

Metro North Mental Health Research Review 2014



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About Metro North Hospital and Health Service

Our promise is to put people first. Metro North Hospital and Health Service connects people to deliver excellent patient-centred care and high quality health services.

With a focus on collaboration with healthcare partners and an investment in systems, engagement and culture, we enable people to deliver services to a population approaching 900,000, from north of the Brisbane River to north of Kilcoy.

Our strength lies in our diversity. Royal Brisbane and Women's Hospital and The Prince Charles Hospital are tertiary/quaternary referral facilities, providing state-wide super specialty services such as heart and lung transplantation, genetic health and burns treatment. Redcliffe and Caboolture are major community hospitals, and Kilcoy is a regional community hospital. Mental Health, Oral Health, Subacute and Ambulatory Care services are provided from many sites including hospitals, 11 community health centres, residential and extended care facilities and mobile service teams. Dedicated units provide Public Health and Aboriginal and Torres Strait Islander health services. The state-wide Clinical Skills Development Centre is one of the world's largest providers of healthcare simulation.

Our service delivery. Metro North Hospital and Health Services delivers connected care to local communities and provides specialty services for patients throughout Queensland, northern New South Wales and the Northern Territory. Our clinical services incorporate all major health specialties, including medicine, surgery, psychiatry, oncology, women's and newborn, trauma and more than 30 sub-specialties.

Our core pillars. We have a strong focus on and commitment to service delivery and education and training. In particular, our focus on excellence ensures a thriving culture of research that delivers continuous service improvement and evidence-based care.

Metro North Hospital and Health Service is a prescribed employer under the Hospital and *Health Boards Act 2011*.

Metro North Hospital and Health Service's vision exemplifies compassionate, innovative and high quality health care, providing one hospital and health service for many.

To outline the direction and priorities for health service delivery in its catchment over the next five year Metro North Hospital and Health Service has launched its *Health Service Strategy 2015-20*.

Priorities identified in the strategy have two major complementary focus areas: expanding services to respond to population growth, and working in partnership to better integrate patient care across the system.

The importance of mental health in our community is recognised as one of the key priorities in the strategy.

The Board's commitment to improving the mental health outcomes and quality of life of people across Metro North will be enacted in various ways. These include increasing attention on physical health and psychological and social wellbeing, collaborating with partners to develop a range of whole of life services including accommodation and alternatives to hospital, and increasing focus on innovative and patient centred models of care.



About Metro North Mental Health

Metro North Mental Health (MNMH) is a specialist mental health service delivering services across the Metro North HHS district through various facilities.

Services are provided for people across the lifespan (perinatal, child and adolescent, adult to older persons) experiencing, or at risk of experiencing, severe mental illness. The service supports the recovery of people with mental illness through the provision of pharmacological and psychosocial interventions, working in collaboration with primary and private health providers and our non-government partners. The service has an annual budget of \$154 million and employs more than 1,040 staff.

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 and the National Standards for Mental Health Services (Commonwealth of Australia, 2010), which sets out principles for care and provides a framework to support continuous quality improvement. Collectively, these documents oblige services to enact least restrictive practices and to adopt a 'recovery approach'. The aim of 'recovery oriented' service provision is to enable people diagnosed with severe mental illness to maximise both their quality of life and ability to fulfil their role as a valued member of the community.

MNMH comprises three comprehensive mental health services each delivering care to meet the needs of geographically defined catchment areas – Royal Brisbane and Women's Hospital, The Prince Charles Hospital (TPCH) and Redcliffe and Caboolture Hospitals.

The Royal Brisbane and Women's Hospital catchment population of around 300,000 is heterogeneous. Affluent suburbs surround inner city areas within which luxury apartment buildings sit alongside hostels offering accommodation of variable quality. With multiple transport hubs, the catchment is 'home' to many of the state's itinerant and rough sleeping populations.

The Prince Charles Hospital catchment, with a population of around 380,000, centres on Chermside, 10 kilometres north of the Brisbane CBD. The catchment is mostly suburban, but also encompasses administrative, business and shopping hubs.

The population of Redcliffe and Caboolture catchment population of around 200,000 is rapidly growing. While there is substantial socio-demographic diversity within district boundaries, the Redcliffe and Caboolture population has high levels of socioeconomic disadvantage.

Metro North Mental Health service employs a balanced model of care encompassing community, inpatient and support services. Community services are based in Brisbane City, Fortitude Valley, Herston, Nundah, Chermside, Pine Rivers, Caboolture and Redcliffe, with outreach services to Kilcoy.

These services are linked to 330 inpatient beds across the district comprising 179 acute adult, 12 adolescent, 39 secure mental health rehabilitation, 60 community care, 24 long-stay nursing home psycho-geriatric and 16 state-wide alcohol and drug detoxification beds. MNMH additionally provides several specialist services to people from across Queensland.

Community-based services are delivered by clinicians and multidisciplinary teams providing services to meet the needs of people who meet eligibility criteria with access to inpatient care. While the mix of teams varies by catchment area, the three services include, or have access to:

- **Community Care Units** located at TPCH and RBWH districts, which comprise cluster homes for people requiring long stay rehabilitation to enable them to live independently within their own communities.
- **Secure Mental Health Rehabilitation Units** located at TPCH and Caboolture Hospital, which provide treatment for patients with a variety of complex mental health conditions requiring full-time care within a secure service. By working collaboratively with patients and families, the clinical teams assist patients to develop new skills or enhance their existing skills with the goal of supporting transition to less restrictive care as appropriate.
- **Consultation Liaison Services** which provide specialist mental health assessment, referral and intervention as appropriate to patients of the general wards at the district hospital.
- **Acute Care Teams** which receive all referrals to the service and provide assessment, triage and interim case management.
- **Continuing Care Teams** which provide pharmacological and psychosocial interventions using a case management model to people with complex needs related to severe and enduring mental illness.
- **Mobile Intensive Rehabilitation Teams** based in RBWH and TPCH catchment, which provide seven-days-a-week intensive case management and clinical support consumers with chronic and/or complex mental health issues living in the community.
- **Early Psychosis Teams** which are based in RBWH and TPCH catchment. These multidisciplinary teams provide assessment and management of persons presenting with early or first onset psychosis.
- **Older Persons Teams** are located in each area. These teams provide a range of specialist community mental health services for people over 65 years of age.
- **A Perinatal Mental Health Team** which provides a range of interventions for pregnant women and for mothers with babies up to one years of age during business hours and is located within the Acute Care Team.



Community services are linked to acute care inpatient units accessed through consultant psychiatrists at the Royal Brisbane and Women's Hospital, The Prince Charles Hospital and Caboolture Hospital.

MNMHS also has two service wide teams providing information and education about mental health issues for clinicians, consumers, carers and the wider community.

Recovery Support Services (RSS) comprises a team of clinicians and consumer and carer workers who provide recovery and rehabilitation programs and peer support services for people accessing mental health services across MNMH. The service offers recovery, peer support, rehabilitation and recreational groups and individual programs designed to support people's recovery journey and full participation in their community. The team partners with many local community services and programs to provide our services. RSS also provides education sessions to staff, consumer and families across the service to improve knowledge and skills in the implementation of recovery-focused service provision, and to promote consumer self-awareness and personal responsibility.

The **Resource Team** brings together smaller mental health specialist teams and sole positions to provide a more effective and efficient clinical support service to clients and clinicians across the facility and community sites.

The following state-wide specialist services provided through MNMH to residents of Queensland:

- The **Queensland Forensic Mental Health Service** is an integrated system of services consisting of larger teams in Brisbane, Townsville and Cairns, coordinating with smaller forensic teams and mental health services across the state. The integrated forensic programs consist of Secure Inpatient Services, Prison Mental Health Services, Court Liaison Services, and Community Forensic Outreach Services.

The state-wide component of the service (based in Metro North HHS) provides coordination for Court Liaison Services, Prison Mental Health Services, District Forensic Liaison Network, Indigenous Forensic Mental Health, and the State-wide Community Risk Management program.

- The **Eating Disorders Service** at the Royal Brisbane and Women's Hospital comprises inpatient beds (three for adolescents and five for adults), an outpatient clinic and the Eating Disorder Outreach Service (EDOS). EDOS uses a consultation-liaison model to assist health professionals across the state to manage people affected by eating disorders in either public or private services.
- The **Queensland Health Victim Support Service (QHVSS)** provides information, counselling and supportive to victims of crime committed by people involved with the forensic mental health system and their families at any stage after the initial offence and for as long as needed by victim(s). Ten staff members are located across offices in Brisbane and Townsville.
- The **Alcohol and Drug Service (ADS)** provides evidence-based treatments, including opioid maintenance, substance withdrawal management, and counselling, Queensland-wide consultation/ liaison, information, education, training, and research. ADS is also beginning to focus on the acute hospitals within Metro North to help early diagnosis of patients with substance use disorders, prevent complications, reduce length of stay, and facilitate effective discharge planning/community after care and avoid re-admissions.



Assoc. Professor Brett Emmerson
Executive Director
Metro North Mental Health



Professor Michael Breakspear
Chair, Metro North
Mental Health Research
Collaborative Committee

Foreword

Welcome to the second edition of the Mental Health Research Review. We are pleased, once again to provide you with an overview of the diverse research, evaluation and quality improvement activities which have been completed and continue across Metro North Mental Health.

As you will see from the accounts of clinicians and researchers and the impressive list of publications and presentations included, Metro North Mental Health well deserves its reputation as a leader in integration of research and clinical practice.

The work described in this review spans the mental health research spectrum encompassing cutting edge computational neuroscience, clinical research, interventional clinical studies and health services and policy research. As shown in the included abstracts, Metro North researchers and their collaborators use diverse methodologies and encompass various age and diagnostic groups, but are all designed to improve the health of people affected by severe mental illness.

The stories of clinicians show that although conducting research requires perseverance and negotiation of some challenges, it is worthwhile and rewarding. We are pleased this year to include an account written by Dominic Hanley who has worked to have his 'story' published in a prestigious journal. Dominic tells an inspiring story of recovery and moving on to work with consumers in mental health.

Service evaluation and quality improvement have been high on the agenda, particularly in relation to the physical health of consumers and implementation of the recovery agenda. As shown in a paper published in Australasian Psychiatry, our ongoing work to embed metabolic monitoring and management of physical health as core business is paying off. As we work to build research capacity across MNMH, we have been particularly pleased this year to host student researchers from the United Kingdom. Stephanie Clinton, a medical student from Aberdeen, joined us to examine physical health care in inpatient units, and Sarah-Jane Fenton, from Birmingham University, investigated the transition from child and youth to adult services. We are pleased to be working closely with Professor John McGrath who was awarded a prestigious John Cade Fellowship to advance research into psychosis and develop a clinical trials platform for Queensland.

There have been developments in the research team this year. We are delighted that three members of our team have had their contributions to research and the research community recognised in appointment as Associate Professors – James Scott and Ed Heffernan at The University of Queensland, and Sue Patterson at Griffith University. We also congratulate Sue on receiving one of two Metro North HHS Chairman's Scholarships. The scholarship will enable Sue to work with The Royal College of Psychiatrists in London and Oxford University researchers to develop expertise around incorporation of research in mental health services and patient experience in strategic quality improvement. We said farewell to Nicci Goulter, welcomed Dr Niall Higgins to the role of Clinical Academic Fellow (nursing), and are very pleased to welcome Dr Anna Praskova who will take on Sue's Principal Research Fellow role while she is away.

We commend this review to you and encourage you to get in touch with any of our research team if you have any questions or ideas.

Associate Professor Brett Emmerson
Executive Director
Metro North Mental Health

Professor Michael Breakspear
Chair, Metro North Mental Health
Research Collaborative Committee



Dr Sue Patterson
Principal Research Fellow
Metro North Mental Health

Oversight of research

Thank you for making time to look through the 2014 Metro North Mental Health Research Review. My aim in compiling the review has been to give you a taste of the wide-ranging research and related activities going on in, and around, the service.

You will see as you turn the pages, that 2014 has been a productive and rewarding year. In addition to lists of publications, presentations and grants, which are the currency of research, the review includes abstracts from papers published by service researchers and the first-person stories of several researchers. However, with interest in research and evaluation activities growing exponentially over the past couple of years, the review provides only part of the story. Not a week has gone by during the year without a manager or clinician approaching myself, Nicci or Niall to discuss an exciting new evaluation opportunity or research idea. Working with them to develop an approach to answer their questions is one of the most rewarding parts of my job. Given the multiple priorities clinicians and managers face providing services each day, and limited time and resources available, we need to be creative, choosing methods which fit with work and generate meaningful and credible findings. Because it has been such a full year, it is hard to select highlights.

I have particularly enjoyed being able to work at Caboolture where I have been made very welcome. We have been fortunate in being part of the Caboolture Hospital Research and Innovation Program (CHIRP), which has been established with funding from UQ to build research capacity across Caboolture Hospital. We have used our funding allocation to employ Sarah Young, a senior psychologist, as a researcher. Sarah is completing a study of consumer and carer experiences and expectations about management of their physical health in mental health services. With work regarding physical health to date focused on the roles of clinicians (particularly psychiatrists), this will be one of the first studies in the world to ask consumers what they want.

It has also been a great learning experience continuing to build our partnership with the UQ School of Dentistry. This partnership involves mental health clinicians providing education to dentistry students and MNMH hosting dentistry students undertaking projects related to mental health. We evaluate our education and this year published a paper reporting dentistry students' views about working with people with mental illness and the (positive) impact of just one mental health seminar on students' attitudes. In 2014, four students conducted studies, interviewing clinicians and consumers of the eating disorders and hospital alcohol and drug detox units about the role of mental health services in oral health care. Their work showed that clinicians are keen to learn more about oral health and consumers welcome information and advice about where and how to access oral health care. We are going to build on this in 2015, working with students to develop and deliver education for clinicians.

Ongoing collaboration with Consumer Consultant, Imani Gunasekara, was also very interesting. Building on her work 'What makes an excellent mental health nurse' published in the International Journal of Nursing in 2013, Imani has been interviewing consumers about 'what makes an excellent mental health doctor'. Using an iterative process, Imani is collating what consumers tell her, discussing this with doctors and then going back to consumers to explore doctors' concerns or explanations of consumers' experience. Our aim is to have this work 'in press' by mid-2015.

During my three years at Metro North, I have been continually impressed by the creative and professional ways clinicians and managers continually improve services, often in challenging circumstances. With a lot of 'talk' about service culture and shifts to academic health science centres, I have developed an interest in strategic approaches to quality improvement and embedding research in practice and wondered how this can best be achieved in mental health – how I can improve what I do. I have been fortunate to secure a Chair's Scholarship to enable me to work in the UK in the coming year to learn from some world leaders in these fields. While I look forward to a year full of learning, I am confident research will continue to flourish across Metro North.

Dr Anna Praskova, who has stepped into the Principal Research Fellow role, brings a wealth of experience in health care and research design. Her expertise in advanced statistical techniques and development of psychometrically valid instruments will be particularly valuable. Anna will be working closely with other service researchers to keep research on the agenda.

Please enjoy the Mental Health Research Review 2014.

Something about Anna...



Dr Anna Praskova
Principal Research Fellow
Metro North Mental Health

Asked to tell us a bit about herself, Anna wrote:

I have only recently taken up the role of Principal Research Fellow - Mental Health for Metro North Mental Health, while Sue is working in the UK. I feel immensely fortunate for this opportunity so soon in my professional research career and for the varied experiences it will provide.

My path to a research career has been an interesting one. My formal education and work in paediatric nursing sparked my interest in understanding the processes that explained behaviours and attitudes of sick children, their parents and carers, and healthcare providers. This interest led me to pursue tertiary education in psychology at Griffith University and, after I realised that contributing to psychology via research is what I love and want to grow in, completion of a PhD in psychology in December 2014.

While completing my studies, I worked as a tutor and gave lectures in the School of Applied Psychology at Griffith University and supervised post graduate students. I found providing guidance and support to my research and academic colleagues rewarding and look forward to continuing this with new colleagues across Metro North.

My research expertise includes the development and validation of new psychological measures, complex quantitative and mix-method research designs and evaluation of interventions. My research to date has related to developmental and career psychology, particularly the psychological wellbeing of people in transition. Many of the issues addressed in this field (e.g. unemployment, career preparation, setting goals and developing satisfaction and purpose in life) are relevant to the mental health field.

Although my time in this role may be limited, I hope I can learn more about health services and how the delivery of services affects people with mental health problems. I cannot wait to see the existing projects, which I have been trusted to coordinate, sprint to a finishing line in 2015, and see the successful outcomes and satisfaction of all people involved. I also hope to initiate new service improvement projects guided by my research interest and expertise, as it would be rewarding to leave something behind.

Why integrate evaluation and research in mental health services?



Dr Vikas Moudgil
Clinical Director, RBWH
Metro North Mental Health

Vikas Moudgil, Clinical Director at RBWH provides his views:

“Anyone who has never made a mistake has never tried anything new”
– Albert Einstein

People affected by mental illness have a right to receive high quality care that meets their needs in a timely manner; care should be compassionate and person centred. Our goal in providing

services and care is to improve health and wellbeing – to support people to recover and live meaningful lives, even where they may still experience symptoms of mental illness. As a publicly funded service with finite resources, it is critical that we do this as efficiently as possible and make best use of available resources for consumers. If we cannot assess whether our goals are achieved, we risk providing services that do not achieve what we want them to, and we lose opportunities to improve what we do.

Evaluation of both the process (how care and services are delivered) and outcomes (what happens as a result) of services is essential to improving quality and efficiency. While evaluation is critical in all health care, it is especially important in psychiatry/mental health care – a field in which different explanations of experiences and views about ‘what works’ can lead to uncertainty in resource allocation. Policy and practice guidelines internationally endorse the view that mental health care should be evidence-based.

However, many practices, which are common in mental health services remain untested, partly because practice has developed in the ‘real world’ and because research is typically conducted with select groups of participants in a controlled experimental setting. Hence, whether these various interventions can be implemented effectively in a natural clinical setting is often unclear.

Robust evaluations are pivotal in informing our services whether treatment programs and services are achieving objectives – whether what we are doing is ‘working’. Something might seem like a good idea, but with lots of good ideas competing for money, it is important to be able to show that your good idea is a good investment.

Evaluation should be developed as a part of any intervention or service development project in order for clinicians and managers to have clarity on what outcomes we are considering achieving. Evaluation can tell us about outcomes of impact of a program or intervention that had not been considered (unintended outcomes).

Evaluation helps the clinicians to start focussing their services/inputs with a clear question and goal in mind. Evaluation can also empower consumers on the ground to be part of service improvements. It helps the system to be evolving in nature to meet ever growing demands on our health service. Hence, we should encourage ongoing evaluation to be incorporated into service delivery for quality improvement and, in addition, clinicians get enthusiastic about having research embedded into their clinical practice, leading to improved job satisfaction.

Richard Bohmer, an international authority on quality in health care, describes measurement and oversight of service provision and self-study as two key characteristics of high performing services. Critically evaluating what we do is essential to making Metro North Mental Health one of those high performing services.

Abstract

Critical reflection on process of a collaborative inquiry in a mental health service

Collaborative inquiry involves a group of people in iterative examination of a shared experience, action to address identified concerns, and reflection. We examine our attempt to collaboratively inquire into the roles and experiences of clinicians designated as recovery champions within a mental health service. Our linked goals were to work with champions to support the desired shift in approach to care and implementation of recovery practices, and to gather data to develop understanding of the service culture. The inquiry opened up a communicative space in which robust discussion elucidated the complexities of implementing 'recovery' within a highly governed and scrutinised environment. Numerous problems and some opportunities for practice improvement were identified, but with too little time and emotional space to engender group identity and work through ambiguity inherent in collaborative inquiry, no actions were implemented. However, champions came to appreciate substantial progress made and understand the service as one 'in recovery'. They developed a sense of themselves as agents of change and agreed to continue the process independently. Review of the process sheds light on successes and limitations, drawing attention to the importance of context and realistic planning when considering such an inquiry.

Patterson S & Goulter N (2014). Advanced online publication. *Action Research*. doi:10.1177/1476750314555437.

Abstract

Exposure to stressful life events during pregnancy predicts psychotic experiences via behaviour problems in childhood

Background: Exposure to stressful life events during pregnancy has been associated with later schizophrenia in offspring. We explore how prenatal stress and neurodevelopmental abnormalities in childhood associate to increase the risk of later psychotic experiences.

Methods: Participants from the Mater University Study of Pregnancy (MUSP), an Australian based pre-birth cohort study, were examined for lifetime DSM-IV positive psychotic experiences at 21 years by a semi-structured interview (n = 2227). Structural equation modelling suggested psychotic experiences were best represented with a bifactor model, including a general psychosis factor and two group factors. We tested for an association between prenatal stressful life events with the psychotic experiences, and examined for potential moderation and mediation by behaviour problems and cognitive ability in childhood.

Results: Prenatal stressful life events predicted psychotic experiences indirectly via behaviour problems at child age five years, and this relationship was not confounded by maternal stressful life events at child age five. We found no statistical evidence for an interaction between prenatal stressful life events and behaviour problems or cognitive ability.

Conclusion: The measurable effect of prenatal stressful life events on later psychotic experiences in offspring manifested as behaviour problems by age 5. By identifying early abnormal behavioural development as an intermediary, this finding further confirms the role of prenatal stress to later psychotic disorders.

Betts KS, Williams GM, Najman JM, Scott J & Alati R (2014). *Journal of Psychiatric Research*. 59, 132-139. doi:10.1016/j.jpsychires.2014.08.001.



Exploring changing culture and bringing capacity in research with consumers, carers and consumer companions

Dr Leonie Cox¹; Mrs Tracey Rodgers²; Mrs Nicole Goulter^{1,2}

1. Queensland University of Technology, 2. Queensland Health

Background

Australian policy mandates consumer and carer participation in mental health services at all levels including research. Inspired by a UK model – Service Users Group Advising on Research [SUGAR] – we conducted a scoping project in 2013 with a view to create a consumer and carer led research process that moves beyond stigma and tokenism, that values the unique knowledge of lived experience and leads to people being treated better when accessing services. This poster presents the initial findings.

Aims

The project's purpose was to explore with consumers, consumer companions and carers at the Metro North Mental Health – RBWH their interest in and views about research partnerships with academic and clinical colleagues.

Methods

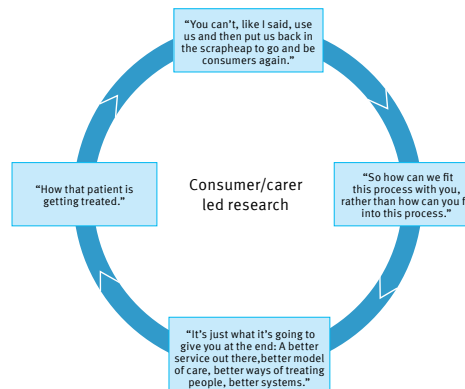
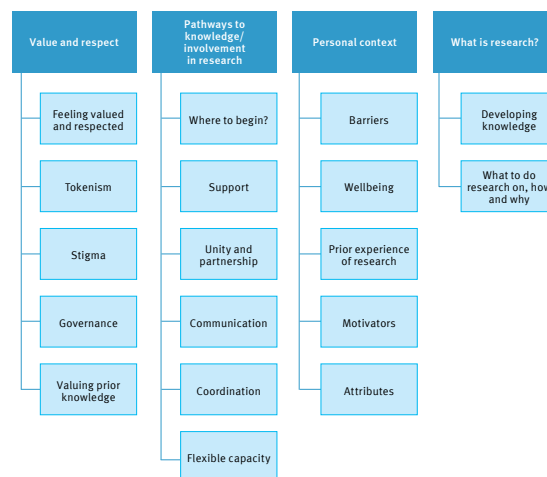
This poster overviews the initial findings from three audio-recorded focus groups conducted with a total of 14 consumers, carers and consumer companions at the Brisbane site.

Analysis

Our work was guided by framework analysis (Gale et al. 2013). It defines five steps for analysing narrative data: familiarising; development of categories; indexing; charting and interpretation. Eight main ideas were initially developed and were divided between the authors to further index. This process identified 37 related analytic ideas. The authors integrated these by combining, removing and redefining them by consensus through a mapping process. The final step is the return of the analysis to the participants for feedback and input into the interpretation of the focus group discussions.

Results

- 1. Value and respect:** Feeling valued and respected, tokenism, stigma, governance, valuing prior knowledge/background.
- 2. Pathways to knowledge and involvement in research:** 'Where to begin', support, unity and partnership, communication, coordination, flexibility due to fluctuating capacity.
- 3. Personal context:** Barriers regarding commitment and the nature of mental illness, wellbeing needs, prior experience of research, motivators, attributes.
- 4. What is research?** Developing knowledge, what to do research on, how and why?



Conclusion and discussion

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. They identified maintaining motivation and interest as an issue since research processes are often extended by ethics and funding applications.

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.

References: Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 13:117 doi:10.1186/1471-2288-13-117 <http://www.biomedcentral.com/1471-2288/13/117>



Queensland University of Technology





Risk Management Research Group

Nursing research at RBWH

Nursing Research within Metro North Mental Health at Royal Brisbane and Women's Hospital continues to gain momentum, building on the achievements of 2013.

In 2014, the service farewelled Nicole Goulter, who had been Clinical Academic Fellow (nursing) since inception of the position early in 2012, we welcomed Dr Niall Higgins to the role. Niall joined us from the NHMRC Centre of Research Excellence in Nursing, an element of the Griffith Health Institute. While there, he facilitated and supported clinical research in the acute area, contributing to the improvement of clinical interventions and the care of acutely ill patients. In his short time with us, Niall has continued to develop the nursing research agenda and work with managers and clinicians to develop nursing research capacity. As Clinical Academic Fellow, Niall will continue to promote collaboration between RBWH Mental Health and Queensland University of Technology (QUT) School of Nursing, while working with clinicians and managers to strengthen a culture of research with MNMH RBWH nursing.

Academic and industry partnerships continue to be an important focus for the nursing profession within the service. Our education and research partnerships with QUT continue with nursing educators contributing to undergraduate course teaching and with the risk assessment research project currently under way.

In 2014, a substantial nursing and midwifery research grant was awarded to the Senior Nursing Leadership group to investigate whether the introduction of a validated risk assessment tool has an impact on clinical practice, ward atmosphere and patient outcomes.

There are also a number of other nursing related, research-based, initiatives under development and at various stages. These include:

- Nursing staff have been participating in a 'seclusion reduction study.' This uses a mixed method approach to examine factors that have supported reduction in seclusion at RBWH over the past five years and engage staff in ongoing practice improvement
- The nurse educator teams across Metro North Mental Health are completing a literature review of safe administration technique and consumer choice related to administration of deep intra-muscular depot injections. This builds upon previous published work that this team has contributed to regarding whether preference should be given to either the ventro-gluteal or the dorso-gluteal anatomical site for administering prescribed medications
- Nursing Leadership Program – a nurse initiative to build increased capacity and capability into the nursing workforce
- Self-efficacy of nursing staff in advocating for patient rights.

A new partnership with Australian Catholic University (ACU) has also developed and the Mental Health Nursing Transition Support Program is currently being considered for credit articulation for the post graduate mental health nursing programs (Graduate Diploma/Masters of Mental Health Nursing). Clinical staff from MNMH at RBWH have also been actively engaged by the ACU academic staff to provide feedback and influence the content of their post graduate courses. Ongoing conversations regarding joint research activities and future opportunities continue.

Systems neuroscience

The systems neuroscience group based at QIMR works to develop and apply advanced data analysis methods in order to understand brain function in health and disease. In particular, the group applies its efforts to understanding psychiatric disorders as ‘dynamical disorders’ of brain network function.

Professor Michael Breakspear, the group leader, writes: “Our objective is to apply these methods in order to better understand the nature of mental health disorders and to develop more accurate diagnostic tests in the clinic. In 2014, we applied this approach to understand major depression, bipolar disorder, dementia, schizophrenia, as well as diseases of the newborn arising from premature or traumatic delivery.”

This has been an exceptionally rewarding year for the systems neuroscience group. We have published multiple papers and presented our ground-breaking work at conferences internationally. Many of our publications are in prestigious journals such as *Proceedings of the National Academy of Sciences* (USA), *Journal of Neuroscience*, and *JAMA Psychiatry*.

Four members of our team have completed their PhDs. Congratulations to:

- **Dr Saeid Merhkanon** – ‘Dynamic networks in the brain inferred from the analysis of neurophysiology data’
- **Dr Anton Lord** – ‘Biometric markers for affective disorders’
- **Dr Matthew Hyett** – ‘Attention and inference in melancholic depression’
- **Dr Kartik Iyer** (2014) – ‘Novel methods for predicting clinical outcome in neonates from electroencephalographic recordings’.

Abstract

The frustrated brain: from dynamics on motifs to communities and networks

Cognitive function depends on an adaptive balance between flexible dynamics and integrative processes in distributed cortical networks. Patterns of zero-lag synchrony likely underpin numerous perceptual and cognitive functions. Synchronization fulfils integration by reducing entropy, while adaptive function mandates that a broad variety of stable states be readily accessible. Here, we elucidate two complementary influences on patterns of zero-lag synchrony that derive from basic properties of brain networks. First, mutually coupled pairs of neuronal subsystems resonance pairs promote stable zero-lag synchrony among the small motifs in which they are embedded, and whose effects can propagate along connected chains. Second, frustrated closed-loop motifs disrupt synchronous dynamics, enabling metastable configurations of zero-lag synchrony to coexist. We document these two complementary influences in small motifs and illustrate how these effects underpin stable versus metastable phase-synchronization patterns in prototypical modular networks and in large-scale cortical networks of the macaque (CoCoMac). We find that the variability of synchronization patterns depends on the inter-node time delay, increases with the network size and is maximized for intermediate coupling strengths. We hypothesize that the dialectic influences of resonance versus frustration may form a dynamic substrate for flexible neuronal integration, an essential platform across diverse cognitive processes.

Gollo LL & Breakspear M (2014). *Philosophical Transactions of the Royal Society*. 369 (1653), p. 20130532. doi:10.1098/rstb.2013.0532.



Pharmacy research



Elsie Peusschers
Advanced Clinical Pharmacist
Metro North Mental Health

With medications the mainstay of treatment for psychiatric conditions, the quality use of medicines is a central concern of mental health services.

Quality use of medicines relates to the selection, management and safe use of all medicines, including prescription, over-the-counter (OTC) and complementary medicines. Preventing

medication errors, defined as any preventable event leading to inappropriate medication use or patient harm, is a strategic and operational priority for services. Errors can arise at various stages in the medication process from system or human factors. Sources of provider-related errors include faults in prescribing, dispensing or administration. With safe prescribing dependent on timely access to comprehensive information about the patient, condition, medication history and preferences, communication about medication is critically important. This has been the focus of quality improvement, evaluation and research activities at the RBWH mental health pharmacy throughout 2014.

Elsie Peusschers, advanced clinical pharmacist and team leader for the Mental Health Pharmacy at RBWH, writes about development of her interest in the area and about the budding mental health/pharmacy research stream.

Five years ago I decided to specialise in mental health. Early on, I realised the need for pharmacist input in medication management requirements for consumers of mental health services was enormous. Aiming to improve pharmacy efficiency and patient outcomes, I started to do Quality Use of Medication (QUM) projects with the help of pharmacy students doing fourth year placements. Although these QUM projects helped to identify multiple issues and support service development, the capacity to develop them further and grow them into research projects was limited.

My first research project grew from my practice based observations that discharge summaries did not always include accurate and comprehensive medication records. With the help of a project pharmacist, Edwin Cheung, and Senior Pharmacist, Albert Chan, we audited charts to identify specific discrepancies in medication records. Our work led to development of processes to improve services, including the addition of discharge medication records prepared by pharmacists in CIMHA. My interest in documentation of medication grew, and when I joined the Metro North MHS RBWH in 2012, I continued to host students doing QUM projects. Finally, it looked as if my dream to participate in research was going to become reality. In 2013, QUM student, Jaryth Twine, and medical student, Jeremy Johnson, worked to collect and analyse data regarding the documentation of medication changes during admission to an inpatient unit. With the assistance and mentoring of Dr Susan Patterson and Associate Professor Michael Barras, the first paper was written and in 2014 was accepted for publication (see the abstract) in the Journal of Australasian Psychiatry.

It took a while for this paper to see the publication light – we often joked that it was like giving birth to an elephant but the sense of achievement made the wait and work worthwhile. The baby elephant was finally born.

Last year was a productive year. I attended the Annual introduction to research principles and resources for health professionals 2014 presented at RBWH by MNHHS Centre for the Advancement of Clinical Research and increased knowledge started to ignite my mental health pharmacy research even more.

MHS RBWH funded project Join the dots: Project pharmacist, Panteha Vousoughi, conducted training for mental health clinicians (MHC) with regard to the documentation of medication records and history for consumers in the community MHS and conducted medication reviews for a small group of consumers with MHC present. Pre- and post- training surveys by MHCs were completed. QUM students Nathan Lai and Qian Lai assisted with data analysis.

Research capacity is growing in pharmacy – a grant secured by Dr Susan Patterson, Associate Professor Ian Coombes, Professor Amanda Wheeler, and Dr Vikas Moudgil to investigate communication about clozapine has been used to support a scholarship for Kate Murphy (Senior MH Pharmacists, RBWH). Kate Murphy accepted position as a research pharmacist, completing research project “Clozapine and concomitant medications: Assessing the completeness and accuracy of medication records for people prescribed clozapine under shared care arrangements.”

I've learned a lot over the last few years about the importance of evaluating what we do, of being rigorous in development of quality improvement activities, and about the complexities of research. I believe the key messages are the importance of collaboration, critical discussion of ideas with colleagues, and finding people to work with who are happy to provide support and supervision. Above all, persist – the rewards are great!

I can hear the rumbling of an elephant family in medication management services in Mental Health and 2015 will be an exciting year to look forward to.



Abstract

Documentation of medication changes in inpatient clinical notes: an audit to support quality improvement

Objective: To describe completeness and accuracy of recording medication changes in progress notes during psychiatric inpatient admissions.

Method: A retrospective audit of records of 54 randomly selected psychiatric admissions at a metropolitan tertiary hospital. Medications changes recorded on National Inpatient Medication Charts (NIMC) were compared to documentation in the clinical progress records and assessed for completeness against seven quality criteria.

Results: With between one and 32 medication changes per admission, a total of 519 changes were recorded in NIMCs. Just over half were documented in progress notes. Psychotropic and regular medications were more frequently charted than 'other' and 'if required' medications. Documentation was seldom comprehensive. Medication name was most frequently documented; desired therapeutic effect or potential adverse effects, rarely documented. Evidence of patient involvement in, and an explicit rationale for a change, were infrequently recorded.

Conclusions: Revealing substantial gaps in communication about medication changes during psychiatric admission, this audit sheds light on a problem readily amenable to low-cost remediation. Further research is needed to examine barriers to best practice to support design and implementation of quality improvement activities but in the interim, attention should be addressed to development and articulation of content and procedures for documentation.

Peusschers E, Twine J, Wheeler A, Moudgil V & Patterson S in press. *Australasian Psychiatry*.

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 publications 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 and Griffith and Bond Universities.

QFMHS professional staff are actively supported in their participation in relevant forensic research and evaluation of program initiatives (e.g. problem behaviour interventions). In the coming years, the service aims to intensify and broaden its research activities in line with the priorities set out in the Queensland Health Forensic Mental Health Strategic Framework 2011 in a manner which will improve service quality for forensic consumers and stakeholders.

The team at QFMHS are to be congratulated on making 2014 a rewarding and productive year.

Researcher Profile



Bob Green
Program Coordinator
State-wide Community Risk
Management Program

Bob Green is a researcher with the Queensland Forensic Mental Health Service.

Bob began working as a social worker in 1983, in what was then Wolston Park Hospital. He has worked in forensic mental health since 1989, in both community and inpatient settings. His current position is Program Coordinator, State-wide Community Risk Management Program, with the Queensland Forensic Mental Health Service.

This position, which arose out of the 2006 Butler review, involves clinical, research, service evaluation/monitoring, consultation regarding forensic issues and training.

Bob has been involved with the development of the Griffith University Postgraduate forensic mental health course and the Queensland Centre for Mental Health Learning suicide and risk assessment courses. He has undertaken research into release decision making, forensic patient length of stay and reoffending, psychosis and violence severity, fire setting, and completed a PhD on the topic of factors maintaining cannabis use among people with psychosis.

Most of his research has arisen out of issues or questions that he found interesting or challenging in relation to where he was working at the time. This has included research with large size samples, as well as research that has explored individual's subjective experiences. Much of this research has been driven by personal professional interest rather than being an academic requirement, so there is a focus on research that can contribute to practice.

Community Forensic Outreach Service: Melanie Mitchell's research

Melanie Mitchell, psychologist with the Community Forensic Outreach Service is in the early stages of a PhD examining the precursors to violence in people with a mental illness who threaten violence.

Melanie's interest was sparked by the absence of information about violent threats made by people with a mental illness and, in particular, how to conduct a threat assessment with this population.

Melanie writes: "Research indicates that violence is often precipitated by a warning behaviour or a threat. Also, people with a mental illness are more likely to act on a threat of violence than people without a mental illness and violence risk assessment tools are insufficient when assessing the likelihood that a threatener will act on their threat. Research also indicates that professional staff do not feel confident in responding to violent threats made by their clients. This study aims to obtain an understanding of the characteristics of people with a mental illness who make threats, the nature of the threats, the differences between those who act on threats and those who do not and identify any indicators of threat enactment. It is hoped that this research will provide mental health clinicians with some guidance for determining whether a threat of violence will result in violence."

Queensland Fixated Threat Assessment Centre

The Queensland Fixated Threat Assessment Centre (QFTAC), established in 2013, is a joint mental health/police agency collaboration involving the intelligence, counter-terrorism and major events command of the Queensland Police Service (QPS) and the Queensland Forensic Mental Health Service (QFMHS).

QFTAC is staffed by QPS officers from the Security Operations Unit (SOU) and clinicians from QFMHS. The SOU is a protective intelligence service for public office holders.

QFTAC's remit is the identification of individuals whose problematic communications and approaches to public office holders pose a threat to themselves or public safety. The aim is to facilitate care for individuals with a serious mental illness and, in doing so, minimise the harm they potentially pose. The service facilitates interventions (predominantly engaging mentally ill fixated people with mental health care) and reduces risk through these interventions and management of other identified risk factors (e.g. removal of firearms, police welfare checks, and NGO involvement).

There is a substantial body of evidence to indicate that many people who fixate on public figures have a major mental disorder and a small proportion will go on to approach and attack behaviours. Despite their fixation on a public official or some related cause, their victims are more often family members, other innocent citizens or the fixated person themselves. It appears, therefore, that disordered communications and approaches to public figures are a means of identifying these concerning individuals and intervening before they escalate to harmful behaviours. Furthermore, it has been found that many people who become pathologically fixated on public figures have fallen through the mental health care net. Some of these individuals are not currently known to mental health services, while others have disengaged from treatment.

Michele Pathe, Tim Lowry and Paul Winterbourne from QFMHS, and Debbie Haworth, Dee Webster and Colin Briggs from QPS, are evaluating the operation of QFTAC.

They describe the first 12 months of operation (1 July 2013 to 30 June 2014):

- QFTAC received 145 referrals during this 12 month period. Of the moderate and high risk cases included in the analysis, 83 per cent were male, with a median age of 58 years, and 91 per cent were fixated on a cause or grievance (as opposed to a specific public office holder).
- A criminal history was recorded in 53 per cent (90 per cent of the high risk group and 76 per cent of the moderate risk group).
- Diagnostically, 70 per cent had a psychiatric condition, and 54 per cent had a major mental illness, predominantly Delusional Disorder or Paranoid Schizophrenia.
- Only 18 per cent of mentally ill cases were open to a public mental health service at the time of their referral to QFTAC and 10 per cent were being managed by a private mental health practitioner.
- Forty-six per cent of cases had a psychiatric history but were not open to a mental health service, while the remaining 26 per cent were unknown to health services at referral.

QFTAC assesses risk levels according to a standardised, evidence based tool for fixated /public figure stalker populations, at the time of referral, at intervals when there is a significant change in circumstances, and post-intervention. Overall, during this period, 94 per cent of cases were managed from a moderate or high risk level to a low risk.

The complete results and further details about QFTAC's operations will be published in 2015.

If you are interested in learning more about QFTAC, please contact Drs Michele Pathé or Timothy Lowry at CFOS on 07 3139 7200 for advice and training options.

Abstract

Medication use and knowledge in a sample of Indigenous and non-Indigenous prisoners

Objective: To (a) characterise medication use and knowledge, according to Indigenous status and (b) identify independent correlates of medication knowledge in a sample of adult prisoners.

Methods: A cross-sectional survey of 1,231 adult prisoners in Queensland, interviewed within six weeks of release. Measures included self-reported demographic and health-related characteristics, self-reported use of medications, the Hayes Ability Screening Index (HASI) and the Short-Form Health Survey (SF-36). Objective medication data were abstracted from prison medical records. A medication knowledge score was calculated to reflect the agreement between self-reported and objective medication use.

Results: 46 per cent of participants were taking at least one medication. The most common class of medication was Central Nervous System (30 per cent of participants). Medication knowledge was generally poor, with one quarter of prisoners unable to accurately identify any of their medications. Independent correlates of poor medication knowledge included not taking Central Nervous System medications, identifying as Indigenous and age >54.

Conclusions and implications: Around half of prisoners are taking medications in prison, but most have poor knowledge of what these medications are. Medication knowledge is associated with better adherence and may contribute to improved health outcomes post-release. Changes to prescribing and dispensing practices in prison may improve medication knowledge and health outcomes in this profoundly marginalised group.

Carroll M, Kinner SA & Heffernan EB (2014). *Aust N Z J Public Health*. 38(2), pp.142-146. doi:10.1111/1753-6405.12203.

The Homeless Health Outreach Team (HHOT)



Deanna Erskine
Team Leader
Homeless Health Outreach Team

The Homeless Health Outreach Team (HHOT) is an extended hours team, which provides services to homeless people with mental illness and/or substance use disorder living within a 5km radius of the Brisbane City GPO.

HHOT works in partnership with non-government agencies and other homelessness services, using assertive outreach to locate and engage with consumers experiencing homelessness and mental illness. Our staff are keenly aware that creativity and out-of-box-thinking is a requisite when supporting homeless clients to engage with mental health care. As such, we are interested in evaluating our practice, researching and trialling new approaches to improve services and the health outcomes of our clients and make it easier for them to connect with services. In addition, having close relationships with providers of homelessness supports (accommodation, food, and harm reduction) helps us to ensure that people link into the systems of care in a smooth and helpful manner, minimising gaps and duplication in service.



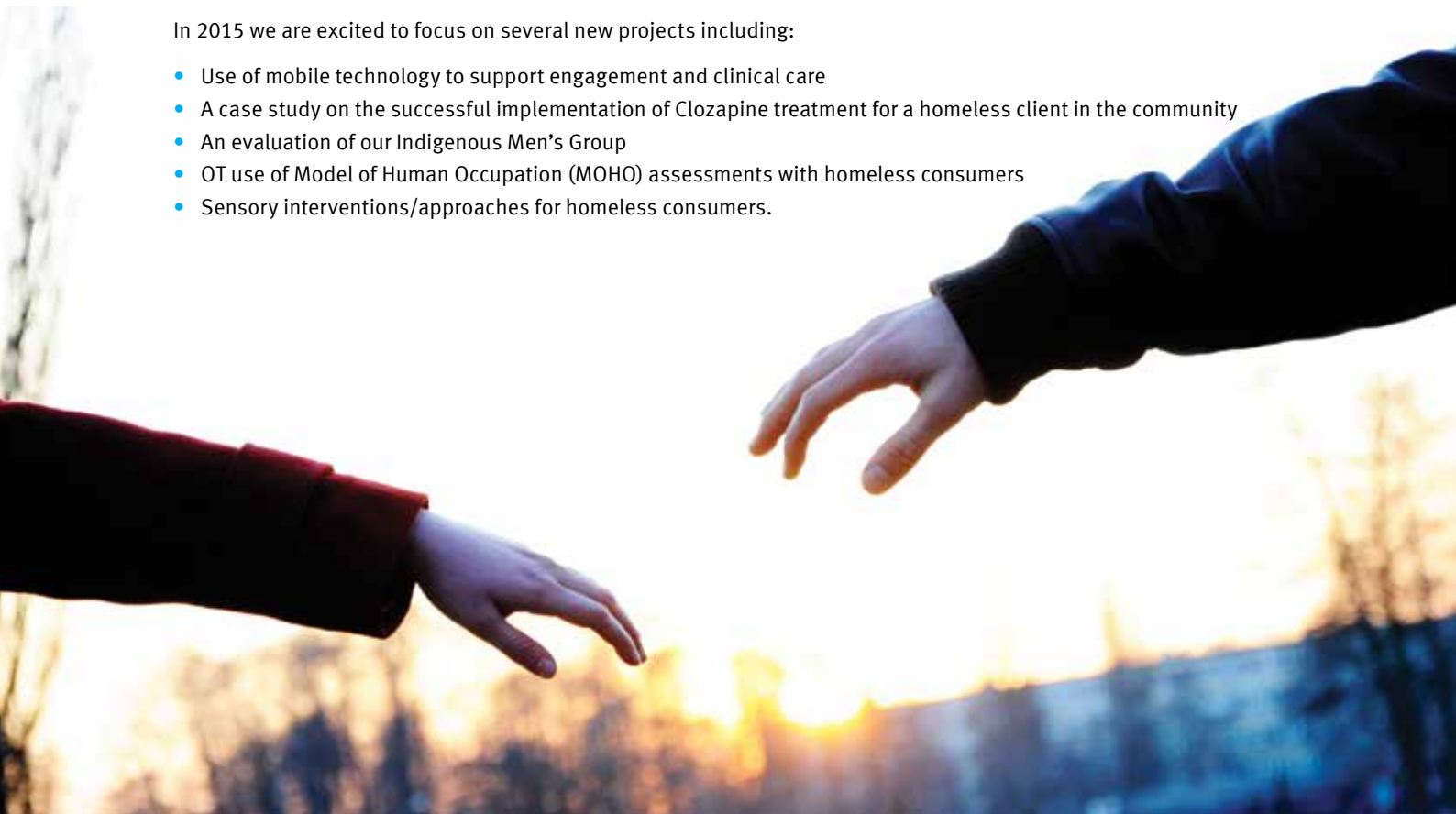
Barbara Baumgartner
Senior Social Worker
Homeless Health Outreach Team

In 2014, HHOT participated in an evaluation of the Extended Hours Service, introduced in late 2012. In collaboration with the Acute Care Team, the Psychiatric Emergency Centre, Continuing Care Team Staff and members of the Executive, we completed a pragmatic mixed-methods study combining review of 12 months service data and interviews with 65 stakeholders, examining and evaluating the implementation of this service. The evaluation showed that, contrary to expectations, very few consumers open to continuing care teams were seeking support after hours. Most after-hours work was related to consumers recently referred to either ACT or HHOT teams or open to these teams. We also found that not everyone was aware of the extended hours service and what it could offer, that collocation with PEC had increased understanding amongst team members about the workloads carried by other teams and that clinicians working with different consumer groups (with very different needs) have very specialist skills and ways of working. Working more closely with PEC had increased recommendations from the evaluation include communication of service model and referral pathways within the service and to other partner agencies. A paper reporting the evaluation has been submitted for publication to the Australian Health Review.

With the commencement of 'Let's Get Physical' in May 2014, HHOT identified that Metabolic Monitoring had been previously a low priority for homeless clients, and we made it our goal to improve our metabolic monitoring results. Through a systematic process of staff education, the purchase of equipment, doctor support/encouragement, outside of office hours outreach to clients, and endless reminders, we were pleased to dramatically improve our completion rate. Moreover, many of our clients who had previously not completed blood work attended for the first time due to individualised clinician support. We are currently working to complete a paper examining successful metabolic monitoring for people experiencing both mental illness and homelessness.

In 2015 we are excited to focus on several new projects including:

- Use of mobile technology to support engagement and clinical care
- A case study on the successful implementation of Clozapine treatment for a homeless client in the community
- An evaluation of our Indigenous Men's Group
- OT use of Model of Human Occupation (MOHO) assessments with homeless consumers
- Sensory interventions/approaches for homeless consumers.



Hosting international study into transition between child and youth and adult mental health service

Enabling smooth and secure transition between child and youth and adult mental health services is recognised internationally as critical to quality mental health care over the lifespan. However, given the difference in service models and needs of young people and adults, this is a complex process, which is often sub-optimal.

Sarah Jane Fenton, a PhD candidate from Birmingham University in England, worked in Metro North to collect data for her international study of transition between child and youth and adult mental health services. Australia was identified for comparison with the UK because it is recognised as a pioneer of community mental health and early intervention services.

Sarah was particularly concerned with provision of services for young people aged 16-18 who fall into gaps between services. By the end of 2014, Sarah had completed data collection, interviewing 218 consumers, service providers and policy makers in the UK and Australia (11 consumers and 24 staff and policy makers in Queensland). In achieving this, Sarah had to negotiate multiple research governance processes in the UK, Australia and then at each site in Queensland.

“The ethics processes are, internationally, extremely difficult and to give you a sense of what it means in terms of a 36 month PhD project I did 22 months continuous ethical review process, local governance processes, and review boards in Australia and the UK. In Australia alone, I had 35 different participant information sheets and consent forms. That requires a huge amount of maintenance, and I will do something with that data and write it up to see how the system can be improved in the future because it directly affected the work that I was able to produce.”

Negotiating these processes curtailed the amount of time Sarah Jane was able to spend at services, but recruitment from Metro North was successful. Her helpful advice to researchers is that: “as a rule of thumb and learning from the project I think you need to allow ten working days for every five patients”.

Specifically, in relation to working in Queensland, Sarah Jane comments that: “as an external researcher, coming to a new city and navigating the bureaucracy around ethics etc, the support for me in Queensland was, from my point of view, the best I received in Australia. It was really very impressive and I am hugely grateful as it made the study feel much more manageable.

“The staff I interviewed, or those who located participants for me, were so professional and courteous; I am really extremely grateful to each of them.

“I will be generating some resources that I hope to be able to send back to them (more below), but if you are able to thank the Early Intervention service or CAMHS, or the team out at PAH, on my behalf, I would again be very grateful.”

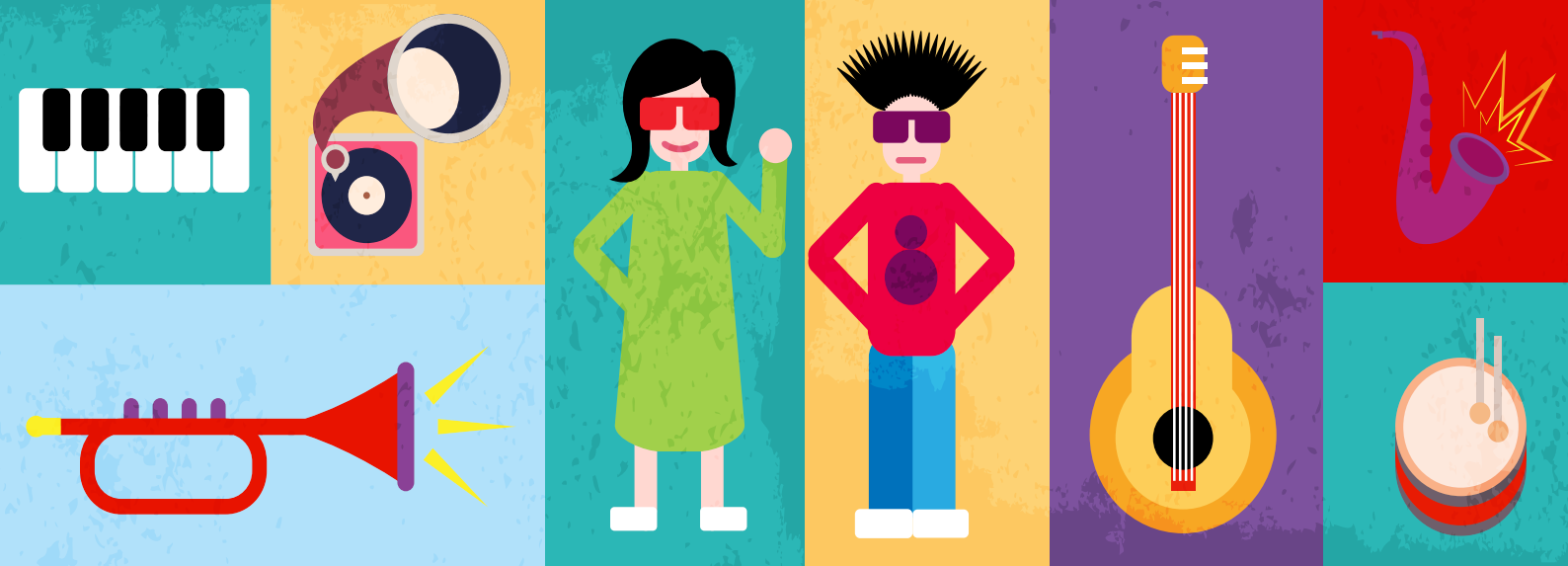
Sarah writes that she collected a significant body of data and preliminary findings are really exciting.

“What I am particularly thrilled about is that I have some areas of commonality in the themes identified that run across all sites in relation to effective treatment and transition, that supersedes the local systems or healthcare structure, and I hope those findings will be useful to clinicians to work on exploring avenues for new clinical research, or to incorporate into planning and current service delivery.

“However, I am aware academic papers take a long time to get into circulation and, to that end, I have devised another way that I would like to provide feedback. I am pulling together snappy 15 minute video material and recording findings in small videos, which I will put on a website (probably not open access) for staff to either watch and then discuss in a team meeting (that I would be more than happy to Skype into so that they may critique or comment or ask questions); or whilst they are chopping veggies for dinner, if they are interested. These will be very low budget, but I thought I would try it and see if it was a more useful way of disseminating information more quickly. As soon as the first draft of the thesis is in, this is my first task. If you have any suggestions or special requests in relation to this, now is the time to let me know!”

We look forward to the videos and learning more of the study findings!





Researcher Profile

Chris Darbyshire, Music Therapist at RBWH reflects on his experiences implementing and evaluating an evidence-based intervention.



Chris Darbyshire
Music Therapist, Royal Brisbane and Women's Hospital

“I commenced my position as a music therapist at RBWH Mental Health in July 2014, initially on the adolescent ward, then later on the adult wards. I was stepping into an entirely new position, rather than taking over in an existing role. This had its pros and cons. It meant that I had a great deal of autonomy in the way I went about establishing each program, however, it also meant that there were no specific procedures already in place, or other music therapists to tell me how things have been run

previously. Instead, I had to rely on the evidence available while continuously evaluating the group and individual programs I ran.

“A significant factor in the development of music therapy as a profession has been in the establishment of an evidence base supporting its implementation. This evidence has been integral in ensuring music therapy’s recognition as an effective form of treatment across a wide range of populations and settings, as well as informing practitioners on how best to practice. I place great value in evidence-based practice, and see research and evaluation as vital tools to ensure that we continue to build on the existing evidence.

“Being the first music therapist at RBWH in recent history has been a difficult but incredibly rewarding experience both personally and professionally. Having graduated in 2013, I was conscious of my lack of experience, and felt it important to evaluate everything I did. Although I have now gained some experience in this role, I still find it helpful to reflect on every group and individual session I run so that I am able to make necessary changes and improvements.

“As mental health practitioners, we must continue to be open to learning throughout our entire careers in order to adapt and respond to this constantly changing environment. By evaluating what we do, we can continue to make the necessary changes to ensure best practice.

“The support I have received in this role has been incredible. I was put in touch with Sue Patterson, who suggested conducting a robust evaluation of the music therapy program.

It was hoped that the outcomes of this evaluation would not only influence how the program was run, but potentially be used to secure further funding for the music therapy position.

We began the evaluation after an initial trial period on the wards. Two different feedback forms were developed (one for the adolescent ward, one for the adult wards), which were handed out following each session. The form was optional and was kept anonymous. Forms were then sent to Sue, who collated the information to assist with analysis. I found this to be a simple and effective way to receive direct feedback from consumers, who were mostly very open and willing to fill out the form. It was helpful for me to receive this feedback as it allowed me to constantly adapt the program based on consumer preferences. Interviews were also conducted with staff and patients on the adolescent ward. These interviews, especially with staff members, have helped to determine whether or not music therapy has been a positive addition to the adolescent program.

“I found that the process of creating questions for the feedback forms helped me to think critically about the decisions I made in sessions. It ensured that the music therapy program remained focused on specific goals, and helped to clarify more achievable goals and objectives.

“I cannot thank Sue enough for her assistance and guidance with the evaluation of the music therapy program on the adolescent and adult wards. She helped me to realise how easy and accessible research and evaluation is at Metro North Mental Health, and my involvement in the evaluation process has given me skills that I will use throughout my entire career.”

Older Persons' Mental Health



Professor Gerard Byrne
Director, Older Persons'
Mental Health Service

The Older Persons' Mental Health Service had another productive research year during 2014.

Director, Professor Gerard Byrne, was involved in clinical trials for depression, generalised anxiety disorder, and Alzheimer's disease.

Research Registrar, Dr Sarah Steele, was employed as a research registrar on Federal STP funding.

The Older Persons' Mental Health Service ran another successful annual conference, which attracted clinicians from throughout Queensland.

Professor Byrne presented twice at the 2014 RBWH Symposium on behavioural variant of frontotemporal dementia and on Alzheimer's disease, and also presented at the International Psychogeriatric Association congress in Beijing.

Abstract

Age-related changes in generalised anxiety disorder symptoms

Little is known about the effects of age on the symptoms of anxiety disorder. Accordingly, this study sought to investigate age-related differences in the number and kind of symptoms that distinguish between individuals with and without a diagnosis of generalised anxiety disorder (GAD). A sample of 3,486 self-reported worriers was derived from Wave 1 of the National Epidemiological Survey of Alcohol and Related Conditions (NESARC), an epidemiological survey of mental health conducted in the USA in 2001-2002. Participants were stratified into the following age groups (18-29 years, 30-44 years, 45-64 years, 65-98 years), and then divided into diagnostic groups (GAD and non-GAD worriers). Binary logistic regression analyses revealed that four distinct sets of symptoms were associated with GAD in each age group, and that numerically fewer symptoms were associated with GAD in older adults. Moreover, there were graduated changes in the type and number of symptoms associated with GAD in each successive age group. There are graduated, age-related differences in the phenomenology of GAD that might contribute to challenges in the detection of late-life anxiety.

Miloyan B, Byrne GJ & Pachana NA (2014). *Int Psychogeriatr*. Apr; 26(4):565-72. doi:10.1017/S1041610213002470 e-pub 2014 Jan 9.

Abstract

Threshold and subthreshold generalised anxiety disorder in later life

Symptoms and disorders of anxiety are highly prevalent among older adults; however, late-life anxiety disorders remain underdiagnosed. The objective of this study was to (1) estimate the prevalence of late-life threshold and subthreshold generalised anxiety disorder (GAD), (2) examine sociodemographic and health correlates associated with membership in these groups, (3) assess 3-year conversion rates of these groups, and (4) explore characteristics associated with 3-year conversion to GAD. Using Waves 1 and 2 of the National Epidemiological Survey of Alcohol and Related Conditions, 13,420 participants aged 55-98 years were included in this study. Subthreshold GAD was more highly prevalent than threshold GAD and was interposed between asymptomatic and GAD groups in terms of severity of health characteristics. Although most participants with subthreshold and threshold GAD were asymptomatic by Wave 2, differences in disability persisted. Subthreshold GAD at baseline was not a predictor of threshold GAD at follow-up. These findings suggest that late-life GAD should be conceptualized as a dimensional rather than categorical construct. The temporal stability of anxiety-associated disability further suggests that subthreshold GAD bears clinical significance. However, the suitability and efficacy of interventions for minimizing negative sequelae in this group remain to be determined.

Miloyan B, Byrne GJ, Pachana NA (2014). *Am J Geriatric Psychiatry*. Aug 27. pii: S1064-7481(14)00246-2. doi:10.1016/j.jagp.2014.08.010 [e-pub ahead of print]



Excellence recognised



Shannon Dawson
Service Integration Coordinator
The Prince Charles Hospital

The Prince Charles Hospital (TPCH) Service Integration Coordinator, Shannon Dawson was awarded 'Best Novice Research Clinical Presentation' at the TPCH 2014 Research Forum in October, where she presented (as chief investigator) findings of a research project aimed to evaluate outcomes of a sustainable housing model for people with severe mental illness.

The research, in collaboration with co-investigators Dr Judith Sheridan, Denise Cumming, Kellie Prefol, Kylie Garrick, and Dr David Chant, was undertaken to evaluate the efficacy of an interagency partnership between Department of Housing and Public Works – Cherside Housing Service Centre, and the Metro North Mental Health Service (TPCH) developed in 2009.

Outcomes of the evaluation found that the total length of admissions per participant (in days) decreased significantly, and days in accommodation (duration of tenancy) significantly increased – from a mean of 120.35 days, to a mean of 227.82 days. There were also significant decreases in the overall health service costs per consumer as a result of decreased hospital admission/length of stay. This was despite there being no significant difference in overall

Provision of Service (POS), meaning that reduced inpatient hospital service use costs did not result in increased costs associated with community/ambulatory service use. These findings indicate substantial health service use reductions and significant accommodation stability gains were able to be achieved with a modest cost, low intensity program. Shannon and co-investigators are aiming to publish their findings in 2015. These findings also have potential to inform larger scale trials, expansion of the partnership across other parts of the region and/or evaluation of the partnership from a housing costs perspective, as well as to potentially inform future policy and programs in this area (e.g., National Disability Insurance Scheme – Housing Needs for Mental Health Consumers).

Getting into research: A clinician's story



Natalie Avery
Psychologist
The Prince Charles Hospital

Natalie Avery, psychologist at TPCH writes:

"As part of my current role within the Mental Health Service, I am involved in a number of service initiatives which aim to promote the awareness of the physical health needs of people with severe mental illness, and to facilitate access to services and interventions to enhance physical health outcomes for our client group. Through my role, I have developed an interest in this area and wanted to pursue research in this field for my Masters dissertation (currently completing a Masters in Clinical Psychology). I approached Research Fellows for The Prince Charles Hospital and the Royal Brisbane and Women's Hospital to discuss my ideas, and decided to apply for the TPCH Foundation "New Investigator Grant.

"I found the process of working with my mentor, Research Fellow Sue Patterson, to refine my ideas and develop the proposal a great learning experience as it really helped me to focus on the practical implications of the research and how this could then inform future service delivery. I also found this really helped me to consider practical aspects of the methodology and design of the project (how it would work in practice), and to pull together a well-developed research proposal to submit to the university. Although my application for the grant was unsuccessful, I attended an individualised feedback session, which really helped me think about where I could have made my submission stronger, and things to consider for next time. I plan to continue working on my ideas to progress with the project as part of my studies and my current role, and hope to re-apply for the next funding round, incorporating the feedback and suggestions made by the panel.

"The main thing I have learned is that it is really helpful to collaborate with others and seek advice and feedback from the application panel – not only to help with understanding the grants process and how to write a strong application, but also in planning a research project that would accurately measure the desired outcomes, while still being feasible in a practical setting. If I were to give advice to others planning a project and considering applying for a foundation grant, it would be to seek support and guidance from other clinicians with experience in the area and to contact the foundation or local research fellow for advice on research design. A good starting point for me was to consult the existing literature in the area to see where the research gaps/limitations lie, but also what other measures or designs had been used previously (this may also help when trying to compare your findings to previous studies). I would also suggest asking the panel lots of questions, and also check out the resources on the foundation website – they have tip sheets on what makes a strong application, as well as example applications and budget sheets, etc. Most importantly, keep trying and refining the application based on feedback received. From the feedback interview I attended, I was told that the foundation is able to fund only about a third of all applications received each round, so the more you keep working on it, the more likely you are to be successful!"



The Early Psychosis Service

For the Early Psychosis Service at RBWH, 2014 was a productive research year.



Assoc. Professor James Scott
Consultant Psychiatrist
Early Psychosis Service

An observational study investigating the impact of childhood trauma on patients with Early Psychosis found those who had experienced neglect or abuse during childhood were more symptomatic with increased depression and psychotic symptoms. [This study reminds clinicians of the importance of understanding a person's whole of life experience when providing treatment for mental illness.

The study was generously sponsored by the RBWH Foundation and private philanthropic donations and will soon be published in the Australian and New Zealand Journal of Psychiatry.

Importantly, the trauma and early psychosis study was the first large research collaboration in Queensland for EP and was followed by a second study that is under way.

All patients admitted to the RBWH for their episode of psychosis have been offered testing for a recently identified autoimmune illness (NMDA Receptor Encephalitis). Two of the almost 100 patients tested have been found to have this illness. These patients received specific treatment for this autoimmune disorder. In years gone by, they would have possibly been diagnosed with schizophrenia and remained chronically unwell. This new discovery provides hope that, in the future, other causes of psychosis will be discovered, leading to better treatments.

This year heralds the Cadence Trials. Funded by Professor John McGrath's John Cade Fellowship, the Cadence Trials will investigate the effectiveness of new interventions in Early Psychosis patients. Queensland has limited experience in conducting clinical trials. The Cadence Trials aim to further establish the collaboration between the EP services and to develop expertise in Queensland in conducting large intervention studies. There is abundant research showing patients in clinical trials have much better outcomes. Establishing a clinical trial network in Queensland EP services will ensure excellent patient care whilst investigating new and promising treatments for patients with Early Psychosis.

A clinician's experience with research



Dr George Bruxner
Consultant Psychiatrist
Redcliffe and Caboolture
Hospitals

George Bruxner, Consultant Psychiatrist at Redcliffe and Caboolture Hospitals, is actively involved in three research studies. One of these is the Forgotten Fathers study, which is investigating the experiences of male partners of women suffering serious foetal and neonatal complications.

Although there has been a substantial amount of research conducted on psychological symptoms and coping styles in women who experience serious foetal and neonatal complications, very few studies have looked into issues for their partners. In addition to investigating the presence and severity of psychological symptoms, the study will explore coping styles and access to support for men whose partners have suffered certain complications during pregnancy and childbirth.

Two groups of men will be recruited: (1) men who have experienced a significant stressful event during the pregnancy of their partner, such as stillbirth, foetal death, a prolonged stay in Neonatal Intensive Care or identification of a congenital abnormality; and (2) men whose partners have experienced an uncomplicated pregnancy. Evidence from the study will allow

better help and access to care for fathers in situations where they are at risk for psychological symptoms and allow treating teams to better address their needs.

On his experience with research, George writes: "In general, being involved in research projects does give one a sense of doing something beyond regular practice, whilst also enhancing every day practice by stimulating curiosity and enthusiasm.

"I think it is also a very good exercise in working innovatively as a team (especially when resources are negligible!).

"It can be challenging with the lack of allowance for any scheduled time in regular working hours and the time encroachment on out of work hours (this has been especially the case when chasing patients at times that suit them for interviews in the Forgotten Fathers study).

"Overall, I think being involved in research, despite its extra demands, improves clinical confidence and professional esteem and is a useful antidote to burnout. I would recommend it strongly."

A consumer's story



Dominic Hanley
Peer/Recovery Support Worker
Community Care Unit
Metro South Mental Health

My name is Dominic Hanley. I am a Peer/Recovery Support Worker for Metro South Mental Health within the CCU (Community Care Unit) at Bayside. I am approximately half way through an Exercise and Health Science degree at Australian Catholic University (ACU). I have had a lived experience with mental illness, specifically anxiety and psychosis, and now I have a permanent illness called schizophrenia.

“I had not thought to write about my experience with mental illness but then I read someone else’s journey and felt that this was something I wanted to do. At first, it was simply about throwing it all down on paper and letting go of the fact that I am now diagnosed with schizophrenia. As I became more comfortable talking with others about my illness, I revealed more detail about my experience through my writing. This felt therapeutic, even though I wasn’t much of a writer prior to my diagnosis. As challenging as this was, not only was I able to widen my own vision about what happened to me, but also help others to see some of the difficulties experienced by those with mental illness. All in all, it felt great to rid myself of the desperate need for acceptance from others and to finalise my recovery phase by accepting myself for who I really am.

“I am honoured to have been given an opportunity to share a small part of my written experience in this Research Review.

“I may not be the smartest or strongest, but I am certainly tough. To push through the barrier of depression and fight my agoraphobia, conquer my paranoia and delusions, and to rid my senses of any hallucinations I was experiencing, to go on to achieve the things I have done, makes me proud of who I am.

“Being diagnosed with schizophrenia made me feel out of place and not accepted among the community, but then I realised that I am who I am. Learning to accept my new self was difficult. Without any hesitation, I took it in my stride. With no support from the people I was associated with, I had to conquer these demons on my own. In saying that, I’ve learnt more about myself in the past 12 months than I’d ever known before. I did a lot of work on myself – I changed my lifestyle. In doing so, I was able to discover who I really am. I have accepted my diagnosis and have come to the understanding that it is a part of me.

“When writing about my experience with mental illness, I had to delve into my memory bank from when I was a child. This was rather difficult, as these memories were not my fondest. I challenged myself by doing so, which allowed me to remember what I’d been through, not only as a child, but as a teenager and an adult.

“I forwarded my written experience to my former psychologist at RBWH, Anne Gordon. She was a great help to me in getting my personal experience published in the Oxford University Press. For the OUP to consider I had written something worthy of publishing boosted my self-esteem beyond measure. When it finally got published, I thought someone going through a similar experience and reading it would benefit from it just as much as writing about my experience benefitted me.

“I would like my written experience to serve as hope for those travelling through the dark with mental illness. It would be great to see fewer stigmas attached to all mental illnesses.

“Although one voice cannot do this, many voices can.

“What is next for me? I will continue to work at Bayside CCU and eventually complete my Bachelor degree. Following this, I plan to undertake a Masters in Clinical Exercise Physiology. Once completed, I am hoping to further my studies and conduct research that will revolve around exercise, physical and mental health, and rehabilitation.”

Eating Disorders Service



Dr Warren Ward
Director, Eating Disorder Service

Eating disorders are common in the community, with a lifetime prevalence of 15 per cent in women and in 10.5 per cent of adolescents. The ongoing commitment of the Eating Disorders Service to delivering best practice care and improving the outcomes of people affected by eating disorders is reflected in the breadth and depth of research and evaluation activities.



Rachael Bellair
Clinical Psychologist
Eating Disorder Service

In 2014, the team has continued to support recruitment to the Anorexia Nervosa Genetics Initiative (ANGI) – a global effort to identify genes that contribute to eating disorders. Members of the eating disorders team have

been working with UQ researchers to assess the outcomes of community-based interventions, enhanced cognitive behaviour therapy CBT-E and the innovative Five-STAR Program.

Psychiatric Registrar Dr Chris Randall has worked with Senior Social Worker Carmel Fleming to evaluate 'Carrying Complexity', a day long workshop designed to encourage skills and confidence of health and social care professionals working with people affected by eating disorders. Analysis of data collected in questionnaires before and after the workshop showed that the 100+ participants valued the opportunity to engage in discussion of the complexities involved in working with people with eating disorders and believed that the information provided about eating disorders and treatments would improve outcomes. Data from a four-month follow up is being analysed to assess longer term impact.

Senior Dietitian Shane Jeffrey has established a study into the process and outcomes of assertive refeeding of people with anorexia nervosa admitted to medical wards. This study was funded at the end of 2013 by a RBWH Research Initiative Grant.

Moving into 2015, the clinicians of the Eating Disorders Service will continue to subject their own practice to scrutiny, collecting and analysing data and seeking feedback from patients, and working with collaborators to improve the process and outcomes of care.

Clinical Psychologist Rachael Bellair led a qualitative study of the experience of inpatient treatment. Interviews with patients provided important new information about the complex relationships between motivation for recovery and interactions with staff and other patients and on engagement in treatment. A poster reporting this study was presented at the 2014 Australia and New Zealand Academy for Eating Disorders Conference: Driven Bodies Driven Brains. Two papers reporting the experiences of inpatient treatment are under review.

Abstract

Optimising pregnancy outcomes in patients with a history of eating disorders

Infertility is a major long term complication of eating disorders, but even in cases where pregnancy is achieved, complications may ensue. Risks include early pregnancy loss, birth defects, eating disorder relapse and postnatal depression. This presentation will focus on recommendations for general practice management of pregnancy in patients with a history of an eating disorder. Specific measures and investigations which may be useful for patients preparing for pregnancy include measurement of iron, zinc, vitamin B12, folate, vitamin D, calcium, magnesium and homocysteine levels, as well as measurement of thyroid function. Supplements must be chosen carefully with regard to safety and potential risks of exacerbation of eating disorder symptoms. Dietary advice should include inclusion of full cream dairy products in order to optimise fertility and fetal development. Medications may impact on foetal development, with sodium valproate lowering folic acid levels and SSRIs presenting an increased risk of pulmonary hypertension in the infant. Nausea and vomiting in early pregnancy, as well as changing body shape, can trigger relapse symptoms, and psychological and nutritional support are required. Post partum depression and uncontrolled weight loss after pregnancy also present risks, requiring close monitoring and ongoing support.

Barron L & Ward W (2014). *Journal of Eating Disorders*. 2(Suppl 1):O11. doi:10.1186/2050-2974-2-S1-O11.

Poster presentation

Inpatient experience of anorexia nervosa

Anorexia nervosa (AN) is an extremely serious mental illness with a high mortality rate and many debilitating physical and psychological symptoms. Although hospitalisation is sometimes required for patients with AN, there remains no evidence base for 'best practice' inpatient treatment. With patients' views recognised as critical to improving efficiency and outcomes, calls have been made for more qualitative research into inpatients' experiences. In light of this, the current paper utilised thematic analysis to examine 16 semi-structured interviews with inpatients diagnosed with AN at a specialised eating disorders hospital unit. The study found an overarching theme of relationship ambivalence in connection with sub-themes of patients' eating disorders, eating disorder co-patients, staff and treatment. Participants' goals in relationship to their eating disorder and engagement in treatment shaped and were shaped by interactions with other inpatients with AN and staff. Clinical implications for this study and future research directions are discussed.

Bellair R, Patterson S & Strodl E (2014). Proceedings of the 2014 Australia and New Zealand Academy for Eating Disorders (ANZAED) Conference: Driven Bodies Driven Brains <http://www.jeatdisord.com/content/2/S1/P5>.

A clinician's experience



Shane Jeffrey
Senior Dietitian
Eating Disorder Service

Researchers internationally have described multiple challenges associated with bureaucratic processes and the resultant delays to research and, consequently the delivery of research outcomes which could be applied to improving practice.

Shane Jeffrey, Senior Dietitian with the Eating Disorder Services, writes of his experiences obtaining approval for a study, "Assertively refeeding medically compromised patients with anorexia nervosa: investigating safety, outcomes and clinical experiences". The study was designed to investigate outcomes of a novel approach to refeeding patients with anorexia introduced by the Eating Disorders Service. As the first investigation of assertive refeeding in an adult sample, the study is internationally important, but bureaucracy means it will still be some time before findings are generated.

When I first received the letter from the RBWH Foundation stating our study team was successful in obtaining a research grant, I held a sense of joy and surprise. While the study is one that we had been discussing for some time within our service, now was the time for action.

The multi-site study across four sites was to investigate assertive refeeding for patients with anorexia nervosa admitted to medical wards. This was my first experience at leading such a study and I must say my understanding of what would be required to get the study to commencement was well off the radar.

After completing the National Ethics Application Form in February of 2014, and with ethics approved following some minor amendments in April, I envisaged data collection commencing shortly thereafter. What I did not appreciate were the complexities of undertaking a multi-site study.

Site Specific Applications (SSAs): I didn't know what they were, let alone having to complete and coordinate five of them (yes, another site was added to the study). Off I went on my merry way, liaising with the primary investigators at each site and seeking the supporting signatures of numerous heads of departments. A simple task it may seem, however, between organisational changes, staffing changes and leave, this took considerable time. Further challenges were identified as some sites required more detail in the SSAs and, significantly, further consultation with some departments. As the SSAs dribbled in one by one, some sites were approved for study commencement, and others, required more information.

Ah, the Public Health Applications (PHAs)! Again I didn't really know what these were; some sites required them, others did not. It was at this time, my frustration with the different processes and requirements across study sites increased. Why, I asked myself, when the study has been approved for one site, do other sites, require more information - information that would take another three months to acquire. So many times, when I thought I was over the line, there was yet another process to be undertaken.

As it stands today, two of the five sites have been approved, with three awaiting PHA approval. It's been a frustrating journey, made more frustrating as a majority of factors contributing to the delay of the study was largely unforeseen and sitting within another health service. However, it has been a journey of learning, new experiences, and a stronger understanding of what lies at the forefront of getting studies under way. Has this experience turned me off research? I am not sure, but I trust that this experience, as frustrating as it has been, will stand me in good stead should I go down this path once again.



Physical health in mental health care



Stephanie Clinton
Medical Student
The University of Aberdeen
Scotland

Continuing to build on the 'Let's Get Physical' Initiative, which has been instrumental in improving physical health care provided to consumers, attention is turning to the assessment and management of physical health of people admitted to inpatient units.

We were very pleased to host Stephanie Clinton, a fifth year medical student studying at The University of Aberdeen in Scotland, as she completed a project for her course.

Stephanie writes: "In November and December of 2014, I worked with the mental health research team at Royal Brisbane and Women's Hospital (RBWH) on a study looking into the assessment and management of physical health of people admitted to psychiatric units. Aside from the obvious attraction of an Australian climate to a Scot, my motivation for choosing to work with the team was primarily the interesting work that had already been carried out in my field of interest – the physical health of mental health patients.

"I was welcomed into a well-established team that was very appreciative of my input into an ongoing project for which ethical approval had already been gained. The protocol set out what I had to do, but as this was my first insight into the world of research and auditing, I was greatly challenged by the work ahead. However, I found myself well supported, but also given enough time and space to work alone and to find my own way. I was able to spend time auditing records to collect data at RBWH and at Caboolture Hospital, giving me experience in a regional hospital, about an hour north of Brisbane. There was also a fantastic opportunity to attend a clinical collaborative forum convened to support discussion of management of physical health in mental health services. The forum at the UQCCR in November gave me the chance to meet many clinicians within the psychiatric field, who were happy to give me advice on my medical career, and share stories.

"My time at RBWH has been invaluable. I've worked with some incredible people who were so welcoming and encouraging as I carried out and wrote up my first audit. I've gained experience in the world of research, which is something that I hope to become part of in the future. I would thoroughly recommend this to other students who not only have an interest in the clinical side of psychiatry, but also exploring deeper into how it can be improved upon and its many successes."



PhD students supervised by MNHM research staff

MNMH Team Member	Student	Affiliation	Topic
Annalise O'Donovan Sue Patterson	Lucianne Palmquist Psychologist Redcliffe/Caboolture CAMHS	Griffith University	Recovery in Adolescents
Niall Higgins Co-principal supervisors: Prof. Claire Rickard and Prof. Marie Cooke	Peter Carr	Griffith University	Risk factors for peripheral intravenous cannula insertion failure in the emergency department: VADER Study
Michael Breakspear	Matt Hyett	University of New South Wales	Attention and inference in melancholic depression
Michael Breakspear	Kartik Iyer	The University of Queensland	Novel methods for predicting outcome in neonates from electroencephalographic recordings
Michael Breakspear	Anton Lord	The University of Queensland	Biometric markers for affective disorders
Michael Breakspear	Saied Mehkarnoon	University of New South Wales	Dynamic networks in the brain inferred from the analysis of neurophysiology data
Michael Breakspear	Phil Mosley	University of Queensland	Impulsivity and caregiver burden after deep brain stimulation for Parkinson's disease
Mark Daghli, Jason Connor, Matt Gullo	Bonnie Law	PhD/MBBS (UQ)	Interactions between mood, stress and alcohol dependence
Brett Emmerson	Neeraj Gill	Doctorate of Public Health	Mental health legislation
Gerard Byrne	Ji Hyun (Julia) Yang	The University of Queensland	Mindfulness and cognitive training in Parkinson's disease
Gerard Byrne	Elizabeth Ness McVie	The University of Queensland	An analysis of the decisions of the Queensland Mental Health Court
Gerard Byrne	Beyon Miloyan	The University of Queensland	Epidemiology of anxiety in later life
Gerard Byrne	Jaime Yasky (completed 2014)	The University of Queensland	Resistance to psychoanalytic treatment among patients with psychosomatic disorders
Gerard Byrne	Jenifer Anne Murphy	The University of Queensland	Treatment-resistant depression
Gerard Byrne	Ikhlas Abdalaziz Sindi (completed 2014)	The University of Queensland	Disruption of nerve-cell connections in Alzheimer's disease through the assay of the trans-synaptic proteins: neuroligins and neuroligins
Gerard Byrne	Natalie Therese Mills	The University of Queensland	Genetics of cytokine activity in children and adolescents

Post-graduate students

PhD		
Fiona Davidson	Research and Evaluation Officer, Forensic Mental Health Service	The University of Queensland National Forensic Mental Health Project: A comparison of court liaison and court diversion services throughout Australia for people with mental disorder
Ed Heffernan	State-wide Director, Forensic Mental Health Service	The University of Queensland The mental health problems of Aboriginal and Torres Strait Islander people in custody
Melanie Mitchell	Psychologist, Community Forensic Outreach Service	Griffith University Precursors to violence in people with a mental illness who threaten violence

Lucianne Palmquist	Psychologist, Red/Cab CYMHS	Griffith University Recovery in young people using CYMHS
Elke Perdacher	Program Coordinator Post Graduate Program, Forensic Mental Health Service	The University of Queensland
Doctor of Psychology (Clinical)		
Anne Gordon	Psychology Community mental health	Griffith University A randomised wait-list control community study of Social Cognition and Interaction Training (SCIT) for people with schizophrenia
Annette Vasey	Psychologist, Community Forensic Outreach Service	The University of Queensland
Master of Mental Health Nursing		
Maria Padilla	INBMH CMHT	Central Queensland University
Natalie Allen	INBMH CMHT	Central Queensland University
Jasmin Hunter	TPCH CCU	University of Newcastle
Matene Ackfun	TPCH inpatient unit	University of Southern Queensland
Sharen Duncan	Pine Rivers CMHT	University of Sunshine Coast
Benjamin Roper	Redcliffe/Caboolture SMHRU	University of Newcastle
Natasha Sutton	Redcliffe/Caboolture CCCU	Australian Catholic University
Rebecca Ashby	TPCH Acute Care Team	University of Newcastle
Hannah Morecroft	TPCH	The University of Queensland
Jessy M Ngoma	RBWH	University of Newcastle
Master of Mental Health Family Therapy		
Annette Vasey	Psychologist, Community Forensic Outreach Service	The University of Queensland
Master of Health Management		
Nathan Dart	Nursing, RBWH Administration	Griffith University
Master of Counselling		
Amy Strong	Nursing, TPCH CMHT	University of Sunshine Coast
Emma Ashe	Social Work, RBWH CMHT	QUT Use of constructive therapies such as narrative therapy with mental health consumers
Master of Forensic Mental Health		
Patricia Bicevskis	Secure Mental Health Rehab Unit, TPCH	Griffith University
Master of Psychology (Clinical)		
Emma Simpson	Psychology, Caboolture SMHRU	Charles Sturt University Validation of the Suicide Resilience Inventory-25 in an Australian adult population
Natalie Avery	Psychology, Primary Care Liaison Officer, TPCH	Charles Sturt University Topic of study General Practitioners perception of their role and the role of the MHS in the management of physical health issues for clients with a serious mental illness
Danielle Milne	Psychologist, RAMHT	Circle of Security – children and attachment
Master of Organisational Psychology		
Kylie Garrick	Team Leader, Resource Team, MNMH	Griffith University The Employee Experience of Peer Support in a Mental Health Context

Graduate Diploma in Mental Health Nursing

Korpo Joanna Galakpai	RBWH inpatient	Central Queensland University Masters of Mental Health Practice
Jessica Waine	Occupational Therapy, HHOT	Griffith University

Graduate Certificate in Suicide Prevention Studies

Tara Lane	Nurse, HHOT	Griffith University
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Graduate Diploma in Mental Health Nursing

Jannette Newell	Acting Nurse Educator RBWH	University of Southern Queensland
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Peer-review publications

Aquino KA, Robinson PA, Schira MM & Breakspear M 2014, Deconvolution of neural dynamics from fMRI data using a spatiotemporal haemodynamic response function, *Neuroimage*, 94, pp. 203-215.

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Breakspear M, Neuropsychiatric diseases as disorders of brain connectivity. Summer School in Computational Neuroscience, July 2014, New York University, Shanghai, China.

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Green B, From custody to community: outcomes for released mentally ill prisoners. Presented at the Australian and New Zealand Association for Psychiatry Psychology and Law Conference, November 20, 2014, Sydney, Australia.

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Patterson S, Wilson E, Moudgil V, Emmerson B & Peusschers E, Design and Implementation of a metabolic monitoring program. Presented at New Zealand Society of Hospital Pharmacists Symposium, June 7-8, 2014, Auckland, New Zealand.

Peusschers E, Join the Dots – continuity of care in community mental health services. Presented at New Zealand Society of Hospital Pharmacists Symposium, June 7-8, 2014, Auckland, New Zealand.

Praskova A, Hood M & Creed PA, Testing a calling model of perceived career success in Australian emerging adults: A Longitudinal Study. Presented at the 28th International Congress of Applied Psychology, July 8 -13, 2014, Paris, France.

Scott J, Personal Resilience. Presented at AMAQ Inaugural Junior Doctor's Conference, February 24, 2014, Brisbane, Australia.

Scott J, ADHD: The Most Treatable Neurodevelopmental Disorder. Presented at RIS Equity Meeting, October 30, 2014, Brisbane, Australia.

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Scott J, Medications for Children with Autism. Presented at AEIOU Annual Conference, June 14, 2014, Brisbane, Australia.

Scott J, Immune dysregulation: NMDA receptor Antibodies and Psychosis. Presented at Rotary Early Psychosis Forum, August 21, 2014, Gold Coast, Australia.

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Poster presentations

Cox L, Rodgers T & Goulter N, Exploring changing culture and building capacity in research with consumers, carers and consumer companions. Poster presented at the Australian College of Mental Health Nurses 40th International Conference October, 7, 2014, Sofitel on Collins, Melbourne, Australia.

Eglinton J and Peusschers E, Dot to dot – DMR into CIMHA audit at the MHS RBWH. Presented at Society for Hospital Pharmacists Australia (SHPA) Medicines Management Conference, September 11-12, 2014, Darwin, Australia.

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Grants

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Other dissemination activities

http://www.acmhn.org/images/stories/Events/Symposium_Program_Draft_V3.pdf

<http://www.acmhn.org/news-events/events/acmhn-events>

MNMH clinicians are active in delivering education to the next generation of health care professionals. For example, Geoff Low of HADS states: “I am employed as a sessional academic for the School of Nursing in the Mental Health faculty at QUT Kelvin Grove Campus. I undertake tutorials providing clinical input and academic guidance to nursing students in the mental health component of their degree. I also mark assignments and exams as well as provide guest lectures (once per year) in drugs and alcohol specifically, as opposed to general mental health nursing. Apart from the QUT work, I provide in-service lectures across a variety of clinical settings (wards) at RBWH and, in particular, to nursing students. On average, I would provide 4 presentations per month, which would equate to approximately 1000 people who have seen me present this year alone. Although I have not presented this calendar year at a formal conference, I have done so on multiple occasions.”

