Metro North **Mental Health** Annual Research Review 2023

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Contents

Acknowledgement of Country

Metro North Mental Health acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians. We recognise their cultures, histories and diversity and their deep connections to the lands, waters and seas of Queensland and the Torres Strait. We acknowledge the Jagera people and the Turrabul people as the traditional custodians of Meanjin (Brisbane), the land on which we meet, work, and learn. We pay our respects to Jagera and Turrabul Elders, past present and emerging.

Recognising lived and living experience

Metro North Mental Health recognises the living and lived experience of people living with mental illness, problematic alcohol, and other drug use, as well as those impacted by suicide and trauma, their families, carers, and support people. We respect and value their opinions and their input into service delivery and change.

Foreword

Mental health services are seeing substantial and sustained increases in demand, acuity and complexity of concerns faced by people with lived and living experiences of mental illness and/or problematic alcohol and/or other drug use coupled with considerable population growth across the community. These challenges present unprecedented strain on families, carers and support people, the mental health system and have a significant impact on the wellbeing of health professionals.

Dr Kathryn Turner
Executive Director, Metro North Mental Health Service

Addressing these challenges requires a whole of system, cross-sectoral approach that embeds partnerships between people with lived and living experience, their families, carers and support people, clinicians, mental health services' clinical leaders, researchers, primary health networks, non-government organisations and State Government departments, along with researchers, implementation scientists, and digital and data experts. By working together we can ensure that high quality, evidence-based, and connected continuum of care is available to all people.

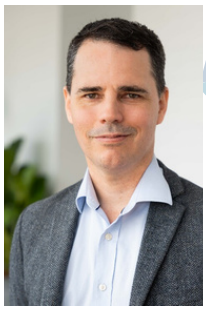
Our vision for Metro North Mental Health is to create a service that fosters a culture of learning and continuous improvement that develops and integrates cutting-edge innovations and best practices into our care delivery. Research, evaluation, and quality improvement activities are fundamental to this vision. Our commitment to best practice requires a systematic and ongoing integration of research with clinical practice.

A/Prof Kylie Buke
Director, Research, Strategy & Evaluation

Real-time research and service evaluation, conducted in collaboration with clinicians and individuals with lived experience and integrated from the early planning stages, will lead to meaningful advancements in practice and service delivery. This ensures that new evidence is quickly adopted and scaled across the system, reducing the gap between innovation and implementation, and facilitating the widespread sharing of knowledge.

Over the next three to five years, we will continue to develop and implement a robust research strategy that addresses critical priorities within our system, including:

1. Aligning clinical practice with evidence: Keeping clinical practices updated with the latest research findings.
2. Breaking down silos: Moving beyond siloed service planning and short-term projects to a more cohesive approach that benefits the whole of the Metro North service and community.
3. Enhancing research capabilities: Building skills and confidence of our workforce and people with lived and living experience in conducting research and evaluation.
4. Cultivating a learning culture: Fostering a commitment to continuous learning and striving for excellence.
5. Leveraging digital technologies: utilising information and digital technology to enhance clinical decision-making and planning at individual, service, and policy levels.



A/Prof Stephen Parker
Director, Research

The 2023 Metro North Mental Health Research Review documents the diversity and quality of our research activities. Over the year, MNMH has contributed over 150 publications and presentations in scientific arenas, advancing knowledge and practice in the field. Our people also partnered in securing over $2.2M in funding. We are proud of what has been achieved and look forward to building on this success in the coming years.

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, people with lived and living experience and our partners for their contributions to the report and 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, to Marie Greco from Metro North's Clinical Multimedia team for her excellence in creating a design that showcases our work. We would especially like to acknowledge Tessa Clarkson for coordinating the report and Charlotte Mitchell for her assistance in finalising the report. It is fair to say that without their efforts in liaising with clinicians and researchers, drafting content and design work 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.

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 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 emerging adulthood, adulthood, 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 recovery 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, Spring Hill, 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. Our Alcohol and Drug Services (ADS) work under a harm minimisation model to help clients stop or reduce use and/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 people and their families, carers and support people.

2023: A Year in Review

2023 was a successful year for Metro North Mental Health with continued high quality research and continuous improvement projects undertaken. Key achievements for the Mental Health Directorate included over $2,250,000 in research and strategic project funding awarded along with over 150 publications and presentations.

Notable successes with funding this year include a $200,000 grant from The Common Good awarded to a multi-disciplinary team from across Metro North Mental Health to evaluate a Short Stay Unit (SSU) in Caboolture for people presenting with acute mental health concerns and over $900,000 awarded to Queensland Forensic Mental Health Service for two grants that aim to understand and respond to suicide crises and suicidality for veterans.

Over $2.2 million

AWARDED IN GRANTS AND PHILANTHROPIC FUNDING

67

PEER REVIEWED PUBLICATIONS

65

CONFERENCE PRESENTATIONS

19

PLENARY SPEAKERS AND INVITED TALKS

37

ACTIVE RESEARCH AND QUALTIY IMRPOVEMENT PROJECTS

Metro North Mental Health Research Symposium 2023

On 21 August 2023, the 2nd Annual Metro North Mental Health Research Symposium was held at the Prince Charles Hospital. This year's event celebrated the commitment of our service to move from "learning to impact", to improve our services and the care we provide to people experiencing serious mental illness and/or problematic alcohol and/or other drug use, their families, carers and support people. Seventy-seven staff and people with Lived Experience attended the day, an increase from the previous year.

The full day Symposium featured an excellent Keynote presentation Professor Jane Shakespeare-Finch on Trauma, Resilience and Post Traumatic Growth in Frontline Personnel. We were also privileged to have two plenary lectures from Dr Carmel Fleming from the Queensland Eating Disorder Service, and Dr Jeremy Hayllar from the Alcohol and Drug Service. Dr Fleming presented her work on family engagement in the treatment of adults with eating disorders. Carmel's work was an inspiring practical example of how research can translate to more holistic services. Dr Hayllar's well-rounded talk covered a wide array of topics and including his participation in the national TINA trial for mirtazapine as a pharmacotherapy for methamphetamine. He also shared his experiences with Kamini, a little-known source of illicit opioids to which users were becoming unknowingly addicted. These plenary lectures showcased the real impact that research efforts have on clinical practice.

The main program of the Symposium included a wide variety of research and quality improvement activities that have been occurring within the service and featured three award categories, the Best Free Paper Presentation, Best Rapid Presentation, and the Lived Experience Choice Award. The award recipients included representatives from all our major hospitals. Anthony Bligh from The Prince Charles Hospital won Best Free Paper Presentation for his talk about mental health provider perspectives on Cognitive Behaviour Therapy for Psychosis (CBTp) implementation. Dr Annabelle Chalk from the Royal Brisbane and Women's Hospital took out Best Rapid Presentation for her scoping review of screening tools for Autism and Amy Duff from Redcliffe-Caboolture won the Lived Experience Choice Award for her work to improve the quality of life of people admitted to SMHRU.

A new feature this year was the addition of two masterclass sessions which aimed to give people an opportunity to learn and build their skills for developing projects and for turning their work into publications.

Me, You, Us: Co-Production in Research (A Lived Experience Panel Discussion)

A highlight of the day was the Lived Experience Panel. Last years panel discussion provided insights into the importance of meaningful and genuine engagement of people with lived and living experience and their families and carers. This year we built on these learnings with a focus on how to partner and work respectfully and effectively with people with lived and living experience and their families and carers as part of research and evaluation projects. Our invited guests had a wide array of experience, including: Imani Gunaskara, Senior Lived Experience (Peer) Co-Ordinator at Metro North Mental Health; Anja Christoffersen from Champions Health Network; Rosiel Elwyn, PhD Candidate and Lived Experience Representative; Dr Adrienne Young, Metro North Dietician and Research Fellow.

Pictured left to right: Imani Gunasekara, Anja Christoffersen, Rosiel Elwyn, Dr Adrienne Young

Acknowledgements

A symposium such as this cannot happen without significant input from multiple people. We particularly want to thank our sponsors, The RBWH Foundation and the Prince Charles Foundation (trading as Common Good) for their ongoing support of the Metro North Mental Health Research Symposium. We would also like to thank the organising committee with special thanks to Erika Giebels for co-ordinating the event.

Pictured: Erika Giebels & Alison Greenwood

Symposium Award Winners

This year, the Best Free Paper (10 minute), Best Rapid (5 minute), and Lived Experience Choice awards recognised the work of three clinicians. The Best Free Paper and Best Rapid awards were given to the presentations which represented the best of their category. The Lived Experience Choice award was given to the presentation which was considered to be most meaningful and of interest for people with lived experience and their families and carers.

Over the coming pages we outline the presentations and go on to provide their abstracts alongside a comment from the award winners on what receiving this award means to them.

Free Paper Presentations

Best Free Paper was awarded to Anthony Bligh

Mental Health Provider Perspectives on CBT Implementation

Presenter: **Anthony Bligh**

Co-Authors: **Kylie Burke**, Ross Young, William Parsonage, Gino Medoro, Kylie Whyte

Pictured: Anthony Bligh

Anthony Bligh presented on an evaluation of the implementation of a Cognitive Behavioural Therapy for Psychosis (CBTp) training package. The focus was on identifying barriers and facilitators to the ongoing delivery and sustainability of the program. A total of thirty-five clinicians participated in the training and provided feedback on their acquisition of knowledge and confidence in using the intervention. Eleven stakeholders were then interviewed, with qualitative data thematically analysed.

The trainees experienced increased knowledge and confidence post-training. The qualitative analysis revealed four key themes: frustrations, positive outcomes, barriers, and facilitators. The primary barriers, consistent with similar studies, included high workloads, lack of support, and a pervasive sense of hopelessness regarding change. On the other hand, facilitators included clinician re-engagement, alignment with service priorities, organisational support and redesign, and the presence of supervision. Recommendations highlighted the need for a clear service response, innovative resource solutions, and facilitation strategies to enhance implementation and sustainability of the CBTp training package.

Abstract

The present evaluation focussed on the implementation of a Cognitive Behavioural Therapy for Psychosis (CBTp) training package, and identification of barriers and facilitators to ongoing delivery and sustainability. Thirty-five clinicians completed training and provided feedback on knowledge and confidence acquisition, with eleven stakeholders interviewed and thematically analysed for qualitative themes. Trainees reported improved knowledge and confidence in the use of the intervention. The four main themes identified in the qualitative analysis were frustrations, positive outcomes, barriers, and facilitators. Consistent with investigations in similar contexts, barriers identified were high workloads, lack of support, and lack of hope for change. Facilitators identified were clinician re-engagement, fit with service priorities, organisational support and re-design, and supervision. Recommendations were for clear service response and consideration of innovative solutions, use of limited resources, and facilitation to enhance implementation.

Can improvement in delivery of smoking cessation care be sustained in psychiatry inpatient settings through a system change intervention?

Presenter: **Sally Plever** Co-Authors: Steve Kisely, Billie Bonevski, **Irene McCarthy, Brett Emmerson,** Emma Ballard, **Melissa Anzolin,** Dan Siskind, John Allan, Coral Gartner

People experiencing a serious mental illness suffer premature mortality largely due to tobacco smoking. In Queensland, mental health, alcohol and other drug services have used a system change intervention to introduce smoking cessation care into routine clinical practice. The study examines whether this approach has effectively sustained improvements in delivery of smoking cessation care in psychiatric units. Secondary analysis of a statewide administrative health dataset compared documentation of smoking status and the Smoking Cessation Clinical Pathway (SCCP) in 57 public adult acute psychiatric inpatient units over five years during implementation (October 2015-September 2017) and maintenance October 2017-October 2020) using interrupted time series analysis. Despite a slight decrease during maintenance, high reporting rates for smoking status were sustained with the average remaining above 90%. The SCCP showed increased reporting during implementation and maintenance, with almost no change at the highest reported level achieved during implementation, representing a stabilised reporting rate. To our knowledge, this study is the first to demonstrate sustainability of a multi-site system change intervention for improving smoking cessation in public adult psychiatric inpatient units five years following implementation. This study adds to the literature supporting system change interventions as sustainable methods to implement broadscale clinical practice change.

The Test of Emotional Recognition in Context (TERIC): A new, quick, and reliable test for social cognition

Presenter: **Joshua Flavell** Co-Authors: Peter Nestor, Felicia Coleman, Soo Lee

Social cognition broadly defines the perception, understanding and implementation of social cues through emotion recognition and mentalisation. In certain mental illnesses, such as Schizophrenia and neurocognitive disorders, social cognition is characteristically impaired. Unfortunately, tests of social cognition are time consuming, have complicated scoring systems, and lack ecological validity. Accordingly, this study aimed to create a new tool to assess social cognition: The TERIC. Study design: Cross-sectional cohort study. Participants: 40 healthy controls and 8 participants with frontotemporal dementia. Tool creation: Images of various social situations were curated and modified. Tool validation: For each image, the correct response was determined by the healthy controls. The dominant response for each image was used. Then, the images with the ability to best discriminate healthy controls from those with social cognition impairment (participants with frontotemporal dementia) were included in the final test. Convergent validity measures: All participants also completed the Ekman's faces test. The TERIC took approximately 7 minutes to complete. It had an accuracy of 97.9% in discriminating healthy controls from those with frontotemporal dementia. The TERIC is a user-friendly, quick, accurate, and ecologically valid test of social cognition. Further research is necessary to validate the TERIC in other cohorts.

Lived Experience Choice Award

Lived experience judges recognised one presentation which best represented the interests of people with lived/living experience, their families, carers and support people. The decision was based on four criteria, including the benefit of the research for those with lived experience, 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 Amy Duff for her presentation on impoving the quality of life for consumers in the Caboolture Secure Mental Health Rehabilitation Unit (SMHRU).

Improving the quality of life for consumers in the Caboolture Secure Mental Health Rehabilitation Unit

Presenter: **Amy Duff** Co-Author: **Elizabeth Eggins**

"I am passionate about co-design and in giving those we care for a voice and a choice"
- Amy Duff

Amy Duff presented an evaluation focused on improving the quality of life for people admitted to the Caboolture Secure Mental Health Rehabilitation Unit (SMHRU). The SMHRU provides 24-hour clinical support to individuals aged 18 and over with chronic and disabling mental illnesses, such as schizophrenia. An admission to SMHRU aims to promote recovery and a transition to less restrictive environments that enable the person to continue to receive support. Amy emphasised the critical link between quality nutrition, physical health indicators, mental health, and overall quality of life. However, one of the key challenges identified was motivating people to engage with nutritional and wellness interventions.

Pictured: Amy Duff receiving an award with A/Prof Stephen Parker (left) and A/Prof Kylie Burke (right)

The SMHRU clinical team is conducting a contextual study to examine several factors: (1) trends in consumer metabolic markers over time, including weight, BMI, HBA1, and triglycerides; (2) consumer nutritional and physical activity profiles; (3) barriers and facilitators to lifestyle intervention engagement from both people admitted to SMHRU and clinician perspectives; and (4) the feasibility of lifestyle interventions based on preferences of people with living experience and clinicians. Data collection methods include a clinical audit and structured interviews with both people who have been admitted to SMHRU and clinicians.

Amy noted that the study will present findings on metabolic marker trends and key qualitative themes derived from interviews. The outcomes of this study will serve as the foundation for developing future quality of life interventions for SMHRU consumers.

Abstract

SMHRU provides a safe and structured 24-hour clinical support for people ≥18-years with chronic and disabling mental illness (e.g., schizophrenia). SMHRU provides longer-term multidisciplinary rehabilitation to promote consumer recovery and transition to a less restrictive setting. Quality nutrition and physical indicators of health are intertwined with subjective quality of life and mental health. Yet a key challenge is motivating SMHRU consumers to engage with nutritional and wellness interventions. The SMHRU clinical team are conducting a contextual study to understand: (1) consumer metabolic markers over time (weight, BMI, HBA1, Triglycerides); (2) consumer nutritional and a physical activity profile; (3) consumer and clinician perspectives on barriers and facilitators to uptake of lifestyle interventions; and (4) consumer and clinician preferences and viewpoints on the feasibility of lifestyle interventions. Data is being collected via a clinical audit and structured brief interviews with SMHRU consumers and clinicians. We will summarise: (1) quantitative metabolic marker trends for SMHRU consumers; and (2) qualitative thematic findings from structured interviews with consumers and clinicians. The findings of this study will be used to inform future quality of life interventions for SMHRU consumers.

Lipidomics captures genetic and environmental complexity in neurodevelopment and autism

Presenter: **Chloe Yap** Co-Authors: Corey Giles, Kevin Huynh, Anh Nguyen, The Australian Autism Biobank Investigators, The Queensland Twin Adolescent Brain Project Investigators, The Busselton Health Study Investigators, Peter Meikle, Naomi Wray, Jacob Gratten

In biological autism research, there remains an underappreciation of how molecular datasets capture the complexity of neurodevelopment. Datasets coupling rich phenotyping with molecular 'omics' data promise novel insights and potential biomarkers. Here, we explored the plasma lipidome (783 lipids) in 765 children (485 with ASD) in relation to neurodevelopment, genetics, environment and co-occurring conditions, leveraging the Australian Autism Biobank. An exploratory data analysis investigating lipidome associations with neurodevelopmental traits (ASD diagnosis, IQ, sleep problems), in addition to lifestyle and clinical data. Lipids were associated with ASD (n=8), sleep problems (n=20), and IQ (n=8), with a potential causal role for long-chain polyunsaturated fatty acids in sleep problems, mediated by the FADS gene cluster. There was extensive interplay between neurodevelopmental “lipidome profiles”, diet, the microbiome, and medications. Notably, a sleep problems lipidome profile converged with unhealthy diet, and was associated with poorer adaptive behaviour independently of sleep problems. In contrast, ASD-associated lipidome differences were explainable by dietary differences and sleep problems. We identified a large chr19p13.2 genetic deletion spanning the LDLR gene and high-confidence ASD genes (ELAVL3, SMARCA4) in a child with ASD and LDL-related lipidome derangements. Lipidomics captures neurodevelopmental complexity, including common co-occurring conditions of ASD that impact quality of life.

Pilot of implementing a Feedback Informed Treatment (FIT) measure within Psychosocial Treatment, MNMH-ADS

Presenter: **John Kelly** Co-Authors: **Dee Burdon, James Searles**

Feedback-informed treatment (FIT) is an evidence-based practice where clinicians utilise structure measures to gather real-time input from clients to identify what is working/not working in therapy and then adjust to better meet client's needs. FIT has been found to improve the quality and delivery of health care. This project trialled the implementation of a brief FIT measure in MNMH-ADS. Clients attending the Psychosocial Treatment Teams were invited to complete a four item FIT measure, self-rating recovery progress, psychological health, physical health and quality of life. Measures were repeated at each attendance, with clinicians providing feedback to clients to explore goals, progress and deterioration. Descriptive and regressions undertaken, with qualitative feedback. Clinicians completed the Normalisation Measure Development Questionnaire (NoMAD) to assess strengths and difficulties in implementing service changes. The pilot study indicates good uptake of FIT, with clients reporting value in obtaining feedback and improved outcomes. Clinicians reported clearer treatment focused and better identification of progress and deterioration. Initial scores indicate greatest treatment benefit at three/four attendances, with lower scores at assessment increasing risk of treatment drop out. Clinician reported usefulness in using FIT, however some resistance was noted. The pilot suggests value in the use of FIT measures in AOD treatment, as a brief tool to monitor treatment progress, to support therapy goals and to measure outcome.

A Non-touch approach using artificial intelligence to assist nursing intermittent visual observations

Presenter: **Niall Higgins** Co-Authors: Thanveer Shaik, Xiaohui Tao, Raj Gururajan, Xujuan Zhou

In-hospital suicides are often associated with occurring in the evening and during night shifts when there is reduced staff supervision. During these times of high risk, suicides occur in isolated areas of the ward such as bathrooms and single rooms. 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. Two UHF 870 radio frequency identification (RFID) readers with an integrated antenna were designed to read RFID tags within range of 5m using a one directional radiation pattern. Artificial Intelligence machine learning models were used to calculate optimum positioning of the reader-antennas for the maximum received signal strength indicator (RSSI) signal from a non-battery powered passive RFID tag in a simulated hospital ward. The biggest challenge for this study was tag readability due to reader–antenna radiation pattern and polarisation with reader-antenna and tag orientation. Distance_1 and Distance_2 variables attributed to the readers were strongly correlated with dependent RSSI variable and a value decrease in these two variables enhanced the output variable. The 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. The clinical utility of this system lies with routine visual observations and patient safety monitoring by nursing staff. Staff could be alerted by an RPM system to return to a patient room and assess the safety of this patient if they have a change in vital signs or indeed if two sets of vital signs indicate sexual assault. The research set a path to analyse dynamic moving RFID tags and to build an RPM system to retrieve patient vital signs such as heart rate and respiration rate and send to a handheld tablet that is used by nurses for recording intermittent visual observations.

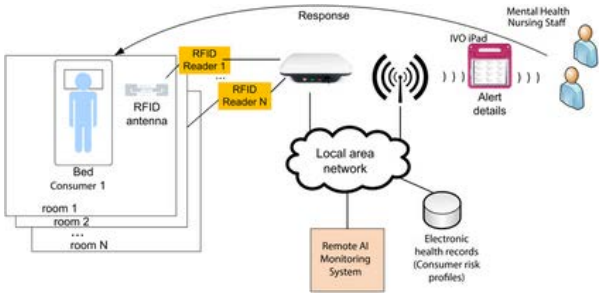


Figure. Remote AI Monitoring System.

Cytochrome P450-2D6 activity in people with codeine use disorder

Presenter: **Mark Daglish** Co-Authors: Sarah Reilly, **Sam Mostafa,** Cameron Edwards, Thomas O'Gorman, **Jeremy Hayllar**

Compound-analgesics containing codeine (CACC) have been a common source of codeine for people seeking opioid replacement therapy (ORT) for codeine use disorder (CUD). Our previous work demonstrated no relationship between pre-treatment CACC and ORT buprenorphine doses; we hypothesised that CYP2D6 activity would partially account for this disconnection. CYP2D6 genotyping was analysed for 106 participants with CUD and compared to a published population sample of 5,408 Australian patients. Mean age of participants with CUD at treatment entry was 35 years, with mean 6.1 years duration of CUD. Mean codeine dose was 660mg/day (range 40mg – 2700mg). There was a significant shift toward higher activity CYP2D6 phenotypes in the CUD group. Pre-treatment CACC dose weakly predicted sublingual buprenorphine doses overall; there was a stronger relationship within ultrarapid metabolisers. While normal and ultrarapid metabolisers of codeine were more likely to develop CUD, poor or intermediate CYP2D6 metaboliser status may protect against CUD.

Rapid Paper Presentations

Staff driving change: Secure mental health rehabilitation Unit Model of Service Review.

Authors: **Greenwood, A., Neillie, D., Burke, A.,** & **Giebels, E.**

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Specialist psychological therapy in community forensic mental health: meeting the unmet need.

Authors: **Avery, N., Lowry, T., Boyce, S., Pyman, T., Waterson, E.,** & **Heffernan.**

Abstract Pg.15

Autism Spectrum Disorder (ASD) in older people: a scoping review of the screening and diagnostic tools available for diagnosis.

Authors: **Chalk, C., Bauer, A.,** & **Nitz, N.**

Abstract Pg.16

Implementation of a traffic light system within a community mental health team to improve consumer outcomes.

Authors: **Fullerton, M.**

Abstract Pg.17

Clinical partnerships: A novel model of care for mental health nursing.

Authors: **Schmidt, D.**

Abstract Pg.17

Court liaison service (CLS) – Aboriginal and Torres Strait Islander mental health worker (CLS IMHW) pilot project (CLW IMHW) evaluation.

Authors: **Dale, P., Payne, L., Anderson, M., Green, A., Martin, S., Hamilton, B., Anderson, C., Waterson, E.,** & **Heffernan, E.**

Abstract Pg.18

Long-acting injectables and primary care.

Authors: **Mercier, S., Burke, K., Bowman, D., Turrell, P., Patrick, A., Townley, J., Gunasekara, I.,** & **Moudgil, V.**

Abstract Pg.18

Staff driving change: Secure mental health rehabilitation unit model of service review

Presenter: **Alison Greenwood** and **Erika Giebels** Co-Authors: **Darren Neillie, Kylie Burke**

Redcliffe-Caboolture SMHRU staff expressed a need for change in workplace culture, and clarity around their model of service. The team, supported by mental health leadership, reviewed SMHRU's model of service. This project reports on the initial phases of this staff-driven process. A multiphase approach was undertaken:

1. A Current State Analysis and staff co-design process explored what is working, potential improvement and solutions. Consultations with executive, leaders, and clinicians, and a literature review informed development of a revised model of service.

2. Using incremental approach to implementation of the revised model of service via:
    a. Introduction of procedural changes.
    b. Revision and evaluation of referral, waitlist management and needs assessment/tracking processes.

Phase 1 showed that SMHRU staff were ready and committed to change. They want to be actively involved in improving their workplace. Surveys indicated that staff wanted to see a stronger focus on recovery within the wards. The literature review identified a range of models of care and evidence-based processes and strategies applicable to the SMHRU context. Outcomes endorsed a recovery focus. The commencement of phase 2 demonstrated an increase in recovery-based strategies and is being used to inform other service changes. SMHRU are piloting standardised, objective measures to prioritise referred/waitlisted consumers. The evaluation will demonstrate the utility of these measures within a secure rehabilitation setting.

Specialist psychological therapy in community forensic mental health: meeting the unmet need

Presenter: **Natalie Avery** and **Tessa Pyman** Co-Authors: **Tim Lowry, Sue Boyce, Elissa Waterson, Ed Heffernan**

General community mental health services are increasingly tasked with managing complex consumer populations, including those presenting with problematic and offending behaviours (e.g., stalking, sexual violence / deviance, fire-setting, violent threats). Such behaviours may be driven by mental disorder, criminogenic, and/or other factors. However, these services are often not resourced to manage and effectively treat these behaviours, and access to specialist psychological therapy is often limited. This paper discussed the rationale, development, and implementation of a psychological intervention service arm to the Community Forensic Outreach Service (CFOS) in Brisbane, Queensland, Australia. The majority of referrals have been male, with most common diagnoses being psychotic disorders, and most treated under MHA. Most have comorbidities (e.g. ASD, personality disorder, cognitive issues). Opportunities and challenges in implementing a novel specialist psychological treatment service across an existing mental health system were reviewed and discussed, as well as longer term service development and sustainability.

Best Rapid Paper was awarded to Dr Annabelle Chalk

Autism Spectrum Disorder (ASD) in older people: A scoping review of the screening and diagnostic tools available for diagnosis

Presenter: **Annabelle Chalk** Co-Authors: **Andre Bauer, Megan Nitz**

Pictured: Annabelle Chalk

Dr Annabelle Chalk gave a presentation on a scoping review on Autism Spectrum Disorder (ASD) in older adults. She highlighted the clinical importance of recognising and diagnosing ASD in this population, particularly given its association with high rates of psychiatric comorbidity. Diagnosing ASD not only assists clinicians in addressing the additional needs of these patients but also helps families understand the challenges faced by individuals with ASD. Despite its significance, there remains a lack of research and resources available to guide screening and diagnosis in older adults. The review was conducted in line with PRISMA-ScR guidelines. A comprehensive search across five databases, supported by a librarian, focused on key terms related to Autism, the aged/elderly, and diagnosis. Two authors independently evaluated the results, with discrepancies resolved by a third reviewer. The quality of the studies included was assessed using the MMAT framework, encompassing systematic reviews, randomized control trials, case-control studies, cohort studies, case series, and case reports.

Abstract

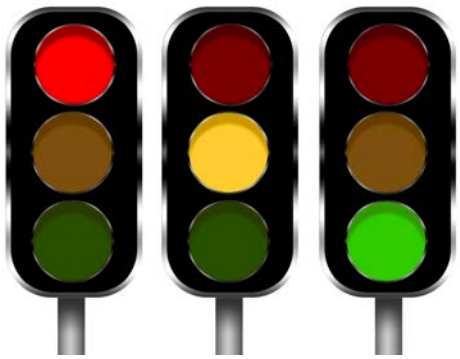
A scoping review will be conducted in accordance with the PRISMA-ScR guidelines. Searches were performed on five databases with the assistance of a librarian where search terms were based on (i) autism, (ii) aged/elderly and (iii) diagnosis. Two authors independently assessed results with discrepancies resolved by a third reviewer. Quality was assessed using MMAT on included systematic reviews, randomised control trials, case-control studies, cohort studies, case series and case reports. Study characteristics and preliminary findings were presented at the symposium. Given Australia's aging population, and resultant increasing demands on healthcare services, this is an important topic for informing future research and clinical practice. A scoping review will be conducted in accordance with PRISMA-ScR guidelines. Searches were performed on five databases with the assistance of a librarian where search terms were based on (i) autism, (ii) aged/elderly and (iii) diagnosis. Two authors independently assessed results with discrepancies resolved by a third reviewer. Quality was assessed using MMAT on included systematic reviews, randomised control trials, case-control studies, cohort studies, case series and case reports. Study characteristics and preliminary findings were presented at the symposium. Given Australia's aging population, and resultant increasing demands on healthcare services, this is an important topic for informing future research and clinical practice.

Implementation of a traffic light system within a community mental health team to improve consumer outcomes

Presenter: **Mark Fullerton**

Community mental health teams remain the power houses for managing care of people with moderate to severe mental illness in a least restrictive framework. However, there are limited tools available for team leaders to monitor acuity, patient flow, and caseload mix. A preliminary mixed-method evaluation post the implementation of a traffic light system on the Caboolture Adult Mental Health Team was presented. Initial evaluation of the traffic light system demonstrated:

- Feedback from case managers has reported that direction of case management for their consumers is clearer, caseloads are fairer, and referrals are matched with their skillset.
- A reduced overall caseload from 405 consumers to 320 consumers.
- Recovery planning compliance increased (62.1% to 89.3%).
- The team implemented a standard practice of completing a focused assessments during intake of new referrals. The result ensured consumers' needs for case management are identified in a timely manner.
- Increased compliance of longitudinal assessments.



A formal evaluation is required to determine if the traffic light system improved the organisation approach to community mental health case management. The initial findings demonstrate an increase in efficiency in managing community mental health consumers using the traffic light system. However, further assessment is required to determine if this tool is improving quality consumer care.

Clinical Partnerships: A novel model of care for mental health nursing

Presenter: **Daniel Schmidt**

To provide appropriate care within a complex setting, support must be provided to clinicians of all skill levels. The objective of this study is to introduce a novel nursing model which we have called "Clinical Partnerships," that proposes to combine two known models of nursing care: (i) Individual Patient Allocations and (ii) Team Nursing. We aim to answer the question: Does the "Clinical Partnerships" nursing model increase perceived clinician job satisfaction within the acute inpatient mental health setting?" The pre-post survey study design uses a validated self-report instrument called The Nursing Workplace Satisfaction Questionnaire. The approach taken retains the current Individual Patient Allocation (IPA) and adds one aspect of the Team Nursing (TN) model by pairing clinicians to promote collegial communications, problem-solving, and mentoring. Pre-survey, novice staff scored slightly higher (58/75 versus 55/75) on Workplace Satisfaction. Employment of novice clinicians is steadily increasing and new ways of supporting and upskilling nurses in the clinical environment is required to promote greater outcomes for the consumers of the mental health service and novice clinicians alike. A novel mode nursing model is required for the acute mental health setting to suit the complex care environment.

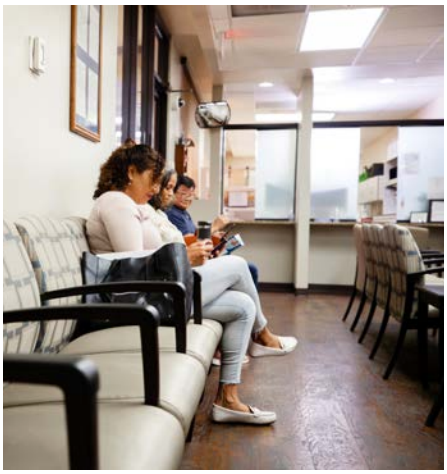
Court Liaison Service (CLS) – Aboriginal and Torres Strait Islander Mental Health Worker (CLS IMHW) Pilot Project (CLW IMHW) Evaluation

Presenter: **Penny Dale** Co-Authors: **Leanne Payne, Mat Anderson, Alexandra Green, Samantha Martin, Bruce Hamilton, Carrick Anderson, Elissa Waterson, Ed Heffernan**

Mental health conditions are overrepresented in the criminal justice system and Aboriginal and Torres Strait Islander peoples are disproportionately represented at 26% of the prison population. The broader CLS provides mental health screening, advice and referral for assessment for adults before the magistrates court or watchhouse. From December 2022 a clinician commenced in the role of IMHW to provide cultural support to SE Qld Aboriginal and Torres Strait Islander consumers, families and community engaged with CLS, supporting and linking to Queensland Health's First Nations Health Equity KPAs. This evaluation will utilise routinely collected data and feedback from consumers, family, community and referring CLS clinicians. A description of consumers' demographic and clinical characteristics, reach of the service, benefits provided, and perceptions of consumers, family, community and referring clinicians around the acceptability and utility of the service was presented. Results will inform the future direction of the service in terms of improving utility, optimising reach, strengthening the direct linkage to Queensland Health's First Nations Health Equity KPAs in order to improve outcomes for Aboriginal and Torres Strait Islander peoples within the justice system.

Long-acting Injectables and Primary Care

Presenter: **Sally Mercier** Co-Authors: **Kylie Burke, Donna Bowman, Peter Turrell, Andrew Patrick, Joanna Townley, Imani Gunasekara, Vikas Moudgil**



MNMH-RBWH continuing care teams regularly administer long-acting injectable (LAI) antipsychotic medications to treat schizophrenia and bipolar disorder. By discharge, it is aimed that LAI administration is transferred back to primary care. Increased clinical demands have impeded clinician's ability to facilitate LAI transition. The project aimed to (1) review LAI practices in three MNMH-RBWH teams, and (2) identify how many consumers currently get LAI's at a GP and barriers and facilitators to transition. A mixed-method approach was used. Clinician consultation and caseload data was used to explore the proportion of consumers currently requiring LAI and the amount receiving LAI via primary care services. Clinician focus groups (n = 48) and a cross-sectional survey of consumers (n=45) explored barriers and facilitators to transitioning to primary care. Data analysis used the Capability Motivation Opportunity Behaviour model. Clinicians and consumers identified a range of barriers and facilitators to receiving LAI from their GP. Responses included a range of commonalities with some variations. Overall, clinicians have in-depth knowledge of facilitators and barriers to consumers receiving LAI's via GP's and often problem solve to ensure successful transition. Practical recommendations from clinicians and consumers can inform decisions-making and support clinicians facilitating the transition of LAI's to primary care.

Metro North Mental Health Research Activities

Medical Director Highlights

Dr Hitesh Joshi

In 2023, over twenty of our medical staff authored peer-reviewed publications. This included an increasing proportion of our junior medical workforce, including publications led by Registrars in Acta Psychiatrica Scandinavica (2021 IF 7.734) and Schizophrenia Bulletin (2020 IF 9.306).

Metro North Mental Health made a strong showing at the RANZCP Congress 2023 in Perth. The representation included Stephen Parker's invited presentation for the Faculty of Adult Psychiatry on embedding research in routine clinical practice, a workshop exploring contemporary best practices in medical education led by Andrew Teodorczuk, and three symposia featuring work by Metro North clinician-researchers. One of these symposia, titled "Meeting the Standard: Latest Developments in Delirium Research and Practice," focused on the Australian Delirium Clinical Care Standard 2021 and showcased the publications of several Metro North medical staff. Our medical staff also shared quality improvement initiatives, including research on electroconvulsive therapy trends and clinical skills development.

Our medical staff have also achieved significant funding success. This includes the Common Good's support for the Short Stay Project initiated by Dylan Flaws (with Kylie Burke and Stephen Parker), which will enable a PhD scholarship in partnership with QUT. Additionally, a collaborative project between The Prince Charles Hospital Mental Health and Emergency Department focused on predicting mental health related emergency department re-presentations was awarded an $89,000 Common Good Innovation Grant.

Pictured: A/Prof Stephen Parker & Prof Andrew Teodorsczuk

Pictured: Andrew Ford, Prof Andrew Teodorczuk, A/Prof Stephen Parker, A/Prof Anne Wand, A/Prof Ajay Macharouthu, Andrew Daltry

Director of Allied Health Highlights

Matteo Brunetti on behalf of Kylie Whyte (outgoing Director)

Allied Health made significant progress in advancing mental health research, clinical practice, and community engagement in 2023. Sally Mercier, Occupational Therapist, presented at the MNMH Research Symposium on the Community Mental Health Feedback Project, which explored the barriers consumers and clinicians face in accessing depot injections from General Practitioners, highlighting the ongoing focus on improving accessibility in community mental health services.

In recognition of excellence in clinical research, Anthony Bligh, Psychologist, was awarded at the MNMH Research Symposium for his pioneering work in Cognitive Behavioural Therapy (CBT) for psychosis. This research addresses the critical need for tailored interventions in psychosis care, contributing to better mental health outcomes. Matteo Brunetti was successful in securing the CAHRLI DFV Grants Program for 2023-2024. This grant will enhance the capacity of social workers to respond to Domestic and Family Violence (DFV) within mental health and problematic alcohol and/or other drug settings, ensuring more appropriate clinical support for vulnerable consumers and families. A/Prof Kylie Burke was awarded a SWIFT grant from Metro North Research to explore how we support consumers who are also raising children under the age of 18. This grant will provide better understanding of the needs of parents who are receiving care in our service and the role that parenting plays in a person's recovery.

Lastly, the Redcliffe-Caboolture Psychosocial Treatment Team was recognised with the prestigious CAHRLI Award for their efforts to integrate culturally informed practices into their clinical activities. This recognition underscores our ongoing dedication to serving diverse communities with culturally responsive care. These achievements reflect the ongoing commitment of MNMH staff to innovation, research excellence, and the provision of high-quality, person-centred mental health care.

Pictured: Redcliffe-Caboolture Psychosocial Treatment Team, Metro North Mental Health - Alcohol and Drug Service

Left to right: Judy Brown (Senior Social Worker), Matteo Brunetti (A/Director of Allied Health), Alison Palmer (Social Work Advanced).

Director of Nursing Highlights

Nathan Dart

Research into nursing models of care and workforce development are critical to ensuring best practice care for people experiencing serious mental illness or problematic alcohol and/or other drugs and to building a skilled and resilient workforce. In 2023, nurses were involved in a range of research and quality improvement projects with projects from people undertaking their first research project, through to projects by senior staff and nurse educators.

A particular highlight of the year that demonstrates the breadth of work being undertaken across Metro North Mental Health was the excellent representation of our Mental Health Nursing workforce at the 2023 International Mental Health Nursing Conference. Hosted by the Australian College of Mental Health Nurses, the Conference took place from September 13 to September 15 at the Sofitel Melbourne on Collins in Melbourne, Victoria. The theme was "Mental Health Nursing: Unleash the Potential". The event aimed to spotlight the significant role of mental health nurses in responding to crises, innovating service delivery, and leading changes in mental health care. The conference facilitated networking opportunities with both national and international delegates, fostering partnerships that enhance health outcomes for the community. I am pleased to present a summary of the work presented at the conference in our 2023 Research Annual Report.

Pictured: Laura Freeburn, Bruce Collyer, Kobie Hatch, Cathy Boyle, Niall Higgins, Anna Johnston, Jannette Newell, Neville Ray, David O'Dowd, and Daniel Schmidt

Celebrating Nursing Achievements in 2023

2023 International Mental Health Nursing Conference

Ten members from Metro North Mental Health attended the conference in Melbourne, presenting the findings of their work including topics on: Clinical Partnerships: A novel model of care for mental health nursing (Daniel Schmidt); Building capacity for trauma informed care training across Queensland (Laura Freeburn & Jeannette Newell); Development of Staged Clinical Supervision Implementation Strategies (Cathy Boyle & Kobie Hatch); The Development of a Group Clinical Supervision Video (Cathy Boyle & Kobie Hatch); and, transitioning traditional learning to a digital platform (Bruce Collyer).

Clinical Partnerships: A Novel Model of Care for Mental Health Nursing

Presenter: **Daniel Schmidt**

Within the acute inpatient mental health setting, there are multiple factors that contribute to the complexities in the delivery of nursing care. To provide appropriate care, support must be provided to clinicians of all skill levels. The objective of this study is to introduce a novel nursing model, "Clinical Partnerships," that proposes to combine two known models of nursing care: (i) Individual Patient Allocations and (ii) Team Nursing. We aim to answer the question: Does the "Clinical Partnerships" nursing model increase perceived clinician job satisfaction within the acute inpatient mental health setting?

The pre-post survey study design uses a validated self-report instrument, The Nursing Workplace Satisfaction Questionnaire, covering three domains: intrinsic, extrinsic, and relational (Fairbrother, 2009). A higher score from the 5-point Likert scale with 15 questions reflects higher perceived workplace satisfaction. This model retains the current Individual Patient Allocation (IPA) and adds one aspect of the Team Nursing (TN) model where a novice and advanced clinician are paired to promote collegial communication, problem-solving, and mentoring.

Pre-survey, novice staff scored slightly higher (58/75 versus 55/75) on Workplace Satisfaction. Overall, staff found their work meaningful and worthwhile and had support from colleagues, but opinions were divided on whether there was enough time to deliver good care. All staff felt like they belonged to a team.

The IPA model requires the shift coordinator to solely provide advice and assistance for all staff, potentially reducing collegial communication. While TN promotes problem-solving, shared accountability may be insufficient for some settings. New ways of supporting novice clinicians are required to improve care outcomes.

Building Capacity for Trauma-Informed Care Training Across Queensland

Presenter: **Jannette Newell, Laura Freeburn**

Trauma is prevalent, yet knowledge of its impact and the responses necessary for healing remains limited. This project aimed to address that gap by improving access to trauma-informed care (TIC) training and resources through strategic assertive outreach.

Trauma-informed care is a strengths-based framework that responds to the impact of trauma. It is grounded in a comprehensive understanding of the neurological, biological, psychological, and social effects of trauma. TIC is built on the principles of safety, trustworthiness, choice, collaboration, and empowerment (MHCC, 2018). Funding for this initiative was secured from the Office of the Chief Nursing and Midwifery Officer (OCNMO) to facilitate TIC train-the-trainer workshops. The project involved collaboration between mental health nursing educators and a lived-experience researcher and educator. Over the course of three months, three two-day workshops were delivered. Recruitment was facilitated through Directors of Education and Directors of Nursing and Midwifery, with executive leadership support being a prerequisite for participant involvement.

A total of 70 participants attended the three workshops, representing 15 of the 16 Hospital and Health Services (HHSs). In addition, non-mental health services were also involved. The workshops resulted in improved TIC knowledge and capability among participants. However, barriers such as time, resources, and support were identified. A community of practice was established to support the ongoing efforts of the trainers.

Trauma-informed care training has potential applications beyond mental health services, as it can help reduce exclusion and stigma by fostering collaboration. By recognizing the prevalence of trauma within nursing, TIC can support nurses and midwives in caring for themselves and their colleagues, contributing to a healthier workforce.

Development of Staged Clinical Supervision Implementation Strategies

Presenter: Cathy Boyle, **Kobie Hatch**

The Queensland Office of the Chief Nursing and Midwifery Officer (OCNMO) funded several projects to build clinical supervision capabilities for Queensland nurses and midwives, beginning in 2020. This paper outlines the development of a statewide clinical supervision implementation plan.

Broad consultation with nurses, midwives, and Health Services informed the plan, alongside a literature review and clinical supervisor support survey. The resulting staged implementation strategies aim to provide a sustainable framework for integrating clinical supervision across Queensland.

The strategies are designed to support Health Services in sustainably implementing clinical supervision, offering nurses and midwives critical professional development opportunities.

The Development of a Group Clinical Supervision Video

Presenter: Cathy Boyle, **Kobie Hatch**

Group Clinical Supervision can improve team communication and cohesion, but many nurses and midwives in Australia are unfamiliar with its practice. This presentation focuses on developing a video resource to build capacity for group clinical supervision.

The video aims to help nurses and midwives understand what to expect from group clinical supervision, how to participate, and how to maximise its benefits. It emphasises the creation of a Group Clinical Supervision Working Agreement (CSWA) and encourages structured communication within groups.

This resource offers guidance on how nurses and midwives can engage in group clinical supervision, contributing to improved team dynamics and support.

Transitioning Traditional Learning to a Digital Platform

Presenter: **Bruce Collyer** Co-authors: **Robin Counsel, Suezann Scholz**

With an increased expectation for Mental Health Nurses to maintain a competent knowledge base and for learning to improve clinical practice, nursing education needs to evolve. As time pressures increase, learning must be contemporary and grounded in clinical relevance. This study explored the transition from traditional, face-to-face learning to digital platforms to meet these expanding educational needs.

Since 2018, Metro North Hospital and Health Service has used the electronic learning portal, Talent Management System, as a central hub for legislative, mandatory, and upskilling training for all staff, including mental health clinicians.
Mental Health Nurse educators, in collaboration with talent advisors, transitioned several critical learning modules into a digital format, allowing for flexible completion in clinical or home environments. The modules included:

- Emergency use of a specialised ligature knife.
- Administration of Olanzapine Relprevv Long-Acting Injection.
- Mental Health Visual Observations training.

Transitioning to a digital learning platform has enhanced accessibility, flexibility, and competency development for Mental Health Nurses, allowing them to complete diverse training requirements more efficiently.

Mental Health Research and Evaluation Priorities

The 2023 Annual Research Review is themed around six strategic priorities that were developed through a process of extensive collaboration and consultation across Metro North Mental Health (MNMH). This groundwork involved a series of initial meetings and workshops where senior researchers across MNMH gathered, including representatives from our Lived Experience team, the three major hospitals, diverse discipline groups, and specialised services, to identify foundational principles, priorities, and targets for enhancing our research capacity.

Further refinement of the strategic plan was achieved through detailed consultations and with researchers, clinicians and those with lived and living experience and endorsed by MNMH Executive. Focus groups were held, featuring participants from our workforce including our Lived Experience team and Culturally and Linguistically Diverse (CALD) Mental Health workers. Future work will embed our commitment to research and improvement activities that increase access and provide culturally safe and responsive opportunities for Aboriginal and Torres Strait Islander peoples and communities to lead and to partner in projects that contribute to a service that is responsive to individual and community needs and that reduce or eliminate discrimination and systematic racism.

These efforts have defined our research priorities, which are integrated into our broader strategic plan, ensuring that all proposed research and evaluation activities are both meaningful and impactful. Clear articulation of these priorities will enable us to effectively align evidence-based methodology and practice with service priorities, fostering a shared commitment to continuous improvement within our services.

Our research priorities are structured around six core themes that guide the integration of research and evaluation within the Directorate and aid in identifying gaps in knowledge, evidence, and research activity across MNMH. Each project featured in this report aligns with one or more of these priorities, providing examples of how MNMH's research and service improvement initiatives contribute to improving the healthcare we deliver.

Understanding mental health and problematic use of alcohol and/or other drugs

Understanding mental health and problematic use of alcohol and/or other drug problems requires creating and combining knowledge of their causes, interventions, and outcomes. It also involves comprehending factors that support the well-being, reliance, and optimal functioning of individuals and the community.

Complex issues associated with mental health and alcohol and/or other drugs

Mental health and problematic alcohol and/or other drug use are often intertwined with other health conditions and social disadvantages, which can adversely affect individuals, families, and carers.

Under-researched populations

In Australia, the needs of some populations and communities are not well-understood or are inadequately met by existing services (e.g., people from Aboriginal and/or Torres Strait Islander or cultural and linguistic backgrounds, women, older people, LGBTIQA+). Research efforts need to work in partnership with people to listen, develop trust and better understand lived experience of and preferences for mental health, alcohol and/or other drug care.

Health systems research

Health systems research focuses on improving outcomes, reducing inefficacies, and implementing system-wide changes that positively impacting the experiences of people with lived and living experience, their families and carers, and staff and shape mental health alcohol and other drug policy.

Innovation and evidence generating practice

Research focusing on practice innovation to identify and/or develop better ways to treat and support people. Innovations may broadly include specific interventions (e.g., pharmacotherapies, psychological therapies) and ways of working (e.g., the design and delivery of services).

Digital solutions

Digital solutions include innovations in telehealth delivery, personal electronic devices for supporting communication and deliver interventions, and adapting our information systems to support evidence-based decision making.

Priority 1: Understanding mental health and alcohol and/or other drug problems

Scope

Understanding mental health and problematic alcohol and/or other drug problems requires creating and combining knowledge of their causes, interventions, and outcomes. It also involves comprehending factors that support the well-being, resilience, and optimal functioning of individuals and the community. A wide variety of research activities are relevant to this goal, including basic science, quality improvement activities, observational studies, clinical trials, and literature reviews.

Rationale

Research aimed at gaining a better understanding of mental health and problematic alcohol and/or other drug use can provide valuable insights into the underlying causes, risk factors, prevention strategies, and effective treatments of these conditions. Such knowledge will help improve early identification and intervention, promote well-being, and reduce stigma. A more comprehensive understanding will empower healthcare professionals, policymakers, and communities with the necessary evidence to develop targeted interventions, support systems, and public health initiatives.

‘I just thought that was the best thing for me to do at this point’: Exploring patient experiences with depot buprenorphine and their motivations to discontinue

Authors: Simon Clay, Carla Treloar, Louisa Degenhardt, Jason Grebely, Michael Christmass, Chris Gough, **Jeremy Hayllar,** Mike McDonough, Charles Henderson, Sione Crawford, Michael Farrell, Alison Marshall

Opioid agonist treatment (OAT), such as methadone or buprenorphine, remains the first-line treatment for managing opioid use disorder (OUD). OAT is effective in reducing illicit opioid use, overdose, mortality, risk of HCV/HIV infections, and criminal activity. However, there has been little research that focuses on the lived experience of people receiving depot buprenorphine treatment and reasons for why people decide to discontinue.

Through open-ended semi-structured interviews, this study aimed to explore what it is like to receive depot buprenorphine and to understand the motivations behind why people discontinue. The researchers interviewed individuals who were either currently receiving depot buprenorphine or had discontinued or were in the process of discontinuing depot buprenorphine. From November 2021 and January 2022, interviews with 40 individuals were asked about their experiences with depot buprenorphine. At the time of the interview, 21 participants were currently receiving depot buprenorphine, and 19 had stopped or were in the process of discontinuing.

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Research Paper

‘I just thought that was the best thing for me to do at this point’: Exploring patient experiences with depot buprenorphine and their motivations to discontinue

Simon Clay[a,c], Carla Treloar[b], Louisa Degenhardt[a], Jason Grebely[c], Michael Christmass[d], Chris Gough[e], Jeremy Hayllar[f], Mike McDonough[g], Charles Henderson[h], Sione Crawford[i], Michael Farrell[a], Alison Marshall[b,c]

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ARTICLE INFO

Keywords:
Depot buprenorphine
Opioid use disorder
Patient choice
Pharmacotherapy

ABSTRACT

Introduction: Long-acting injectable depot buprenorphine is a recent addition to the suite of opioid agonist therapies (OAT) used to treat opioid use disorder (OUD). However, there has been little research that focuses on the lived experience of people receiving depot buprenorphine treatment and reasons for why people decide to discontinue. The aim of this study was to explore what it is like to receive depot buprenorphine and to understand the motivations behind why people discontinue.

Methods: Open-ended, semi-structured interviews were conducted between November 2021 and January 2022 with individuals who were either currently receiving depot buprenorphine or had discontinued or were in the process of discontinuing depot buprenorphine. Liberati, et al.'s (2022) adaptation of Dixon-Woods's (2006) candidacy framework was used to analyse the participant experiences.

Results: 40 participants (26 male, 13 female, 1 undisclosed; mean age 42 years) were interviewed about their experience with depot buprenorphine. At the time of the interview, 21 were currently receiving depot buprenorphine and 19 had discontinued this treatment or were in the process of discontinuing. Participants cited 4 key reasons why they decided to discontinue depot buprenorphine:1) feeling forced into the program, 2) experiencing negative side-effects, 3) finding the treatment ineffective, and 4) wanting to stop depot buprenorphine/OAT to use opioids again or feeling 'cured' and no longer in need of OAT. Participants were ultimately discussing issues related to clinician-patient power relations, agency and bodily autonomy, and the pursuit of well-being.

Conclusion: Depot buprenorphine remains a promising treatment for OUD and offers potential to improve treatment adherence. Instances of restricted OAT choice and consumer concerns regarding a lack of agency must be addressed in order to enhance therapeutic relationships. Clinicians and other healthcare workers in this field also need greater access to information about depot buprenorphine to better address issues patients face during treatment. More research is required to understand patient and treatment choice given the options of these new treatment formulations.

Participant Key Reasons for Discontinuing Treatment:

1. Feeling forced into the program
2. Experiencing negative side-effects
3. Finding treatment ineffective
4. Wanting to stop depot buprenorphine/OAT to use opioids again or feeling 'cured' and no longer in need of OAT

Depot buprenorphine remains a promising treatment for OUD and offers potential to improve treatment adherence. Instances of restricted OAT choice and consumer concerns regarding a lack of agency must be addressed to enhance therapeutic relationships. Clinicians and other healthcare workers in this field also need greater access to information about depot buprenorphine to better address issues patients face during treatment. More research is required to understand patient and treatment choice given the options of these new treatment formulations.

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Clay, S., Treloar, C., Degenhardt, L., Grebely, J., Christmass, M., Gough, C., Hayllar, J., McDonough, M., Henderson, C., Crawford, S., Farrell, M., & Marshall, A. (2023). 'I just thought that was the best thing for me to do at this point': Exploring patient experiences with depot buprenorphine and their motivations to discontinue. The International journal on drug policy, 115, 104002. https://doi.org/10.1016/j.drugpo.2023.104002

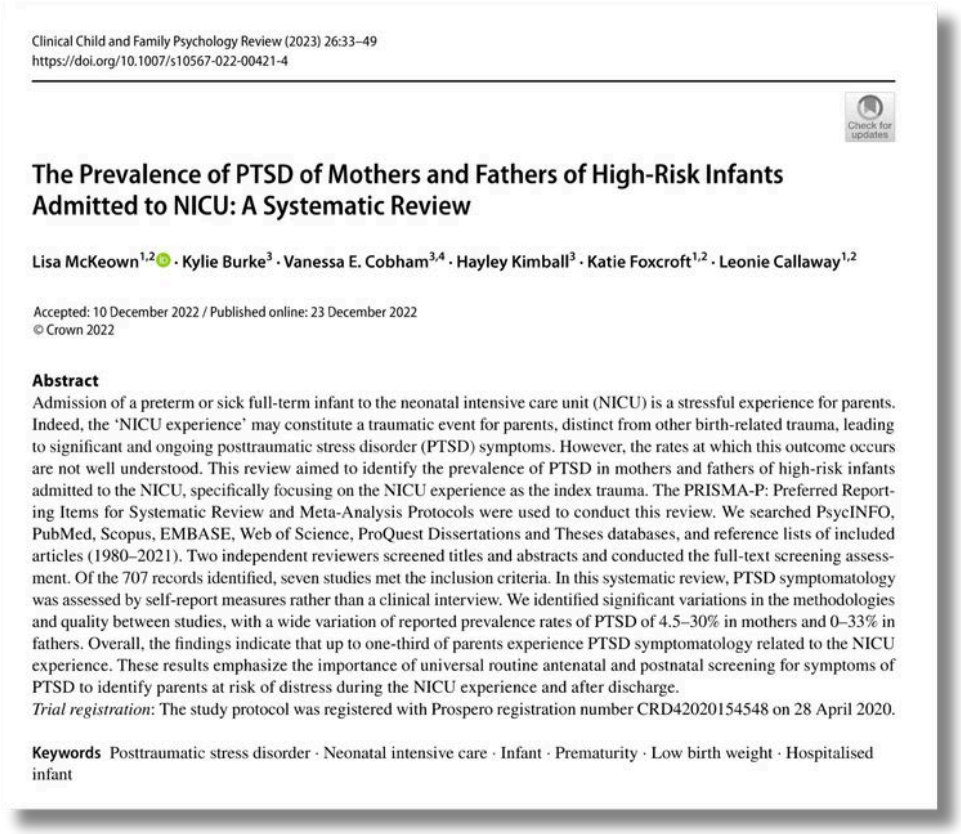
The prevalence of PTSD of mothers and fathers of high-risk infants admitted to NICU: A systematic review

Authors: Lisa McKeown, **Kylie Burke**, Vanessa E. Cobham, Hayley Kimball, Katie Foxcroft, Leonie Callaway

Admission of a preterm or sick full term infant to the neonatal intense care unit is a stressful experience for parents. This systematic review focussed on the prevalence of Post-Traumatic Stress Disorder (PTSD) in parents following the admission of their high-risk infants to the Neonatal Intensive Care Unit (NICU), identifying the NICU experience as the index trauma. In a systematic literature search, seven studies met the inclusion criteria.

The results show significant variation in PTSD prevalence, suggesting that up to a third of parents may experience PTSD symptoms due to the NICU experience. The large spread of PTSD prevalence rates emphasises the need for routine antenatal and postnatal screening for PTSD symptoms to identify, and support at-risk parents.

The review also points out the challenges in existing literature, such as inconsistencies in methods and variation in measures used to assess PTSD, and a general lack of studies utilising the latest DSM-5 criteria. In conclusion, the authors emphasise the critical need for standardised screening protocols in NICU settings to early identify parents at risk for PTSD. The research also calls for future research to adopt consistent methodologies and diagnostic criteria, including a clearer definition of the NICU experience as the index trauma, to accurately assess the prevalence of PTSD parents, and devise effective supports.



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https://doi.org/10.1007/s10567-022-00421-4

Check for updates

The Prevalence of PTSD of Mothers and Fathers of High-Risk Infants Admitted to NICU: A Systematic Review

Lisa McKeown[1,2] · Kylie Burke[3] · Vanessa E. Cobham[3,4] · Hayley Kimball[3] · Katie Foxcroft[1,2] · Leonie Callaway[1,2]

Accepted: 10 December 2022 / Published online: 23 December 2022

Abstract
Admission of a preterm or sick full-term infant to the neonatal intensive care unit (NICU) is a stressful experience for parents. Indeed, the 'NICU experience' may constitute a traumatic event for parents, distinct from other birth-related trauma, leading to significant and ongoing posttraumatic stress disorder (PTSD) symptoms. However, the rates at which this outcome occurs are not well understood. This review aimed to identify the prevalence of PTSD in mothers and fathers of high-risk infants admitted to the NICU, specifically focusing on the NICU experience as the index trauma. The PRISMA-P: Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols were used to conduct this review. We searched PsycINFO, PubMed, Scopus, EMBASE, Web of Science, ProQuest Dissertations and Theses databases, and reference lists of included articles (1980–2021). Two independent reviewers screened titles and abstracts and conducted the full-text screening assessment. Of the 707 records identified, seven studies met the inclusion criteria. In this systematic review, PTSD symptomatology was assessed by self-report measures rather than a clinical interview. We identified significant variations in the methodologies and quality between studies, with a wide variation of reported prevalence rates of PTSD of 4.5–30% in mothers and 0–33% in fathers. Overall, the findings indicate that up to one-third of parents experience PTSD symptomatology related to the NICU experience. These results emphasize the importance of universal routine antenatal and postnatal screening for symptoms of PTSD to identify parents at risk of distress during the NICU experience and after discharge.
Trial registration: The study protocol was registered with Prospero registration number CRD42020154548 on 28 April 2020.

Keywords Posttraumatic stress disorder · Neonatal intensive care · Infant · Prematurity · Low birth weight · Hospitalised infant

An interview with Lisa McKeown over page

Reference:

McKeown, L., Burke, K., Cobham, V. E., Kimball, H., Foxcroft, K., & Callaway, L. (2023). The Prevalence of PTSD of Mothers and Fathers of High-Risk Infants Admitted to NICU: A Systematic Review. Clinical child and family psychology review, 26(1), 33–49. https://doi.org/10.1007/s10567-022-00421-4

An interview with author, Lisa McKeown

The neonatal intensive care unit (NICU) experience poses significant challenges for parents, as their newborns require critical care immediately after birth. For some parents the NICU experience can lead to severe psychological distress, including posttraumatic stress disorder (PTSD). The systematic review conducted by Lisa McKeown and colleagues (2023) investigates the prevalence of PTSD among both mothers and fathers of high-risk infants admitted to the NICU. This research shines a light on an often-overlooked aspect of neonatal care—the mental health of parents, which significantly influences both the child's and the parents' long-term outcomes. We sat down with Lisa, the main author of the publication to talk with her about her research, and her PhD journey.

Pictured: **Lisa McKeown**

Tell us about you and your PhD/Research topic?

My PhD journey began as a neonatal intensive care and research nurse, where I witnessed the profound psychological distress parents experience during the hospital admissions of critically ill infants. This led me to discover literature indicating that the NICU experience can result in post-traumatic stress symptoms among parents. With the support of the managers within the Women's & Newborn Services and my supervisory team, I applied for a grant from the RBWH Foundation and initially enrolled in a Master's program at the University of Queensland, later transitioning to a PhD in Philosophy. My thesis focuses on parental psychological distress associated with high-risk infants in the NICU, aiming to enhance the care and support provided to families during these challenging times.

Tell me a bit more about the passion you developed going from clinician to researcher in this space?

When working as a neonatal research nurse, I observed that parents described significant emotional struggles two years after their infant's discharge from the NICU. Hearing parents' stories motivated me to be a part of a system change to accurately identify parents at risk and ensure they receive the support they need. I'm passionate about improving clinical practice to effectively identify and refer parents at risk of psychological distress.

Tell me a bit more about the gap you're addressing?

More recent models of family centred care include the parents being involved in the decisions of the are of their infant. Where staff care for not only the patient but the well-being of the parents as partners in neonatal care. In our case, the infant or child, is intrinsically linked to the wellbeing of the parent. Early development attachment is so critical to the health and wellbeing of the child, and healthy attachment is predicated on the mental wellbeing of the parent and family system that cares for the child.

By focussing not only on the child, but on parents and families, we can help to facilitate healthy, long-term outcomes for families.

In existing literature, there has been a focus on the wellbeing of mothers whose children are admitted to NICU, and mothers of preterm infants. what our recent systematic review really highlights is that fathers and other caretakers of term infants are often not focussed on in the literature, even though they are also at risk of developing adverse mental health outcomes.

What were the main findings that came from your systematic review?

Currently, there is no agreed routine or standardised screening for PTSD symptomatology for parents who have an infant in NICU, and prevalence rates widely varied internationally in the reporting rates across the studies within the review. The results point to a critical need for standardised screening, in line with National Perinatal Mental Health Guidelines (2023) that recommend screening parents for mental health, and psychosocial factors during the perinatal period.

Although studies indicate a greater frequency or severity of PTSD in mothers, significant rates are also found in fathers, suggesting that all potential caretakers within the family system are at risk and require support.

What are some of the clinical implications?

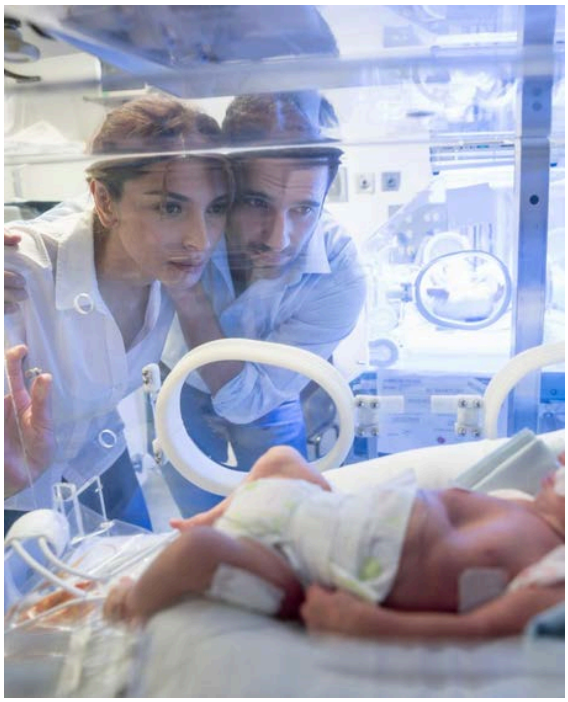
The review highlights the necessity for routine mental health screenings for parents with infants in the NICU. Early detection of PTSD symptoms can lead to timely interventions, potentially improving long-term psychological outcomes for parents and enhancing parent-infant interactions, which are crucial for the child's development.
The review also points out that is currently no consensus on what specifically describes the index trauma that is the 'NICU experience', which calls researchers to specifically define the index trauma so that we can understand if measures that assess PTSD are accurate in capturing symptomology.

Research in this area often overlooks fathers and other family members. Future research should include these groups to offer a more comprehensive view of how a high-risk infant's hospitalisation affects the entire family. There is also a need for long-term studies that assess the impact of early PTSD interventions on parental mental health and child development outcomes.

What do you think are the next steps for this space? Do you have any research currently in the pipeline?

The next papers of my PhD include a longitudinal study of 102 parents, investigating the prevalence of PTSD, risk factors of psychological distress and assessing the feasibility and acceptability of two screening tools to measure PTSD symptomatology. We hope this study will inform future healthcare practice and provide evidence-based justification for the use of these screening tools for parents with a child in NICU.

I'd really like to keep working towards seeing how we can best support these families not only in the NICU but after discharge. Early identification and referral to psychologists is important – making sure people don't fall down the cracks, and an important component of this how we can refine current processes and screening tools to ensure they're as effective as possible. All people can be at risk – not just those who experience mental health related issues. But further to this, it's important that once we identify at-risk parents, that we have the resources to be able to support them in their parenting journey.



Priority 2: Complex Issues associated with mental health and problematic use of alcohol and/or other drugs

Scope

Mental health and problematic alcohol and/or other drug use are often intertwined with other health conditions and social disadvantages, which can adversely affect individuals, families, and caregivers. Comorbidity between mental health and problematic use of alcohol and/or other drugs is widespread and usually results in poorer outcomes. Additionally, a large proportion of people also have physical health concerns. For instance, some medications used to treat mental health problems can increase the risk of metabolic syndrome, and injecting drug use can lead to complications such as Hepatitis C.

Rationale

Addressing complexities with mental illness and problematic use of alcohol and/or other drugs such as physical morbidity, homelessness, unemployment and loneliness, is likely to improve overall wellbeing, support recovery and reduce likelihood of relapse or representation to hospital. This priority includes qualitative research to explore stakeholder perspectives, observational research to define and understand the complexity, and interventional research to explore ways to address multimorbidity and socio-economic disadvantage.

The effect of exercise on global, social, daily living and occupational functioning in people living with schizophrenia: A systematic review and meta-analysis

Authors: Nicole Korman, Robert Stanton, Anna Vecchio, Justin Chapman, **Stephen Parker**, Rebecca Martland, Dan Siskind, Joseph Firth

Schizophrenia is a psychiatric disorder characterised by significant functional impairments including challenges in employment, social interactions, and daily living skills. Despite the efficacy of psychosocial therapies, access and effectiveness are limited for some people. Exercise as a non-pharmacological intervention has shown promise for improving both physical and mental health outcomes in general populations. The aim of this systematic review was to synthesise the current evidence on the impact of exercise on the functioning of people with schizophrenia, interrogating the effectiveness across global, social, occupational, and daily living domains.

Eighteen articles including 734 participants were included. The meta-analysis illustrated moderate effects of exercise on global functioning, social functioning, and daily living skills. The effects were stronger for aerobic exercises and interventions of at least moderate-to-vigorous intensity. The findings were also suggestive of potential benefits to occupational functioning, however, evidence for this domain was limited and further research is required to confirm these benefits.

There was overall good evidence that exercise can improve the global functioning for people living with schizophrenia, with preliminary evidence for social and daily living skills and should therefore be considered an important adjunct to usual treatment. More research is required into resistance training, in early psychosis and to evaluate the comparison of exercise with other established psychosocial therapies.

Figure. Participant working out.

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The effect of exercise on global, social, daily living and occupational functioning in people living with schizophrenia: A systematic review and meta-analysis

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ABSTRACT

Background: Schizophrenia is associated with high rates of global, social and occupational functional impairments. While prior meta-analyses have extensively examined the impact of exercise on physical and mental health, the impact on functioning in schizophrenia have yet to be fully established. This review aimed to update the evidence base regarding the impact of exercise on functioning in schizophrenia, and explore moderators of effect.

Methods: A systematic search was conducted to identify randomized controlled trials (RCTs) of exercise evaluating global functioning versus any comparator in people with schizophrenia; between group meta-analyses of global functioning (and secondary – social, living skills, occupational, adverse events) were computed using a random effects model. Subgroup analyses based on diagnosis and aspects of the intervention were conducted.

Results: 18 full text articles were included, involving 734 participants. A moderate impact of exercise on global functioning was found (g = 0.40, 95 % C.I. = 0.12 to 0.69, p = 0.006), with a moderate impact of exercise on social (*N* = 5, g = 0.54 95 % C.I = 0.16 to 0.9 p = 0.005), and daily living functioning (*N* = 3, g = 0.65, 95 % C.I. = 0.07 to 1.22, p = 0.005).

Conclusions: There is good evidence that exercise can improve the global functioning of people with schizophrenia, with preliminary evidence for social and daily living skills; exercise should be considered an important adjunct to usual care. Higher impacts on global functioning were seen in aerobic interventions and of at least moderate to vigorous intensity. More research is required into resistance training, in early psychosis cohorts and to evaluate the comparison of exercise with other established psychosocial therapies.

References:

Korman, N., Stanton, R., Vecchio, A., Chapman, J., Parker, S., Martland, R., Siskind, D., & Firth, J. (2023). The effect of exercise on global, social, daily living and occupational functioning in people living with schizophrenia: A systematic review and meta-analysis. Schizophrenia research, 256, 98–111. https://doi.org/10.1016/j.schres.2023.04.012

Caring for critically ill patients with a mental illness: A discursive paper providing an overview and case exploration of the delivery of intensive care to people with psychiatric comorbidity

Authors: **Dylan Flaws**, Sue Patterson, Todd Bagshaw, **Kym Boon**, Justin Kenardy, David Sellers, Oystein Tronstad

People with mental illnesses are overrepresented among critically ill patients and have poorer health outcomes, with a life expectancy up to 30 years shorter than average. ICU staff are highly skilled in managing critical illness but often lack confidence in handling mental illness co-morbidities. In this article the authors address the challenge of managing mental illness in critical care settings, providing an overview and practical advice for critical care staff. The article draws from the clinical experience, research and literature focusing on the intersection of critical illness and mental health. Practical guidance is grounded in two hypothetical case scenarios depicting challenges clinicians may experience.

The authors discussed three key points that emphasise: (1) the importance of a trauma-informed care (TIC) approach, (2) managing challenging behaviour and (3) supporting staff emotions and wellbeing.

TIC is underpinned by six core principles (Ashana et al., 2020) which are explored within the ICU setting:

- Safety
- Trustworthiness/transparency
- Collaboration/mutuality
- Peer support
- Empowerment
- Cultural/historical/sexual issues

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DISCURSIVE PAPER

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Caring for critically ill patients with a mental illness: A discursive paper providing an overview and case exploration of the delivery of intensive care to people with psychiatric comorbidity

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Abstract

Aim: To address the need for additional education in the management of mental illness in the critical care setting by providing a broad overview of the interrelationship between critical illness and mental illness. The paper also offers practical advice to support critical care staff in managing patients with mental illness in critical care by discussing two hypothetical case scenarios involving aggressive and disorganised behaviour.

People living with mental illness are over-represented among critically unwell patients and experience worse outcomes, contributing to a life expectancy up to 30 years shorter than their peers. Strategic documents call for these inequitable outcomes to be addressed. Staff working in intensive care units (ICUs) possess advanced knowledge and specialist skills in managing critical illness but have reported limited confidence in managing patients with comorbid mental illness.

Design & Methods: A discursive paper, drawing on clinical experience and research of the authors and current literature.

Results: Like all people, patients with mental illnesses draw on their cognitive, behavioural, social and spiritual resources to cope with their experiences during critical illness. However, they may have fewer resources available due to co-morbid mental illness, a history of trauma and social disadvantage.

By identifying and sensitively addressing patients' underlying needs in a trauma-informed way, demonstrating respect and maximising patient autonomy, staff can reduce distress and disruptive behaviours and promote recovery.

Caring for patients who are distressed and/or display challenging behaviours can evoke strong and unpleasant emotional responses. Self-care is fundamental to maintaining a compassionate approach and effective clinical judgement. Staff should be enabled to accept and acknowledge emotional responses and access support—informally with peers and/or through formal mechanisms as needed. Organisational leadership and

ICU nurses play a vital role in advocating for and supporting critically ill patients with mental illnesses. Health services should ensure staff adequate training in mental health management and have access to formal and informal support to maintain their well-being and provide compassionate care. The authors conclude by urging healthcare systems to recognise and bridge the knowledge and skill gaps, enhancing both patient care and staff wellbeing in critical care environments.

References:

Flaws, D., Patterson, S., Bagshaw, T., Boon, K., Kenardy, J., Sellers, D., & Tronstad, O. (2023). Caring for critically ill patients with a mental illness: A discursive paper providing an overview and case exploration of the delivery of intensive care to people with psychiatric comorbidity. Nursing open, 10(11), 7106–7117. https://doi.org/10.1002/nop2.1935

Characteristics, precipitating factors, and service use of individuals who are the subject of a police negotiation incident

Authors: **Leanne Payne, Ed Heffernan**

Prof Ed Heffernan, Director of QFMHS, along with collaborators, continues to advance knowledge that betters understanding of the cohort of individuals who are the subject of a police negotiation incident.

Police negotiators are highly trained police officers who provide specialised leadership and expertise in the de-escalation and resolution of critical incidents. They are available 24/7 and respond to a range of incidents, including suicide crisis situations, barricade sieges, high risk warrants, protests, and other situations where loss of life may be imminent. A recent systematic, mixed methods examination of all Queensland Police Service (QPS) negotiator suicide intervention deployments between 2012 and 2014 (Steele et al., (2023) is currently attracting international attention.

The study found that 82% of individuals responded to were male, with a median age of 32 years. Mental health problems, broadly defined, were reported in 80% of incidents and at least 51% of the cohort were intoxicated at the time of the incident. Individuals were often armed with a weapon (38%) and/or in an elevated location off which the individual was threatening to jump. Overall, there were very few fatalities reported, suggesting that police negotiators are highly effective at resolving such situations. However, little is known about the longer-term health and justice outcomes of individuals who are the subject of negotiator incidents, nor about their experiences or use of health services leading up to such incidents.

A better understanding of these factors would enable evaluation of current policing practices and referral pathways, as well as identify preventative health opportunities, and the development of recommendations around how police and health service responses can be improved. Indeed, “exploration of the factors which may lead to vulnerable persons having contact with negotiators” and “exploration of the models of support that lead to improved outcomes for persons with mental illness experiencing crises in the community”, are two key research priorities that have been identified by QPS (Queensland Police Service, 2017).

A further project will build on this first paper via a proposed longitudinal, data-linkage study designed to address these knowledge gaps, and ultimately to help inform service enhancements to improve outcomes for individuals who come into contact with police negotiators. Specifically, data will be linked for all those involved in a police negotiation incident between 2015 and 2023 including a sub-cohort for whom data 5 years either side of the incident will be analysed to describe pre- and post-incident trajectories of individuals and enable identification of factors associated with better or worse outcomes.

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Steele ML, Wittenhagen L, Meurk C, Phillips J, Clugston B, Heck P, Waterson E, Heffernan E. Police negotiators and suicide crisis situations: a mixed-methods examination of incident details, characteristics of individuals and precipitating factors. Psychiatr Psychol Law. 2023 Jul 2;31(4):748-763. doi: 10.1080/13218719.2023.2206878.

Queensland Police Service. (2017). Queensland Police Service Research Priorities 2017-2018. Retrieved from https://www.police.qld.gov.au/sites/default/files/2018-09/QPS%20Research%20Priorities%202017%20-%202018.pdf

Priority 3: Under researched populations

Scope

In Australia, the needs of some populations and communities are not well-understood or are inadequately met by existing services (e.g., people from Aboriginal and/or Torres Strait Islander or cultural and linguistic backgrounds, women, older people, LGBTIQ+). Research efforts need to work in partnership with people to listen, develop trust and better understand lived experience of and preferences for mental health, alcohol and/or other drug care. We can do this by engaging in co-design projects that include targeted efforts to design and implement care pathways and interventions that ensure people can access safe, meaningful and responsive care and to that address gaps in health equity.

Rationale

Health inequity is well documented for vulnerable communities across Australia. Gaps associated with social disadvantage, stigma and higher rates of mental illness and problematic alcohol and/or other drug use mean these gaps are getting wider. Targeted efforts are needed to partner with people and communities to identify, develop and implement care pathways, services and evidence-based practice that can best support these vulnerable communities and to begin to reduce gaps.

Our Ways, Your Ways, Both Ways - A multi-disciplinary collaboration to develop, embed and evaluate a model of social and emotional wellbeing care or Aboriginal and Torres Strait Islander young people who experience detention - Phase 1

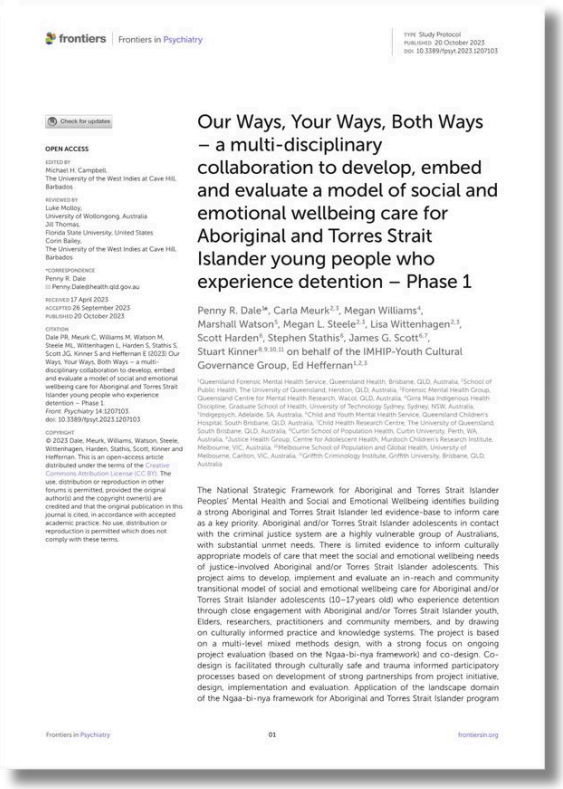
Authors: **Penny Dale**, Carla Meurk, Megan Williams, Marshall Watson, Megan Steele, Lisa Wittenhagen, Scott Harden, Stephen Stathis, James Scott, Stuart Kinner, **Ed Heffernan**

Adolescents who identify as Aboriginal and/or Torres Strait Islander face extreme vulnerability when in contact with the criminal justice system. As Aboriginal and Torres Strait Islander people's concept of social and emotional wellbeing goes beyond the mainstream clinical concept, there is limited evidence to inform culturally appropriate models of care. Thus, building a strong Aboriginal and Torres Strait Islander led evidence-base to inform care is vital. This study protocol outlines a two-phase project that aims to develop and implement a model of social and emotional wellbeing care for Aboriginal and/or Torres Strait Islander adolescents who experience detention.

Project Phases

Based on a multi-level mixed methods design, this project intends to develop an adolescent social and emotional wellbeing service based on the Indigenous Mental Health Intervention Program (IMHIP). The IMHIP is a social and wellbeing service for Aboriginal and Torres Strait Islander adults in custody who experience complex complications which are intertwined with broader social and emotional wellbeing challenges. Through structured consultation and co-design, an IMHIP-Youth model was devised.

The IMHIP-Youth model derives from lived experience and cultural knowledge through a co-design approach and cultural governance. Phase one engages the landscape domain of the Ngaa-bi-nya framework – an evaluation framework aligning with Aboriginal and Torres Strait Islander peoples social and emotional world view – to inform consultations with Aboriginal and Torres Strait Islander youth experiencing detention, Elders, researchers, practitioners, and community members. The evaluation of the proposed model during Phase two will attest to whether this program can provide a culturally safe service that strengthens empowerment and self-determination of the Aboriginal and Torres Strait Islander youth.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Our Ways, Your Ways, Both Ways – a multi-disciplinary collaboration to develop, embed and evaluate a model of social and emotional wellbeing care for Aboriginal and Torres Strait Islander young people who experience detention – Phase 1

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Dale, P. R., Meurk, C., Williams, M., Watson, M., Steele, M. L., Wittenhagen, L., Harden, S., Stathis, S., Scott, J. G., Kinner, S., & Heffernan, E. (2023). Our Ways, Your Ways, Both Ways - a multi-disciplinary collaboration to develop, embed and evaluate a model of social and emotional wellbeing care for Aboriginal and Torres Strait Islander young people who experience detention - Phase 1. Front Psychiatry, 14, 1207103. https://doi.org/10.3389/fpsyt.2023.1207103

"Echoes of a dark past" is a history of maternal childhood maltreatment a perinatal risk factor for pregnancy and postpartum trauma experiences? A longitudinal study

Authors: **Tracey Mackle**, Lucía Colodro-Conde, **Therese de Dassel**, **Anastasia Braun**, **Adele Pope**, **Elizabeth Bennett**, Alka Kothari, **George Bruxner**, Sarah E. Medland, Sue Patterson

This study explores the association between adverse childhood experiences (ACEs) and perinatal outcomes, particularly focusing on perinatal trauma experiences and post-traumatic stress disorder (PTSD) symptoms during the perinatal period.

The study screened pregnant women for exposure to ACEs and perinatal trauma event/s. For women who screened positive to perinatal trauma, further screening around PTSD symptoms was completed. This was at two time points: during mid-pregnancy and eight weeks post-delivery via survey and interview methods.

The results showed that over 20% of the cohort reported four or more ACEs and these women were almost four times more likely to endorse experiences of perinatal trauma compared with those who did not report ACEs or had less than four ACEs. A six-seven-fold increase in perinatal trauma was observed in women who had at least one ACE related to abuse or neglect. The severity of perinatal PTSD symptoms was significantly higher among women who experienced at least one ACE related to abuse.

The authors emphasize the importance of screening for ACEs during pregnancy as a part of a trauma-informed care approach in perinatal healthcare. Screening for ACEs in pregnancy adds clinical value and offers opportunity for early intervention strategies that could mitigate adverse maternal and infant outcomes.

Mackle *et al. BMC Pregnancy and Childbirth* (2023) 23:397
https://doi.org/10.1186/s12884-023-05714-2

BMC Pregnancy and Childbirth

RESEARCH Open Access

"Echoes of a dark past" is a history of maternal childhood maltreatment a perinatal risk factor for pregnancy and postpartum trauma experiences? A longitudinal study

Tracey Mackle[1*], Lucía Colodro-Conde[2], Therese de Dassel[1,3], Anastasia Braun[1,3], Adele Pope[1], Elizabeth Bennett[1], Alka Kothari[3,4], George Bruxner[4,5], Sarah E. Medland[2] and Sue Patterson[3,5]

Abstract

Background Although associations between maternal exposure to adverse childhood experiences (ACEs) and perinatal anxiety and depression are established, there is a paucity of information about the associations between ACEs and perinatal trauma and perinatal post-traumatic stress outcomes. For the purposes of this article, perinatal trauma is defined as a very frightening or distressing event that may result in psychological harm. The event must have been related to conception, pregnancy, birth, and up to 12 months postpartum.

Methods Women recruited at an antenatal appointment ($n = 262$) were invited to complete online surveys at two-time points; mid-pregnancy and eight weeks after the estimated date of delivery. The ACE Q 10-item self-reporting tool and a perinatal trauma screen related to the current and/or a previous perinatal period were completed. If the perinatal trauma screen was positive at either time point in the study, women were invited to complete a questionnaire examining symptoms of perinatal post-traumatic stress disorder and, if consenting, a clinical interview where the Post-traumatic Symptoms Scale was administered.

Results Sixty women (22.9%) reported four or more ACEs. These women were almost four times more likely to endorse perinatal trauma, when compared with those who either did not report ACEs (OR = 3.6, CI 95% 1.74 – 7.36, $p < 0.001$) or had less than four ACEs (OR = 3.9, CI 95% 2.037.55, $p < 0.001$). A 6–sevenfold increase in perinatal trauma was seen amongst women who reported having at least one ACE related to abuse (OR = 6.23, CI 95% 3.32–11.63, $p < 0.001$) or neglect (OR = 6.94, CI 95% 2.95–16.33, $p < 0.001$). The severity of perinatal-PTSD symptoms for those with perinatal trauma in pregnancy was significantly higher in those women exposed to at least one ACE related to abuse.

Conclusions Awareness of maternal exposure to childhood adversity/maltreatment is critical to providing trauma-informed approaches in the perinatal setting. Our study suggests that routine screening for ACEs in pregnancy adds clinical value. This adds to previous research confirming the relationship between ACEs and mental health complexities and suggests that ACEs influence perinatal mental health outcomes.

Keywords Adverse childhood experiences, Pregnancy, Postpartum, Perinatal outcomes, Post-traumatic stress disorder, Trauma

References:

Mackle, T., Colodro-Conde, L., de Dassel, T., Braun, A., Pope, A., Bennett, E., Kothari, A., Bruxner, G., Medland, S. E., & Patterson, S. (2023). "Echoes of a dark past" is a history of maternal childhood maltreatment a perinatal risk factor for pregnancy and postpartum trauma experiences? A longitudinal study. BMC pregnancy and childbirth, 23(1), 397.

Enhancing alcohol and other drug treatment for LGBT people: Recommendations from LGBT people accessing service.

Authors: **John Kelly, Cassie Davis**

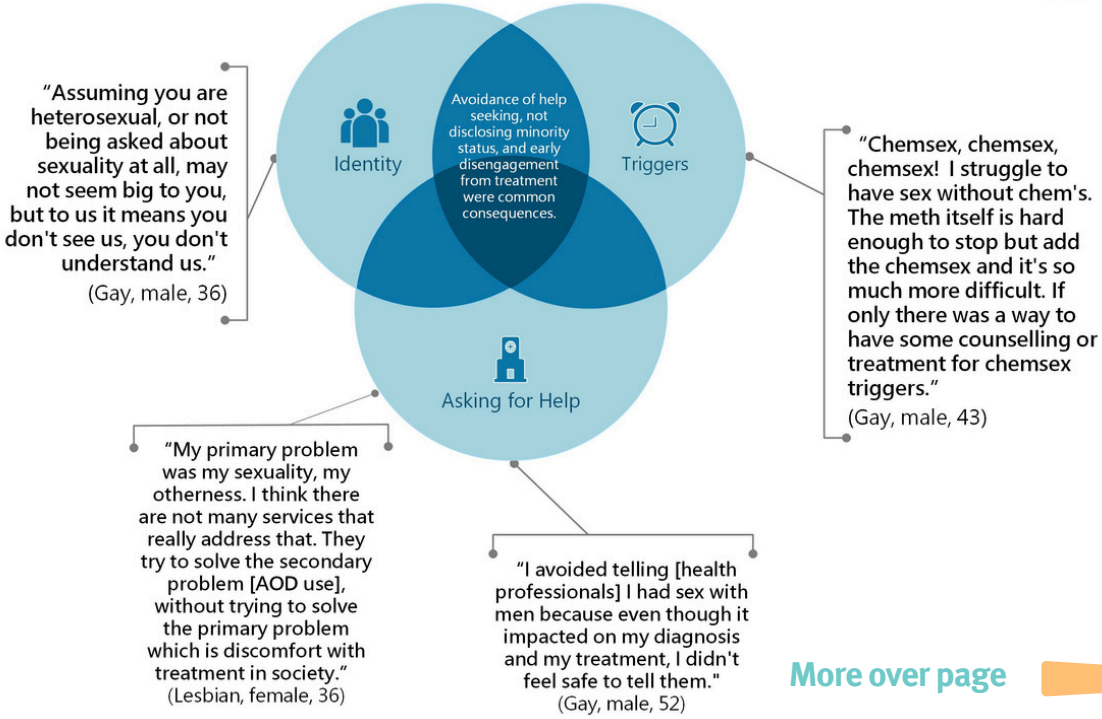
Background

While the majority of lesbian, gay, bisexual and transgender (LGBT) people lead happy and healthy lives, research consistently highlights the higher prevalence of alcohol and other drug (AOD) use and harms experienced by LGBT people compared to cis gendered and heterosexual people. Private Lives 3 (Hill et al 2021), Australia's largest study on LGBT health and well-being, found that one in seven LGBT individuals who use AOD report their use having negative impacts on their everyday life. Higher rates of AOD use have been associated with coping with experiences of minority stress, such as discrimination, rejection from families and bullying about gender and sexuality; the perceived normalisation of AOD use in LGBT communities and the role of AOD in fostering relationships and community participation; and for some LGBT people the use of AOD to enhance sexual experiences (Hill et al 2021).

Despite being two to three times more likely to have sought assistance from an AOD treatment service compared to the general population (NDSHS 2013), research consistently highlights that LGBT people experience challenges engaging in AOD treatment services, with poorer treatment outcomes. The National Drug Strategy 2017-2026 recognises that standard AOD treatments may not adequately cater to LGBT individuals, necessitating specific policies and practices to minimise AOD harms and improve treatment effectiveness.

The purpose of this study was to explore the experiences of LGBT people accessing AOD services, to develop service recommendations from the LGBT consumer perspective. Semi structured focus groups were conducted with 18 self-identified LGBT people who had attended Metro North Mental Health Alcohol and Drug Service. Over half the participants had also had contact with Mental Health Services and non-government AOD services. The results indicated that although participants reported finding AOD treatment services generally welcoming and inclusive, the majority reported fears in accessing services, anticipating they would experience discrimination and having negative service interactions if they attended. This was based on past experiences of discrimination when accessing health services. Within treatment many reported experiencing minority stressors, including being misgendered, clinicians assuming that they were heterosexual, and most commonly sexuality not being acknowledged at all.

From the Participants



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Participant Recommendations

1. AOD (and mental health services) adopting inclusive and affirmative practices, such as displaying LGBT flags as well as using inclusive language (e.g., using gender neutral language; asknig “do you have a partner?”) and routinely asking all people about heir gender and sexuality.

2. Acknowledgement of past negative experiences and discrimintion when accessing health care and exploring strategies to manage this.

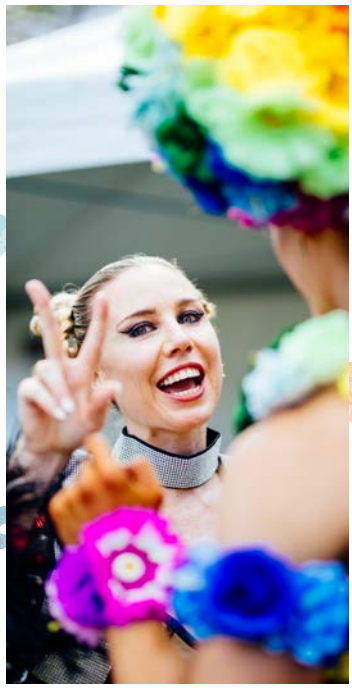
3. That treatment for AOD concerns needs to address the LGBT-specific AOD use drivers, such as the role of AOD to manage trauma and minority stress, as well as the role of AOD in social networks, building relationships and sexual activity.

4. Services giving the option for LGBT identified clinicians and offering LGBT treatment groups as a way to enhance psychological safety within services. It was also recommended all staff undertake training on working with LGBT people and understanding LGBT health needs.

Conclusions

The findings offer insight into the unique experiences and needs of LGBT individuals within AOD concerns. The study underscores the need for trauma informed, inclusive and LGBT affirmative treatment approaches within mainstream AOD services. With training and support, many of these strategies can easily be adopted by clinicians and on a service level, to enhance the treatment outcomes for LGBT people.

The authors would like to acknowledge the contributions of Dee Burdon, Dr Melissa Connell and Dr Hollie Wilson with this research project.



Priority 4: Health systems research

Scope

Health systems research aims to improve the support provided to individuals experiencing mental health issues and/or problematic alcohol and/or other drug use. It encompasses various research activities, such as implementation science, quality improvement, and service innovation evaluations. Workforce development is also a critical aspect of this research, ensuring that staff possess the necessary skills, receive adequate support, and have access to relevant professional development opportunities.

Rationale

Mental health, alcohol and other drug services generally provide complex health interventions that involve multiple components, stakeholders, and partners in the delivery of care and support. Better understanding health systems is critical to improving the outcomes of people. These efforts will allow us to identify and address gaps and inefficiencies, ensure that what we are doing is working, and inform policy directions and service development initiatives. Health systems research focuses on improving outcomes, reducing inefficacies, and positively impacting the experiences of people with lived and living experience, families and carers and the workforce. These activities support the goal of Metro North Mental Health as a resilient health system that promotes continuous learning and improvement.

Planning for change: Co-designing implementation strategies to improve the use of sensory approaches in an acute psychiatric unit

Authors: **Lisa Wright,** Sally Bennett, Pamela Meredith, Emmah Doig

Sensory approaches are therapeutic interventions that use sensory experiences, such as sound, smell, taste, light, touch and movement, to optimise an individual's physiological and emotional wellbeing through the use of sensory equipment/tools, environmental modifications and sensory activities. Sensory approaches are recognised as evidence-based tools that have the potential to enhance the emotional, and physiological well-being in psychiatric settings. Despite their known benefits and endorsement by Australian government policy, there remains a gap between policy recommendations, and actual practice in psychiatric care settings. This multi-stage qualitative study explored the challenges and barriers to implementing sensory approaches in an acute psychiatric care setting.

This study utilised a systematic, theory informed approach for the analysis of qualitative interviews, including a framework analysis and the integration of a Theoretical Domain Framework (TDF), COM-B model and Behaviour Change Wheel (BCW) to map out and address the identified barriers.

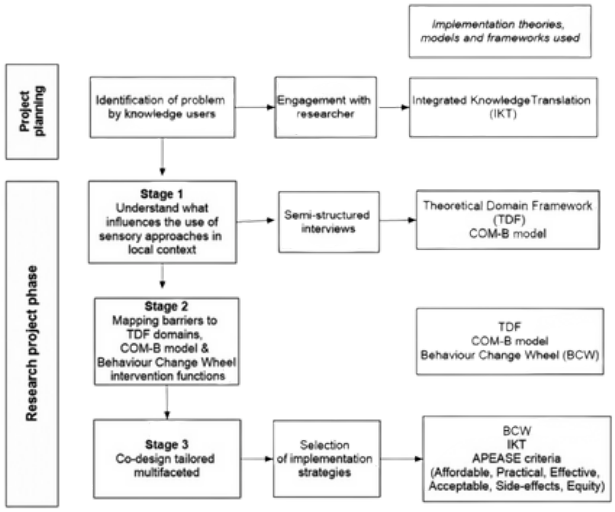


Figure. Project Phases.

The results identified four primary barriers to the use of sensory approaches: 1) insufficient access to sensory resources, 2) lack of

time, 3) inadequate staff knowledge and 4) a belief among staff that sensory approaches are neither effective nor a part of their professional responsibilities. These findings highlight the complexities associated with integrating sensory practices into routine psychiatric care and point to systemic issues such as resource allocation, training and staff attitudes. This study emphasises the necessity of addressing both logistical and attitudinal barriers and highlights the potential of theory-informed, co-designed strategies to bridge the existing gap between policy and practice.

Planning for Change: Co-Designing Implementation Strategies to Improve the Use of Sensory Approaches in an Acute Psychiatric Unit

Lisa Wright, BOccThy (Hons)[a,b], Sally Bennett, PhD, BOccThy (Hons)[a], Pamela Meredith, PhD, BA (Hons), BSc, BOccThy[a,c] and Emmah Doig, PhD, BOccThy (Hons)[a,d]

[a]School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia; [b]Metro North Mental Health - The Prince Charles Hospital, Metro North Health, Brisbane, Australia; [c]School of Health and Behavioural Sciences, University of Sunshine Coast, Sunshine Coast, Australia; [d]STARS Education and Research Alliance, Metro North Health, Brisbane, Australia

ABSTRACT

Implementing sensory approaches in psychiatric units has proven challenging. This multi-staged study involved qualitative interviews ($n=7$) with mental health care staff in an acute psychiatric ward to identify the local factors influencing use of sensory approaches, and co-design implementation strategies with key stakeholders to improve their use. Using framework analysis, results revealed that the use of sensory approaches were hindered by: inadequate access to sensory resources/equipment; lack of time; lack of staff knowledge; and belief that sensory approaches are not effective or part of staff's role. To address identified barriers a systematic theory-informed method was used to co-design implementation strategies to improve the use of sensory approaches.

References:

Wright, L., Bennett, S., Meredith, P., & Doig, E. (2023). Planning for Change: Co-Designing Implementation Strategies to Improve the Use of Sensory Approaches in an Acute Psychiatric Unit. Issues in mental health nursing, 44(10), 960–973. https://doi.org/10.1080/01612840.2023.2236712

Workshop for concise reviews using SEIPS and restorative just and learning culture framework.

Authors: **Kathryn Turner, Kylie Burke, Alana Smith, Erika Giebels**

To enhance the effectiveness and consistency of incident reviews within the Metro North Mental Health Services, a comprehensive strategy was implemented refine the support, training, and resources available to healthcare professionals. The initiative was created to ensure that concise reviews are conducted uniformly, incorporating extensive systems reviews and human factors, all within a framework that promotes a restorative, just, and learning-oriented culture.

About the Workshops

A key component of this initiative involved the design and delivery of a specialised training workshop aimed at boosting the proficiency necessary for conducting concise incident reviews. These sessions focus on areas such as medication safety, sexual safety, and adherence to the Mental Health Act. The workshop not only equipped staff with essential skills but also encouraged a standardised approach to these critical reviews.

To further ensure consistency and thoroughness in reviews, standardised guides and templates were introduced, guiding staff through the review process. Recognising the need for competent personnel to lead these reviews, the program also dedicated efforts to develop and support a pool of staff capable of facilitating concise incident reviews. This included comprehensive training in conducting review meetings with a focus on safety principles, systems engineering, patient safety, and supporting high-quality recommendations.

SEIPS – Systems Engineering Initiative in patient safety

The training highlighted the significance of a systems approach, specifically tailored for the healthcare setting, helping to understand the relationships between structures, processes, and outcomes in healthcare, emphasising the necessary need for feedback loops. By adopting this approach, the initiative helps shift the focus from frontline staff to a more inclusive understanding of the complex interactions within healthcare systems.

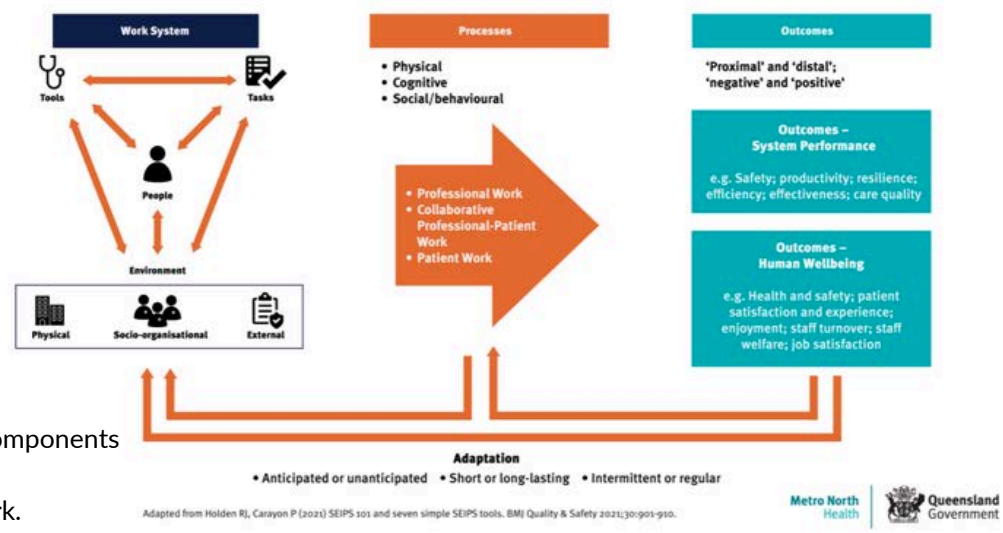


Figure. Components of a SEIPS Framework.

Future Directions and next steps

Despite the progress made, there is an ongoing need for additional training to enhance the strength and quality of recommendations arising from these reviews. Providing increased support and supervision for staff undertaking these tasks is crucial for the continuous refinement and effectiveness of the review processes. By standardising processes and enhancing training, Metro North Mental Health Services is better positioned to support its staff and elevate patient safety, ultimately leading to a more effective and responsive healthcare system.

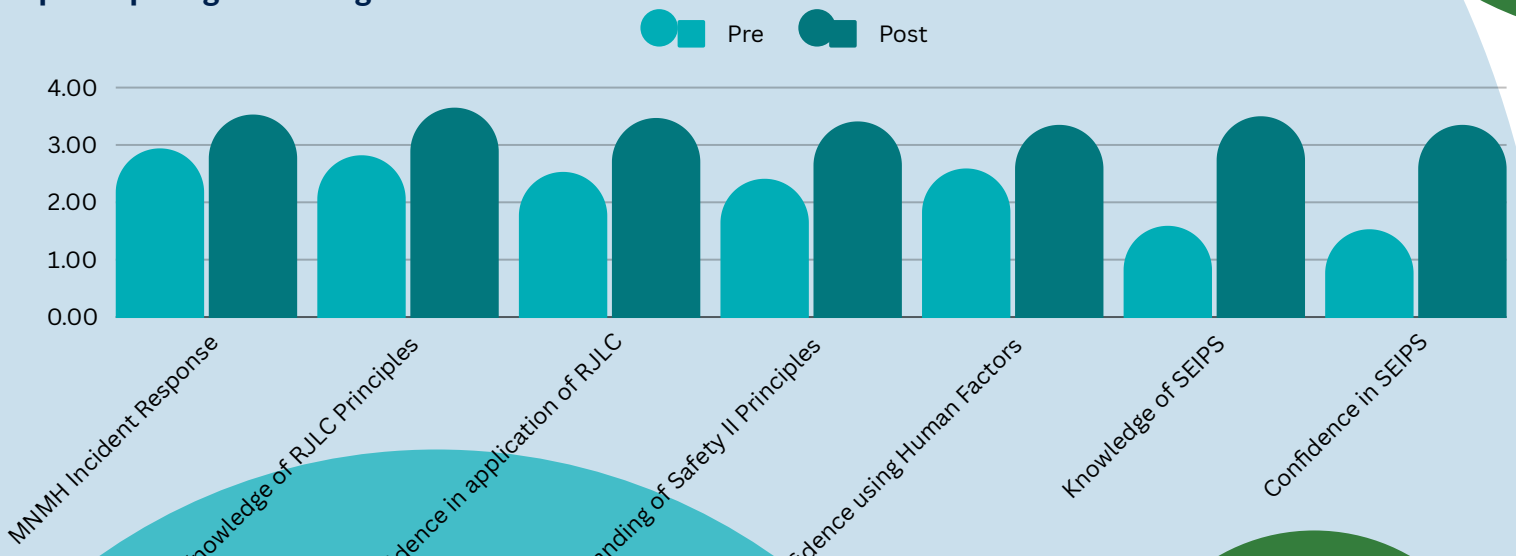
Infographic Over Page

Concise Incident Review within a Systems Review / Safety II and Restorative Just and Learning Culture

Training Evaluation Outcomes

To explore the efficacy and usefulness of the Concise Incident Review training a pre and post survey was administered to participants (N= 17).

We found that there was a significant increase in the knowledge and confidence of staff after participating in training.



We found that there was no significant change in the responses of to the following true/false questions.

1. The Following is an example of a SMARTER recommendation: "Review Child and Youth Mental Health Services: Person Responsible Clinical Director CYMHS; Due Sept 2023
2. The development of a well written procedure is an example of a Strong Recommendation.
3. Accountability is a central feature of Restorative Just and Learning Culture.
4. In a Restorative Just and Learning Culture, the first question we ask is "What has happened?"

the rate of correct responses **decreased** for example 3 and 4; remained **stable** for example 1; and increase for example 2

88.2%

of respondents knew that SEIPS work systems include **people, environment, tasks and tools.**

increase of **52.9%**

94.1 %

of respondents knew that SEIPS considers **work systems, processes and outcomes.**

increase of **35.3%**

Participant Comments

"it is a space for learning not criticism."

"It seemed to be a challenge translating the outputs of our two SEIPS worksheets into findings that aligned with an RJLC approach."

"Great training. Very hard to shift our mindset in incident review space. This is a great start."

"I would like to do this looking at complex incidents that involve multiple services"

Top Ranked - Useful Components of the Program

1. SEIPS Framework
2. Mock Scenarios and examples
3. Restorative Just and Learning Culture
4. Group based exercises

ASPIRES: Suicide, self harm and overdose prevention: A service-wide training evaluation

Authors: **Danielle Alchin, Anna Asnicar, Tessa Clarkson, Kylie Burke**

Suicide, self-harm, and overdose prevention is a critical priority at global, national, state, and regional levels. In 2023, it is estimated that 782 Queenslanders lost their lives to suicide. Over the past decade, the age-standardised suicide rate in Australia has shown an upward trend. For males, the rate increased from 16.2 deaths per 100,000 population in 2011 to 18.8 in 2022, while for females, the rate rose from 5.1 to 5.9 deaths per 100,000 population over the same period, with the urgent need for coordinated efforts to address and reduce the impact of suicide, self-harm and overdose in Australia.

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. 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, brief interventions, and non-clinical aftercare) are essential components of a pathway of care. However, those who present with severe mental illness and/or with high lethality attempts, are still experiencing very high rates of suicide. It is recognised that systems approaches to suicide prevention can address these challenging issues.

With growing evidence that healthcare systems can adopt practices to significantly impact the prevention of suicide, self-harm, and overdose attempts, there is both an opportunity and an imperative for our service to achieve improved outcomes. The Metro North Mental Health ASPIRES: Suicide, Self-Harm, and Overdose Prevention Plan 2022–2024 ('ASPIRES') builds on important systems approaches such as the Zero Suicide Framework (ZSF) and incorporates principles of Restorative Justice and Learning Culture, trauma-informed care, and recovery-oriented practice.

In 2023, service-wide training commenced, and since then over 700 staff have completed 2-day training as a part of the ASPIRES initiative. One component of the ASPIRES evaluation is the ASPIRES Training Evaluation Survey, which measures staff confidence in implementing ASPIRES elements and their intended use of ASPIRES-based practices in their everyday work. It provides an opportunity for feedback on training elements, as well as assessing where there may be barriers that prevent staff from implementing the clinical skills taught in the training into their everyday work.

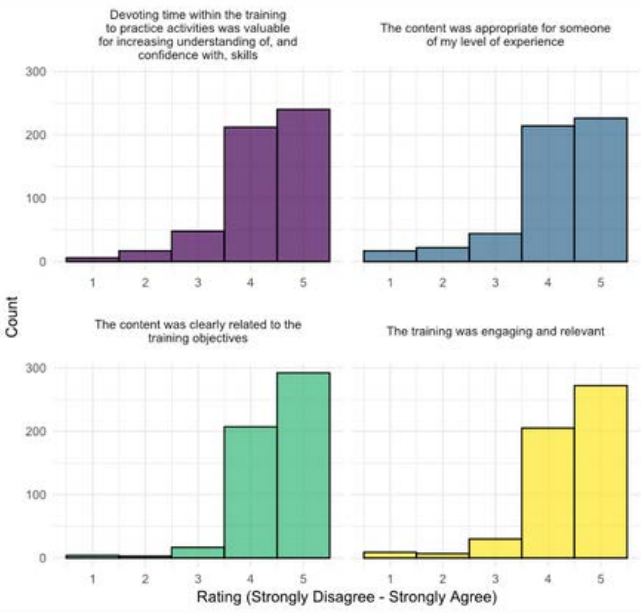


Figure. Staff ratings of training.

79%

of participants at post-training said that the ASPIRES training was above average or excellent.

The evaluation survey serves to improve the ASPIRES training and assess the consistency of learning across post-training and three-month follow-up stages. As of January 2024, the ASPIRES team have trained over 700 staff members across Metro North Mental Health, with over 261 staff completing both pre- and post-training surveys for the two day training. These surveys provide both quantitative and qualitative feedback on the training, measuring staff confidence and their anticipated use of the elements taught. Key areas covered include the CASE questioning approach, substance use screening, brief interventions, and the application of trauma-informed care principles. Additionally, the survey evaluates staff confidence and frequency in engaging with support people, developing collaborative safety plans, sharing information with consumers and their support people about suicide, self-harm, and overdose, and carrying out reviews and rapid follow-ups. It also assesses staff understanding of the ASPIRES pathway, restorative justice, and the underlying rationale for these approaches.

Figure. MNMH staff at ASPIRES training day.

> “Both presenters had a wealth of knowledge and were able to thoroughly and thoughtfully respond to many queries and scenarios throughout the two days. It helped us apply the learnings and provide extra context in a really easy to understand way.”

The results of the training evaluation survey show a significant increase from pre-test survey scores to post-test scores across all measured outcomes. Not only does the evaluation show that the training effectively increases self-reported confidence and anticipated use of skills taught in the training, but the results show greater consistency (less variability in responses) at post-test. Regardless of the number of years worked in the MH/AOD sector or the professional discipline (nursing, medical, allied health, or other professions), all respondents showed similarly high ratings after the training. These findings indicate that the training was effective in enhancing both confidence and the anticipated use of ASPIRES elements across all disciplines. Moreover, this demonstrates that staff, irrespective of their background or years of experience, achieved comparable levels of understanding and readiness by the end of the training. The high level of acceptability of this training among staff highlights the quality of the ASPIRES training, program and suggests a promising shift in approaches to managing suicidality, self-harm, and overdose.

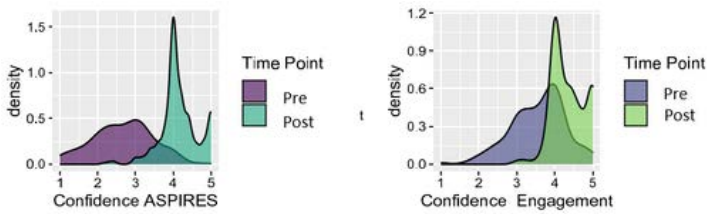


Figure. 1 Staff confidence in their ability to use different elements of the ASPIRES pathway, and confidence in their ability to engage with people presenting with suicide, self-harm or overdose concerns.

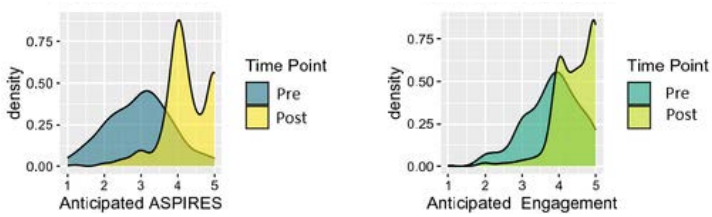


Figure. 2 Staff intention to use elements of the ASPIRES pathway, and intention to engage with people

Project update: **"Developing cultural capability through communication training for mental health professionals'**

Project team: Greg Pratt, Michelle Combo, Julie-Anne Rogers, Kushla Houkamau, Corey Jones, Edwin Adrianta, **Kylie Burke, Danielle Alchin, Chris Henaway**, Stuart Ekberg, Renata Meuter

Background

Developing Cultural Capability through Communication Training for Mental Health Professionals is a 5-year research project funded by the National Health and Medical Research Council and led by Aboriginal and Torres Strait Islander (First Nations) people. It aims to deliver communication training for non-Indigenous mental health professionals working with First Nations people across Hospital and Health Services in Queensland, Australia. This project acknowledges the mental health challenges and general health disparities faced by First Nations people, and it promotes enhanced communication between mental health professionals and First Nations consumers as a key to addressing these issues. The project's objectives are to co-design, deliver, and evaluate a patient-centred and culturally sensitive communication training package for non-Indigenous mental health professionals in order to: 1) improve health outcomes for Aboriginal and Torres Strait Islander patients accessing Queensland Health mental health services, and 2) build a culturally competent, responsive, and clinically safe mental health workforce. The co-design approach ensures that the communication training is both tailored to the needs of mental health professionals and culturally sensitive to First Nations people and communities.

What We Do

As part of the co-design process, we conducted over 20 yarning circles across four Hospital and Health Services in Queensland from October 2022 to November 2024. Yarning circles are a collaborative communication process used by Aboriginal people, which we employed to listen to and learn from the experiences of non-Indigenous mental health professionals and Aboriginal and Torres Strait Islander mental health workers. Approximately 150 mental health nurses, social workers, psychologists, and Aboriginal and Torres Strait Islander mental health workers participated in the yarning circles, where they shared their experiences in building communication with First Nations consumers.

18	Yarning Circles
130	Clinicians and Aboriginal and Torres Strait Islander Mental Health Workers participated
5	Elders Information Sessions

Our Findings So Far

Initial findings arising from yarning circles with clinicians seem to suggest that core values such as genuine care for Aboriginal and Torres Strait Islander consumers and a willingness to learn, can help support rapport building and subsequently reflect a commitment to person-centred care. This genuineness can also be reflected by acknowledging limitations of the service, and helping consumers and mental health professionals have the same expectations coming from the mental health service being delivered. Additionally, mental health professionals should see all consumers as a valuable person instead of an object that needs to follow instruction. Lastly, mental health professionals noted the need to have humility and acknowledge their own personal and professional biases; to be respectful to others' perspectives, including those of Aboriginal and Torres Strait Islander cultures, customs, and belief systems.

Mental health professionals involved in yarning circles also reflected that rapport-building is essential to establishing a trusting relationship with a patient. Additionally, it was recommended that mental health professionals need to avoid using jargon and instead use layperson terminology. Similarly, mental health professionals need to empower their consumers by perceiving them as an active participant in treatment planning; listening attentively to the person's needs; offering options, such as tea or coffee, and allowing them to choose where to sit (e.g. at a table or on a comfortable couch).

Non-Indigenous mental health professionals acknowledged the important role of Aboriginal and Torres Strait Islander mental health workers in building communication with consumers. Aboriginal and Torres Strait Islander mental health workers possess the knowledge and capability to lead relationship-building within clinical encounters. However, not all health services are supported by an adequate number of Aboriginal and Torres Strait Islander mental health workers. Additionally, they are often underappreciated by some mental health professionals, who may view them merely as interpreters or as secondary to the treating clinicians in interactions with consumers.

Yarning circles also highlighted the importance of understanding the impact of trauma on the mental health issues experienced by First Nations consumers. The history of colonisation, transgenerational trauma, and ongoing experiences of discrimination contribute to the mental health challenges faced by First Nations consumers today. In contrast, mental health professionals who lack sufficient knowledge of this historical and cultural background are often unable to provide culturally sensitive communication and care.

Lastly, yarning circles are valuable for uncovering mental health professionals' preferences, ensuring that communication training is tailored to meet their needs. Participants indicated that the training should emphasize practical skills and inspire mindset change, rather than simply providing a list of Dos and Don'ts for building communication with First Nations consumers. Role modelling and case scenarios were preferred methods for learning these communication skills.

Our Next Chapter

Following the yarning circles with non-Indigenous mental health professionals and Aboriginal and Torres Strait Islander mental health workers, the next step in this research project is to engage with Aboriginal and Torres Strait Islander consumers. Listening to their voices and experiences in clinical encounters with mental health professionals is essential. This consumer perspective will be crucial in determining the content of the training package. Additionally, audio and video recordings of clinical encounters are planned to authentically capture mental health communication between professionals and First Nations consumers. We aim to have the communication training package ready for delivery to mental health professionals across Hospital and Health Services in Queensland by mid-2025, while maintaining close collaboration and consultation with stakeholders, including Aboriginal and Torres Strait Islander communities.

Figure. CI Pratt and OI Rogers facilitated yarning circles with mental health professionals.

Priority 5: Innovation and evidence generating practice

Scope

Research focusing on practice innovation will identify better ways to treat and support people experiencing mental health issues and/or problematic alcohol and/or other drug use. Innovations may broadly include specific interventions (e.g., neurostimulation approaches, pharmacotherapies, psychological therapies) and ways of working (e.g., the design and delivery of services). Relevant research activities range from clinical trials to using implementation science to translate evidence into everyday care.

Rationale

Research should be undertaken with the expectation that it will benefit our community. While knowledge is important, it is the act of putting new knowledge into practice with confidence that it is meaningful and that it works that will improve the experiences and outcomes of consumers and the community.

Creating the ICU of the future: patient-centred design to optimise recovery

Authors: Oystein Tronstad, **Dylan Flaws,** Sue Patterson, Robert Holdsworth, John Fraser

The understanding that our physical environment affects our mood, behaviour, learning, cognitive function, general health and sleep is growing. However, the impact of the ICU environment on both morbidity and mortality has been vastly underestimated and consequently, under-investigated until recently. This study described a comprehensive mixed-methods, participatory design project aimed at redesigning ICU bedspaces to address the detrimental effects of traditional ICU environments on patients, families and staff. Recognising the limitations of the current ICU designs, which have not kept pace with advances in medical technology and care models, the project sought to create innovative solutions to improve care delivery and patient outcomes.

The project involved several stages, starting with defining the problem through qualitative interviews with patients, families and staff and objective environmental assessments. The design solutions phase engaged with a variety of stakeholders in a participatory process to ensure the proposed changes met the needs of all users. This led to the implementation of two redesigned ICU bedspaces, featuring noise reduction, optimised lighting to mimic daylight, access to nature via digital solutions and improved patient connectivity and engagement.

Tronstad et al. Critical Care (2023) 27:402
https://doi.org/10.1186/s13054-023-04685-2

Critical Care

RESEARCH Open Access

Creating the ICU of the future: patient-centred design to optimise recovery

Oystein Tronstad[1,2,3*], Dylan Flaws[1,4,5], Sue Patterson[1,6], Robert Holdsworth[1] and John F. Fraser[1,2]

Abstract

Background Intensive Care survival continues to improve, and the number of ICU services is increasing globally. However, there is a growing awareness of the detrimental impact of the ICU environment on patients, families, and staff. Excessive noise and suboptimal lighting especially have been shown to adversely impact physical and mental recovery during and after an ICU admission. Current ICU designs have not kept up with advances in medical technology and models of care, and there is no current 'gold-standard' ICU design. Improvements in ICU designs are needed to optimise care delivery and patient outcomes.

Methods This manuscript describes a mixed-methods, multi-staged participatory design project aimed at redesigning and implementing two innovative ICU bedspaces. Guided by the action effect method and the consolidated framework for implementation research, the manuscript describes the processes taken to ensure the patient-centred problems were properly understood, the steps taken to develop and integrate solutions to identified problems, and the process of implementation planning and rebuilding in a live ICU.

Results Two innovative ICU bedspaces were rebuilt and implemented. They feature solutions to address all identified problems, including noise reduction, optimisation of lighting, access to nature via digital solutions, and patient connectivity and engagement, with solutions developed from various specialty fields, including IT improvements, technological innovations, and design and architectural solutions. Early evaluation demonstrates an improved lighting and acoustic environment.

Conclusions Optimising the ICU bedspace environment and improving the lighting and acoustic environment is possible. The impact on patient outcomes needs to be evaluated.

Keywords Acoustics, Environment, ICU, Light, Noise, Redesign, Technology

Early results showed improvements in the acoustic and lighting environments, suggesting that such redesigns can create a more conducive healing environment. The authors highlight the project's success in demonstrating the feasibility of improving ICU environments through interdisciplinary collaboration, and innovative design - even within existing infrastructures. The potential impact of these changes on patient recovery and staff-wellbeing is promising, with ongoing research needed to fully understand the outcomes. This project sets a precedent for the future of ICU design, emphasising the importance the critical role physical environment has in patient care and recovery.

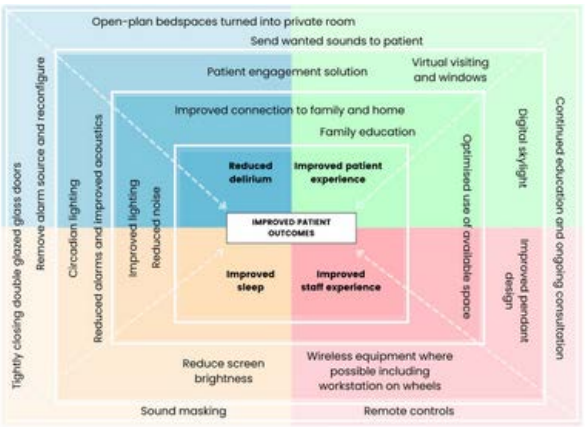


Figure. Patient outcomes (reprinted with permission).

Figure. Bedspace before and after upgrade (reprinted with permission).

References:

Tronstad, O., Flaws, D., Patterson, S., Holdsworth, R., & Fraser, J. F. (2023). Creating the ICU of the future: patient-centred design to optimise recovery. Critical care (London, England), 27(1), 402. https://doi.org/10.1186/s13054-023-04685-2

Lost in translation: how can education about dementia be effectively integrated into medical school contexts? A realist synthesis.

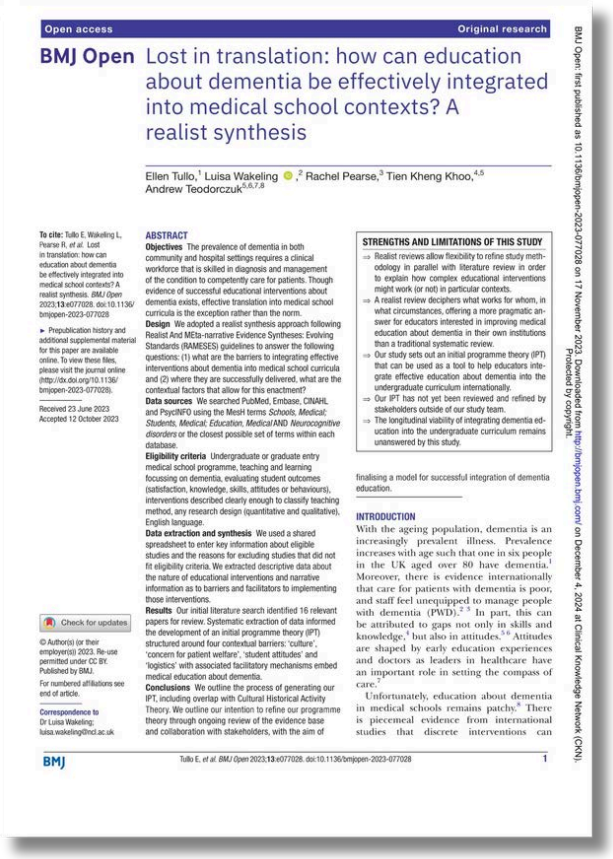
Authors: Ellen Tullo, Luisa Wakeling, Rachel Pearse, Tien Kheng Khoo, **Andrew Teodorczuk**

This research addresses the urgent need for a clinical workforce competent in the diagnosis and management of dementia due to its prevalence in both community and hospital settings. Despite existing evidence of successful educational interventions on dementia, the translation into medical school curricula remains limited. Through using a realist synthesis approach and adhering to the RAMESES guidelines, the study sought to understand the barriers to and facilitators for integrating effective dementia education into medical school curricula. It examined contextual factors influencing successful education delivery.

The research involved a systematic review across databases like PubMed, Embase, CINAHL, and PsycINFO, focusing on medical education about dementia. The eligibility criteria included any teaching and learning activities around dementia, addressing student outcomes like satisfaction, knowledge, skills, attitudes, or behaviors.

From an initial pool of 358 studies, 16 relevant papers were reviewed, contributing to the development of an initial program theory (IPT). This IPT identified four main barriers to effective dementia education integration: cultural norms within medical education, concerns for patient welfare, student attitudes, and logistical challenges.

The findings suggest that integrating dementia education into medical curricula can potentially improve care for patients with dementia. This integration requires both institutional change and the adoption of successful educational practices, guided by the enhanced understanding of contextual barriers and facilitators.



Open access Original research

BMJ Open Lost in translation: how can education about dementia be effectively integrated into medical school contexts? A realist synthesis

Ellen Tullo,[1] Luisa Wakeling ,[2] Rachel Pearse,[3] Tien Kheng Khoo,[4,5] Andrew Teodorczuk[5,6,7,8]

ABSTRACT

STRENGTHS AND LIMITATIONS OF THIS STUDY

INTRODUCTION

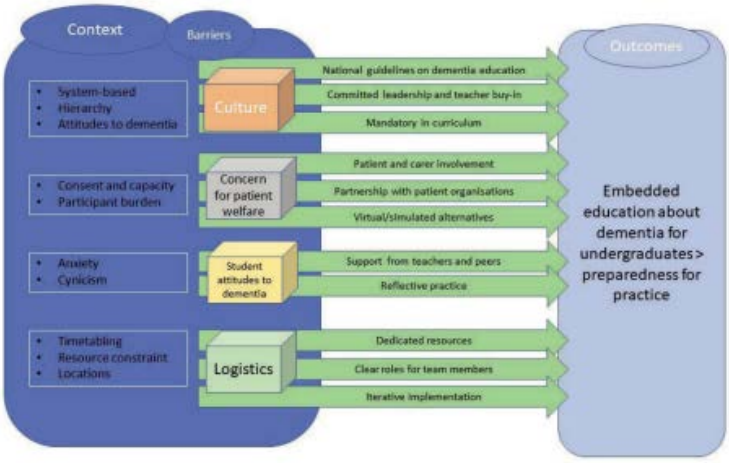


Figure. Initial program theory (reprinted with permission).

References:

Tullo, E., Wakeling, L., Pearse, R., Kheng Khoo, T., & Teodorczuk, A. (2023). Lost in translation: how can education about dementia be effectively integrated into medical school contexts? A realist synthesis. BMJ open, 13(11), e077028. https://doi.org/10.1136/bmjopen-2023-077028

Comparative effectiveness of integrated peer support and clinical staffing models for community-based residential mental health rehabilitation: A prospective observational study

Authors: **Stephen Parker**, Urska Arnautovska, Nicole Korman, Meredith Harris, Frances Dark

Contemporary community-based mental health rehabilitation services combine medium to long term accommodation with intensive rehabilitation and psychosocial support. These services provide transitional residential rehabilitation (TRR) to people experiencing severe and persistent mental illness to enable them to live more independently in the community. Australian TRR-type services have shifted from a focus generally centred around permanent residence to instead focussing on traditional support, and emphasising recovery oriented practice. Changes to staffing models support the integration of people with lived experience as Peer Support Workers (PSW). One such model includes the 'integrated staffing model' whereby PSWs represent most of the staffing component to support service users. The premise of this study was motivated by the limited comparative studies on the effectiveness of these service models. While there is advocacy for such staffing models, the supporting evidence is predominantly qualitative with largely equivocal findings emerging from quantitative studies.

Using a prospective observational design, outcomes between people receiving care under clinical staffing models and those in integrated staffing models were compared. The study included 145 participants, and the analysis focussed on the reliable change index and clinically significant changes in various functional and clinical assessment measures.

Community Mental Health Journal (2023) 59:459–470
https://doi.org/10.1007/s10597-022-01023-8

ORIGINAL PAPER

Comparative Effectiveness of Integrated Peer Support and Clinical Staffing Models for Community-Based Residential Mental Health Rehabilitation: A Prospective Observational Study

Stephen Parker[1,2,3,5] · U. Arnautovska[1] · N. Korman[1,2] · M. Harris[4] · F. Dark[1,2]

Received: 13 June 2022 / Accepted: 22 August 2022 / Published online: 3 September 2022

Abstract
This observational study compared the outcomes of consumers receiving community-based residential mental health rehabilitation support in Australia under a clinical staffing model and an integrated staffing model where Peer Support Workers are the majority component of the staffing profile. Reliable and clinically significant (RCS) change between admission and discharge in functional and clinical assessment measures were compared for consumers receiving care under the clinical (n = 52) and integrated (n = 93) staffing models. Covariate analyses examined the impact of known confounders on the outcomes of the staffing model groups. No statistically significant differences in RCS improvement were identified between the staffing models. However, logistic regression modelling showed that consumers admitted under the integrated staffing model were more likely to experience reliable improvement in general psychiatric symptoms and social functioning. The findings support the clinical and integrated staffing models achieving at least equivalent outcomes for community-based residential rehabilitation services consumers.

Keywords Schizophrenia · Rehabilitation · Residential services · Peer support · Staffing model

Reliable and clinically significant (RCS) change between admission and discharge in functional and clinical assessment measures were compared for consumers receiving care under the clinical (n = 52) and integrated (n = 93) staffing models.

Covariate analyses examined the impact of known confounds on the outcomes of the staffing model groups. No statistically significant differences in RCS improvement were identified between the staffing models. However, logistic regression modelling showed that consumers admitted under the integrated staffing model were more likely to experience reliable improvement in general psychiatric symptoms and social functioning. The findings support the clinical and integrated staffing models achieving at least equivalent outcomes for community-based residential rehabilitation services consumers.

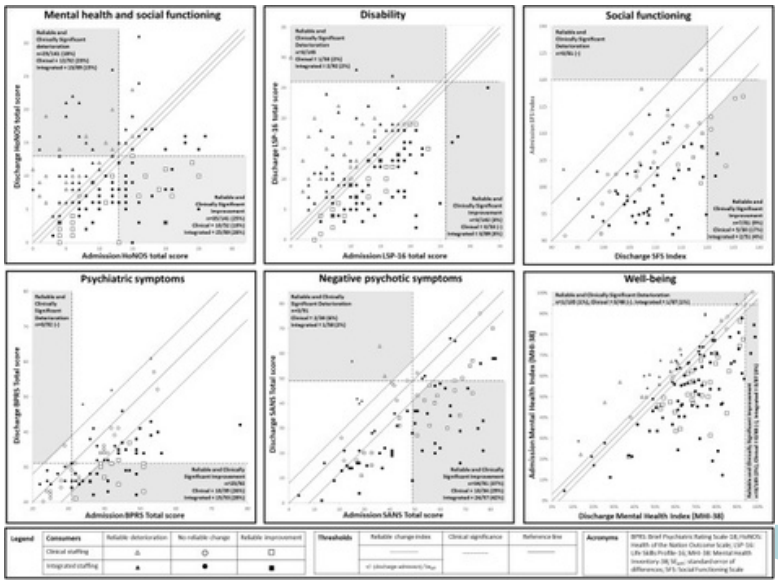


Figure. Plot of admission and discharge assessment scores for measures where reliable and clinically Significant change was calculable (deterioration / no change / improvement). Reprinted with permission.

References:

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Mental health provider perspectives on CBTp implementation

Authors: **Anthony Bligh, Kylie Burke,** Ross Young, William Parsonage, Gino Medoro, Kylie Whyte

Psychosis has a relatively low prevalence of 7.49 per 1000 globally, and a 12-month treated prevalence of 4.5 per 100 in Australia. Despite this, psychosis is a common and costly presentation to tertiary mental health services. While medication is the recommended primary treatment, distressing side effects and ongoing symptoms often reduce adherence. Guidelines from the Royal Australian and New Zealand College of Psychiatrists (RANZCP) advocate for psychosocial treatments alongside medication, specifically recommending Cognitive Behavioural Therapy for psychosis (CBTp) to manage distress from persistent symptoms and treat hallucinations and delusions. However, the implementation of psychosocial interventions, including CBTp in practice is poor.

This study aimed to address the knowledge gap in the Australian context by investigating implementation of CBTp within a tertiary public mental health service. Specifically, we explored 1) whether a three-day training package resulted in increased clinician confidence to deliver CBTp; and 2) facilitators and barriers to implementation within a complex system that incorporates inpatient and community-based public mental health teams. The i-PARIHS framework was used to explore factors influencing implementation.

Using a mixed methods approach, a pre-post survey was used to assess participants confidence to deliver CBTp and qualitative interviews were used to assess barriers and facilitators to implementing CBTp. A total of 35 clinicians completed the training package between November 2018 and March 2019, and 11 participants participated in interviews.

Cognitive Behavioural Therapy for Psychosis (CBTp) is a therapeutic intervention based on the core principles of CBT and adapted specifically to meet the needs of individuals diagnosed with psychosis. The intervention is tailored to the individual, with a focus on a detailed psychosis-informed formulation to guide the reappraisal of the content and meaning of delusional beliefs and voices/other hallucinations. It has also been successfully delivered in both group and individual formats in an Australian public mental health service.

Clinicians were trained to deliver CBTp during a three-day training course that was developed and facilitated by a project officer with extensive experience in the program. The training was developed to increase mental health clinician confidence in, knowledge of, and competency in the use of CBTp to assess, formulate, and treat consumers with psychosis.

The survey results showed a significant increase in confidence to apply CBTp and enhanced knowledge of CBTp. Qualitative data from the post training survey also indicated positive changes. Themes emerged relating to an overall positive perception of the delivery and design, its multi-disciplinary relevance, and improved confidence. Some provided constructive criticism, particularly relating to the need for trainees to have a basic understanding of general CBT. Interview participants also described positive benefits realised since attending the CBTp training and having the opportunity to put the therapy into practice with consumers, with three sub-themes identified: skill acquisition, consumer focus and consumer engagement.

Several barriers and facilitators to implementing CBTp were identified. Four main themes emerged: *capacity*, *clinician engagement*, *supervision*, and *organisational support*. Barriers included *limited clinical time*, *frustration with service priorities*, *difficulty maintaining supervision*, and a *perceived lack of organisational support*. Facilitators involved *lower caseloads allowing time for therapy*, *positive clinician engagement with CBTp*, *effective supervision, and alignment of CBTp with service priorities.* These themes highlight key factors affecting implementation.

This study addresses the knowledge gap in Australia by investigating the implementation of CBTp training in a tertiary mental health service, identifying barriers and facilitators to sustainability and scalability. Training significantly improved knowledge and confidence in applying CBTp, and there was broad support for wider implementation. However, perceived barriers to providing therapies remain. Skilled facilitation, service re-design, and organisational support from leadership are recommended to promote evidence-based therapies like CBTp and ensure their successful, widespread use.

Priority 6: Digital solutions

Scope

Digital solutions show promise for improving the experience of care (e.g., access, flexibility, and choice) and outcomes of people living with serious mental illness and/or problematic alcohol and/or other drug use. These solutions may include innovations in telehealth delivery, using personal electronic devices to support communication and deliver interventions, and adapting our information systems to support evidence-based decision-making.

Rationale

Delivering on the promise of digital solutions requires innovation and research to design the right solutions and evaluate their impact. As MNMH invests in increasing digital capability and digitally enabled services, we need to ensure that these solutions address the needs and preferences of stakeholders.

A randomised controlled trial of clinical supported vs self-help delivery of online cognitive behaviour therapy for bulimia nervosa

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Bulimia nervosa (BN) is a severe eating disorder characterised by a cycle of binge eating and compensatory behaviours. Despite the availability of evidence-based treatments, many individuals do not seek or access care due to barriers such as cost, geographical limitations, and stigma. Digital interventions, particularly those based on cognitive behavioural therapy (CBT), offer a promising solution by increasing accessibility and reducing costs. This study evaluated the efficacy of a new digital program, Binge Eating eTherapy (BEeT), in treating BN.

This randomised controlled trial (RCT) compared three groups: participants using a self-help version of BEeT with minimal researcher contact, those using BEeT with structured clinician support, and a waitlist control group. The study involved 114 participants from across Australia, all of whom met the DSM-5 criteria for BN or other specified feeding or eating disorder (OSFED) with bulimic behaviours.

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A randomised controlled trial of clinician supported vs self-help delivery of online cognitive behaviour therapy for Bulimia Nervosa☆

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ABSTRACT

High dropout rates and poor adherence associated with digital interventions have prompted research into modifications of these treatments to improve engagement and completion rates. This trial aimed to investigate the added benefit of clinician support when paired alongside a ten-session, online cognitive behaviour therapy (CBT) self-help intervention for bulimia nervosa (BN). As part of a three-arm, phase II randomised controlled trial, 114 participants (16 years or over) with full or subthreshold BN were randomly assigned to complete the intervention in a self-help mode (with administrative researcher contact; $n = 38$), with adjunct clinician support (weekly 30-minute videoconferencing sessions; $n = 37$), or a no-treatment waitlist control (WLC; $n = 39$). Baseline to post-treatment (12-weeks) decreases in objective binge episode frequency were significantly greater for clinician-supported participants as compared to WLC, but not for self-help when compared to WLC. However, due to continued improvements for self-help across follow-up (24-weeks), both arms outperformed WLC when analysed as an overall rate of change across three timepoints. Clinician-supported participants outperformed self-help in regards to laxative use and dietary restraint. Our results demonstrate that good clinical outcomes can be achieved with a relatively brief online CBT-based program even in the absence of structured clinical support, indicating a possible overreliance upon clinician support as a primary adherence-facilitating mechanism.

The trial demonstrated that both the self-help and clinician-supported versions of BEeT significantly reduced key BN symptoms compared to the waitlist control group. Participants in both treatment arms showed improvements in objective binge episodes, eating disorder psychopathology, and overall quality of life. Importantly, the study found that the addition of clinician support had a limited impact on the overall effectiveness of the treatment, with both self-help and clinician-supported participants achieving similar outcomes. However, clinician support did result in slightly better outcomes in reducing laxative use and dietary restraint. Contrary to expectations, dropout rates were similar between the self-help (31.6%) and clinician-supported (34.7%) groups, suggesting that the digital platform's design was effective in engaging participants. The study also found that self-help participants continued to improve over the follow-up period, indicating that fostering self-efficacy and autonomy in treatment can have lasting benefits.

The findings suggest that digital interventions like BEeT can be effectively integrated into existing healthcare services, offering a scalable, low-cost treatment option for BN. While clinician support can enhance certain aspects of treatment, self-help digital interventions may suffice for many patients, potentially reducing the burden on healthcare systems. Future research should explore how digital design features can further mimic the personalised experience of traditional therapy, potentially reducing the need for clinician involvement. This trial highlights the potential of digital interventions to expand access to effective treatment for bulimia nervosa. As the demand for accessible mental health care continues to grow, BEeT represents a significant advancement in the delivery of care, offering a flexible, scalable, and effective treatment option for individuals with BN.

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Building the QuEDS dashboard. The right information, where you need it, when you need it

An interview with Dr Morgan Sidari (QuEDS Research Fellow)

Tell us about the project

The project is a collaboratively designed database that is purpose-built for our service, QuEDS. The database captures information from referral through to intake, assessment, and treatment for those who stay with QuEDS. Once a referral is received, our staff at Windsor will call the person, explain the nature of the service and confirm that they would like to setup an assessment appointment. All the information discussed in that initial phone call can be entered into our structured form, making it easier for staff to collect the details with simple text entry, drop-downs or buttons. This includes things like verifying that their GP is still doing weekly medical-monitoring, such as blood pressure and other vitals. We've also incorporated brief notes alongside each section typically covered during the call. After intake, the next step is the outpatient assessment clinic. The purpose of this assessment is to determine their diagnosis and whether they will receive treatment internally with QuEDS or be referred elsewhere, like to a private provider or NGO. Throughout this assessment appointment, the consultant's assessment form will populate information from that person's referral and intake forms. For example, when entering their blood pressure, their referral blood pressure will appear alongside for comparison. But of course, it isn't limited to numbers, we also populate in text from items like a description of their condition, or safety planning. The idea behind it is to have the right information at the right time.

Coming from research, one thing I was surprised by is that aggregating data over time is not something we always do well in the health sector. The data we collect is only so meaningful without context, and much of that context comes from understanding it as part of a trajectory over time. In eating disorders, we track many mental and physical health parameters, but it's difficult for clinicians to see trends within existing systems like CIMHA. While CIMHA might be excellent for recordkeeping, its reliance on text documents makes it difficult to compare data across time. To do so, clinicians have to open many documents from different dates, which isn't efficient and isn't always accurate, even with the best intentions. I've found that even when we use spreadsheets, we tend to input several different types of information into a single cell, which

Pictured: **Dr. Morgan Sidari,** Research Fellow

means we're not able to then extract or analyse specific information. The new system segments the data into pieces that are easier to use and analyse, without adding more burden on the staff entering the data.

What are the main purposes of this new database?

The database has two main purposes: First, it assists in clinical decision-making by providing relevant information at the right time. I covered this a little with the assessment form, but another example would be automating alerts, such as notifying referrers that the person they are currently referring should actually be presenting to the emergency department. Second, it's designed to be evaluation-ready, so that the data is already organised for analysis without needing extra preparation steps. Obviously be able to evaluate our treatment programs is a key outcome for us, but the database will also be very useful for data-driven insights that could assist with service development. Lastly, as a sort of bonus, we are also able to leverage the neatly formatted data to use it for non-analysis purposes that will help out our clinicians' day-to-day. An example of this is pulling our fields in letter templates and other documentation that would otherwise require a lot of cutting and pasting and general repetition; we expect this last one will save our clinicians a lot of time.

Can you explain how you've incorporated clinicians' input into the design?

The system is modelled on the workflows our clinicians were already using. For example, the notes alongside the input fields on our new intake form came from one of our clinicians' sticky notes, which listed the key points/questions for intake phone calls.

We kept it simple and only included what's necessary, whether it's a checkbox or a space to enter brief details. This way, it remains intuitive and familiar for clinicians. Essentially, we've tried to develop a solution that addresses their specific needs, reducing cognitive load and time spent on administrative tasks. The new system is designed to be intuitive, using familiar tools like REDCap, so there's no need new logins. The goal has been to make it feel like a natural extension of their existing workflow.

What impact do you expect this system to have on QI/research within your service?

The new system makes it easier for clinicians to become involved in QI or research by providing a standing database that provides all the necessary infrastructure for data collection. This reduces the burden to start data collection for a new project, or add to an existing one. For example, if someone wants to record a few quick questions for a project, they don't need to start from the ground up with a new survey...and we don't end up with yet another separate spot for our clinicians to remember to enter data!

Of course, these kinds of projects are not always prospective either; often the need to review and understand data comes long after it's been collected. These data-related tasks require a lot of manual-handling, so validating that any trends we observe aren't specific to that period becomes a tall-order. It's hard to ask a clinician who has had to trawl through CIMHA, spreadsheets, and other documentation over a period to repeat it for another period when they don't strictly have to. But it's this repetition that allows us to be more certain that what we've observed is a true reflection of reality. So for me, building a system that allows us to measure things more robustly and efficiently is critically important.

It sounds like an exciting time for integrating evaluation into clinical practice.

Absolutely! This project is one of the best examples I've seen of embedding evaluation into clinical practice. It highlights the importance of multidisciplinary collaboration between researchers who have the capacity to build systems and clinicians who have the expertise to know what needs to be built. The aim is to make life easier, not harder, but one of the challenges with many new digital tools is that they are often designed without enough input from those who will use them daily. Our project is different because it involved ongoing discussions and understanding the fine details over time, not just a one-off consultation.

We wanted a sustainable solution, so we chose tools like REDCap and R, which are both free, available at Queensland Health, and unlikely to be revoked or become obsolete. Many other tools, like Power BI or other "flavour of the month" software, may not always be accessible. By relying on products without associated fees, we aim to ensure long-term stability and functionality.

How do you see the new system influencing patient care?

By reducing the repetitive collection of the same information, we save valuable time for clinicians, which can then be spent more effectively on patient care. Additionally, having accurate, up-to-date data will allow us to make better decisions about patient flow and identify areas for improvement in our service. One case might be evaluating the impact of specific criteria on patient admissions. For instance, if we had data showing that a particular criterion is responsible for a significant proportion of hospital referrals, we could review and possibly revise our guidelines to better manage patient flow and resource allocation. By having a more nuanced view of the data, we can make more informed decisions, especially for situations that may be life-threatening. Currently, we don't have all the information, but I'm really looking forward to examining these areas more deeply.

Figure. QuEDS planning day.

Remote patient monitoring

An interview with Prof Niall Higgins (MNMH Nurse Researcher)

Can you tell us a bit about the background, and the problem this research addresses?

Healthcare technology has developed rapidly in recent years and innovations in remote monitoring are gaining more attention towards those systems that are capable of early identification of patients showing signs of deterioration. Remote patient monitoring (RPM) can obtain continuous accurate readings of vital signs and a range of other clinically important information that can identify early indicators of deterioration in a patient's health condition. This can also be achieved with non-invasive digital technology without hindering a patients' daily activities, and it can enhance the efficiency of healthcare delivery in acute clinical settings.

In mental health, this can provide a particular advantage as consumers do not spend the majority of their time in bed and do not routinely have a clinical monitor or device attached to them for providing treatment and care.

During times of high risk, suicides occur in isolated areas of the ward such as bathrooms and single rooms. In this study, a prototype for a Remote Patient Monitoring System (RPM) system was developed for early detection of suicidal behaviour in a hospital based acute mental health facility.

What were the research methods?

Two radio frequency identification (RFID) reader antennas and unpowered-RFID tags for data collection were used. The reader-antennas were installed in different positions in a simulated ward. Along with received signal strength indicator (RSSI) data, the distance between reader-antennas and tags were measured.

What were the main findings?

The analysis established a statistical correlation between RSSI values and tag distances using linear regression, indicating a decrease in RSSI strength as the distance increased (see Figure). To optimise the positioning of RFID reader antennas for maximum RSSI signal reception, machine learning algorithms including The Decision Tree, Random Forest, and XGBoost were employed. The Decision Tree model demonstrated superior accuracy with the lowest error rates in performance metrics.

Benefits and Outcomes

The main outcome of this study was the enhanced understanding of optimal positioning for RFID reader antennas to maximize RSSI signal reception from passive tags in a simulated hospital environment.

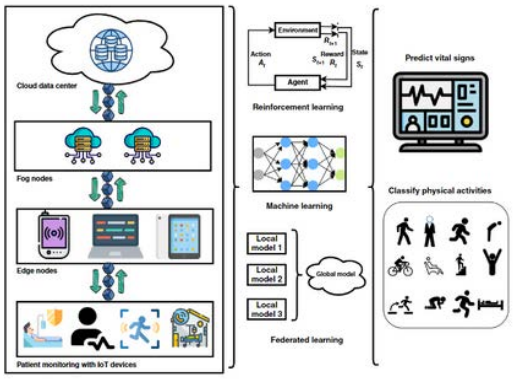
Pictured:

Prof Niall Higgins,
Nurse Reseacher

The study also laid the groundwork for future implementations involving RFID tags, possibly attached to a hospital ID band, and Near-field Coherent Sensing (NCS) technology to further refine remote monitoring capabilities. These technologies promise to facilitate real-time tracking of subtle patient movements and vital signs, which could pre-emptively alert healthcare staff to critical patient events.

Future Directions and AI Integration

Looking ahead, the integration of AI into healthcare settings is poised to enhance clinical decision-making processes, potentially to improve overall patient experience and clinical care. The ongoing development and implementation of generative AI and advanced machine learning models will likely become central to enhancing healthcare delivery and patient safety, particularly in high-risk settings like mental health wards. We are currently developing an automated AI system to search unstructured EHR records rapidly and securely for clinical data related to indicators of suicidality. This will reduce documentation burden for mental health clinicians when developing an integrated formulation.



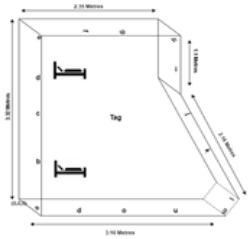


Figure. RPM system (above) and simulated ward (right).

Dissemination Activities

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Conference Presentations

- Buckley, J., Hoey, J., & Li, H. K. (2023). Designing it backwards: Combining needs analysis and adult learning approaches to meet the learning needs of a growing and diverse alcohol and drug workforce. Drug and Alcohol Review, 42(S1), S3–S196. https://doi.org/10.1111/dar.13749
- Buster, E., Walters, B., & Buckley, J. (2023). Sex, drugs and worker roles: A toolkit of sexual health educational resources for alcohol and other drug (AOD) workers. Australasian Sexual and Reproductive Health Conference, Manly.
- Dalla Lana, J., Johnson, S., & Li, H. K. (2023). Finger Pointing and Calling (FPC): Reducing medication errors in opioid treatment. International Forum on Quality and Safety in Healthcare, Melbourne, Queensland Health.
- Dalla Lana, J., Johnson, S., & Li, H. K. (2023). Finger Pointing and Calling (FPC): Using visual and motor perception to reduce medication errors in a large public AOD service. Allied Health Research Symposium, Queensland Health.
- Dalla Lana, J., Johnson, S., & Li, H. K. (2023). Finger Pointing and Calling (FPC): Using visual and motor perception to reduce medication errors in a large public AOD service. Drug and Alcohol Nurses of Australasia (DANA) Annual Conference and Symposia, Sydney.
- Durant, L., & Li, H. K. (2023). Opioid overdose prevention training: Research leading to advocacy. Clinical Excellence Showcase, Brisbane, Queensland Health.
- Facilitator of RANZCP Supervisor Workshop for Tasmania Health. (2023, April 12). RANZCP Supervisor Workshop. Tasmania Health, Hobart, TAS. [Invited facilitator/speaker].
- Flaws, D. (2023). Caboolture and Kilcoy Hospital Research Symposium – Keynote speaker.
- Flaws, D. (2023). CMORE Research Masterclass for PGY2 Doctors.
- Flaws, D. (2023). Science and Scones – Featured Researcher.
- Harwood, C. (2023, November 20). Centering restorative practice in health and social care innovation - Restorative Practice in Mental Health Stage 2 [Oral presentation]. Restorative Justice Council Conference (United Kingdom, online).
- Kellar, T., & Heyes, L. (2023, November). Disorders of gut-brain interaction: More than anxiety and depression [Poster presentation]. Australasian Neurogastroenterology and Motility Association (ANGMA), Sydney.
- Lana, J. D., Johnson, S., & Li, H. K. (2023). Finger pointing and calling: Using visual and motor perception to reduce medication errors in opioid treatment clinics. Drug and Alcohol Review, 42(S1), S3–S196. https://doi.org/10.1111/dar.13749
- Mounsey, R., Francis, C., Lacis, K., Petty, K., & Li, H. K. (2023). Vape check: Development of a brief intervention tool for young people who vape. Drug and Alcohol Review, 42(S1), S3–S196. https://doi.org/10.1111/dar.13749
- Newell, J., & Freeburn, L. (2023, September 14). Building capacity for trauma-informed care training across Queensland [Oral presentation]. Australian College of Mental Health Nurses 47th International Mental Health Nursing Conference.
- Parker, S. (2023, April 13). RANZCP Centrally Administered assessments – Full day workshop. Tasmania Health, Hobart, TAS. [Invited facilitator/speaker].
- Parker, S. (2023, February 20–21). Lessons from a clinical rehabilitation service working to improve recovery-orientation and outcomes: The experience of the integrated staffing model. 4th National NDIS & Mental Health Conference 2023, ICC Sydney. [Invited speaker].
- Parker, S. (2023, June 21). Creating more individualised supports to engage people in approaches that work for them: Lessons from research and experience. NSW Health, PCLI Development Day - Complex Care Pathways, Sydney. [Invited speaker].

- Parker, S. (2023, March 23). Multimorbidity and first episode psychosis. Mental Health Alcohol and Other Drugs Branch (Queensland), Multimorbidity Strategy Forum, RNA Showgrounds, Brisbane. [Invited speaker].
- Parker, S. (2023, May 28–June 1). Embedding research within routine clinical practice: Why it matters and how to do it. RANZCP Congress 2023, Perth, WA. [Invited speaker – Faculty of Adult Psychiatry].
- Parker, S. (2023, November 13). The importance of formulation. Coorparoo CCU Team Building Day, MSAMHS. [Invited speaker].
- Parker, S. (2023, November 8). Making sense of and responding to catastrophic responses to assessment failures in post-graduate medical education. Doctors Health Queensland, The Doctor's Doctor – Presentation and case discussion, online. [Invited speaker].
- Parker, S. (2023, September 18). Real-world (mental) health services research: Why it matters, What it can achieve. SA Health, Southern Adelaide LHN Research Week, Adelaide. [Invited keynote speaker].
- Parker, S. (2023, September 18). The good psychiatrist is not always liked. RANZCP South Australian Branch, Adelaide. [Invited speaker].
- Parker, S. (2023, September 19). Enablers of best practice in community-based residential rehabilitation. SA Health, Trevor Parry Centre Planning Day. [Invited speaker].
- Parker, S. (2023, September 19). What is best practice in community-based residential rehabilitation? SA Health, Trevor Parry Centre Planning Day. [Invited speaker].
- Ros, A., Turner, K., & Froding, E. (2023, August). Healing, Learning and Improving Following Suicide: Challenges and Possibilities - Co-Designing a Way Forward. ISQua 2023 Conference, Seoul, South Korea.
- Schmidt, D. (2023, August 21). Clinical Partnerships: A novel model of care for mental health nursing [Oral presentation]. Metro North Mental Health Research Symposium.
- Schmidt, D. (2023, September 15). Clinical Partnerships: A novel model of care for mental health nursing [Oral presentation]. International Mental Health Nursing Conference.
- Siskind, D., McCarthy, I., Plever, S., & Anzolin, M. (2023, July 25–27). Supporting metabolic health for Queenslanders living with serious mental illness and/or substance use disorder [Oral presentation]. Equally Well Australia Symposium, Sydney.
- Taylor, M., & Li, H. K. (2023). How to develop sensory kits to manage cravings and difficult emotions for people with problematic AOD use. Drug and Alcohol Review, 42(S1), S3–S196. https://doi.org/10.1111/dar.13749
- Teodorczuk, A., & Parker, S. (2023, May 28–June 1). Advances in Psychiatry Education: Enhancing teacher and supervisor practice across the education continuum. RANZCP Congress 2023, Perth, WA. [Pre-congress workshop].
- Teodorczuk, A., Lupke, K., Parker, S., Ford, A., Daltry, A., & Macharouthu, A. (2023, May 28–June 1). Meeting the standard: Latest developments in delirium research and practice. RANZCP Congress 2023, Perth, WA. [Combined symposium].
- Tipping, M., & Hodges, B. (2023). AOD lived/living experience and peer workforce training and support. Walk on the Wild Side (WOWS), Brisbane.
- Wailling, J., Dameron, G., Stolarek, I., & Turner, K. (2023, October). Workshop: An Introduction to Restorative Health Systems. Royal Australasian College of Medical Administrators Conference, Auckland, New Zealand.

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A special thank you also to the exceedingly talented lived experience artists whose art is displayed within this review:

"**Amy** (front cover art) creates amazing zed tangle art works solely as a mindfulness practice; this helps to steer her mind away from her noisy internal monolog to a clear space that enable her to focus on being present in the moment."

"Vicci (back cover art) created these bookmark like art pieces as part of her involvement in a community art group looking at patterns and colours."

Queensland Government

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