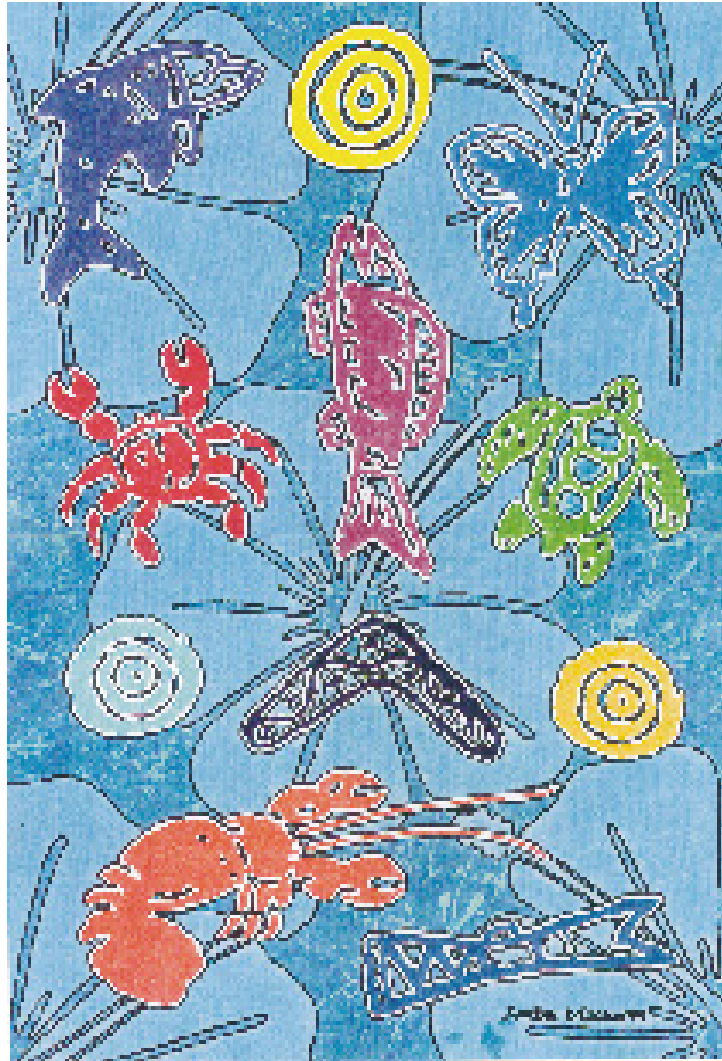


Mackay Division of Mental Health & ATODS



Division Annual Report 2010

Dr. Tonya Plumb
Operations Director



2010 has been another eventful year for the Division. Our division has commenced several new programs, including the Ed-linQ program as well as the Dual Diagnosis service. Ed-LinQ provides an important early intervention initiative between schools and child and youth mental health. Dual Diagnosis provides services to clients with a mental illness and a substance abuse problem. Both new programs are up and running following a successful implementation strategy. The Consumer Companions Program has been enhanced and is now offered 5 days per week with four consumers trained to run the program. Michael Ellem, our very able Consumer Consultant has coordinated this program.

In May 2010 the Division was assessed for ACHS Equip Accreditation. The service was again accredited, with many areas highlighted as commendable.

The Mental Health First Aid Program has been strengthened with the addition of two adult trainers (Mandy Issacs and Garry Batt) and one new child and youth trainer (Allahna Heywood). This program provides invaluable mental health literacy to the community, and helps to break down stigma about mental illness. It is of course an important initiative under Priority One- Prevention, Promotion and Early Intervention of the Queensland Plan for Mental Health 2007 to 2017. Our team of trainers have trained 114 people during 2010.

Another successful program coordinated by our Service Integration Coordinator Kerry Clarkson has been the training schedule offered by our staff to our partners in the Non-Government Sector. The topics which are repeated throughout the year include such topics as “Understanding Medication”; “Early Psychosis”, and “Intake and Assessment Processes”, as well as “Recovery”.

In order to promote Mental Health Week, our District Public Relations Manager Danielle Jesser assisted us with a series of media campaigns. Our work with Consumer Companions featured on Win News, as did as an item on Mental Health Week. Allahna Heywood was on ABC radio talking about Early Intervention and Child and Youth Mental Health First Aid. We also had several articles in the Daily Mercury.

Not to be left out of the picture, our Adult Community Team ran several successful groups including Meta Cognition and an adaptation of Lighten Up.

The plans for our new 30 bed Mental Health Unit are completed, and we are now waiting to commence the building phase. This hopefully will see us in our new Unit in 2012.

As usual there are so many other things I could add, including the challenges of the year. However, I hope this has provided a good overview and the staff in specific areas will be able to “flesh” out our other achievements.

Thank you to all our staff, as well as all our many clients.

Dr. Mike Coward
Director of Mental Health & ATODS



2010 has been a year of changes for the medical staff of our division. Earlier in the year I was appointed to the Director's position. We welcomed Dr. Veronica Stanganelli as our first full time permanent child and youth psychiatrist. Veronica is now permanently based in the Child and Youth Team, and has extended her clinics to the Greater Whitsunday Team. We are now able to offer a much more comprehensive medical cover to child and youth clients and their families.

Our division continues to have shortages of medical staff, both junior and senior. We have been fortunate to procure some excellent Locum Doctors, many of whom have extended their time with us beyond their initial contract. None-the-less we have continued to enhance our clinics and services. We have purchased videoconferencing equipment for the rural mental health teams. This purchase has enabled us to offer additional clinics as well as urgent outreach medical appointments to I have been able to video link into intake meetings in the greater Whitsundays.

The Mental Health Unit has been extraordinarily busy. This appears to be a persistent pattern perhaps reflecting a rise in population numbers.

In 2010, we have commenced our first dual diagnosis medical clinic in ATODS providing a service to meet the needs of clients with substance misuse problems who also have some mental health problems, but do not need to be case managed by the mental health teams.

We are continuing to pursue our goal of becoming accredited to train registrars in psychiatry. This will facilitate recruitment of junior staff pursuing careers in Psychiatry.

Thank you to all our staff.

Mike Coward

Donna Davis
Nursing Director Report



It is with great pleasure that I provide an update for 2009 / 2010. I have now been in the position of Nursing Director for 18 months and can therefore no longer say that I am new and still finding my way. However, each day I am faced with new issues that challenge my thinking, question my judgement and basically keep me motivated, whilst maintaining a great interest in the field of Mental Health and ATODs.

Hence I will continue to be the new kid on the block possibly for the remainder of my career, and I am sure that these challenges will continue to provide me with the necessary skills and knowledge to embrace change, to be open to new suggestions and ways of doing things, and generally continue to grow to encourage and facilitate the provision of a service of excellence for our clients in the Mackay Health Service District.

The Nursing Division within Mental Health and ATODs has continued to face the challenges of maintaining permanent staffing levels. We have worked tirelessly to recruit permanently to all vacancies. Unfortunately as with many facilities, this is an ongoing battle. We are working to look at innovative ways to attract staff to our District as well as identifying what it is that will keep them here in Mackay. Our region (Mackay specifically) is known for having the highest rental

properties in the state, as well as having a high cost of living. We are aware that there is not a lot of scope for us to change this, therefore we are looking at other ways to attract nurses and staff generally to our area. This may include training and education opportunities, local lifestyle benefits and generally having the ability to provide assistance to those who may want to move here. By having a one person point of contact who will help them to navigate the obstacles should assist in this process. We will continue to work together as a Division to address these issues.

In September this year we travelled to Hobart to attend the National Mental Health Nurse's Conference. During this time we took the opportunity to arrange to interview nurse's interested in moving to Mackay, as well as staffing a Mackay recruitment booth. This was deemed successful with several suitable applicants wanting to work with us with the opening of our new unit in mid 2012 and hopefully the appointment of our first Nurse Practitioner within our Division. The introduction of National Registration has caused many delays with some applicants waiting over 3 months for registration to come through. This has led to the need to contract Agency staff in the short term, to ensure that safe staffing levels are maintained.

We are also happy to report that there has been a considerable move to general integration with nursing within the Mackay Base Hospital. Prior to this the Mental Health Unit tended to work independently. We now attend all of the nursing meetings and workshops, the Nurse Managers are now able to provide some more support to the staff in relation to staff replacement and generally an increased awareness within the Hospital of how processes work within the Mental

Health Unit, and with this a better understanding of bed management needs. This is a work in progress, but one that will be very positive for all concerned.

I have also been fortunate enough to be an active participant in meetings, teleconference and face to face with the Directors of Nursing, Nursing Directors and Mental Health nursing leaders from other Mental Health facilities in Queensland. This has encouraged a forum for excellent networking and the sharing of knowledge. I have gained so much from this that has assisted me daily.

We are now at the stage of looking at staffing profiles and models of care for our new 30 bed inpatient unit that is planned to open in Mid 2012. This is also proving to be quite challenging as the units floor plan is designed in an 'H' shape. Staff, including nursing representatives from the Unit have been involved in redevelopment meetings and have had the opportunity to assist in the decision making process in relation to design and furnishing of the new unit. We hope in the very near future to put together a plan of what we believe could be our model of care and staffing profile, and present this to staff for consultation and to hopefully receive any ideas for improvement. This is a very exciting time for us, as with this comes the opportunity for us to look at our practices, and make improvements that ultimately will provide better outcomes for our patients and better working conditions for all staff.

I continue to work closely with all Team Leaders in Mackay Community Mental Health and ATODs to provide any support that may be required for the nurses within their teams. I am also available to the nurses and Team

Leaders who work in the rural areas should this be required.

In 2010 to 2011 I hope to continue to provide ongoing support and assistance to the nursing staff and other staff as required. I look forward to having a more stable workforce for nursing, and to working more collaboratively with the remainder of the Divisions within the Mackay Health Service District and the other facilities throughout the state.

Christian Strang
The Acute Care Team and Mental Health Intervention Program



Staff

Christian Strang - Team Leader
Troy van Kerkwyk - Senior Social Worker
Trish Ward – Clinical Nurse
Sarah Collins – Social Worker
Wanita Ford - Clinical Nurse
Mike Wickham - Clinical Nurse
Meta Sommer – Social Worker
Aura Ropitini – Clinical Nurse
Melissa Johnson – Psychologist
Dr Brendan O’Sullivan – Consultant Psychiatrist
Dr Gillian Anderson – Senior Medical Officer
Dr Michael Coward – Clinical Director
Karen Howland – Psychologist (Maternity Leave)
Alana Bonney – Psychologist (Maternity Leave)
Heidi Dauik – Administrative Support

The Acute Care Team (ACT) continued to provide a thorough assessment and crisis management service during 2010. The year has been particularly challenging with a large increase in the number of people seen, especially in the after hours clinics. Staff have worked tirelessly to meet this increased need which has at times been exacerbated by a shortage of staff. At the time of writing the Team was once again fully staffed.

The Acute Care Team facilitates access to timely and appropriate mental health care to the Mackay Health Service District. The team provides a service from 8:00am to 10:00pm 7 days a week by a multidisciplinary team who

receive referrals from a range of sources, including self presentation, the Mental Health 24hr number, Emergency Departments, other Hospital Units, Police and Ambulance Services, other community teams, GPs and the general community. The service provides rapid and crisis assessment in the community and Emergency Departments, evidence-based therapeutic interventions, the development of an interim care plan (including immediate support strategies for individuals and carers), education, liaison and referral to a range of service providers to determine the most appropriate treatment response, and follow-up care to ensure the individual is linked into the appropriate service.

The team continues to work very hard at initiating and developing relationships with our referrers. The team has maintained a very good relationship with the Emergency Department at Mackay Base Hospital and this is very rewarding to see, as it provides a quality of service to our clients.

ACT has been preparing for the launch of the State Wide Model for Acute Care Teams in November. This initiative will give consistency to our clients where ever they may be in the state and needing to access mental health services. Further initiatives include the launch of the Queensland Suicide Risk Guidelines and the development of the Service’s processes to achieve these with the assistance of the Suicide Prevention Project.

Special thanks to Mike, Troy, Trish, Aura and Meta for their perseverance and hard endeavours through-out the year. You have all contributed greatly to the success of the team. Teams need the input and support of each of the

individuals to be successful and you have done this well. **Thank you guys.** To Doctors Brendan, Gillian and Inga (since left) our professional and heartfelt thanks for your flexibility and dedication.

To Sarah, Melissa, and Wanita welcome to ACT.

The Mental Health Intervention Program remains the domain of Meta. These positions work with the Queensland Police and Queensland Ambulance services to share expertise and resources to enhance the capacity of existing services to respond more effectively in the day-to-day and mental health emergency situations. Meta has worked on implementing and developing the role and has commenced work on a local agreement between the police, ambulance and Q health. Individual crisis management plans for clients are being developed in conjunction with these services, case managers and the client. Meta attended the Policing and Mental Health symposium held in Brisbane during October which focused on improving the understanding of each others areas of practice. A very valuable opportunity to develop networks and responses to mental health crisis.

Meta continues to be extensively involved in the delivery of Mental Health First Aid to the community with the 2 day courses being facilitated in Mackay, Bowen and Moranbah. These have been very well received and the feedback has been excellent. The training was also delivered on Hamilton Island and it is very pleasing to see the private sector valuing the importance of the mental health of their staff and clients. **Job Well Done Meta.**

In 2011 the team is working towards maintaining and developing the

relationships with our referring agencies. ACT will be providing greater flexibility in providing assessments and crisis management for clients with a particular focus on suicide risk follow up. The move to activity based funding will provide some challenges in developing the team's systems to accurately capture this data. The team is looking forward to the enhancement of its relationships with the other teams of The Division of Mental Health and ATODs and with all areas of Mackay Health Service District.

Once again a big thank you to all ACT staff for their endeavours in achieving to a high standard, in often very challenging situations.

ATODS

Anne Jennings



Traditionally MHSD included areas from Bowen in the north, St. Lawrence in the south and Clermont to the west. With the formation of the divisions within the District in 2007, Alcohol Tobacco and Other Drugs Services now covers the greater Mackay region south to St. Lawrence.

The Queensland Opioid Treatment Program (QOTP). Over the last five years client access to QOTP has increased by 70%. Client numbers in the last financial year were capped at 80 because of lack of nursing resources. Although there are two nursing positions allocated to this program, the growing number of people requiring ATODS, one position may assist with other programs including QIDDI, counselling and Intake. There is currently a waiting list for QOTP. The program also offers three four hourly Medical Officers clinics per week. This includes assessment for ambulatory detoxification clients and other ATODS clients for withdrawal symptom support.

Queensland Illicit Drug Diversion Initiative (QIDDI) This program has been designed to engage first time offenders apprehended with small amount of illicit drugs into treatment in Mackay, Sarina, Clermont and Moranbah. The position has recently become permanent with the advent of recurrent funding. As a result ATODS

will be able to recruit to this position permanently.

Other Services include:

Alcohol and Other Drugs Outreach Clinic operates in Sarina weekly.

Detoxifications Services: Planned in-patient detoxification continues to be available at Sarina Hospital. Ambulatory detoxification services are offered with the support of community GPs.

Dual Diagnosis: we are fortunate to be able to provide community based clients with a dual diagnosis, not only the service of a nurse clinician but also with a psychiatrist – Dr. Mike Coward is fitting into his busy schedule an ATODS Clinic in every 2 weeks.

The Needle and Syringe Program has grown by 320% since 2005. Approximately 215 clients access the service a month of which 72% are men. It is the first program in Queensland to supply clients with wheel filters and water free of charge as part of the harm reduction program to reduce the incidence of blood borne viruses and injection related injuries and diseases.

The Prevention Coordinator continues to work collaboratively with both government and non government sectors. Together with the Health Workers, Christine has helped organise the annual “Choices” program which was devised to help the Year 12 school leavers to make wise decisions during Schoolies Week.. She has been advised that the “Choices Applied Theatre Project” has won the inaugural Opal Awards at the CQUni for engaged teaching and learning. This award also comes with some prize money to assist

with the production of 2011
“Choices”!
Well done to everyone involved.

The Business Planning Framework for 2010 has been completed with the active support of the whole team. It is a work in progress. In the future this document will help with nursing workload issues as well as identify areas that require additional recourses. This document will be easier and more useful to use, when we have more information on how to apply it in a community setting

HBCIS is being introduced across all program areas and the latest upgrade of ATODS IS will be rolled out in February.

My first three months as acting Team Leader have been both challenging and rewarding. I thank everyone who supported and guided me through this learning process.

Anne Jennings- A/Team leader

Adult Case Management Team Mark Scanlon



The continuing care team consists of 15 staff made up of Allied health professional. The team looks after adults who suffer from serious Mental Illness. We run a very cohesive and well structured team. I as team leader confirm the following as activities that the team work very hard to achieve and acknowledge that they are a team I am very proud to manage. The team are very focused on working towards recovery and working in collaboration with carers and families to achieve the best outcome possible for our consumers.

Please find below a detailed list of activities that we achieved and enhanced in the last year.

Collaboration with Non Government Organisations

Mackay Community Mental Health has collaborated with the service integration coordinator with the non Government sector to implement representatives from relevant organisations to be present and available for consultation on a weekly basis.

It has improved accessibility of case managers to NGO's in improving knowledge, networks, collaboration and referral enabling the linking in of clients to future options of care. Not only have the clients but staff have embraced the opportunity which has improved quality outcomes for clients

in terms of accessing employment, education, support, respite, leisure and social activities and improved integration into the wider community and projected decreases in hospital admissions.

The Service Integration Co-ordinator has also implemented The Care Co-ordination Model which provides clients at risk of homeless with links to government departments and nongovernment agencies through a co-ordinated response by co-case managing clients.

Team Work

Team work and participation is a large focus of the Mackay Continuing Care Team. A number of improvements have been made in the last 12 months. Along with our clinical reviews every Monday we now facilitate a case presentation monthly. A case presentation is presented by a case manager on a client in a multidisciplinary team. This adds to the professional development of team members and also helps with improve client outcomes.

Currently we are participating in a whole of community health 10,000 steps program challenge in which we have two teams who are dedicated to achieving their goal of 10,000 steps a day. Not only have we shown continued participation in the 10,000 steps challenge but we also participated in the community health fun fitness challenge in which we came 2nd. As a team we are very supportive and encouraging in achieving our collective goals.

To improve team moral and the function and appearance of our work place we have recently incorporated a case manager 'wish list'. Each week one or two case managers do something nice for the team e.g.

making sure every one has tissues, cleaning the lunch area or fridge, making sure there are a few copies of important documents. So far this has been found to be successful with team members praising the work being done as it has helped in their work load and made things a lot simpler and more efficient.

Buddy system

The Adult Team runs a buddy system to monitor the movement of staff when they are out of the office. This is done by staff nominating another staff member to be their buddy. This is then written on a whiteboard with the relevant details and time of return. The buddy is to ensure the worker returns at the said time and must contact the staff member by phone if they fail to return. If they are unable to contact the staff member emergency procedures are employed.

Mentoring

The Adult team consists of a range of workers from various disciplines with varying levels of experience. More experienced workers provide guidance and support for the less experienced members of the team regarding clinical and administrative activities. There is informal support in our area of case management at lunch times where most everyone sits. This year we put in place in our Team meeting once a month to incorporate a lunch. Our team also organises a lunch day every so often (usually it is very multicultural) where we have a smorgasbord of food. Career development is available so we have encouraged staff to locum to other areas when suitable to enable career development and professional development.

Professional Development (narrative)

The Adult Continuing Care Team in Mackay is made up of a wide range of

individuals from diverse cultural and professional backgrounds. After over 25 years of working in health in both England and Australia I have been lucky enough to have worked in this team for almost three years. What stands out for me is the amount of opportunities that arise to develop as a professional through training, supervision, mentoring and amazing support from peers. In the last 18 months alone I personally have received support from the team to attend professional development in:

- Narrative Therapy 2 day workshop with the Dulwich Centre (July, 2009)
- Brief Strategic Therapy with Alistair Campbell Outcomes (January, 2010)
- Attending a Mock Court (March, 2010)
- Family Therapy discussion group Supervision with Paul Gibney 2 day workshop (April, 2010)
- EMDR (Eye Movement and Desensitisation and Reprocessing) three day workshop (July, 2010)
- Acceptance and Commitment Therapy, three day workshop

Occupational Workplace Health and Safety

Our team has an active OWS officer who regularly consults with the team regarding pertinent issues. This year this has involved submissions for mobile phones; computers' and review of office layout and furniture. The OWS officer has also been undergoing university study to complete theoretical understandings in this field to compliment the practical experience the officer already has.

Consumer Consultant

We have started a new Position called "Consumer Consultant". As Consumer Consultant, Michael has worked extensively with Consumers and Carers in the Mackay District. Through organisations such as Mental Illness

Fellowship he has facilitated educational and creative writing groups for Consumers and Carers. In his Mentoring

Program he has worked with a number of Consumers, supporting them in their recovery journey. Michael works extensively with the Adult Continuing Care Team, Mental Health Unit staff, and medical students promoting Consumer and Carer participation and recovery ideology and philosophy. Further more, he promotes the philosophy and practice of recovery to NGO staff and management. He also initiated the consumer Companion Program which has seen the employment of four part-time staff, all of whom are Consumers where he coordinated the successful employment of the Consumer Perceptions of Care project which saw Consumers and Carers participating in the evaluation of the Mackay Mental Health Service and in essence the development of action plans to address issues.

Team moral is important in retaining members. So as a team we link new team members with a buddy. As a new worker states . . . "Starting a new job anywhere is stressful. Not knowing what to expect and mostly not knowing the ropes meaning day to day running, a sea of bodies that you don't know who they are, designation and role. Settling into a workplace takes a while and a very daunting experience often intimidating. Having said all that, I must admit starting my new job as a case manger here in Mackay Community mental Health (Adult) Team was totally unexpected. I felt right at home (or office). The staff were wonderful and made me very welcome. Most of all, they take time to explain if I have any queries or problems. Also very important there's a sense of humour and light-

heartedness through thick and thin. It's a good working together team overall" (Ragupathy).

Wellness Clinic

Our Wellness clinic runs for our clients requiring anti-psychotic depot medication and those on Clozapine oral anti-psychotic medication. It is operated by a registered nurse with an extensive experience in mental health nursing. The present nurse also holds tertiary qualifications in teaching and health promotion. The clinic has developed into a good training ground for new nursing students and other staff.

Its other function is to assess our client's general health by conducting ongoing health checks such as blood pressure, weight, blood sugar and ECGs. An information service is also provided re diet, smoking and alcohol and or illicit drug use. The clinic presently has 95 clients on depot medication usually presenting every two weeks and 68 clients on Clozapine who attend the clinic every four weeks following their 4 weekly blood test.

Our team continue to work on organising groups that enhance the wellness of our clientele. Please see below what we run this year.

Metacognitive Training for Patients with Schizophrenia

Background of program and rationale for the course

The program was developed by Steffen Moritz and Todd S Woodward. The aim of the program is to narrow the gap between the theoretical understanding of the cognitive and metacognitive processes in schizophrenia and the practical application of this knowledge in clinical treatment.

The program targets common cognitive errors and problem solving biases in

schizophrenia. In comprise eight modules namely:

Increased self serving biases (module 1)

Jumping to conclusions biases (module 2 and 7)

A bias against disconfirmatory evidence (module 3)

Deficits in theory of mind (module 4 and 6)

Over-confidence in memory errors (module 5)

Depressive cognitive patterns (module 8)

The sessions aim to raise the client's awareness of these cognitive errors and to prompt them to critically reflect on, complement or change their repertoire of problem solving. The main purpose is to change the "cognitive infrastructure" of delusional ideation. The program included 10 participants

Fishing Group

Our fishing group is for case-managed clients of our service and we are supported by Sunfish Mackay who supply all the fishing rods, reels, hooks and sinkers, they also help teach maintenance, fish finding and fooling. The bait we catch ourselves by pumping yabbies. Mental Illness Fellowship supply the morning teas, BBQ lunch, tea and coffee, clients and staff help prepared the food. We have a lot of fun and always catch a few fish and, if we are lucky, some beautiful Queensland mud crabs. Our fishing mornings are great fun and always well attended.

Lighten up program

As a team we not only encourage the health and well being of our individual team members but also the health and well being of our clients. As of the 11th of October we will begin running our first Lighten' Up program for mental health clients. On the 24th of September four case managers

completed a three day Lighten' Up facilitator training course in which we are to run at least one Lighten' Up Program a year. The Lighten' Up program is a healthy lifestyle program focussed on providing information and practical ideas regarding healthy eating, food label reading, exercise, relaxation and stress management.

Choir

Several staff are involved in weekly rehearsal and performances of 'The Choir of Unheard Voices'. The Choir is facilitated by staff from The Mental Illness Fellowship and Case Manager's from Queensland Health. The Choir of assists clients in reducing their social isolation by developing a network of friends and increasing self-confidence which assists client recovery. The Choir performs on a regular basis at events in Mackay including 'The Food and Wine Festival' and 'Mental Health Week' and has travelled to Sydney to perform. These performances assist in community education and reducing the stigma of mental illness.

Mental Health Week

This year staff will man a stall at Canelands Shopping Centre to raise the profile of mental health. Staff will be able to provide education to the general public through the provision of literature and consultation.

Bipolar/ Creative Minds Support Group

The group was created for Bipolar clients only, but later accommodated clients with varied disorders. It has been running for seven years. The group focused on supporting Bipolar clients as a support group. It began to incorporate art (mural completed in 2006 by clients displayed in foyer of Mental Health) into its fortnightly group and in later years also craft. Previously there had been educational

sessions with psychiatrists attending and answering clients questions on their mental health concerns. Two successful art exhibitions were held and a calendar was created from Client's art work. A variety of activities this year has included leather work, painting and drawing, card making and palm leaf weaving with a Torres Strait facilitator.

Student doctors, (on placement through university) new staff and support workers attend the groups and participate with the clients.

Culturally Appropriate Practice

Our service is fortunate to have the services of Marcia Eves as our Indigenous Liaison Officer. Marcia assists Case Manager's meet the needs of Indigenous clients in a culturally appropriate manner. Marcia has strong link to the community which raises the profile of Mental Health in the Indigenous population.

Health Fun and Fitness Challenge

Several members of the team participated in the Health Fun and Fitness Challenge which involved a quiz on healthy eating and healthy lifestyle and x-box challenge. The challenge spanned several weeks and the continuing care team made it to the finals to be pipped at the post by a worthwhile opponent.

We ended our year by winning a service excellence award with which we get \$1000 dollars to spend on staff training it was great to end the year on such a positive note .

Mark Scanlon, Team Leader



Mackay CYMHS
Ben Hansen



CYMHS staff continues to provide flexible and effective intake, assessment, case management and treatment services to young people with severe and complex mental health issues. Our Evolve and Forensic positions continue to provide a range of well received specialist services for children in care and in the justice system. Our Indigenous Health Worker is active and well engaged with the local community. The Ed-LinQ position has been very successful in facilitating links between schools and CYMHS and in leading a number early intervention programs.

The team continues to refine the Choice And Partnership Approach (CAPA) in light of local needs. CAPA involves using job plans to make the most effective use of clinical resources and developing collaborative plans with clients about which agencies and treatments may best meet their needs. We have significantly increased feedback to GPs and other service providers.

CYMHS made a significant commitment to early intervention this year. A number of programs have been run including –

Management of Young Children Program (parent management of behaviour problems) with Education Queensland

Mental Health First Aid (education for the public about responding to mental health emergencies) was run five times this year across the District

Which way? This way! (cultural program for Indigenous Youth) with PCYC and Education Queensland

Rural Schools Program (education about depression, anxiety and building resilience) at 5 rural schools

Drumbeat (music therapy) with Youth Justice

Girl Power (addresses body image and self-esteem) at Calen District College

Further early intervention activities have been planned for 2011. These include -

Building Resilience In Transcultural Australians (BRITA) Futures Program in primary schools.

KOPING (targets children of parents with a mental illness)

Who's in Charge (parent management of behaviour problems)

Additionally all CYMHS clinicians will provide regular case consultations to all local high schools (private and public) around early intervention and prevention in 2011.

The eating disorders support group continues to be facilitated by CYMHS. A successful public forum was held in September 2010.

We have started the experimental phase of our research project on the effect of client feedback on client outcomes in psychotherapy. Participating clients complete a short

form at the start of each session about their circumstances with regard to general well-being, personal life, family life, work, school etc. At the end of the session the client provides feedback about how useful they found the session. We have data from around forty subjects in the control group and plan a similar sized collection for the experimental group.

MACKAY MENTAL HEALTH SPECIALIST PROGRAMS

Chris Sullivan



Teams:

Mobile Intensive Rehabilitation
Court Liaison
District Forensic Liaison
Older Persons Mental Health
Consumer Consultant
Depot/Wellness Clinic
Dual Diagnosis

Team Leader – Chris Sullivan

Mobile Intensive Rehabilitation:

This team provides intensive follow up with clients 18 years and over, who are diagnosed with a severe mental illness that impacts across the spectrum on their daily life.

The small team comprises 2 clinical nurses and a senior social worker, who work Mon – Fri 0800 – 1630. Clients may be seen daily, depending on their needs. As we experienced in 2009 due to various reasons the team has often only had 2 clinicians at any time

during the year – this has impacted on referrals/caseload numbers.

Whilst the team has developed an Early Psychosis Program, this has not been progressed as well as hoped, primarily due to changes in Models of Care for the State. So, watch this space for some exciting news in next years report.

With Mental Illness Fellowship (NQ) providing such a diversity of groups this year, it has allowed the team to focus more on clinical issues. Walking groups continue as a regular component of the treatment for this client group, and consultation with the dietician is an ongoing component of care. Dr Roger Van der Veen has proved an avid assistant chef I believe, at the recent cooking classes run by Julie Pratt our consultant dietician.

Court Liaison:

This program remains an extremely effective core component of the service. The CLO has been instrumental in maintaining the links between Mental Health, Police and the Court/Justice system. CLO Kym Rogerson attends Court on a daily basis and is highly regarded by the justice system personnel.

A difficulty for the position is that as the sole district wide CLO, attendance at all the area Courts is oft time not feasible. Kym will often combine with the DFLO and the MHIC to co-ordinate travel and training opportunities to the Hinterland.

District Forensic Liaison:

This position is responsible for the ongoing monitoring and assessment of those clients in both the Mental Health and Justice systems. The DFLO also

works closely with Case Managers and medical officers to ensure compliance with all aspects of mandated care. Currently the service has approximately 200 clients on ITO and Forensic orders within the district.

The DFLO liaises closely with all agencies involved in the treatment/management of this clientele group, and coordinates the monthly meeting between the key stakeholders.

Older Person's Mental Health:

This program offers a comprehensive service to the mental health needs of the older person residing in the MHSD.

Currently, there are 3 clinicians - Clinical Nurse, Occupational Therapist and a Social Worker which makes for a great mix and input into care. We welcomed Mark Blattman into the SW role in April and he has slotted quite seamlessly into the team. The demand on the service has increased as is the case in other areas of the service. There continues to be some difficulties with dedicated MO time for the OPD clinics with this an issue across the service.

We hope to release Sandra, our OT, off line for some months early next year to allow for development of the sensory modulation program in the in-patient setting.

Consumer Consultant:

The Consumer Consultant continues to have a very real impact on staff, consumers and other agencies, in a very positive sense.

Michael provides multiple training sessions on various topics and maintains leadership of the Consumer Companion program in the in-patient setting.

Depot/Wellness Clinic:

The Clinic continues to expand with approx 70 clients on Clopine and 100 on Depots. The change to the appointment system continues to work reasonably well with fewer clients missing their injections.

With the increased demand on this service it has become apparent that the coordinator position needs to be full time. We hope to have this in play by the beginning of 2011.

An adjunct service for the clinic remains the provision of Dietetics/Nutritionist time 1 day per week. Clients are referred for a variety of issues, (primarily weight gain) and we encourage referral once injectable medications are commenced. To date, the majority of clients seen have either lost weight or maintained it. Most recently, Julie Pratt and Roger Van der Veen have run a cooking class which has been very successful.

Dual Diagnosis Coordinator:

Garry Batt was successful in gaining this position and commenced in the role in June of this year. He has made major headway with his training sessions, and some co-case management and in the early days spent some time with his counterparts in Townsville to improve linkages and networks. He has a counterpart in ATOD's (Danny Hember) and they work cohesively toward an improved service for our clients.

BONUS NEWS!

The Choir of Unheard Voices continues to go from strength to strength under the aegis of the Mental Illness Fellowship (NQ). The service maintains a supportive role via financial and resource support where possible.

My abstract submission on the Choir was accepted for the MH Nurses Conference in Hobart this year. Though I was unable to attend due to ill health, the abstract did go down for display and Amy Matthews kindly attended in my stead with ND Donna Davis to facilitate interviews for future staffing.

Future trends:

Focus on Echo-cardiographs on those clients on Clopine.

Submission to streamline processes for the Depot Clinic.

Denise Home Mental Health Information Manager.



The role of the Information Manger is to improve and strengthen the capacity of the Mackay mental health network to provide high quality, safe and evidence based mental health care by having access to reliable data to inform client care, service evaluation and planning.

My position is responsible for maintaining the CIMHA (Client Integrated Mental Health Application) database and ensuring data integrity. A further key role is training staff in the use of the application, business rules and their responsibility in regard to data entry.

2010 has been a very busy and challenging year with many new initiatives being introduced in terms of the data entry requirements for clinicians. All intakes, assessments and discharge summaries are being entered directly into the mental health database, CIMHA, greatly enhancing timely access to accurate clinical information.

ATODS clinicians and medical staff at MBH A&E department, Bowen hospital and Proserpine hospital have been given "Read Only" access to CIMHA so that they also have the benefit of being able to access client clinical information in a timely manner should they present to their area.

Reporting has been a challenge in 2010 as the majority of reports in CIMHA were either not working or returning inaccurate data. To resolve this major issue the MHU supplied me with data dumps from CIMHA which were exported into excel and turned into pivot tables. This situation has now improved and reports on referral no's, number of open consumers, case reviews, outcomes collections and service contacts is presented monthly at the Team leaders Meeting.

Mackay hosted the North Queensland MH Information Forum in March 2010. The focus was on consumer self rated measures and indigenous initiatives. There were 58 participants from across the state. Feedback was very positive with participants' finding the sessions to be both informative and useful.

2011 will see the implementation of CIMHA version 1.5 and the expectation is that improvements in this version in the speed and efficiency of the system will assist clinical staff in the recording of clinical and Act-related data.

Sherry Watson
Business Manager & Administrative Services Team



The Business Manager is responsible for overseeing the annual budget of the Division and for the supervision of the Administrative staff. The budget is currently \$16.2 million. The Administration team is comprised of 11 administrative officers located at the Mental Health Unit – Mackay Base Hospital, the Mackay Community Health Centre and the Alcohol, Tobacco & Other Drug Service. The team provides a diverse range of services, including front line reception, medical typing, clerical support services and executive support.

The proposed introduction of the Queensland Activity Based Funding Model has been a challenge in attempting to harmonise internal cost and revenue structures. This is a work in progress and the District will be establishing the platform to optimise financial performance and deliver more cost effective care.

The administrative team have been actively involved in increasing revenue collection. We have now introduced community Mental Health bulk billing clinics. The staff is attending regular training sessions with the District Revenue team to enhance their knowledge and skills required to maximise Medicare reimbursement. This has created a significant increase in workload for the team with no additional increase in staffing.

Training in the HBCIS Appointments and Scheduling module has been attended by all Administration staff in 2010. They have also attended FAMMIS training to ensure they are able to raise purchase and maintenance requisitions in the Queensland Health finance system. Some of the staff have attended the Frontline Communications Training with the remainder to be scheduled in 2011. This aims to improve the verbal and non-verbal communications with clients and their families, which is a critical skill in sensitive areas such as Mental Health reception.

Due to secondments and extended periods of leave with permanent staff members, we have had to employ the services of casual staff to an unprecedented level. The team have performed exceptionally well under these circumstances and I would like to commend them on their efforts of the past year.

In order to improve administrative and clerical services across the Division, we have commenced the rotations of the admin positions throughout the service. This has improved coverage in the different areas as well as enabling the team to expand their knowledge of the overall diverse Mental Health service. We continue to hold monthly team meetings to encourage the sharing of new ideas and improvements to the area.

The team have done a wonderful job in encouraging clients and family members to complete self report measures and distributing consumer information packs.

I have spent the majority of the year backfilling the Quality Co-Ordinator's role and would like to express my

thanks to Benita Hopf (District Revenue Officer) who relieved my position during this time.

Mackay Integrated Mental Health Service



**Anne Oosterbroek
Acting Clinical Nurse Consultant**

The CNC position works across the service, acting as clinical consultant for nurses working in the Mackay Integrated Mental Health Service, to ensure a high professional standard of mental health nursing is achieved and maintained. The position works collaboratively with the Nurse Unit Manager and the Nurse Educator for Mental Health, to facilitate a high level of quality care and practice is delivered to all mental health consumers in the Mackay district.

Since July 2010, I have been in the CNC role, and in this time I have concentrated on a number of areas. Completion of annual competencies for nursing staff has been a continuous effort, and is progressing well. Competencies include Mental Health Assessment, Electroconvulsive Therapy (ECT), Medication, and Child Safety, to name a few. There are also a number of competencies relevant to Workplace Instructions and Policies.

I have participated in the Clinical Champions network meeting, which is for the State-wide Standardised Suite of Clinical Documentation. To ensure completion of these documents, I have developed a standardised checklist in

conjunction with Amy Matthews (NUM). This process will provide a more effective monitoring tool for staff, to ensure these documents are completed in a timely manner. All staff have been provided the link to on-line training for CIMHA (Consumer Integrated Mental Health Application), and to date a number of staff have completed it, with positive feedback. This training provides an opportunity to assess our rating of outcomes for clients both individually, as a group and at a state-wide level to ensure accurate data collection.

Due to a mandate by Queensland Health that only state-wide policies be kept on QHEPS from December 2010, an extensive revision of multiple policies was undertaken in October. All of the local policies have been converted to procedures on a local level. Thank you to Sherry Watson (Acting Quality and Safety Officer) for her assistance.

In November, the Mental Health Directorate delivered one-day ECT training to Mental Health Nurses. The training was comprehensive for nurses assisting in the ECT process, with positive feedback. There is more work to do in this area, with initial communication underway on establishing a local ECT Committee. We look forward to ongoing consultation between key stakeholders, and engagement of the committee within the New Year.

In August and November, I presented two separate workshops to Enrolled Nurses, on behalf of Mental Health. The workshops were for QH staff that work in Mackay, Moranbah, Clermont and Dysart Hospitals. The sessions, called "Mental Health for Generalist Nurses", covered areas such as the Mental Health Act, Suicide Risk

Assessment, Schizophrenia, Bipolar Disorder and Depression. These sessions provided an opportunity for generalist nurses to discuss Mental Health issues for clients within their workplace, and to gather strategies and resources to assist them remotely. The workshop was well received, with excellent feedback by the attending nurses, and many requests for further sessions.

Early November, I attended the Statewide forum on Seclusion and Restraint delivered by the Mental Health Clinical Collaborative. I attended with Mark Scanlon (Team Leader – Adult Case Management), and Dr Mike Coward (Clinical Director of MH & ATODS). Topics included: managing safety and security in Emergency Departments, initiatives from other health districts, seclusion indicator updates, and clinical cluster presentations. A number of ideas have been taken from this forum, for further discussion and implementation into our practice.

Following discussions with nursing staff, we have reviewed the Clinical Portfolios. Some staff identified portfolios they currently held, but were interested in changing, and new staff were given an opportunity to choose a portfolio of interest. This process is almost complete, with a view to visually identifying portfolios against staff, and utilising handover periods to deliver in-services from staff.

To improve communication within the Multidisciplinary team, and to provide visual management techniques between the inpatient ward and community team, discussions have centred on the use and practicality of a patient journey board. This board was introduced some time ago in southern hospitals, as part of the "Redesigning

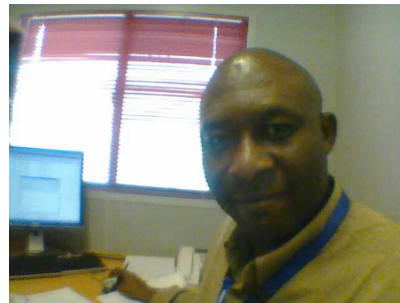
Care and Lean Thinking Initiatives”, as a way of visually following the clients’ journey from admission to discharge. Discussions have been positive, research has been undertaken on the types and styles of boards in use, and has culminated in an upcoming presentation by a company called “Empowered Learning”, who will provide a visual demonstration on their Promethean ActivBoard. This board is primarily an education tool, used extensively in schools, but has applications that cross disciplines. We are also looking at other companies who provide similar boards, and hope to have this in place by the New Year.

I will be attending the 3rd Medication Safety Workshop in Brisbane, in early December. This is a collaborative effort from the Mental Health Directorate and Medical Services Qld. The purpose of the workshop is to engage key mental health clinicians to develop and implement strategies to reduce patient harm (and potential harm) related to medication. I look forward to attending, gaining information from other areas, provide feedback to staff, and possibly implement changes to current practice.

Whilst it has been a busy time for me, I would like to thank my colleagues and other staff for making this transition successful.

Anne Oosterbroek
Acting Clinical Nurse Consultant.

Acting Nurse Educator Timi Daramola



I started in the role of A/Nurse Educator in November 2010. I am still settling in the job and feeling my way through my various responsibilities. The purpose of my role is to provide expert educational services to Mackay Health Service District nursing staff at strategic and operational levels. This involves planning, developing, implementing and evaluating mental health education/training and learning opportunities and the processes to achieve this.

A core part of my role is to coordinate and support graduate nursing staff through the implementation of the Transition to Practice Nurse Education Program (TPNEP). We currently have two (2) TPNEP students completing their TPNEP program in January 2011 and one (1) student completing their program in June 2010. I am currently in the process of marking/having students assignments moderated and making sure that they have all their competencies assessed. I am excited for all our students and looking forward to all of them successfully completing their TPNEP programs next year and becoming competent Mental Health professionals.

The TPNEP program is comprehensive involving both academic and practical skills. The program requires students to engage in comprehensive monthly clinical supervision. Our students come

across as very keen and looking forward to developing their cognitive, affective and psychomotor domains of learning. I support our students in the acquisition of knowledge, behaviours, attitudes and skills necessary for them to become good Mental Health Professionals through clinical supervision and placement visits.

Our nursing staffs both at the MHU and the community continues to facilitate/mentor large amounts of learning for all our students. I am indeed very grateful for this as no man is an Island and together we hope to build, equip and pass out next generation nurses who are capable of meeting 21st century contemporary mental health needs.

As we are coming to the end of the year 2010, we need to start planning for next year 2011 with regards to, amongst others TPNEP program. To this end and in consultation with our A/CNC and A/NUM, we recently advertised for places for TPNEP positions for 2011 academic year. So far, we have received good turnout of applicants and expression of interest (EOI). We will be looking to interview for the positions in early January 2011.

In my role as the A/Nurse Educator, I am required to travel to regional areas such as Clermont, Dysart, Sarina, Moranbah, Bowen and Clarke's creek to conduct mental health education sessions. I have made contact with various Team leaders and introduced myself. As we are approaching the end of the year, people will start to wind down. Part of my plan for next year is to visit our regional areas, meet with staff, conduct training needs analysis in consultation with staff and Team leaders, design, deliver and evaluate training packages which will be

specific to QH organisational goals, unit and professional objectives.

My role also includes orientation and induction of all new nursing staff to the unit. So far this year, we have had permanent staff, graduate nurses, agency nurses as well as undergraduate in the MHU. In November 2010, we had one (1) agency nurse along with three (3) University of Southern Queensland nursing students on placement with us. They were all made feel welcome, orientated and inducted to the unit and Community Health.

Training for our staff is always given a priority and high on our agenda. We have had several training facilitated by Queensland Centre for Mental Health Learning (QCMHL) and other guest speakers this year. These training were attended by our nursing and allied staff. We also organised Electro Convulsive Therapy (ECT) training and invited guest speakers to speak to us from the Mental Health Directorate in Brisbane. We have received positive and encouraging feedback. I hope to organise more training next year in the area of risk assessment, mental state examination and capacity and in other areas where the need has been identified. I am excited about this and looking forward to all our nurses updating their knowledge.

In order to equip myself for the role of the Nurse Educator, I attended the Mental Health Educator Development Workshop in November 2010 also facilitated by QCMHL. It was a very interesting workshop which addressed training needs analysis, key adult learning principles, learning styles, training design, delivery methods and training evaluation. In the coming year and beyond, I will be using my newly acquired knowledge and skills in

developing/ supporting our nurses at undergraduate and post graduate levels

I attended the Nurse Educator forum in November 2010, also attended by all nurse educators in Mackay Health Service District. The forum was chaired by Audrey Kenny, our acting Nursing Director (Education and Research). One of the training needs identified in that forum is the need for our general medical staff, NGOs, carers and interested parties to be aware of Mental Health First Aid. So far this year, the training has been provided with good response and positive feedback. We have had trainers from our district providing this training and I am pleased to say that Amanda Isaacs from the MHU recently went for trainers' course in Brisbane and now has been accredited to provide the Mental Health First Aid training. Amanda along with our other trainers are always looking for the opportunity to be able to provide this very popular training. To this end, I will be looking to drive this initiative in the next coming year.

Finally, I would like to acknowledge the relentless support/guidance of my line manager, our Nursing Director Donna Davis. I am new to this job. However, it is reassuring to know that I have a leader who is very supportive. Working alongside me this year is our acting NUM Amy Mathews and our acting CNC Anne Oosterbroek. They have both been and continue to be very supportive. I say a big thank you to our Operations Director Dr Tonya Plumb who is making sure research and training is high on our division's agenda. There are exciting times ahead for us and I look forward to working as part of the team next year and hope to discharge my duties faithfully, obediently and diligently.

Kerry Clarkson
Service Integration Coordinator



The core responsibility of the role of Service Integration Coordinators is to develop and implement The Care Coordination Model, this model is to deliver a collaborative integrated approach, across Government, Non-government and Private Sector to care for people extremely affected by their mental illness and is a direct initiative from COAG. A collaborative working party was established 2009 and over the previous 12 months these organisations developed the processes, systems and documents required to implement The Care Coordination Model, they have committed their support for the on going delivery and evaluation required to continually improve our service, as of March 2010 we started taking referrals. This point has been achieved by the hard work and commitment of the following Departments and Organisations: Department of Communities Community Capacity & Service Quality Team, Housing & Homelessness Services, Disability Services, Department of Probation & Parole, HACC, Queensland Health, Ozcare Mental Health Services, Mental Illness Fellowship, Galaxy Project Bluecare and the Consumer & Carer Advocacy Group (CAG).

An example of how this model assists our community would be the referral received in regards to two young brothers. A key stakeholder meeting had representation from over 10 individual organisations who had been working with these youth, four separate care plans

were identified, one of which had one youth attending accelerated learning activities while another had the same youth attending basic numeracy and literacy, none of these organisations had been in contact with the others and each was working at cross purposes. This has now been streamlined to two key contacts with one collaborative care plan, positive improvements are already being witnessed.

Marketing of The Care Coordination Model commenced early this year, with presentations crossing the Non Government & Government Sector, Mackay Division of General Practice and with CQ University Australia requested a specific presentation to their Undergraduate Nursing Students, which was well received.

I have been working as an executive member on The Mackay Regional Mental Health Network, which is now regarded as the peak body for the Mackay Region for the Non Government Organisations (NGO's) in regards to mental health. Over the last 12 months the Network has now aligned itself with an auspice organisation and from this has actively secured funding from Queensland Alliance for a .6 FTE Community Coordination position which will manage the Network, identify gaps and streamlining options for our sector. \$11,500.00 of donation funds has also been received by the Network from the Mackay Foundation to support Mental Health initiatives for the Mackay region, one being a program offering volunteers, leaders, captains and coaches in the sporting community professional training in suicide alertness.

The other program is the Wellness Multimedia Arts Project which will offer the opportunity to find hidden talents and encourage the recovery process through the creation of art.

This project incorporates a small scale social business model for the individual artist to learn budgeting and basic marketing skills with the outcome being that the artists will eventually be able to market their artwork removed from paid support. Importantly both projects will help to reduce the community stigma and perceptions that are associated with a mental illness.

Mackay Division of General Practice in collaboration with myself developed "The Taking Over Of Canelands" as a Mental Health Week Activity, this initiative was a collaboration under the banner of The Mackay Regional Mental Health Network. 14 separate organisations manned stalls thought out Canelands, committing to remain from 8.30am-6.30pm for one day (14/10/10). Passports to Wellness were offered to the public, encouraging the public to visit each stall making them eligible to entry into the draw of a prize for two nights accommodation for two people at Club Croc Airlie Beach. The prize and the passport encouraged the general public to make contact with the cross sector of service providers present on the day. Feedback shows this was a great success and will be considered again for 2012 Mental Health Week.

2010 also saw the implementation of having Non Government Representatives present within the Community Health Building. Staff from Pioneer Employment, Women's Health Centre, Aged & Disability Advocacy, Ozcare, Commonwealth Respite & Carelink and Mental Illness Fellowship NQ have committed to a regular calendar of attendance. This regularity will promote familiarity and the expected outcome being the increased relationships between clinical and non-clinical supports that are available within our community for our mutual clients.

To address Priority One of the Qld Plan for Mental Health 2007-2017 “Improve mental health literacy & capacity in non-clinical workers in key government and non-government services”. I developed a survey that was forwarded to the Non Government community sector to source their perspective of how we could meet this priority in regards to training needs. After collation of the responses we implemented free community training covering the following areas: Early Psychosis, Mental Health In Take process and Medications & Side Effects. Some of these training options have been delivered twice throughout the year. Of the 107 participants of this training >55% were NGO’s, >24% Government Employees, >9% Carers &/or Consumer representative, >6% Mackay Division of General Practice & <4% made up of Police, Community Nursing and private practice allied health professionals. On average feedback: >70% agree/strongly agree that this training has increased their knowledge in this area, >60% stating they will change some aspects of the way they work and that their confidence in this area has increased.

We are in the final stages of developing and are soon to release the 2011 Training Calendar. We are negotiating with representatives from Qld Police, Qld Ambulance and our own Mental health service in response to feedback received from the community in regards their perspective as to why or how these services respond to their calls about unusual behaviours of other members of the community. We are looking at including a collaborative presentation from the above organisations to increase community awareness on the above issue. Early release of the calendar should enable NGO’s and other interested parties to plan well in

advance for their staff or clients to be able to attend throughout the year.

2010 also saw the development of the Suicide Intervention Calendar, this calendar incorporated Mental Health First Aid (MHFA), Youth MHFA, Applied Suicide Intervention Training and Safe Talk training which was being delivered via multiple facilitators from the Government & Non-Government Sector. This calendar has some successes, but a large drawback was the unforeseen and at times unavoidable changes to timetables that facilitators implemented. From this I will develop and contact details card for distribution through to our Region promoting the different Suicide Intervention Training Options, listing the facilitating organisations and their contact details.

**A/Nurse Unit Manager
Amy Matthews**



The Acute care unit is an 18 bed inpatient unit based at the Mackay Base Hospital. There are currently 40 Nurses working at the unit alongside a team of Doctors and Allied Health workers all actively participating in the care of consumers and development of the unit. The Social Worker and Occupational Therapist provide additional support to consumers and try to meet those needs we often take for granted.

2010 has seen some exciting development of roles with a lot of focus on the development of the Social Workers role within the unit, coordinating family and consumer involvement in discharge planning. The Administrative Officer and Mental Health Act Delegate ensure the unit is supported and operating within the correct framework.

We are looking forward to the outcomes of a Patient Flow Coordinator position which is a three month project position focused on how we can better involve carers and loved ones in consumers care and facilitate the smooth transition of consumers from the inpatient setting back into the community.

The Acute Care Unit has continued to experience a great deal of change in 2010. With the Acting NUM returning to her homeland, the CNC on extended

sick leave and the Nurse Educator taking a secondment to Brisbane the management team have experienced a

significant learning curve with the adoption of new roles.

The main operational focus this year has been workforce recruitment and retention. As with any changing situation challenges have presented themselves again this year and it has taken a dedicated focus to maintain staffing levels.

With the opening of the new 30 bed unit moving closer, now only 18months away our focus on workforce planning and development and models of care has continued. In October of this year the management team spent time in Melbourne at the Alfred looking at their model of care in preparation for staffing and running a larger unit. This trip yielded some great insights and ideas, some of which we have already implemented, others we hope to implement with the support of the staff in the existing unit early in 2011.

This will allow staff the time to evaluate and work on different models prior to moving into the new unit. The Nursing staff have been very supportive of these discussions and plans and we are looking forward to working with the team in the new year.

As part of progressing towards greater integration and involvement with other units within the hospital we have been working closely with the Nurse Leaders to be involved in the services and support provided by the Bed Managers. While this is still in

development stages it has been a great support to the unit in the provision of pool staff. This in turn has strengthened relationships, improved communication and understanding with other units. We are hopeful that these relationships will continue to improve with the Mental Health nursing staff feeling more supported and unified with colleagues throughout the facility. In addition I would hope that the pool nurses spread the word within the hospital about what a great place it is to work, reducing the stigmatisation attached to the MHU.

In planning for the Redevelopment and service delivery in the coming years we have also identified a number of areas where we could be doing things better. We are hoping with the collection of more accurate HPPD data we will be able to put forward business cases for resources for the Mental Health Unit which will result in better services for consumers.

The transition program has again been a great success this year with the three participants almost finished their course, two are also working towards their Masters of Mental Health which is a great achievement and is a testament to the success of the program. Congratulations.

We are shortly interviewing for Transition participants for 2011 and are hoping that this will continue to provide trained staff to the Unit and the district particularly in light of the staffing requirements of the new unit.

2011 will be an exciting year with lots more challenges and changes ahead, hopefully many of them rewarding and positive. I would like to thank the staff for their patience, understanding

and ongoing support and great work in 2010. Together we can make this a great place to work.

Kind regards
Amy Matthews

**Acting Quality Coordinator
Sherry Watson**



The Business Manager is responsible for overseeing the annual budget of the Division and for the supervision of the Administrative staff. The budget is currently \$16.2 million. The Administration team is comprised of 11 administrative officers located at the Mental Health Unit – Mackay Base Hospital, the Mackay Community Health Centre and the Alcohol, Tobacco & Other Drug Service. The team provides a diverse range of services, including front line reception, medical typing, clerical support services and executive support.

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measures and distributing consumer information packs.

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Sherry Watson acted in the Quality Coordinator's role from November 2009 to September 2010, while Michelle Rose was seconded to the clinical auditor's position in the North Queensland Mental Health & ATODS Subnetwork. Michelle returned to her substantive position as Quality Coordinator in October 2010.

In May 2010, the Division participated successfully in the ACHS EQuIP Indepth Review for Mental Health Services. A summary of the ACHS findings is documented at the end of the Annual Report.

A successful initiative in 2010 has been the Mortality and Morbidity Reviews held monthly in the Division. The Review is attended by team leaders, clinical seniors, the director, patient safety and quality representatives. The terms of reference, structure and format of meetings, and draft documentation has been trialed for four meetings before being accepted as the standard.

A frequent complaint from clinical staff has been that the Mental Health documentation was often difficult to find in the chart, and was not intuitive. Following a review of other mental health services, the Division is in the process of implementing a new file order for all mental health medical charts.

In December 2010, we conducted our mid-term review of the Mental Health Workplan 2010-2011 which sets out the local operational objectives in meeting the five priority areas of the state mental health plan. The Division has met almost all mid-term goals. The mid term review will be finalised by the 24th of December 2010.

With the assistance of the Clinical Indicator Coordinator assigned to the Northern Subnetwork, Phil Smith, we continue to track progress with Key Performance Indicators, including average length of stay, 7 day follow ups, and re-admission rates. We now have the capacity to compare ourselves to peer mental health services throughout Queensland, as well as the state performance overall.

In late 2010, the newly revised and enhanced National Standards for Mental Health Services was distributed across Australia. Our Division has reviewed the new standards in the Strategic Management Meeting, and is in the early stages of implementing plans to meet the new standards.

Summary of Achievements of the Division in 2010

1. New Programs established.
 - Ed-LinQ staff recruited and established in schools in January 2010. Key objectives met by October 2010.
 - Dual Diagnosis Position established and programs commenced in alignment with the State Policy on Dual Diagnosis.
 - Child and Youth Psychiatrist service commenced.
2. Pilot for Consumer Perceptions of Care Project completed- Statewide Mental Health Directorate initiative.
3. Consumer Companions Program in Mental Health Unit expanded.
4. Participation in joint suicide prevention initiative between Mackay Division of MH & ATODS, Mackay Regional Mental Health Network, YIRS and the Grapevine Group – “Help-A-Mate Initiative”.
5. Service Excellence Award from the Mackay District Health Service to the Mackay Adult Community Health Team – November 2010.
6. ACHS EQuIP Accreditation – achieved May 2010 (summary on next page).
7. Mental Health Discharge Planning Project commenced December 2010.
8. Mental Health Suicide Risk Management Guidelines Project commenced December 2010.
9. Awards for CHOICES program (ATODS joint initiative with Police).
10. Launch of model of service for Acute Care Team - November 2010.

Report of Indepth Review of the Division of Mental Health & ATODS May 2010

Function Summary: Clinical

Like many mental health services the Mackay Mental Health, Alcohol, Tobacco & Other Drugs Service [service] has undergone significant increases in demand and organisational change in recent years. The service provides an appropriate range of inpatient and specialist community services to its catchment population over a wide geographical base, and partners successfully with many internal and external partners. The service is characterised by relatively high levels of beginning practitioners who are well supported by assertive staff development and professional support systems. The management group is active and knowledgeable in managing the service and setting direction. Throughout the survey period many examples of innovative approaches to improving clinical care were noted, such as the establishment of the ACT Team and increasing use of technology to improve communication and clinical oversight. The key message for the service is consistency of practice. Wide variation in the responsiveness and approaches was noted by the survey team. Whilst acknowledging the geographical, resourcing and historical differences between sites and teams, the service will need to continue to ensure that consumers receive the same

level of care, regardless of presentation or care location as far as is possible. This is a fundamental tenet of the accreditation process. The survey team is confident the service can continue its achievements in standardising care delivery, particularly if it harnesses the expertise of its middle managers. Many examples of genuinely high standards of clinical care provision throughout the service were noted and the service needs to capitalise on these assets to drive practice improvement.

Function Summary: Support

Quality and Risk Management

The surveyors were impressed with the mental health service's initiatives into quality and risk management, as well as compliance with complaints and incident reporting. There is a good quality framework, with appropriate reporting lines to both the district and mental health services. Quality improvement philosophy was well embedded within the whole mental health service, which had adopted the ACHS EQuIP framework to incorporate and include the service's strategic plan. Regular evaluation of the service is conducted, and this was evidenced at the time of survey. The ratings of MA are well deserved. Staff were proud of their achievements and were able to describe their different quality activities in the areas. The Moranbah Health Centre, in particular, was innovative in its approach to quality initiatives and is commended by the survey team. There is limited benchmarking occurring and the surveyors encourage the service to expand this activity, so as to critically analyse and compare its good work with both internal and external like organisations. The PRIME data system is the risk register and reporting mechanism, and appropriate actions and outcomes of risk are noted. There is a well articulated organisation-wide risk management policy, known to all staff, and the risk portfolio recently being taken on by the Mental Health Director of Nursing. Risk assessment of consumers is completed in a well coordinated standardised way, with good uptake because of excellent education in the use of this tool.

Information and Data Systems An extensive statewide electronic clinical data and information system (CIMHA) is in place, based upon the contents of the state mandated standard suite of clinical documents. There are also local systems in place to gather and review data and information on quality projects, human resource management, education and training activities and attendance. There is a statewide and a district Mental Health Information Strategic Plan, with the latter currently under review. External and internal audits of the new documentation suite have been conducted and improvements made based on the findings and staff feedback. There was evidence that information from CIMHA is used in both service planning, individual care evaluation and revision.

Recruitment and Retention

Recruitment and retention planning to support current and future needs has been successful, with good outcomes including a website for the promotion of nursing recruitment. The team noted that the Director of Nursing has been very innovative in attracting and retaining staff. Selection and appointment are completed according to the Queensland Health policy, with a significant reduction in vacancy rates in all categories between 2008 and 2009. Clinical supervision is provided at all levels and disciplines of staff, with clinical supervisors being provided with training. Completion of the PADS was high, with clinical nurses being allocated portfolios to enhance their professional development and practice. While this has been rated at SA by the survey

team, mental health was at an MA level. The education, learning and development systems offered to staff within the service were extensive and well appreciated by staff, which included the preceptorship and clinical supervision. The “moot court” exercise to educate staff on the “happenings” within a coroner's court was particularly innovative and commended by the survey team. Considerable work has been undertaken to successfully improve the workplace culture and to enhance the recruitment and retention initiatives. Staff stated that they felt more valued, and that the workplace culture had changed. Staff are aware of the employee assistance programs available to them and the service de-identifies reports of staff who have accessed the service.

Function Summary: Corporate

Strategic and Operational Planning and Development

The Mackay Health Service District, including the Mackay Integrated Mental Health Service (MIMHS) is guided by the Queensland Health Strategic Plan and the Queensland Plan for Mental Health, whose five priorities the MIMHS has incorporated into its own strategic operational and work plans, and has reviewed and revised its organisational and meeting structure to focus on these five priorities. The surveyors noted, however, that the four key mental health leadership committees seemed to duplicate effort and time, and might benefit from a further review. There were current facilities development plans in place to enable service delivery improvements, although these were based on resident populations and may not adequately plan for the increased demand created by the mining boom in outlying areas.

Structure and Delegations

There are clear structures for the District and the Mental Health Division which relate via “three on three” meetings of their respective three leaders. However, the District structure which places some mental health services in the Division of Mental Health and some in the Division or Rural Health has the potential for conflict, confusion and delays in accountabilities, decisions and directions and a recommendation has been made about this. Written financial delegations are clear, appropriate and readily available to staff for reference. However, the surveyors were unable to identify any documented non-financial delegations which could be utilised to clarify the scope and limits of other authorities which could apply to responsible positions.

Policies, Procedures and Regulatory Compliance

There is a framework of Statewide, District and facility/service Corporate and Clinical Policies, Workplace Instructions (WI) and Clinical Skill Assessment Tools (CSAT), and a process for their review and development is in place within the District. Current documents are available to staff on QHEPS, although in different unlinked sections, which makes finding documents cumbersome and unreliable. Compliance with the Mental Health Act is reviewed internally and regularly audited externally. Evaluation of the overarching policy and regulatory compliance systems is not undertaken at MIMHS level.

Safety Management Systems

A comprehensive framework of Risk identification, Safety and injury Management systems is in place and there is a relevant suite of mandatory training programs for staff. However, in the absence of a central system to record and track staff completion rates, attendance rates appear to be unacceptably low and a recommendation is made

in the Organisation Wide Survey about this. An excellent system has recently been introduced to ensure external contractors are fully qualified, skilled and competent to complete work safely in accordance with legislation and the organisation's own requirements. While risk identification and reduction, and improvements to facility safety are evident, there remain risks associated with having only one point of egress in all community mental health interview rooms (see below).

Buildings, Equipment and Supplies etc are Managed Safely and Efficiently

The MIMHS operates from a number of buildings throughout the District, which the surveyors observed were generally in satisfactory condition, and were mostly appropriately signed. Building condition audits have just been completed by external contractors and plans to address issues identified are currently in preparation at District level. An asbestos audit was scheduled to commence immediately after the survey. A new system of routine "fit for purpose" evaluations of buildings and a standard system for work requests will also be implemented shortly, which will help to ensure the efficiency and effectiveness of building and equipment maintenance systems. Evaluation of all these new systems will be more effective, as the systems themselves will collect the key data and information on which to base the evaluations.

Security Management Systems

Security management systems, including risk identification and control, a violence and aggression prevention and management program, and electronic security alert systems were confirmed by surveyors. The surveyors who visited outlying community mental health sites were also concerned about security of staff travelling long distances alone to make home visits in very isolated areas, with no reliable means of calling for assistance, nor for staff at "base" to implement the checking/contacting steps required under the home visiting policy. Duress alarms are fitted in all community mental health sites and response teams are prepared to attend in all areas of client access. The Acute Inpatient Unit staff are commended for their successful work in the Seclusion and Restraint Project, which has seen reduced occasions of seclusion and significant reductions in the average time spent in each seclusion occasion, from about two hours to about fifteen minutes.