people who smoke during a smokefree inpatient admission and support cessation post discharge.

The management of smoking for people with serious mental illness has been identified by the Royal Australian New Zealand College of Psychiatrists as the single most important activity for reducing the unacceptably high morbidity and mortality rates in this population. The results gained through this study will be used to inform the delivery of smoking cessation care within psychiatry inpatient units to optimise smoking cessation treatment and work towards reducing health inequity experienced by people with serious mental illness as a result of tobacco smoking.

We asked Sally what changes she would like to see come out of this project:

I am hoping to better understand the experience of smoking cessation support from the perspective of consumers to help in delivering smoking cessation that empowers consumers following discharge to take up cessation supports and quit smoking. We know that people who experience mental illness want to quit and with proper information and support can quit. All mental health care providers can make a difference to the health outcomes for mental health consumers. I hope that through this project we will begin to better understand the experience of consumers and then use this information to improve the way we deliver smoking cessation care. By providing a positive smoking cessation experience during the inpatient stay and improving the uptake of smoking cessation support post discharge (e.g., Quitline) poor quit rates can be improved, preventable tobacco related disease reduced, and life expectancy increased.

As a result of Sally's work, she now has a publication pending which discusses the state-wide sustainment of improvements in the delivery of smoking cessation care in adult acute inpatient services. This paper highlights the use of a system change intervention to implementing and sustaining routine smoking cessation care in psychiatry inpatient services statewide and celebrates the efforts of Queensland mental health services in achieving this outcome. We look forward to reading this paper soon.

Looking to the future, a further study is planned for 2023-24 which will see Queensland Health Mental Health Alcohol and Other Drugs Services collaborate with Quitline to evaluate the outcomes of a tailored quit smoking program for consumers of community mental health services. It is anticipated that this study will evaluate the uptake, engagement and quit outcomes from the program and investigate the challenges and experiences of people with SMI undertaking the program as well as Quitline counsellors and mental health clinicians providing the program.

Audit on use of zuclopenthixol acetate for Acute Behavioural Disturbance Management in mental health in-patients

Aislinn Kennedy
Clinical Pharmacist
Metro North Mental Health Service

The 10th National Seclusion and Restraint Reduction Forum (renamed Towards Eliminating Restrictive Practices Forum) highlighted the lack of current national data sources to support the documentation, analysis and reporting of chemical restraint. Zuclopenthixol Acetate, a current chemical restraint, is used despite being a potentially toxic preparation with very little supporting evidence. Presently, it is reserved for prolonged or sustained disturbed behaviour management and is not recommended for routine use in Acute Behavioural Disturbance Management (ABDM).

Following a zuclopenthixol acetate inpatient incident, Aislinn Kennedy, clinical pharmacist, was prompted to investigate the use of this medication within the RBWH Mental Health Unit. She conducted a quality assurance activity that aimed to establish the proportion of zuclopenthixol acetate usage that deviates from local ABDM guidelines. This was assessed based on adherence to ADBM prescribing guidelines with regards to appropriateness (i.e., had all appropriate less restrictive options been implemented, not elderly, not pregnant, medically well, not sensitive to EPSEs, etc.) and post-injection monitoring as well as the dose/s administered to patients over a two-week period.

Forty-nine doses of zuclopenthixol acetate were administer to 29 patients during the evaluation period. The average dose administered at 96.85mg with each patient receiving 1.7 doses.

Although there were no apparent contradictions to zuclopenthixol acetate use, there were some deviations from the guidelines. These included:

- no clear documentation of agitation in notes prior to administration (24%)

- no or minimal use of first line ABDM medication prior to administration of zuclopenthixol acetate (17%)

- prescribed "in advance" or as a "PRN" (8%)

- administered as a test dose or as a top up for a zuclopenthixol decanoate depot (4%)

- in one case a patient received over 400mg of zuclopenthixol acetate in a 2-week period.

Post-injection monitoring, including daily ECGs and recording of sedation scale and extrapyramidal side effects (EPSEs), were not always completed. ECGs were completed for 31 out of 49 doses. Post-injection sedation was recorded for 78% of doses, with patients refusing 11% of the time, the remaining 11% was not recorded. EPSEs, or the lack thereof, was not explicitly stated for all patients. One patient experienced an adverse outcome of AV block.

Aislinn did note that this patient population can be difficult to manage, which could have led to incomplete monitoring when a patient refused or was still agitated.

This project will be presented to the RBWH Mental Health Executive. Aislinn is also going to propose the use of a post-injection monitoring form, that can be initiated by a pharmacist, as a way to potentially increase documentation of the post-injection monitoring outlined in ABDM guidelines.

Management of Long-acting Injectables and Primary Care

Metro North Mental Health Service RBWH continuing care teams see large numbers of people, with both the Northern and Southern Teams seeing upwards of 400 consumers in 2022 (CIMHA data, 2022). One service provided by these teams is the administering of long-acting injectable (LAI) medication to consumers. These consumers can be with the continuing care teams for up to 2-3 years before being discharged back to their GP or other services (Nursing and Midwifery Service Profile, 2022). Additionally, COVID-19 saw an increase in the referrals to this service. Improving the flow of consumers through the service is an ongoing consideration for the continuing care teams which relies on mental health clinicians facilitating the transition of care. There are also associated benefits with consumers receiving follow-up around their physical health care. As part of this transition, assistance is often provided by community mental health clinicians to support consumers to receive their LAI medication at the GP.

To better understand how consumers are transitioned to their GP's to receive LAI a quality improvement project was commenced to evaluate the current practices. The project team consisting of Sally Mercier, Donna Bowman, Dr Vikas Moudgil, Peter Turrell, Andrew Patrick, Joanna Townley, Imani Gunasekara and A/Prof Kylie Burke consulted clinicians to identify the number of consumers in the Northern and Southern Continuing Care Teams and MIRT were currently getting their LAI at the GP. Focus groups were also held with clinicians to identify barriers and solutions to transferring consumers to primary care for their LAI.

Clinician consultation indicated that the Northern and Southern teams currently have about 22% of their consumers receiving their long-acting injectable at the GP. While MIRT had 44% of their consumers receiving the long-acting injectable at the GP.

Overall, 48 clinicians participated in 5 focus groups. The focus groups were transcribed and a thematic analysis was completed using the Capability Opportunity Motivation – Behaviour model (McDonagh et al., 2018). The analysis highlighted barriers and facilitators at the consumer, provider, and systems levels. Some of the barriers to consumers getting their LAI at the GP included, lack of bulk-billing GP practices, lack of GP skills and knowledge in LAI administration, less flexibility and appointment availability at the GP, unreliable NDIS supports to provide transport, difficult process to arrange for mental health clinicians, and consumers impaired insight and symptoms of illness.

Some of the facilitators to consumers getting their LAI at the GP included, insight and stable symptoms, existing rapport with GP, reduction in mental health nursing workload, social supports for consumers to attend the GP, consistency of GP practice nurse, GP interest in mental health, and mental health clinicians supporting consumers with the process along with providing education to GPs.

The project team are continuing to collect consumer surveys around barriers and facilitators to seeing the GP. The next steps for the project include finalising the collection of surveys and combining the data with focus group results. The service is looking to develop more established procedures and culture change around linking consumers with their GP.

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Pictured Left to Right: Andrew Patrick, Sally Mercier, Peter Turrell

Dissemination Activities

Journal Articles

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108. Yang, J., Pourzinal, D., Rheinberger, T., Copland, D. A., McMahon, K. L., **Byrne, G. J.,** & Dissanayaka, N. N. (2022). The Attention Network Test in Parkinson and Lewy Body Disease: A Systematic Review. *Cogn Behav Neurol, 35*(1), 1-13. https://doi.org/10.1097/wnn.0000000000000292

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Books and Chapters

1. **Burke, K.,** & Dittman, C. K. (2022). Parenthood: Disrupting the Intergenerational Transmission of Social Disadvantage. In J. Baxter, J. Lam, J. Povey, R. Lee, & S. R. Zubrick (Eds.), *Family Dynamics over the Life Course: Foundations, Turning Points and Outcomes* (pp. 223-249). Springer International Publishing. https://doi.org/10.1007/978-3-031-12224-8_11

2. Pisani, A. R., Murrie, D. C., Silverman, M., & **Turner, K.** (2021). Prevention-Oriented Risk Formulation. In M. Pompili (Ed.), *Suicide Risk Assessment and Prevention* (pp. 1-31). Springer International Publishing. https://doi.org/10.1007/978-3-030-41319-4_13-1

3. **Clark, S. J.** & O'Brien, A. J. (2022). Assessing and responding to people with co-occurring mental health and substance use concerns. In: Peta Marks (Ed.), *Mental Health in Emergency Care* (pp 73-84). Elsevier, Australia.

Other Writings

1. **Davidson, F.** (2022). *Australian Mental Health Court Liaison Services: developing an approach to performance measurement.* The University of Queensland.

2. Hielscher, E., Chang, I., Hay, K., McGrath, M., Poulton, K., **Giebels, E., Blake, J.,** Batterham, P., Lawrence, D., & **Scott, J. G.** (2022). *Australian Youth Self-Harm Atlas – Summary Report.* Suicide Prevention Australia.

3. **IMHIP-Youth collaborative.** (2022). *Dreams and Visions: Sharings from yarning with young Aboriginal and/or Torres Strait Islander peoples at Brisbane Youth Detention Centre and West Moreton Youth Detention Centre.* Available online via www.IMHIP-Youth.org

4. **Moudgil, V.** (2022). LGBTI+ People and Mental Health. *Synapse,* (3)

5. **Queensland Forensic Mental Health Service** & Queensland Centre for Mental Health Research. (2022). *Principles for forensic mental health in Australia: a national stakeholder consultation.* Brisbane: Queensland Centre for Mental Health Research. Principles-for-Forensic-Mental-Health-Report_smallfile1.pdf (qcmhr.org).

Conference Presentations

Invited, Keynote and Plenary Speakers:

1. **Flaws, D.** (2022). "Life as a Clinician" (Invited Panel Member). Presented at Queensland Clinical Sciences Symposium – Life as a Clinician-Scientist, 26 March 2022

2. **Fleming, C.** & Marsland, E. (2022). "Working with People Affected by Eating Disorders in the Community Setting: Evidence based outpatient treatments" (Invited Presentation). Queensland Eating Disorder Service. Institute for Urban Indigenous Health, Brisbane. May 2022

3. **Fleming, C.** (2022). An overview of evidence-based treatments for adults affected by eating disorders. (Invited presentation). Caregiver Community Education Program, Eating Disorders Families Australia (EDFA), April 2022

4. **Parker, S.** (2022). "Comparative effectiveness of integrated peer support and clinical staffing models for community-based residential MH rehabilitation" (Invited Speaker). Presented at Metro South Addiction and Mental Health Service, Annual Research Symposium, November 2022

5. **Parker, S.** (2022). "Staff experiences of integrating peer support workers and clinical staff within community-based residential mental health rehabilitation" (Invited Speaker). Presented at Metro South Addiction and Mental Health Service, Queensland, Australia, March 2022

6.	**Parker, S.** (2022). "The good psychiatrist is not always liked". Presented at Alice and John Bostock Oration, RANZCP Qld Branch, November 2022

7.	**Parkers, S.** (2022). "Evaluation of a community residential program in Brisbane - Bridging the research paradigm into clinical practice". Presented at Rehabilitation Psychiatry Network Forum, NSW Health, March 2022

8.	**Parker, S.** (2022). "Has it been possible to adapt recovery orientation to psychosocial disability services? What barriers, what enablers? Where does psychosocial rehabilitation fit?" (Invited panel discussion). Presented at TheMHS Autumn forum, Sydney, NSW, April 2022

9.	**Scott, J. G.** (2022). "Hope and Resilience in the Face of Adversity". Presented at 2022 International Health, Educators, Learners, Parents (H.E.L.P.) Conference Sydney, August 2022

10.	**Scott, J. G.** (2022). "Against All Odds". Presented at Royal Australian and New Zealand College of Psychiatrists Queensland Branch, July 2022

11.	**Scott, J. G.** (2022). "Prevention and Management of Bullying Victimisation in Youth". Presented at 2022 Ramsay Mental Health Master Class, Perth, June 2022

12.	**Teodorczuk, A.** (2022). "Teaching Delirium to Medical Students". (Invited Speaker). The European Delirium Association Congress Milan November 2022

13.	**Turner, K.** (2022). "Machine learning and artificial intelligence in mental health data: Innovations for better care". (Invited Speaker). Presented at The Challenges with Suicide Prevention data in Australia, Bond University, June 2022

14.	**Turner, K.** (2022). "Restorative Just Culture in Reviewing Critical Incidents." (Invited Speaker). Presented at Asia Pacific Coroner's Society Conference, Gold Coast, November 2022

15.	**Turner, K.** (2022). Restorative Just Culture Masterclass. (Invited speaker and Co-Facilitator). Presented at NSW Clinical Excellence Commission. Sydney, June 2022.

Oral Presentations:

1.	**Agarwal, I., O'Luanaigh, C.**, Jones, L., Thaw, L.L., Bruce, R., O'Brien, I., **Parker, S., Teodorczuk, A. & Higgins, N.** (2022). "Exploring the prevalence of loneliness in Australian older people with mental illness." Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

2.	**Bridge, M., Pitts, S. & Taylor, M.** (2022). "Bringing an Occupational Approach to Alcohol and Other Drug Services". Presented at the Occupational Therapy Mental Health Forum, November 2022

3.	**Burke, K., Gunasekara, I. & Giebels, E.** (2022). "Involving Consumers and Carers in Mental Health Research" (Panel Discussion). Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

4.	**Cole, R., Park, M.** & Gurunathan, K. (2022). "PRIMROSE: A new way to assess cardiovascular risk in patients with severe mental illness". Presented at: Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

5.	**Davidson, F.**, Kinner, S., Doherty, M., Borschmann, R., Southalan, L., **Waterson, E. & Heffernan, E.** (2022). "What's most important for forensic mental health principles? A lived experience partnership and national consultation". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

6.	**Davidson, F.**, Kinner, S., Doherty, M., Borschmann, R., Southalan, L., **Waterson, E. & Heffernan, E.** (2022). "Principles for forensic mental health in Australia: a national consultation". Presented at Health Care in Secure Setting; Justice Health and Forensic Mental Health Network, June 2022

7.	**Durant, L., Hoiyan, K.L., Higgins, N. & Hayllar, J.** (2022). "Focusing on opioid overdose prevention within public opioid treatment clinics in a climate of change". *International Journal of Mental Health Nursing,* 31 (S1) p13

8.	**Flaws, D.** & Tronstad, O. (2022). "Tracking Outcomes Post Intensive Care (TOPIC) and ICU of the Future". Presented at Consultation Liaison Symposium

9.	**Flaws, D.,** Baker, S., Allen, C., Tabah, A., Pollock, H., Varker, T., Metcalf, O. & Barnett, A. (2022). "Early Psychiatric Assessment and Referral Intervention Study (ePARIS)." Presented at Caboolture and Kilcoy Hospital Research Hospital Research Symposium, 13 October 2022

10.	**Fleming, C.** (2022). "Increasing the reach: Family Inclusive Treatment for Adults Affected by Eating Disorders". Presented at the Australian & New Zealand Academy for Eating Disorders (ANZAED) Conference

11.	**Fleming, C.** (2022). "Coaching, Mentoring and Peer Support: Making sense of these adjuncts to primary care". In Conference Workshop Chair and Co-discussant. Australia and New Zealand Academy for Eating Disorders Conference. Sydney, Australia, 13th August 2022

12.	**Freeburn, L., Louttit, T. & Dart, N.** (2022). "Building a trauma informed nursing workforce". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

13.	**Gardiner, C., Morrow, L., Hannigan, A. & Sidari, M.** (2022). "Measuring the change in eating behaviours and attitudes in an intensive eating disorder day program". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

14.	**Hagn, M.** & Franklin, C. (2022). Intellectual and developmental disability in mainstream mental health services: findings from a complex patient cohort. Presented at RANZCP 2022 Congress, 17 May 2022

15.	**Hagn, M., Bauer, A. & Byrne, G.** (2022). Prevalence of anxiety in older people with psychotic disorders – preliminary results. Presented at RANZCP 2022 Congress, 17 May 2022

16.	**Hatch, K. & Boyle, C.** (2022). "Building Clinical supervision capability for Queensland nurses and midwives." Presented at Association of Queensland Nursing and Midwifery Leaders Conference, November 2022

17.	**Hatch, K. & Boyle, C.** (2022). "Developing clinical supervision capability in Queensland - mental health nurses leading change". *International Journal of Mental Health Nursing,* 31 (S1) p5

18.	**Heffernan, E. & Dale, P.** (2022). "Working with military, veteran and emergency service personnel: clinical and research update". Presented at Health Care in Secure Setting; Justice Health and Forensic Mental Health Network, June 2022

19. **Heffernan, E.**, Dell, L. & Wallace, D. (2022). "Working with military, veteran and emergency service personnel: clinical and research update." Presented at RANZCP Congress, Sydney, May 2022

20. Hill, L., Watson, J. & **Fleming, C.** (2022). "Broadening Adult Anorexia Nervosa Treatment to Include Temperament and Supports to Improve Long-term Outcomes" (Workshop). Presented at the Australian & New Zealand Academy for Eating Disorders (ANZAED) Conference

21. **Hope, F., Campbell, M., Fuller, M., Burke, K., Teodorczuk, A., O'Luanaigh, C.**, Griffin, P. & Stanley, M. (2022). "Grandfriends - An intergenerational care program". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium 31 August

22. **Kelly, J., Seales, J. & Burdon, D.** (2022). "Tools for change: Evaluation of a six session 'open group' intervention for clients attending psychosocial treatment at an alcohol and drug treatment service." Presented at Winter School in the Sun, Queensland Network of Alcohol and other Drug Agencies, 18 August 2021

23. **Li, H. K., Durant, L. Higgins, N. & Hayllar, J.** (2022). "Focusing on opioid overdose prevention within public opioid treatment clinics in a climate of change". *International Journal of Mental Health Nursing,* 31 (S1) p13

24. **Li, H. K., Durant, L. Higgins, N. & Hayllar, J.** (2022). "Nurse-led overdose prevention training in public medically-assisted opioid treatment clinics: Research leading to advocacy". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

25. **Li, H. K., Taylor, M.**, Clark, S. & **Buckley, J.** (2022). "Beyond debriefing: The importance of reflective practice and supervision in the wellbeing of alcohol and other drug workers". Presented at Asia Pacific Society on Alcohol and other Drugs (APSAD) Conference, Darwin. October 2022

26. Meurk, C., & **Moss, K.**, Wittenhagen, L., **Lam, M. & Heffernan, E.** (2022). "Mothers at Risk - crisis and the criminal justice system". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

27. **Moss, K.** (2022). "The physical health and activity of patients under forensic psychiatric care: A scoping review". Presented at RANZCP Congress, Sydney, May 2022

28. **Parker, S.** (2022). "Has it been possible to adapt recovery orientation to psychosocial disability services? What barriers, what enablers? Where does psychosocial rehabilitation fit?" (Panel Discussion). Presented at TheMHS Autumn forum, Sydney, NSW, April 2022

29. **Parker, S.** (2022). "Making feedback work in clinical supervision: key findings from a systematic review". Presented at RANZCP Congress, Sydney, May 2022

30. **Parker, S.**, Ng, L., Kalucy, M., Antony, J., Stimming, A., & Suetani, S. (2022). "Beautiful people do not just happen': talking about the welfare of psychiatrists when facing adversities in our professional lives." (Symposium). Presented at RANZCP Congress, Sydney, May 2022

31. **Scott, J. G.** (2022). "Child Psychiatrists are like Unicorns: You know of them but you never get to see one". Presented at North Queensland Field Day, Townsville, April 2022

32. **Scott, J. G.** (2022). "No Easy Solutions: Supporting Children in out of home residential care". Presented at Child Protection Practitioners Association of Queensland (CPPAQ), March 2022

33. **Scott, J. G.** (2022). "Pharmacological management in early psychosis". Presented at Psychiatrists and Trainees Workshop, Brisbane, February 2022

34. **Scott, J. G.** (2022). "Prescribing and de-prescribing medication in early psychosis". Presented at North Queensland Field Day, Townsville, April 2022

35. **Scott, J. G.** (2022). "Should psychiatrists support increased regulated availability of e-cigarettes as a harm-reduction measure?". Presented at RANZCP Congress, Sydney, May 2022

36. **Scott, J. G.** (2022). "The Clinical significance of anti-neuronal and other auto-antibodies in psychosis". Presented at RANZCP Congress, Sydney, May 2022

37. Shaik, T., Tao, X., **Higgins, N.,** Gururajan, R. & Zhou, X. (2022). "A Non-touch approach using artificial intelligence to assist nursing intermittent visual observations". *International Journal of Mental Health Nursing,* 31 (S1) p24

38. Shaik, T., Xiaohui, T., Li, L., **Higgins, N.,** Gururajan, R. & Zhou, X. (2022). "Quantitative Interpretability using Shapley Value for Prediction of Vital Signs in Physical Activities." Presented at 31st Association for Computing Machinery (ACM) International Conference on Information and Knowledge Management. Hybrid Conference, Hosted in Atlanta, Georgia, USA 17-22nd October

39. Shaik, T., Xiaohui, T., Li, L., **Higgins, N.,** Gururajan, R. & Zhou, X. (2022). "A Non-touch approach using artificial intelligence to assist nursing intermittent visual observations." Presented at Association for Computing Machinery (ACM) workshop: 28th Annual International Conference On Mobile Computing And Networking InterContinental Sydney, on 17-21 October

40. **Taylor, M.** (2022). "Don't Leave Me Hanging on The Telephone: Sensory Strategies to Optimise Telehealth in Alcohol and Drug (AOD)". Presented at Winter School in the Sun, Queensland Network of Alcohol and other Drug Agencies

41. **Teodorczuk, A.**, Hogan, C., Hunt, G., Munro, J., Ewais, T. (2022). "'I think it's the emotional PPE': implementing systems wide resilience approaches". Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

42. **Teodorczuk, A.**, White, L., Grealish, L., & Coyne, E. (2022). "Exploration of behaviours and attitudes of staff managing patients with delirium". European Delirium Association Annual Meeting, Milan, November 2022

43. Vayne-Bossert, P. & **Boon, K.** (2022). "Psychological Impact at EoL". Presented at QLD Palliative Medicine Education Session

44. **Veitch, T.** (2022). "Clinician's experience in developing a shared care model of service for treatment of opioid dependence in Brisbane North – The SCOT project". Presented at DANA 2022 Australasian Conference and Nurse Practitioner Symposium, August 2022

45. **Wright, L.** (2022). "Improving the use of sensory approaches in a mental health inpatient unit using the knowledge to action framework." Presented at the OT Mental Health Forum, 25 November 2022

46. Zang, L., Anderson, J., **Higgins, N.**, Robinson, J. Francey, S., Burke, A., **Robinson, G.**, Curtin, D. & Tay, G. (2022). "Screening for Obstructive Sleep Apnoea in Mental Health Patients." Presented at Stronger Together: Collaborating in Mental Health Research. Metro North Mental Health Research Symposium, QIMR Berghofer Medical Research Institute Bancroft Auditorium, 31 August 2022

Posters:

1. Bonevski, B., Rich, J. L., Jones, M., Skelton, E., Garfield, J. B. B., Baker, A. L., Segan, C., Gartner, C., Walker, N., Borland, R., **Daglish, M.**, Dunlop, A., Oldmeadow, C., Bauld, L., Bullen, C., Ezard, N., McCrohan, R., Jacka, D., White, S., Lubman, D. I. & Manning, V. (2022). "NEAT: NicotinE As Treatment". (Poster). Presented at APSAD Annual Conference 2022, 10-12 October 2022

2. **Boyle, C., & Hatch, K.** (2022). "Clinical Supervision- The next step." (Poster). Association of Queensland Nursing and Midwifery Leaders Conference, Brisbane. 3-4 November 2022

3. **Collyer, B.** (2022). "The passing of a loved one: A mental health nurses personal journey". (Poster). *International Journal of Mental Health Nursing,* 31 (S1) p9

4. **Daglish, M.R.C., Hayllar, J.S.**, & McDonough, M. (2022). "A retrospective review of patterns of use of long-acting injectable buprenorphine products." (Poster). Presented at APSAD Annual Conference 2022, 10-12 October 2022

5. **Daglish, M.R.C., Hayllar, J.S., Reilly, S.**, Mostafa, S., **Edwards. C. J. & O'Gorman, T. M.** (2022). "Increased Cytochrome P450-2D6 activity in people with codeine use disorders". (Poster). Presented at APSAD Annual Conference 2022, 10-12 October 2022

6. **Gardiner, C., Morrow, L., & Hannigan, A.** (2022). "QuEDS – Innovations in measuring changes in eating behaviours and attitudes in an Intensive Eating Disorder Program." (Poster). Presented at the Australian & New Zealand Academy for Eating Disorders (ANZAED) Conference, 12 August 2022

7. **Hatch, K., & Boyle, C.** (2022). "The development, delivery and evaluation of a clinical supervision education and training workshop for Queensland nurses and midwives." (Poster). Association of Queensland Nursing and Midwifery Leaders Conference, Brisbane. 3-4 November 2022

8. **Higgins, N**., Marsh, N., Jones, N., McLeod, K., Hutton, T., Larsen, E., Muir-Cochrane, **E. Dart, N. & Fawcett, L.** (2022). "Survey of staff experiences during COVID19 pandemic". (Poster). *International Journal of Mental Health Nursing,* 31 (S1) p25

9. **Li, H. K. & Taylor, M.** (2022). "Introducing Sensory Approaches to the Alcohol and Other Drug Workforce" (Poster). Presented at the Occupational Therapy Mental Health Forum

10. **Park, M. & Cole, R.** (2022). "PRIMROSE: a new way to assess cardiovascular risk in patients with severe mental illness?" (Poster). Presented at the RBWH Herston Health Precinct Symposium 2022, 31 August 2022

11. **Park, M. & Cole, R.** (2022). "PRIMROSE: a new way to assess cardiovascular risk in patients with severe mental illness?" (Poster). Presented at the Society of Hospital Pharmacists Australia Medication Management conference 2022, 4 December 2022

12. **Sidari, M.** (2022). "Using Multi-Polygenic Risk Score Analyses to Predict Anorexia Nervosa Case Status" (Poster). Presented at the International Society of Psychiatric Genetics 2022 Early Career Investigator Program

13. **Teodorczuk, A., Lupke, K.**, Warren, N., Steele, S., **Kolur, U.**, Wand, A., **Robinson G**, & **Parker S.** (2022). "A systematic review of modified Electroconvulsive Therapy (ECT) to treat delirium." (Poster). European Delirium Association Annual Meeting, Milan, November 2022

14. **Turner, K., Burke, K., Blackwell, C., Asnicar, A., Boyd, S., & Scott, J. G.** (2022). "Creating a culture of change: the aspires suicide and overdose prevention strategy." (Poster). Presented at International Association for Suicide Prevention, 10th Asia Pacific Conference, Gold Coast, May 2022.

Grants

1. Chapman, J., Wheeler, A., Siskind, D., Yung, A., Lee, Y. Y., Arnautovska, U., **Scott, J. G., Burke, K.,** Malacova, E., Korman, N., Wyder, M. (2022). Improving quality of life in adults with severe mental illness. *MRFF 2022 Effective Treatments and Therapies Grant* ($591,249.38)

2. Matthews-Rensch, K., Young, A., **Hannigan, A., Davis, A., Nolan, R.,** Chelius, B., & Jones, L. (2022). We are only as strong as our weakest link - Improving the transition from hospital to home for adults with eating disorders. *The Australian Eating Disorders Research and Translation Centre's IgnitED* ($25,000)

3. **Parker, S.**, Mosely, P., Cocci, L., & **Scott, J.** (2022). Collaborative Research Grant 2021: Mapping melancholia to improve outcomes in treatment resistant depression. *Metro North Foundation* ($48,195.20)

4. Rana, R. & **Higgins, N.** (2022). AI-assisted Summarisation of Consumer History ('ASCH'): A Quality Improvement initiative for Suicide Prevention Practice. *Queensland Mental Health and Alcohol and Other Drugs Branch* ($203,587.00)

5. **Sidari, M.** & Martin, N. (2022). Genetic and Environmental Contributions to Risk of Avoidant Restrictive Food Intake Disorder. *The Australian Eating Disorders Research and Translation Centre's IgnitED Fund* ($25,000)

6. Wyder, M., Ho, R., **Parker, S.**, Medosh, L., Hassan, Astill, T., Wallis, **Fleming, C.**, Gray, L., Argyle, B. & Gallagher, E. (2022). 2023 Project Grant: Family Based Therapy for eating disorders – implementing the best evidence to suit the needs of young people and their families. *Metro South Health Research Support Scheme 2022* ($124,711.00)

7. Wyder, M., Russel, S., Van den akker, J., Kar Ray, M., Dark, F., Keepa, K. & **Parker, S.** (2022). 2022 Project Grant: Suicide Prevention through Identification and Mitigation of Critical Vulnerabilities in Mental Health Care. *Metro South Health Research Support Scheme 2021* ($99,976.00).

Acknowledgements

Thank you to all our consumers, clinicians, researchers, and partners who contributed to research or quality improvement projects in 2022. We would also like to express our appreciation to the staff who contributed to this years' review. Your assistance was critical in producing this report.

A special thank you also to our exceedingly talented consumer, Sam, whose art is displayed within this review.

"Blue Bubbles" – *Blue bubbles popping and rising out from the ocean, heavy with the burden and pressure of the abyss, leaving you feeling free from stress and your heart softens.*

"Inky" – Inky the jellyfish inspires joy, peace, love, and hugs through long strands of untangled iridescence. He brings colour to your imagination and sunshine to your heart.

Queensland
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