



Metro North Mental Health **RBWH**

Research 2013

The year in review

**Metro North Mental Health - RBWH
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Assoc. Prof. Brett Emmerson
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Metro North Mental Health



Prof. Michael Breakspear
Chair, Metro North Mental
Health Research and
Evaluation Committee

Foreword

By Associate Professor Brett Emmerson, Executive Director, Metro North Mental Health Services and Professor Michael Breakspear, Chair of the Metro North Mental Health Research and Evaluation Committee

Welcome! It is with great pleasure that we present the inaugural annual review of research and evaluation for the Metro North Mental Health Service - Royal Brisbane and Women's Hospital (MNMHS - RBWH)

As the importance of mental health – and mental wellbeing – is recognised on the international stage ^[1], the strategic need for mental health research has never been stronger. The recently released McKeown Report of the Strategic Review of Health and Medical Research in Australia ^[2] provides an influential blueprint for health and medical research in Australia over the next ten to fifteen years. A priority recommendation of that report is to 'drive research activity in the health system.' As evidenced in this review, MNMH is enacting this aspirational goal.

The executive strongly endorses and promotes systematic evaluation of programs and interventions and the integration of basic and clinical research in the development of services. Substantial investment has been made to embed research within the service culture, and establish partnerships with universities and other research bodies to situate MNMH as a leader in mental health research. This is evident in the establishment of a multidisciplinary team of researchers. MNMH supports the academic appointments of Professors Gerard Byrne (UQ) and Michael Breakspear (QIMR Berghofer) and joint UQ-QH appointments of Drs Jane Turner (consult-liaison psychiatry), James Scott (adolescent psychiatry) and Mark Daghli (Hospital Alcohol and Drugs Service). Crucially, MNMH also employs two dedicated research fellows of its own (one of whom holds a clinical academic fellowship). In addition to informing and conducting research with real world relevance, this ambitious and creative team are working with managers, clinicians, and people who use services to build research capacity within the service. As you will read, many of our senior clinicians are research active, conducting internationally important studies, for example examining readmission, seclusion, the physical health of people prescribed antipsychotics and the productivity of nurses on psychiatric wards. Each of these areas of inquiry has potential to improve service efficiency and enhance outcomes for people who use our services. Moreover, we encourage and facilitate trainees and junior clinicians of all disciplines to engage in research as part of their core clinical training experience.

Research activity and output within MNMHS - RBWH has increased quite dramatically in recent years. Published research articles have doubled in number from 2009 to 2012. MNMH researchers hold funding of more than \$31 million. Funding includes prestigious NHMRC program and project grants as well as grants from Queensland Health and the RBWH Foundation. The latter are particularly important in supporting budding researchers to run the clinical and health service projects important to service improvement and the pilot work needed to secure further funding.

Our research is wide ranging in scope and style. Research activity encompasses basic biomedical studies conducted in partnership with QIMR Berghofer, clinical and health services research being conducted across the service and population-oriented work conducted with UQCCR and Queensland Centre For Mental Health Research. Research covers the lifespan and diverse disorders. The questions addressed are also broad, addressing novel imaging biomarkers, reasons for early re-admission and service outcomes. The research is collaborative and interdisciplinary in nature and international in quality.

While this review focuses on work at the RBWH site, we acknowledge also the work of colleagues at other Metro North Services – colleagues working at The Prince Charles Hospital and Redcliffe-Caboolture are also undertaking important work with increasing impact. Given recent changes in health service structure and governance and the forthcoming move to Metro North-wide 'streamed' service, we look forward to building a service-wide integrated research community.

Another priority identified in The McKeown Report is the establishment of integrated health science precincts. We hope that our activities strengthen the efforts to advance research and health care in the broader Metro North Health Area toward this objective. More importantly, we hope that our efforts will improve the mental health and recovery of our community.

In presenting this review, we are acutely aware of the huge contribution made by the dedicated leaders and clinicians, not all of whom are named in the review. These are the people who make time in their schedules to facilitate the conduct of studies, inviting researchers to examine their practice and supporting recruitment of the participants without whom research could not be conducted.

1. Smith, K. (2011). Trillion-dollar brain drain. *Nature*, 478, 15.

2. McKeon Review - Strategic Review of Health and Medical Research – Better Health through Research (2013). Australian Government.



Service overview

Metro North Mental Health employs more than 1,000 staff, has an annual budget of \$145 million and a catchment area population of more than 840,000 people.

The service is administered through the Metro North Mental Health Co-ordination Committee, which meets to ensure consistent models of service, co-ordination of services, monitoring of performance indicators, working more closely together and developing joint/district-wide services.

Mental Health Services are located at Royal Brisbane and Women's Hospital (RBWH), The Prince Charles Hospital (TPCH) and Caboolture and Redcliffe Hospitals, with community-based services working across the district.

Mental Health Services encompass acute, non-acute and continuing care across the life-span for people with diverse mental health problems. People with severe mental illness, personality disorders and problems relating to substance misuse, are provided with community and inpatient care tailored to their needs. Specialist services include the alcohol, tobacco and other drug service, and the forensic and eating disorders services, which have state-wide responsibilities.

As with all Australian public mental health services, organisation and delivery of care is governed by federal and state legislation and guided by multiple policies; the National Standards for Mental Health Services (Commonwealth of Australia, 2010) which set out principles for care, provide a framework to support continuous quality improvement. Collectively these documents oblige services to enact least restrictive practices and to adopt a 'recovery approach'.

Metro North Mental Health - RBWH

MNMH - RBWH also known as the Inner North Brisbane Mental Health Service (INBMHS) provides assessment and treatment to people to a population of 330,000 who live in the inner northern suburbs of Brisbane.

The catchment is diverse. Affluent suburbs surround inner city areas within which luxury apartment buildings sit alongside hostels providing accommodation to clients of the service; the catchment is also home to many of the city's rough sleeping populations.

INBMHS comprises six teams providing various services to people whose presentation and needs fit identified criteria:

- The Acute Care Team provides intake, assessment and interim case management (up to six months duration) services.
- The Homeless Health Outreach Team (HHOT) provides services to homeless people with mental illnesses living within a 5km radius of the City GPO. HHOT work in partnership with non-government agencies and other homelessness services, using assertive outreach to locate and engage with clients. The team aims to work with clients to manage mental health and create a pathway out of homelessness by providing early and appropriate treatment.
- Geographically-based Continuing Care Teams (CCTs) – The northern and southern community mental health teams provide clinical services, psychosocial support and treatment with the goal of supporting recovery. CCTs link to inpatient beds through consultant psychiatrists.
- The Mobile Intensive Rehabilitation Team (MIRT) provides a recovery-based rehabilitation service to both northern and southern areas of the district. MIRT was established to provide care beyond that possible within normal case management structures to support consumers to maintain community tenure.
- The Community Care Unit 'Somerset Villas' is a 20-bed, extended treatment and rehabilitation unit for this district, located within 'Rosemount' in Cartwright Street, Windsor.

Inpatient care for adults is provided in three wards at the Mental Health Centre, RBWH. The wards collectively have 75 beds. Approximately 220 to 250 admissions are made to these wards each month.

All activities of INBMHS are underpinned by a recovery philosophy as required by National Standards for Mental Health Services and national and state policy.

Oversight of research

Research and evaluation activities conducted within MNMH - RBWH are overseen by the Metro North Research and Evaluation Committee (MNMH-REC). This formally constituted committee chaired by Professor Michael Breakspear comprises service executive staff, department heads, research fellows, discipline seniors and consumer and carer representatives.

MNMH-REC meets ten times a year (February to November) to set research priorities and identify opportunities, peer review proposed studies, receive reports on study progress, facilitate networking and share information for dissemination through the service. The committee welcomes the attendance and participation of staff interested in research and evaluation to attend and participate in our monthly committee meetings. Researchers (working in the service or with universities or other agencies) are invited to attend meetings to discuss their studies and provide feedback on progress. MNMH-REC maintains a register of research and evaluation activities.

As mental health services are streamed in 2014, MNMH-REC will assume a Metro North-wide role. The committee will be joined by the Director of Allied Health, clinical directors, discipline seniors and representatives from The Prince Charles Hospital and Redcliffe-Caboolture Hospitals.

Consumer and carer involvement in research

To date, involvement of consumers and carers in research activity (as other than participants) at MNMH-RBWH has been ad-hoc but enormously valuable.

Ms Imani Gunesakara, Consumer Consultant, Ms Tracey Rodgers, and members of the consumer and carer feedback group have provided advice on study design and development of participant information sheets.

Along with other consumers and carers they have participated in a study designed to inform development of a user involvement strategy. Imani led a study into consumers' expectations of mental health nurses (see page 9) and Tracey interviewed carers for a study into readmission.

Development of mechanisms to enable and support robust engagement is high on the priority list for 2014. As part of this, a project conducted in partnership with Leonie Cox from Queensland University of Technology (QUT), has been exploring the potential to bring a UK model - Service users group advising on research (SUGAR) - to Metro North Mental Health-RBWH. To date, we have conducted a scoping exercise involving three focus groups with 14 consumers, carers and consumer companions at Metro North Mental Health-RBWH. In these groups participants explored their interest in and views about research partnerships with academic and clinical colleagues. Initial analysis suggests that participants saw potential for 'amazing things' in mental health research, such as reflecting their priorities and moving beyond stigma and tokenism. The main needs identified were education, mentoring, funding support and research processes that fitted consumers' and carers' limitations and fluctuating capacities. Participants felt that consumer and carer-led research would value the unique knowledge that the lived experience of consumers and carers brings and lead to people being treated better when accessing services.

Summary of activity

The ongoing investment in research was well rewarded in 2013 with 72 studies registered during the year. Studies, some of which are described in more detail within this report, included formal evaluations of service activities and programs and research of all kinds.

Principal Research Fellow - Mental Health: Susan Patterson



It's just over two years since I took up what has turned out to be my ideal job. Being Principal Research Fellow - Mental Health for Metro North Mental Health has been immensely rewarding personally and professionally.

My job description says the purpose of my position is to promote a multidisciplinary research culture and a shared vision for quality service provision across the Metro North Mental Health (MNMH).

It says I am to lead, support, encourage and coordinate service improvement activities, including quality activities and research. In practice, this means I get to work closely with service managers, clinicians and consumers of the service and university-based researchers to support a range of activities which are designed to support delivery of the very best services possible. This varied work means I am continually learning more about health services, how they work and the complexity of delivering the care to meet the needs of people affected by mental illness and distress. I am also learning about the flexibility needed to build evaluation and research activities into the everyday lives of clinicians, and to think creatively about how to 'measure' the process and outcomes of services.

2013 has been particularly rewarding, with multiple projects begun or completed and partnerships developed. To mention just a few; I have been thrilled to see Anne Gordon's trial of Social Cognition and Interaction Training successfully completed. Delivering a trial is quite an accomplishment for a researcher with nothing else to do, but Anne has managed to do this while delivering clinical services.

Another highlight was working with Consumer Consultant, Imani Gunasekara to have her study into consumers' views about the kind of nursing care they value published. The importance of this work was recognised by Professor Mike Crawford, who learned of it when he visited for the RBWH Symposium. Mike is drawing on Imani's study in development of a questionnaire which will be used to assess quality of services in the UK. The next instalment of Imani's work - 'What makes an excellent mental health doctor?' promises to be very interesting.

We have completed collection of data for a grounded theory study into readmission to psychiatric hospital within 28 days of discharge. Carer Consultant, Tracey Rodgers and budding researcher Michael Duhig worked tirelessly to interview approximately 60 consumers, carers and clinicians to get their perspectives on how and why readmission happens. This data is being analysed to develop a model of readmission which can support design of interventions.

Establishment of a Mental Health-Pharmacy-Griffith University collaboration was another highlight. This new collaborative has already secured a RBWH Foundation grant to look into communication between GPs, community pharmacists and mental health services, particularly around people who are prescribed clozapine. This important work will lay the foundation for other projects designed to promote medication safety and cost-effectiveness of pharmacy and mental health services.

I look forward to another year of collaboration, innovation and creative research and evaluation with real world implications. Please do join us on the journey.

Nursing research

Nursing research flourished in 2013. Appointment of a Clinical Academic Fellow Nicci Goulter (see below) has provided a platform for collaboration between RBWH and the Queensland University of Technology School of Nursing.

Further demonstrating the commitment of nursing to academic excellence and research, Nursing Director Lisa Fawcett and Assistant Nursing Director Nathan Dart have both been awarded academic titles with the Australian Catholic University (ACU).

Within the service, a range of projects related to service delivery and models of care have provided important new evidence about the ways nurses spend their time, risk assessment and clinical handover and conduct of ward rounds. A successful application for funding to support junior nursing researchers will further facilitate this work.

We are also collaborating with the broader hospital in a study of understanding consumer rights to strengthen consumer carer engagement. The mental health service is piloting the survey instrument and will be central to the development of a program of engagement based on findings.

Moving forward, we will strengthen our relationships with university partners.

Researcher profile: Nicci Goulter



Nicci Goulter is the Clinical Academic Fellow (Nurse Researcher) with MNMH-RBWH and has a co-joint appointment with Queensland University of Technology. (QUT).

Nicci is a credentialed mental health nurse with 16 years clinical practice experience and is passionate about improving the status quo of people with a mental illness and in conjunction exploring the discourses, dialogues,

relationships and roles mental health nurses play in engaging in care within the mental health setting.

In 2013, in addition to convening monthly nursing journal clubs and a series of seminars taking clinicians through the research process, Nicci completed her study of the activities of mental health nurses on inpatient units. A poster presentation of the study won awards at the RBWH Symposium and Australian College of Mental Health Nursing conference. This study will form the basis of Nicci's PhD research which will involve development and implementation of a mental health nursing service model which will be evaluated using a stepped wedge trial.

The Patterns of Care Study

In the Patterns of Care Study, Nicci used a work sampling approach, observing and documenting activity of nurses on wards at randomly selected times over three months. The aim of the study was to describe the proportion of time nurses working in a mental health setting spent on direct care, indirect care and service related activity.

Having observed 86 nurses during multiple shifts she found that just over half (51 per cent) of nursing time was spent in indirect activity. This included activities such as care coordination, discharge planning, ward rounds and handover. Around a third (32 per cent) of activity was direct care including mental health assessment, physical assessment, and psycho-education.

Service related activity including cleaning, meetings and administration and continuing professional development accounted for 17 per cent of time.

Nicci concludes: In light of the outcomes of this study, it is necessary for mental health nurses to re-establish their therapeutic availability. A change in nursing practice will need to be guided by a comprehensive service model that draws on the best available evidence about what constitutes best nursing practice in the mental health setting.

Congratulations Nicci.



Psychiatry session at the RBWH Symposium

Wednesday, 16 October 2013

A series of world-class presentations across Metro North campuses in October demonstrated the depth and breadth of mental health-related research and its application to practice.

Internationally-recognised researchers and clinicians Professors Michael Breakspear (QIMR and MNMH), Patrick McGorry, Cyndi Shanon-Weickert and Mike Crawford and Associate Professor James Scott (UQ and MNMH) eloquently represented the mental health theme for the RBWH Symposium 'from the cell to society'.

With the Health Minister in the audience at the psychiatry session of the RBWH Symposium, Michael made cutting-edge computational neuroscience mapping connectivity in the brain accessible and relevant. Cyndi's discussion of genetic variants of hormone receptors as potential causes of schizophrenia was set poignantly against her personal story of losing her brother to schizophrenia-related illness.

We were left in no doubt that ongoing investment in schizophrenia research is scientifically and humanly imperative and that basic science and clinical practice are inextricably linked.

Moving from lab-based research to health care and society, James and Mike explored bullying and mental health outcomes and the management of personality disorder.

James mounted a compelling argument that bullying is causal in the pervasive mental health problems experienced by young people in Australia supporting his call for public health interventions. Mike, visiting from Imperial College London integrated evidence from diverse fields showing that while medication is unlikely to help, structured interventions involving group work can ameliorate the personal and social impact of personality disorders. This session built expanded on one Mike provided to around 100 clinicians at Caboolture Hospital, which explored the development, diagnosis and management of personality disorder in mental and general health care settings.

At The Prince Charles Hospital Annual Research Forum, Pat McGorry challenged us all to face the challenges of mental health through research and recognition. The innovative ways that clinicians and researchers across Metro North are doing just this was evident in posters and oral presentations at both research forums.

The high quality and importance of this work was recognised by many in informal feedback and formally when MNMH clinical academic fellow Ms Nicci Goulter was awarded the inaugural RBWH Symposium prize for clinical education.



When feedback from people hospitalised in our service indicated the experience of care was variable we undertook a pragmatic inquiry examining consumers' views about 'what makes an excellent mental health nurse?'

We interviewed 20 people with lived experience of hospitalisation and analysed transcripts thematically. To ensure findings were relevant and useful we consulted mental health nurses about nurses' needs and incorporated this with views of service users.

Analysis demonstrated that personal qualities, professional skills and environmental factors all influence the experience of mental health nursing. Our findings highlight a need for renewed attention to the basics of relationships and the importance for nurses of self-awareness and support.

We urge nurses to make time to really get to know the people for whom they provide care and to work to maintain passion for mental health nursing. It seems likely that attention to the simple things has potential to improve levels of satisfaction amongst service users, decrease distress and support development of an environment which can nurture collective wellbeing.

Imani is now working on 'What makes an excellent mental health doctor?' using a similar approach.

Reference: Gunasekara I et al. What makes an excellent mental health nurse? A pragmatic inquiry initiated and conducted by people with lived experience of service use. Int J Ment Health Nurs. 2013 May 29. doi: 10.1111/inm.12027. [Epub ahead of print].

Featured study

What makes an excellent mental health nurse?

Demonstrating clearly that research is everybody's business, Ms Imani Gunasekara, consumer consultant with Metro North Mental Health had her study 'What makes an excellent mental health nurse?' published in the International Journal of Mental Health Nursing.

Imani's study began when feedback from consumers admitted to the wards suggested room for improvement in services. With a view to developing an educational package to support nurses working on the inpatient units, Imani asked people on the wards two simple questions: What makes an excellent mental health nurse, and what can we do better? Imani worked with the consumer and carer feedback group to analyse what she was told and then took the findings to nurses, asking what they needed to work in the way consumers wanted. The whole process from inception to publication took less than a year.

Mental health nurses are in challenging positions. They have opportunities to support people hospitalised for treatment of mental disorder along their recovery journeys, but are simultaneously required to manage a burgeoning administrative burden, maintain organisational 'order' and contain risk. While obliged by policy to engender a recovery promoting environment they receive little guidance about how this should be achieved.



Imani Gunasekara

Systems neuroscience

“Systems Neuroscience is an approach to brain sciences that seeks the basic principles of brain organisation, dynamics and function across a hierarchy of spatial and temporal scales. It is a rapidly growing field that differs considerably from the traditional reductionist paradigm in neuroscience that addresses sufficient causes for local phenomena.

“The work of our group embodies these principles across three broad domains – empirical, computational and clinical neuroscience. The over-arching aim of this work is to contribute towards unifying models of brain architecture, dynamics and cognitive (dys)function. Clinically, our main focus lies in the tripartite intersection between mood, psychotic and dementing disorders.

“We are funded in national collaborations by the Australian Research Council (Thinking Systems), The National Health and Medical Research Council, the Queensland VMO Committee, and the Rotary Foundation and in an international collaboration by the James. S. McDonnell Foundation (BrainNRG).”

– Professor Michael Breakspear

Researcher profile: Professor Michael Breakspear

Michael is a psychiatrist with a PhD in computational neuroscience. He undertook postdoctoral studies in the School of Physics at The University of Queensland and The Black Dog Institute, before joining the academic staff in the School of Psychiatry at The University of New South Wales. Since 2009, he has been the inaugural Program Coordinator of Mental Health Research at the QIMR Berghofer Institute of Medical Research and Chair of Research for Metro North Mental Health Services.

Michael is interested in the basic principles of large-scale brain dynamics, how these arise from the underlying cortical architecture, and how they underpin cognitive operations, such as perception, inference and motor control. As a psychiatrist, Michael also hopes to contribute to the understanding of major mental illnesses such as mood disorders, schizophrenia, autism and dementia.

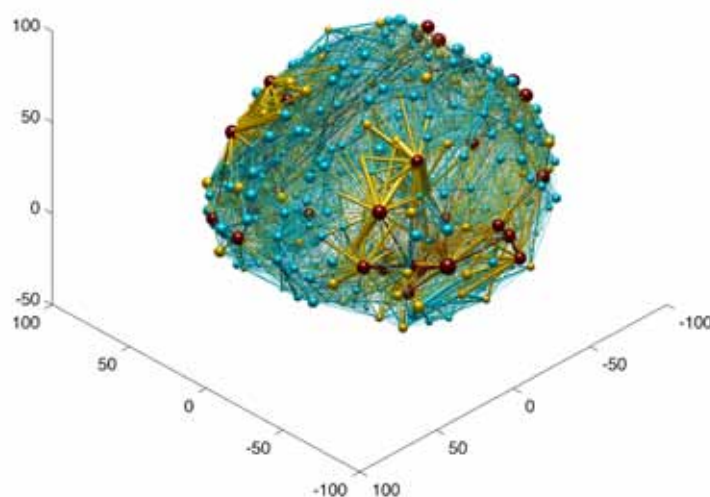
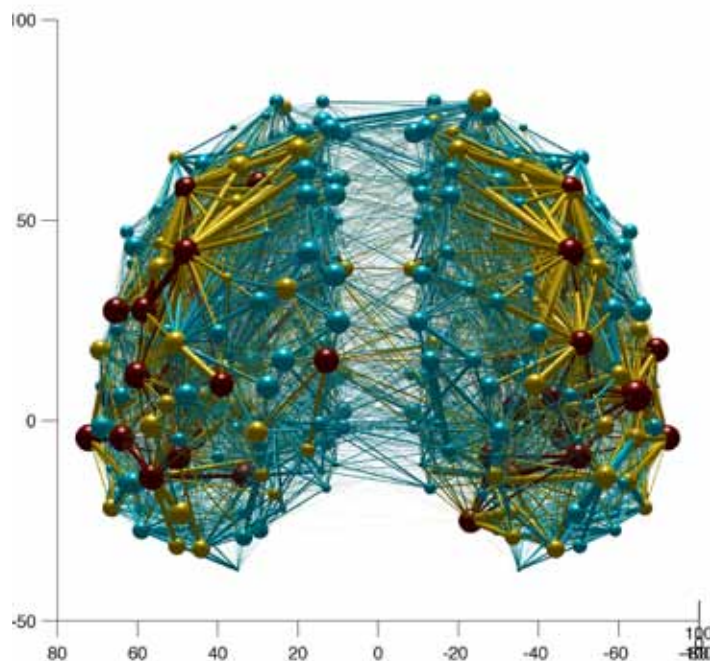
Oral health

Improving oral health of people with severe mental illness: A collaborative project

People who live with severe mental illness have significantly worse oral health and oral health-related quality of life than the general population. Although they require more dental treatment, access to care is hindered by multiple interacting factors. Motivation and capacity to identify needs and make and attend appointments may be affected by mental health. Embarrassment and fear of judgement may affect willingness to present for dental care. With many people with severe mental illness living in poverty, costs may be prohibitive.

Research has shown that the views of practitioners also affect access to care. Oral health professionals may have limited knowledge and understanding of mental illnesses and the impact on oral health and lack of confidence and experience with treating patients affected by mental illness. Widespread stigma is an important, though often insidious, influence on access, practice and outcomes.

Over the last 12 months, MNMH has been working with The University of Queensland (UQ) School of Dentistry to improve oral health care and outcomes for people with mental illness.



Brain networks: Images of the connectivity of the human brain reconstructed from imaging data.

A project led by Sue Patterson at Metro North and Pauline Ford at UQ, with consumers involved throughout has been supported by a USD\$6,000 Community Service Grant from the Wrigley Company Foundation, in partnership with the Australian Dental Association Foundation (ADAF). The project has combined reciprocal training, a health promotion display at the mental health service, provision of oral health products to consumers of MNMH and research into the attitudes of dentistry students.

Training in oral health care and simple interventions provided to mental health clinicians by a fifth year dentistry student proved very popular. Staff considered the training important and relevant, reporting that they were going to encourage and support consumers to access oral health care. Third year students provided training to consumer companions to help them discuss oral health with people on the wards.

A health promotion display on E Floor of the Mental Health Centre in Oral Health Month provided information about oral health care and services and products for consumers. A very generous amount of tooth brushes, tooth paste, mouth wash, and floss were provided to clinicians for distribution directly to consumers and through hostels and homeless shelters.



Youth mental health

Under the broad umbrella of youth mental health, Professor James Scott has built a program of research encompassing clinical and epidemiological studies.

The RBWH Youth Mental Health Research Team has established strategic collaborations with clinical and research centres nationally and internationally, resulting in 22 publications in 2013 and more than two million dollars in grant funding over the previous 24 months.

Research has focused on early psychosis, bullying, auto-immune dysregulation and mental illness and measuring the global burden of disease attributable to mental disorders in children and adolescents.

Three PhD students are studying with the RBWH Youth Mental Health Research Stream and clinicians from other disciplines (Dermatology, Psychology, Neurology, speech pathology and Immunology) are active collaborators.

Researcher profile: Professor James Scott

Professor James Scott is a consultant psychiatrist with the RBWH Early Psychosis Service who has extensive clinical and research experience in child and youth mental health. He is also a senior lecturer with The University of Queensland (UQ).

James has published more than 60 peer reviewed papers on diverse areas including psychosis, anxiety, aggression, self harm, autism and pharmacotherapy in children and youth, some of these in leading international journals.

He is the lead investigator on a National Health and Medical Research Council (NHMRC) grant examining the trajectories of adolescents with psychotic symptoms and is a member of the editorial boards of PLoS One and The Australian and New Zealand Journal of Psychiatry.

In return, consumers and clinicians provided a mental health seminar to students in third year of dentistry or oral health studies at UQ. The seminar included information about the major mental illnesses and the social disadvantage experienced by most people living with severe mental illness. With attention drawn to disparities in access to services and outcomes, oral health was conceptualised as a social justice issue. Imani Gunasekara, consumer consultant with Metro North presented a section on the consumer perspective. This included a video interview with Leon, a consumer diagnosed with bipolar affective disorder. Leon respectfully described his mixed-experiences with dentists and how oral health could seem so very unimportant when 'you're lying on the couch thinking about dying'.

Results of a questionnaire survey of students before and after the seminar demonstrated that they typically held benevolent attitudes toward people with mental illness but recognised a need to learn more. Students reported valuing the seminar which increased understanding of the relationship between mental and oral health. Support for the proposition that 'understanding mental illness will make me a better health practitioner' was all but unanimous.

Moving into 2014, MNMH and UQ will continue to work together to promote oral health amongst consumers of the service. Further research will explore the views of mental health clinicians and dentists about their roles in management of oral health and how care pathways can be improved.



Professor James Scott



Professor Gerard Byrne

Researcher profile: Professor Gerard Byrne

Professor Gerard Byrne completed his medical degree and an intercalated science degree in Sydney at the University of New South Wales and the Prince of Wales and Prince Henry Hospitals.

Following an internship at the Royal Newcastle Hospital, he undertook two further years of general medical training at The Prince Charles Hospital (TPCH) in Brisbane. He subsequently completed his five years of psychiatry training at The Prince Charles and Wolston Park Hospitals.

Professor Byrne's PhD in psychiatric epidemiology was undertaken at The University of Queensland under the supervision of Professor Beverley Raphael.

He has been Head of The University of Queensland Discipline of Psychiatry since 2001, and Director of Geriatric Psychiatry at the Royal Brisbane and Women's Hospital since 1995.

In 2012 Professor Byrne won the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Senior Research Award.

Consultation liaison psychiatry Psychosocial research

Researcher profile: Professor Jane Turner



Jane Turner is Associate Professor in the Discipline of Psychiatry at The University of Queensland where she is course coordinator for the teaching of Psychiatry to students in the medical programme.

She has worked clinically in oncology for more than 20 years, and has had extensive involvement in the development of evidence-based clinical practice guidelines, and health professional education and skills development.

Jane has led a state-wide initiative to implement communication skills training based on a Train-the-Trainer model, through which more than 300 health professionals have participated in day-long communication skills training.

Her research interests are in promotion of wellness after completion of cancer treatment, the impact of advanced cancer on patients and families, and development and evaluation of innovative models of psychosocial care in oncology.

She is currently leading a randomised trial of a nurse-delivered survivorship intervention for patients who have completed treatment for head and neck cancer.

Jane writes – My research interests have focused on i) promotion of wellness after completion of cancer treatment; ii) the emotional impact of cancer on families (in particular advanced cancer); and iii) the development and evaluation of sustainable models of improved health care service delivery.

We have recently closed recruitment for the PROMPT (Promoting optimal outcomes in mood through tailored psychosocial therapies) study, a randomised controlled trial (RCT) which recruited more than 500 patients at four sites across Australia to receive a tailored psychosocial intervention delivered by novel health professionals who participated in focused training and skill development and clinical supervision. This is one of the largest studies of its kind internationally and data is currently being prepared for analysis. If successful in improving depression this will provide a sustainable model of service delivery which can be implemented across diverse treatment settings.

We have just commenced a trial of a structured survivorship intervention for patients who have completed treatment for head and neck cancer, to be delivered by a trained oncology nurse. The theoretical platform for this intervention draws on the principles of chronic disease self-management and promotion of self-efficacy to encourage patients to engage in sustained behaviour change and self-care regarding cancer-related concerns. This is the first RCT of its kind to be conducted in Australia, and will provide critical data about innovative models of survivorship care which could be implemented locally and internationally.

Physical and mental health

People with severe mental illness have substantially curtailed life expectancies and experience a multitude of physical health problems. The causes of increased morbidity are complex, involving genetics, lifestyle and restricted access to services.

Treatment with antipsychotic medications also contributes substantially to risk. Clozapine and olanzapine, (two of the so-called 'second generation' antipsychotics) particularly, are associated with weight gain and dyslipidaemia increasing risk of metabolic syndrome and consequently, diabetes and cardiovascular disease.

Therapeutic guidelines recommend bi-annual metabolic monitoring for patients prescribed clozapine or olanzapine and further investigations and treatment as clinically indicated. However with multiple pressures on psychiatrists, sub-optimal monitoring is the norm internationally. An audit of charts early in 2012 showed that MNMH was no exception to this rule.

MNMH set out to improve practice, implementing a program called 'Let's Get Physical' (LGP). Grounded in the designation of two months (May and November) each year as physical health months, during which monitoring is to be completed. LGP also involved provision of education to psychiatrists and a range of activities designed to encourage consumers and clinicians to attend to physical health and wellbeing. The impact of LGP was assessed using repeated auditing of charts to assess rates of monitoring and follow up and psychiatrists were asked about influences on practice.

The evaluation showed substantial increases in monitoring (from less than 50 per cent to more than 80 per cent) but also demonstrated that there was considerable room for improvement in follow up practices.

The study, which represented combined efforts of clinical and research staff, has been accepted by the Australasian Journal of Psychiatry with publication anticipated mid-2014 (Wilson E, Randall C, Patterson S, Moudgil, V, Emmerson B, Weaver T. Monitoring and Management of metabolic abnormalities – Process and outcomes of Quality Improvement. Australasian Psychiatry. Accepted Jan 2014).

People with schizophrenia
die 20 years earlier
than the rest of the population.



Eating Disorders Service

The Eating Disorders Service (EDOS) is a state-wide service that provides intake, assessment, consultation, training and tertiary treatment services. It aims to increase the capacity of clinicians to assess and treat eating disorders.

In 2013, EDOS staff have continued to develop partnerships with researchers at UQ, QUT and QIMR.

Research activities include:

- Evaluation of existing treatments and services including inpatient treatment program, the consultation-liaison service, and CBT-e (Cognitive Behaviour Therapy Enhanced) program
- Evaluation of innovative service models and treatments including the five-star program, an outpatient treatment program for Anorexia Nervosa that aims to augment the evidence-based treatment SSCM (Specialist Supportive Clinical Management) by collaborative involvement and training of carers, generalist community mental health clinicians and GPs
- Qualitative surveys of consumers and carers regarding their experience of various treatment programs developed by the service
- Participation in ANGI (Anorexia Nervosa Genetics Initiative): a large international multi-centre genetic study of Anorexia Nervosa.

The service holds regular research meetings for all its staff, regularly presents abstracts at eating disorders conferences, and has been successful in gaining two small grants in the past 12 months. One, from the RBWH Foundation, is for a study of different approaches to refeeding people with anorexia nervosa admitted to non-specialist wards medically compromised. The other is a partnership with QUT for involving extended family in family therapy.



Visiting researcher

As part of the ongoing work to build research capacity within the service, MNMH hosted a visiting researcher for the first three months of the year.

Dr Tim Weaver a senior lecturer in mental health services research on sabbatical from Imperial College, was awarded an honorary contract with RBWH to support his visit which was funded by Imperial.

During his time at the service, Tim worked with research fellows Sue and Nicci on a range of service research projects including evaluations of the Hearing Voices Training run by the service and Let's Get Physical, co-authoring papers.

Tim met with service directors, clinicians and researchers and developed academic links with UQ, QUT and the National Drug and Alcohol Research Centre (NDARC). He presented papers at UQ and The University of New South Wales (UNSW) on the use of contingency management with people who use drugs, and outlined his research into implementation of the Dangerous and Severe Personality Disorders treatment program in the UK at a meeting with forensic researchers. These presentations provided local researchers and clinicians with insights which can inform research and interventions locally.

Tim was particularly impressed by the evident commitment of the service to research and the RBWH Foundation research project grant scheme.

Dr Tim Weaver



Researchers' experiences

Stacey Dixon, a psychologist working with the service has been conducting a study exploring patients' experience of seclusion.



I enrolled in a Master of Clinical Psychology in 2011 in order to become a clinical psychologist. As part of the degree I am required to complete a 15,000 word thesis based upon a research project.

The project that I am continuing to work on has accessed the in-depth perspective of 15 consumers who have experienced seclusion, typically at the RBWH. The aim of the study

is to model process of seclusion from the consumer perspective. This should be useful in development of alternatives to seclusion, or interventions that may reduce the need for seclusion.

I am very grateful for the unique opportunity to conduct research – qualitative research in particular – in the community mental health setting. I'm aware that other students in my cohort generally do not have access to a population of people with a lived experience of serious mental illness. Furthermore, I can't help but note the ways my clinical and therapeutic skills have benefited from conducting qualitative research.

One (very concrete) example is what I've noted in my own communication style – how I phrase questions, the language I use, and whether I leave 'room' for the other person to contribute, or disagree with my perspective.

Clinical psychologist Anne Gordon is running a study investigating the effectiveness of social cognition training for people with schizophrenia.

In February 2013 myself and fellow clinicians (Jess Allam, Roxana Pearson, Eleanor O'Sullivan and Paul Crampton) commenced facilitating Social Cognition and Interaction Training (SCIT) groups at the Inner North Brisbane Mental Health Service (INBMHS).

The SCIT groups met twice per week, for 45 minute sessions. The duration of the program is 10 weeks (20 sessions in total). The groups target social cognition deficits and aim to improve participants' quality of life.

SCIT was developed in the USA specifically for people affected by psychosis. Recruiting participants and facilitating the SCIT groups has been part of a collaborative research project involving Griffith University and RBWH.

This research was designed and conducted as part of my post graduate psychology studies. Having the opportunity to facilitate this research process has been an excellent experience.

This process has further attuned my ability to be sensitive to others... I wonder whether mental health clinicians would be more interested in conducting research if they were more aware of these types of benefits to their 'clinical' skills.

Aside from this, I feel that the 'ups and downs' of conducting this project have contributed (as all experiences do) to my personal and professional growth. I am thankful for the thoughtful and personally supportive supervision provided by Sue from Metro North and my QUT supervisor, Dr Eric Brymer.

I have examined and re-examined much of my thinking, not just about seclusion and the culture and practices of mental health clinicians, but about the nature of relationships (the supervision-student relationship; the therapist-client relationship; the staff member-employer relationship; among others).

I do feel that conducting this research and working with my supervisors has shaped me for the better.

The main challenge to conducting research I have experienced was the long time (five months) it took for the QUT and RBWH to develop a written agreement allowing me as a QUT student to access MNMH consumers. What I have felt enthused by are the opportunities to 'be with' consumers; and the stories of recovery I've heard.

I've been impressed by the perceptiveness and insights of consumers I've interviewed. However, I feel saddened that consumers attribute negative experiences in the psychiatric ward setting to a) desires by staff to maintain power or control and b) an absence of resources such as adequate staffing. Perhaps this is why participants have reported to me that they are pleased that 'someone is asking this question'.

I believe that the service supporting and funding research that accesses the consumer's perspective acts to reinforce to consumers that the service and mental health clinicians respect consumers and their experiences.

Many colleagues provided me with significant support and encouragement. I've had the chance to develop relevant clinical skills and offer an exciting and innovative treatment intervention for people affected by psychosis.

People accessing our service achieve better outcomes when participating in several treatment options to enhance their wellbeing and recovery. Preliminary data obtained from participants who completed the SCIT program has been very promising. Further, participants described SCIT sessions as being helpful, fun and equipping them with relevant skills. Attendance rates exceeded 70 per cent over the duration of the 10 week program. Four groups have been run over the past 11 months.

We are working with QIMR statisticians to analyse the data. Results will be available later in 2014.



Hi! My name's Justin Chapman and I've been given the opportunity to write a few things about my experiences with conducting research through Queensland Health, at Metro North Mental Health - RBWH specifically.



I'm currently doing my PhD in the physical activity and sedentary behaviour patterns of adults with mental illness at the Centre for Research on Exercise, Physical Activity and Health (bit of a mouthful, so we just call it CRExPAH), at The University of Queensland.

Prior to beginning my PhD I was a peer-support worker with the Royal Brisbane and Women's Hospital and Community Queensland,

and my main focus was on developing gym-based personal training programs for people recovering from mental illness.

Many of the people I worked with over that time hadn't even set foot in a gym, let alone had someone help them one-on-one with their exercise.

While doing this work, I was privileged to see the impact that something as simple as personal training can have on people's lives, and pursued a PhD with the intention of contributing to the development of such programs for mental health service users.

For the past year I've been running a cross-sectional study to find out two things for non-institutionalised adults with mental illness: 1) their exercise attitudes, preferences and barriers, and 2) how much physical activity (or lack thereof) they get in their usual week. We used questionnaire surveys to assess people's opinions, and accelerometers (little sensors that measure movement and are also found in Nintendo Wii remotes) worn for seven days to measure activity patterns. Recruitment proved more challenging than initially anticipated, but with assistance from the very helpful and ever friendly Queensland Health staff we managed to have 100 participants complete the study over the year.

One of the most interesting things I found was that, for people who were able to complete the study, adherence to the study protocol was excellent – even better than adherence rates reported in similar studies for working populations. They were getting paid for participation which may have had something to do with it, but most people were genuinely pleased to help and interested in the results. The adherence was high but so was the attrition; many people withdrew before or during participation. This is, however, to be expected when working with people with complex life issues.

I'm currently planning an exercise intervention study for this year and can't wait to see the results. Research such as this is critical to improvements in policy and practice.

Forensic mental health

The Queensland Forensic Mental Health Service (QFMHS) aims to be a leading research authority on people with a mental illness involved in the criminal justice system.

The vision of the service is to conduct innovative research which informs service design and delivery, and ultimately improves the experience of forensic consumers and other stakeholders.

The service also prioritises the sharing of research findings with stakeholders and the wider research community, through publication and presentations.

The QFMHS Academic and Research Committee oversees the service's research agenda, and provides a forum in which research can be discussed, prioritised, planned, and reviewed.

The committee also encourages the development of relationships with academic partners (e.g. universities) and research bodies, and the service has strong relationships with universities such as UQ, Griffith and Bond.

QFMHS professional staff, regardless of position or qualification, are actively supported in their participation in relevant forensic research, and several special interest groups operate within the service (e.g. stalking interest group, sex offender interest group).

In the coming years, the service aims to intensify and broaden its research activities in line with the priorities set out in the Forensic Mental Health Framework 2011, in a manner which will improve service quality for forensic consumers and stakeholders.



Dr Michele Pathé

Researcher profile: Dr Michele Pathé

Dr Michele Pathé is a full-time senior forensic psychiatrist with Queensland's Forensic Mental Health Service, Senior Lecturer at The University of Queensland and Adjunct Professor at the Key Centre for Ethics, Law, Justice and Governance, Griffith University, Queensland.

She is the Queensland committee member of the Australasian Association of Threat Assessment Professionals (AATAP); she was formerly the Clinical Director of the Community Forensic Mental Health Service in Victoria ('Forensicare') and the Director of Threat Management, a private clinic in Melbourne for victims of stalking and related crimes.

Michele has published three books, a doctoral thesis and more than 50 scientific papers and book chapters on the subjects of stalking, public figure threats and sexual deviance.

She is a member of the Fixated Research Group www.fixatedthreat.com and continues to collaborate in research projects related to stalking and public figure fixation in Victoria and the UK.

Table of studies

Domain N studies	Local Chief investigators	Summary
Forensics N = 7	Ed Heffernan, Fiona Davidson, Tim Lowry, Bob Green, Elissa Waterson,	The Forensic Mental Health Service has an active research team exploring range of issues at the interface of criminal justice and mental health systems. Studies underway are using a various methods to examine, for example Assessment of Fitness for Trial in Deaf Defendants, high-risk psychotic phenomena and characteristics of people who commit arson.
Youth mental health N = 16	James Scott, Holly Erskine, Julieta Castellini, Natalie Mills, Shane Rebgetz, Kerry Geritz, Tasneem Hasan, Hannah Thomas, Jessica Payntertrt	The Youth Mental Health domain encompasses diverse studies related to the mental health and wellbeing of young people. Studies are using various methods to examine the biology, psychology, sociology, epidemiology and phenomenology of mental illness and mechanisms to promote recovery. Examples: <ul style="list-style-type: none"> • Emotion Regulation and Emotional Expression in Adolescence: 42 adolescents diagnosed with a psychiatric condition were compared to 45 demographically matched controls on behavioural and self-report measures of these constructs. • National trends in the community prescribing of second-generation antipsychotic medications in Australian children and youth: the incomplete story: A retrospective review of government data on all dispensed SGA prescriptions between 2002 and 2007 showed that SGA medication dispensed to Australian children equated to fewer than three in 10,000 children receiving the equivalent of a standard adult dose of medication each day.
Eating disorders N = 9	Warren Ward, Rachel Signorini, Sue Patterson, Rachael Bellair, Shane Jeffrey	A range of methods being applied to develop understanding and knowledge of the process and outcomes of various treatment modalities for people affected by eating disorders and their families and carers. Studies are led by Eating Disorder team members and/or being conducted in collaboration with university partners. Examples: <ul style="list-style-type: none"> • BMI Banding – development and evaluation of an approach to sharing weight information with people with anorexia nervosa and treating team • Anorexia Nervosa Genetics Initiative (ANGI) – a global study of genes that contribute to eating disorders.
Consult liaison Psychiatry psycho-oncolgy N = 5	Jane Turner	Jane is working with collaborators internationally to improve the quality of life of patients with cancer. She is investigating interventions for assisting patients with cancer and their partners to ‘cope’ and self-manage. Example: <ul style="list-style-type: none"> • The women’s wellness after cancer program: a national multisite RCT of an E-Health enabled lifestyle intervention to improve the health and wellness of women after cancer treatment.
Nursing N = 3	Nicole Goulter (see researcher bio)	Studies investigating the process of nursing care and assessment tools used by nurses. Methods include observation, audit of records and systematic literature review. See featured study ‘Patterns of Care’.

Domain N studies	Local Chief investigators	Summary
Health Services and intervention studies N = 22	Sue Patterson, Nicole Briggs, Nicci Goulter, Megan Batts, Frances Dark, Ros Darracott (QUT), Joanne Flear, Rhiannon Mee, Jessica Wain, Julie O`Sullivan, Kerrie Jones, Elsie Peusschers, David Higson, Anne Gordon, Stacy Dixon, Brett Emmerson	Diverse studies examining models of service delivery, work practices, specific interventions for consumers, consumer experience and outcomes. Examples: <ul style="list-style-type: none"> • RCT of social cognition and interaction training for people diagnosed with schizophrenia • Mixed method evaluation of Hearing the consumers' voice training • Grounded theory study designed to model readmission to mental health inpatient units • Evaluation of the Let's Get Physical service initiative designed to promote monitoring and management of metabolic abnormalities amongst people prescribed antipsychotics • Mixed method studies designed to support best practice in relation to restraint and seclusion. These studies are looking into the ways changes in monitoring and procedures influence practice and outcomes and the experience of seclusion from staff and consumer perspectives.
Consumer and Carer research N= 3	Imani Gunasekara, Dr Leonnie Cox (QUT)	Studies led by consumers and carers and studies exploring the roles and activity of consumer and carers in service activity.
Neuro –science N = 7	James Scott, Philip Mosley, Michael Breakspear, Justin Chapman	A range of studies using state-of-the-art equipment and technologies to explore the ways in which the brain is organised and how it works. The over-arching aim of this work is to contribute towards unifying models of brain architecture, dynamics and cognitive (dys)function. An example is a study designed to support development of a non-invasive tool to accurately diagnose disorders affecting mood.
Research process N = 4	Nick Martin (QIMR), Sue Patterson, James Scott	Studies examining questions related to the way research is conducted. Examples: <ul style="list-style-type: none"> • Mixed methods study of reasons for taking part in mental health research and experience of participation • Study assessing the validity and reliability of an instrument (CIDI) online.
Public mental health N= 1	James Scott	Public health relates to activities designed to understand and improve health at a population (rather than individual) level. Public mental health research examines the attitudes, knowledge and behaviours of groups of people and the effect of interventions to influence these. Stigma and mental health literacy and addressing the social causes of mental illness (such as child abuse) are key concerns of public mental health.
Older persons' mental health N = 4	Gerard Byrne	Research in the Older Persons' Mental Health Service is concerned with delivery of health services and mental disorders including dementia, anxiety and depression. Studies underway include an RCT of analgesic medications to modify behavioural and psychological symptoms of dementia and one designed to improve assessment and management of anxiety in people with dementia.

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Conference presentations

- Patterson S, Trite J, Weaver T. On becoming a service user researcher: An innovative approach to support service users and organisations develop involvement capacity. 2013 Service User Academia Symposium Melbourne November 25-26.
- Patterson S, Trite J, Weaver T. The roles, activity and experiences of service users involved in mental health research in the United Kingdom: Findings from a national survey 2013 Service User Academia Symposium Melbourne November 25-26.
- Patterson S, Johnson J, Bellair R, Jeffrey S, Ward W. Evaluation of an adult inpatient eating disorders unit. Abstracts of the 11th Annual Conference of the Australian and New Zealand Academy for Eating Disorders 2013.
- Patterson S, Johnson J, Bellair R, Jeffrey S, Ward W. Evaluation of an adult inpatient eating disorders unit. RBWH Healthcare Symposium.
- Green B. The characteristics of mentally ill arsonists and their fires. XIIIth International Conference of Forensic Mental health Services/ Maastricht, 18-21 June 2013.
- Heffernan E. Mental health in custody: A public health concern. RANZCP Bi-National Conference, Darwin.
- Heffernan E. Why the Mental health of people in custody is a public health problem. Justice health in Australia, Melbourne.
- Heffernan E. Risk in perspective. Essentials in Forensic Psychiatry, Brisbane.
- Mitchell M. Assessing and managing risk in threateners with a mental illness. Australasian Association of Threat Assessment Professionals Conference, November 2013.
- Morse M. Mental health court liaison service: A program of the Queensland Forensic Mental Health Service. National Forensic Nursing Conference, Sydney, February.
- Painter E, Greenwood K, Caldwell B, Freeman J. From 2013 ANZAED Conference. Inspiring change: Person and Context. At home with eating disorders. Melbourne, Australia. August 23-24.
- Dalton J, Patterson S, Goulter N. 2013 Hearing voices: Process and outcome study. World Hearing Voices Congress. November 2013. Melbourne, Australia.
- Goulter N. 2013 Patterns of nursing care in mental health. ACMHN 39th International Mental Health Nurses Conference. October 2013. Perth, Australia.
- Goulter N. 2013 Collaborative safety assessments. ACMHN 39th International Mental Health Nurses Conference. October 2013. Perth, Australia.
- Goulter N. 2013 Patterns of nursing care in mental health. 22nd Annual RBWEH Healthcare Symposium. October 2013. Brisbane, Australia
- Goulter N. 2013 Reaching for star... Avoiding meteors. 22nd Annual RBWEH Healthcare Symposium. October 2013. Brisbane, Australia
- Dart N, Goulter N. Success and survival of the fiscalist! Paper presented at the public sector workforce planning and development conference. Melbourne, Australia.

