WORKFORCE DEVELOPMENT INITIATIVE

PROPOSED EDUCATION AND TRAINING PROJECT CLUSTER PARTNERSHIPS.

A time-limited project undertaken at the request of the Mental Health Branch, Department of Human Services Victoria.

Cluster members: Southern Health, Bayside Health, Peninsula Health and Latrobe Regional Hospital, Mental Health Program

Report prepared by John Julian and Pauline Turner on behalf of the Southern Adult Mental Health Evaluation, Research and Training Centre.

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Executive Summary:

This time-limited project was undertaken at the request of the Mental Health Branch, Department of Human Services Victoria. The project aims is to identify opportunities for better meeting the overall training requirements of medical, nursing and allied health staff working within the project 'cluster' services through a more systematic and collaborative multi-service approach. This project was undertaken in a staged fashion and involved several major steps:

- Development of Reference Group.
- Tool development
- Data Collection:
    - Telephone interviews of Senior staff across all major agencies
    - Telephone and face to face interviews of staff
- Preliminary model development.
- Workshop to consider major factors through use of a force field analysis and to develop major options for moving forward.
- Final report

The tool developed for the project was an extensive questionnaire/interview schedule that used the National Mental Health Workforce Standards as a major starting base. The interviews took at least 1 hour each where the tool was fully utilized. In all:

- Thirty-three staff were interviewed using the full schedule;
- twenty-two management / senior personnel had been interviewed using the full schedule;
- Eight management / senior personnel had been interviewed using a scaled down; version of the full schedule due to time constraints on the staff member;
- Five consumer / carer consultants were interviewed; and
- A workshop to explore themes and a way forward has been held

A strong level of co-operation with this stage was found across the cluster.

Significant interest has been shown in this 'cluster' approach in this project. This report presents the findings of this systematic survey of current training provision and activities across disciplines, sites, and services within the cluster. The activities are extremely extensive and represent a great variety of approaches and orientations towards training issues. The extensive resulting material from the review of these activities is presented organised predominantly in relation to specific areas of focus offered by the Mental Health Branch for guidance. Key recommendations to arise from the process with the aspiration that the momentum created by the project might be carried forward are:

- The Reference Group established for this project continue and become a working party across the cluster members on these issues.
- An application for 12 month funding be placed with DHS for necessary funds for a project manager and supporting resources to undertake core developmental tasks in the cluster.
- The anticipated outcome of such a continuing project would be the actualisation of the establishment of a cross service training cluster.
- The cluster would be seen to have activities at multiple levels and aspects of training, and would bring into reality the possible gains to training opportunities and capacities from pooling of resources, extension of access to of specialist training resources, increased networking opportunities, and improved coordination.

Introduction: Cross Agency Collaboration.

Developing Cross Agency Linkages

The use of partnership clusters as a training development and co-ordination tool or mechanism will be reliant on a linkages and partnerships between different agencies. In developing a staged model for cluster development, there is significant literature in relation to the development of human service linkages as well as an extensive international literature on intersectoral activity in health, mainly devoted to health promotion. The principles, however, relate to general change leadership, and have the advantage of being specifically applied to the health sector and to cross agency collaboration. This research was reviewed in 1995 in a project by the National Centre for Health Promotion of the University of Sydney, for the Department of Human Services and Health, and published in *Working together: intersectoral action for health* AGPS (June 1995). The following is based on this work.

The literature is based on and supports three key assumptions in relation to human service coalitions:

- the development of coalitions is a staged process;
- the effectiveness of coalitions is enhanced when supported by organisational change and development; and
- the level of member satisfaction, participation and commitment influences the effectiveness of coalitions.

Other factors identified as important included:

- the degree of formalisation;
- leadership;
- membership characteristics;
- perceived benefits of participation and associated costs;
- organisational climate;
- decision-making processes; and
- problem-solving/conflict resolution strategies and skills.

In the social welfare literature, a significant body of work examines collaboration and interorganisational relationships. The framework developed by Hudson (1987) provides a useful summary. He argues that organisations prefer not to enter interorganisational relationships except for clear strategic reasons. However, these are more likely to exist if they are interdependent or clearly in competition for limited resources and there may be other competitors over whom a strategic alliance could confer a competitive advantage.

The relationships are influenced by three sets of factors:

- *environment*, for example, turbulence (rapid change) increases the probability of relationships forming;
- *fit*, for example, similarities in culture, roles and history increase the sustainability of relationships; and
- *linkages,* for example greater formalisation, intensity, reciprocity and standardisation increase the sustainability of the relationship.

Gray (1989) identifies characteristics of problems that require collaborative interparty decisions. She identifies five factors that are crucial to the process of finding and

implementing collaborative solutions that will bind the stakeholders. The process only works if stakeholders:

- recognise their interdependence in finding and applying the solution;
- deal constructively with differences;
- implement a joint problem-solving approach (collaborative search for information, construction of a solution, formal agreement and documented planning for and commitment to action);
- recognise that collaboration is an emergent process; and
- assume collective responsibility by an interagency team for on-going collaboration

These findings underline the need for service system development initiatives to be aligned to the 'natural' phases of development of interagency collaboration and the context of that development, particularly local history, organisational culture and interagency competition for resources.

This review was used in the development of the staged process for cluster development given in this project.

Project Aims

This time-limited project was undertaken at the request of the Mental Health Branch, Department of Human Services Victoria. The project brief will not be repeated here except to state that the project aims were to identify opportunities for better meeting the overall training requirements of medical, nursing and allied health staff working within the project 'cluster' services through a more systematic and collaborative multi-service approach. The cluster members in this case were: Southern Health, Bayside Health, Peninsula Health and Latrobe Regional Hospital, Mental Health Program.

Adopted Methodology

This project was undertaken in a staged fashion and involved several major steps:

- Development of Reference Group.
- Tool development
- Data Collection:
    - Telephone interviews of Senior staff across all major agencies
    - Telephone and face to face interviews of staff
- Preliminary model development.
- Workshop to consider major factors through use of a force field analysis and to develop major options for moving forward.
- Draft report and consultation with Reference Group members
- Final report

The tool developed for the project was an extensive questionnaire/interview schedule that used the National Mental Health Workforce Standards as a major starting base. The interviews took at least 1 hour each where the tool was fully utilized. In all:

- Thirty-three staff were interviewed using the full schedule;
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- Five consumer / carer consultants were interviewed; and
- A workshop to explore themes and a way forward has been held

Results from the Project Work

To report the outcomes of the project firstly we present two sections organised according to the methodological structure of the project. These relate to:

- assessed performance against the National Mental Health Workforce Standards; and
- the outcomes of the final reviewing workshop for the Cluster membership.

Following this, much of the material is organised as responses to the specific issues raised by the Mental Health Branch in the guidelines for the report.

After this section, which directly responds to the Mental Health Branh Report request, further material covers the following issues

- Consumer and Carer consultant workforce training issues
- Assessed training needs across the cluster
- Issues relating to technology
- Recommendations

Responses relating to the National Mental Health Workforce Standards

With regard to whether the training needs in regards to the 12 National Mental Health Workforce Standards have been met management / senior personal and staff were asked to rate their perceptions of training needs for each standard on a scale as follows:

Training Need	Over Met	Met	Partially Met	Unmet	No Need	Not observed/ Unknown
Scale	**5.**	**4.**	**3**	**2.**	**1.**	**0.**

If an answer of Partially Met or Unmet occurred, probing was specifically used to explore further.

Average responses over the service system were as follows:

Have Training Needs been met For National Mental Health Workforce Standards?

NATIONAL WORKFORCE STANDARD	**Management responses**		**Staff responses**	
	Mean	Mode	Mean	Mode
Staff uphold the rights of people affected by mental health problems and mental disorders and those of their family members and/or carers maintaining their privacy, dignity and confidentiality and actively promoting their safety	3.35	3	3.6	4
Staff encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care. Staff encourage and support the participation of consumers and carers	3	3	3.34	3-4

in the planning, implementation and evaluation of mental health service delivery?	2.6	3	3.12	3-4
Staff practice in an appropriate manner in response to social, cultural, spiritual and gender diversity issues.	3.25	3	3.5	3-4
Staff are knowledgeable about mental health problems and mental disorders and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work	3	3	3.16	3
Staff promote the development of environments that optimise mental health and well being among populations, individuals and families in order to prevent mental health problems and mental disorders.	2.8	3	2.9	3
Staff support and/or work with others to educate communities about mental health problems and mental disorders to increase awareness and reduce stigma.	2.6	3	2.9	2
taff, where appropriate, participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders.	2.7	3	3.3	3
Staff encourage early detection and intervention.	3.2	3	3.3	3-4
Staff provide intervention *(or referral)* to people displaying signs and symptoms of mental health problems and mental disorders, to people developing or experiencing a first episode and to people who have experienced a mental health problem or mental disorder and are displaying early signs of a reoccurrence (relapse prevention).	3.4	3	3.54	4
Staff provide or ensure that consumers have access to a high standard of evidenced based assessment, treatment, rehabilitation and support services which prevent relapse and promote recovery.	3	3	3	3
Staff monitor appropriateness and effectiveness of interventions.	3.36	3	3.34	3
Staff promote integration of components of mental health service to enable access to appropriate and comprehensive services for consumers, family members and / or carers through mainstream health services.	3.1	3-4	2.96	3

Staff provide continuity of care through integration and partnerships with other health services and a range of organizations to ensure the needs of consumers, family members and / or carers are met.	3.38	4	3	3-4
Staff develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of co-ordinated, continuos and integrated care within the broad range of mainstream health and social services.	2.8	3	2.9	2
Staff maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.	3.4	3	3.69	4
Staff systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and / or carers.	2.8	3	3.2	3
Staff participate in or conduct research to promote quality practice and seek funded educational opportunities to become conversant with current research.	2.7	2	2.7	2
Staff adhere to State and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training.	3.3	4	3.4	4

In terms of met needs, 25% or more of senior personnel / managers said the following training needs were met:

1 Staff uphold the rights of people affected by mental health problems and mental disorders and those of their family members and/or carer's maintaining their privacy, dignity and confidentiality and actively promoting their safety
2. Staff practice in an appropriate manner in response to social, cultural, spiritual and gender diversity issues.

6.1 Staff encourage early detection and intervention.

6.2 Staff provide intervention *(or referral)* to people displaying signs and symptoms of mental health problems and mental disorders, to people developing or experiencing a first episode and to people who have experienced a mental health problem or mental disorder and are displaying early signs of a reoccurrence (relapse prevention).

7.2 Staff monitor appropriateness and effectiveness of interventions.

8.1 Staff promote integration of components of mental health service to enable access to appropriate and comprehensive services for consumers, family members and / or carers through mainstream health services.

8.2 Staff provide continuity of care through integration and partnerships with other health services and a range of organizations to ensure the needs of consumers, family members and / or carers are met.

10. Staff maintain a high standard of documentation and information systems on clinical interventions and service development, implementation and evaluation to ensure data collection meets clinical, monitoring and evaluation needs.
12. Staff adhere to State and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing education and training.

At least 25% of all staff believed their training needs were met for each standard.

In terms of major unmet needs, 25% or more of senior personnel / managers said the following training needs were unmet:

5.1 Staff promote the development of environments that optimise mental health and well being among populations, individuals and families in order to prevent mental health problems and mental disorders.
5.2 Staff, where appropriate, participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders.
9 Staff develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of co-ordinated, continuos and integrated care within the broad range of mainstream health and social services.
11.2 Staff participate in or conduct research to promote quality practice and seek funded educational opportunities to become conversant with current research.

At least 25% of staff believed their training needs were unmet for the following standards:

2.2 Staff encourage and support the participation of consumers and carers in the planning, implementation and evaluation of mental health service delivery?
5.1 Staff promote the development of environments that optimise mental health and well being among populations, individuals and families in order to prevent mental health problems and mental disorders.
5.2 Staff, where appropriate, participate in the development and implementation of interventions designed to reduce risk factors and promote resilience to prevent the development of mental health problems and mental disorders.
7.1 Staff provide or ensure that consumers have access to a high standard of evidenced based assessment, treatment, rehabilitation and support services which prevent relapse and promote recovery.
8.1 Staff promote integration of components of mental health service to enable access to appropriate and comprehensive services for consumers, family members and / or carers through mainstream health services.
9 Staff develop and acquire skills to enable them to participate in the planning, development, implementation, evaluation and management of mental health services to ensure the delivery of co-ordinated, continuos and integrated care within the broad range of mainstream health and social services.
11.2 Staff participate in or conduct research to promote quality practice and seek funded educational opportunities to become conversant with current research.

Overall there is a significant level of agreement between management and staff on unmet and met training needs.

Additional Outcomes from the final project workshop

Cluster Identified Themes
The cluster reference group and some additional participants convened towards the end of the project, reviewed the then draft, and within discussion the following themes emerged.

The themes that developed relating to training needs and challenges were:
1. Systematic – whole organization models (1a. consumer and carer involvement.)
2. Induction / orientation
3. Discipline – specific training and support
4. Multidisciplinary (4a. Integrative)
5. Developing presenters
6. Evidence-based practice
7. Research
8. Quality Activities (8a. Effectiveness)
9. Mental Health Promotion
10. Leadership
11. Consumer consultant training
12. Credentialing /sponsorship

In all it was noted that mental health works in a complex system with a range roles and responsibilities as represented in Diagram 1.

Two other themes have been noted outside of the workshop:
1. The therapeutic versus risk management continuum
2. The roles and responsibilities of various levels within the organization and the placement of training within this framework.

<u>The therapeutic versus risk management continuum</u>

A major issue noted by many staff, especially allied health staff, was a perceived overemphasis on basic building blocks, or mandatory straining as compared to education and training about both basic and advanced therapeutic skills. This was also noted to be a danger where training resources were not linked to specific local objectives and planning. In addition to this it may be a danger that the balance will be heavily weighted in favour of risk management when the major issues are accountability and legality rather than quality and professional therapeutic work. Again, when a not-for-profit system exists as it does in Victoria with often fairly distant Boards of Directors running 'tended out' services, there may also at times be a emphasis on basic liability rather than quality and therapy. This may mean that while the whole system has common denominators and standards for training, over time it will lose its advanced skill base and be the poorer for it.

The development of recognition of current competency (RCC) system may resolve this issue for many staff while ensuring basic organizational liability responsibilities were dealt with.

The Roles and Responsibilities of various levels within the organization.

On an everyday basis, management requires a sound knowledge of its internal relationships. This is typified in the following chart that shows the organizational roles and responsibilities at a broad level in the current mental health system in Victoria.

It can be seen that training may only be one option available to correct issues to do with work performance. Other options include personnel management, standards management, contract management and so on.

It is noted that with thin this complexity that training units and resources are not clearly aligned to a specific level or section. In general nursing training units appear to be a separate unit while training costs for other occupational groups are more often added to the cost centre for that discipline/occupation. The nursing training units and resources stand separately, or to the side, in the organization.

In the analysis of workforce standards it will also be seen that a major weakness is in those standards relating to the training of staff in relating to external health promotion and referring agencies. This may also include relationships to consumer and carer consultants which has been covered in this report.

The workshop developed action plans for the first two themes it identified – these are dealt with in the second section alongside Department of Human Services Mental Health Branch requirements.

Department of Human Services Mental Health Branch Themes and Responses

In this section material from across the various aspects of the project is organised in response to the specific issues raised by the Mental Health Branch for consideration in reporting

Interest and capacity of cluster services to develop and participate in education and training partnerships.

All services in the cluster have expressed support for the idea of a cluster. However, at this stage, services are wary of the creation of any type of 'centralized' structure. Cautionary notes were also made on a number of occasions about resources being removed from area mental health services to a cluster and then not being replaced at a later stage when the cluster concept had run its life. It was also noted that cluster approaches have limited life of about 5 to 10 years – the latest training cluster approach in Victoria being noted was that in Adult Community & Further Education (ACFE) in Victoria that lasted FOR approximately five years, ending in the early to mid 1990's. Overall, while cluster developments were seen as positive, these need to be voluntary in nature.

The development of the cluster has been agreed to on the basis of the principle that services maintain their core training services as they stand at the moment and explore the development of a cluster through a staged approach (Refer Appendix One: Staged Development of a Mental Health Training Cluster.) Many training staff believed the key method of moving forward was to focus on the process issues in the first instance. That is, how should the cluster be developed and what issues can it consider. This was being done on an experiential basis of undertaking tasks.

Obviously, a wide variety of difference occurs in the four services within the cluster and those services that have most to gain from a cluster approach may provide stronger support than those which do no.

The services involved in the south and eastern cluster generally nominated two areas that they could provide resources to the cluster:

- Training staff
- Training models and resources

Existing Discipline Specific Cluster

The concept of a cluster training approach, at a discipline specific level, has already commenced through the Southern Nursing Alliance. This runs a conference twice a year and has strong support. It was believed this provides one possible way forward for other disciplines.

The views of cluster members on opportunities and benefits of such an approach – including the nature and scope of partnership activities

In general people want to start small and build trust in the partnership cluster approach. However, willingness and goodwill are generally very high.

In all people saw many benefits and opportunities. This was shown in response to two questions:

- Overall, what would the strengths of a partnership approach? And
- What could be dealt with best through a cluster approach

Overall, what would the strengths of a partnership approach?

Secondments
Standardization of core courses
Standardization across the board
Standard quality benchmarks created
Standardization and user friendly
Gaining better evidence as to what is working and what is not working
Gaining recognition and identification of what we are doing
Development of quality graduate programs
Access to diversity
Access to expertise
Re-introduction of MSE and assessment
Greater scope and choice
Improved/introduction of family sensitive practice training
Pooling of resources
Access to therapeutic training
Dealing with attitudes of management
Development ands access to management training
Manager coaching and support
Getting to know each other
Better understanding of what staff need
Ability to do literature searches
Development of better technology
Provision of more teleconferencing/ video conferencing
Provision of bread and butter stuff
Development of speciality areas where the critical mass for this does not exist – bring in training on eating disorders, Spectrum, EIP
Assist in up-skilling staff
Availability of more discipline specific training
CBT/DCT training
Economies of scale
Working with the synergies – discovering them and developing them
Introduction to child and adolescent training
It may mean we would not have to re-create the wheel so often!
Sharing of resources
Co-ordinated program
Ensuring training staff are accredited/properly trained
Development of graduate programs
Development of a common orientation to mental health
Greater capacity to have right skills to do training
Development of family sensitive practice
Development of senior staff
Ensuring training content is practically based and user friendly.
Greater opportunity for information sharing, skill development, support, supervision and mentorship for a small group of workers eg. Carer/Consumer Consultants.
Greater opportunity for network development and support.
Broader reference point for 'industry standard' for good practice in the role; Provide similar standards and expectations for the role/s. (Consumer/Carer Consultants) across Services.
Opportunity to develop relevant and standard training packages (for a range of needs across the range of staff groups).
Would increase the range of expertise available to provide training.
More cost effective to address the training needs of small staff groups (and overall, a larger pool of participants).
Would address the danger of insularity of Services.
Potentially increase the profile of Consumer and Carer Consultants.
Possibility of involvement/partnerships with other agencies (eg. Vic Mental Illness Awareness Council that already dedicates resources to Consumer Consultant training).
Could be the location of a cluster-wide 'Consumer-Coordinator' (which could eg. coordinate recruitment, training, and be a spokesperson at a macro level).

Provide the scope and resources for the range of training needs that a single agency can't do justice to.
Opportunity to provide more in depth training eg. full day, week (more cost effective across the cluster).
Provide opportunity for experienced Consumer/Carer Consultants to assist in the provision of training to all staff .
Consistency of training.

What could be dealt with best through a cluster approach?
Design of training assessment methods
Education for trainers on competency based training
Standardization of core training material
CAMHS training and support for rural CAMHS staff
Access to specialist / advanced therapeutic educators
Training re dual diagnosis
Development and provision of management training
Development of non-training options such as job-swapping, part-time secondment, cross campus positions
Improved trainer standards – need to be acceptable and opportunity to improve provided.
Management training/Executive development
Advocacy for adequate technology

Commonalities and differences across program types

- Metropolitan and rural; and
- CAMHS, Adult, Aged Persons

The major differences noted between the areas were:

- The need for an adequate common database that is easy to input and retrieve data from.
- The more rural the service, the greater the focus on mandatory or core courses;
- The more rural the service the greater the need for access to specialist staff/trainers and the greater the need of staff to access training;
- Greater sophistication and scope in training generally occurred in CAMHS services in city areas; and
- Greater access to non-core services occurred in urban areas.
- Major common themes were:
    - access to management training and
    - the need for standardization
    - access to training for allied health staff

The largest CAMHS service had a major training program. This is attached to the report as a separate presentation.

A major issue noted by rural services was that CAMHS and Aged Care staff had major unmet training needs.

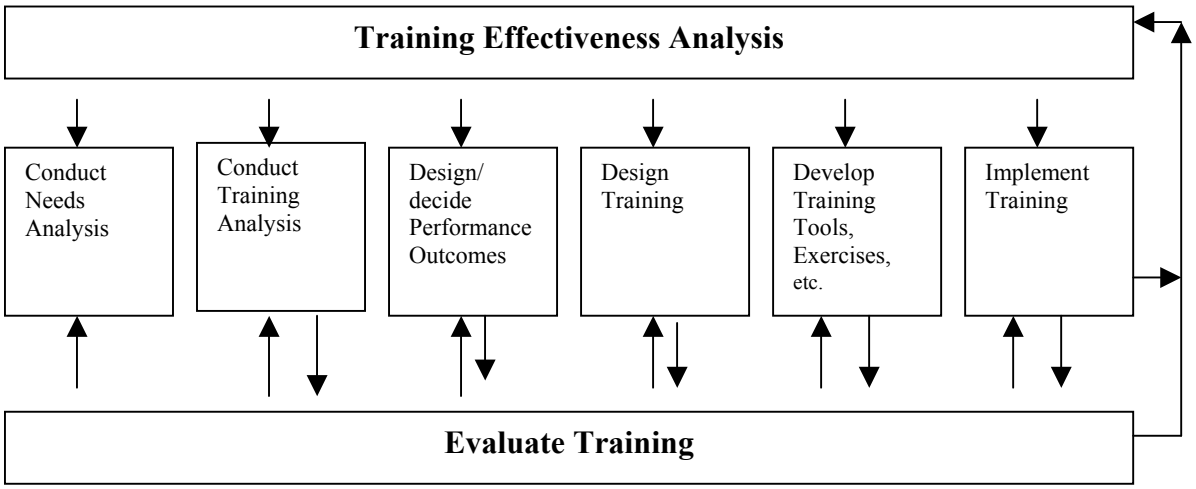
The results in regard to the National Mental Health Workforce Standards were common across all services and areas.

The Training Development Process in the area mental health services in the South Eastern cluster was also reasonably similar.

In the initial stages a training needs analysis is undertaken. There is variety of ways these are carried out. Once the training needs analysis is completed and the training need and performance outcome required have been identified, a training process is used.

In some instances there was not always a clear process in some agencies to clearly link the training to performance outcomes and for staff it may appear that some training was more about a "topic" or "standard" which training has been designed about rather than having specific benefit to their position and tasks.

However, overall, the full training process that could be identified is typified as follows:



Training qualifications of staff

Within this process it was noted that nearly all training staff now had the ANTA level Certificate IV in Workplace Assessment and Training. This was an accepted minimum training standard across all services. However, on questioning staff it was found that this had been provided through other agencies (e.g. TAFE) and was not specifically tailored to the mental health sector and the issues in this sector.

Discussion needs tom occur regarding training qualifications and whether such training should be generic or adjusted to be more suitable to a mental health setting.

Other common features.

In regard to the question, "How do you identify training needs?" several other commonalities occurred in the way training needs were analysed.

All services noted the use of:

- Expected to actual performance appraisal (particularly inpatient settings)
- Interviews including staff appraisal systems
- Feedback from supervisors/ managers
- Workplace documentation: Incident reports
- National Mental Health Standards Review

Other responses were as follows.

Table One: How do you identify training needs?

Method	Average	Ranking
Performance: Expected to actual performance	7.57	1
Analytical: Organizational and Policy Analysis (e.g. business plans/ exist interviews)	6.89	7

Training records	6.55	10
Employment records	4.00	15
Workplace observation – formal	6.58	9
Simulation observation	3.00	16
Questioning of staff	6.88	8
Interview with staff member/ learner, inc. staff appraisal systems	7.54	2
Feedback from supervisors/ managers	7.31	3
Self assessment by staff	5.75	12
Job analysis	5.57	13
Complaints analysis	6.31	11
Workplace documentation: Incident reports	7.07	4
Client survey results	5.45	14
Chief Psychiatrist Review	6.31	11
National Mental Health Standards Review	6.92	5
Report Review analysis	7.00	6

Issues that need to be addressed to enable and sustain a partnership.

This was addressed through several methods:

- Questions:
    - What would be the elements that make up a viable and sustainable training partnership?
    - What would be the major blockages and how would you deal with these?
- Informal discussion
- Reference Group Meetings

Many people were unable to provide answer to the first two questions, the concept of a cluster being new.

Firstly is the need for the cluster partnership to develop slowly with the essential integrity of existing training services and agencies respected – for the cluster to be able to value add is seen as its most important contribution rather as a replacement of existing services. The steps in this are identified in Appendix One where services may start a co-operative approach and move towards greater integration.

A key change from minor co-operation to a co-ordinated respectful approach, is the development of a plan. This would require the services of a project officer or key personnel to be reimbursed for their time, to occur.

Secondly is the need for all players to be respected and to be treated equally and for equity to exist in terms of 'taking and giving' to the cluster.

Lastly, a major interest that needs to be addressed is the development of a common training database that can be used across agencies.

Other comments by management staff on issues in this section included:

- Getting people to understand the local service systems first and the local needs and responses
- Determining topics, venues, geographic costs
- Determining what should be provided at a cluster level
- Thorough needs analysis

The Consumer and Carer Consultants also listed elements they considered essential for a viable and sustainable cluster training partnership:

1 Consultation/input from all parties involved, including especially small staff groups in their own rights, not as part of artificial 'collectives' for convenience.
2 Funding equity and adequacy.
3 Budget/funding for cost of travel and other expenses.
4 Redress the inequity of focus of current training provision (make it available to, and responsive to the specific needs of all staff groups).
5 Dedicated resources – budget and personnel.
6 Consumer input into training as an ongoing principle.
7 Good communication, eg. web sites, calendars (Note: If reliance would be on computer access to the training, calendar, etc. then all staff would need ready access to a computer as an up-front priority.

Mechanisms and resources that can be focused to enable and sustain a partnership.

Firstly, as noted in the model in Appendix One, initial activities and tasks in developing inter agency and service collaboration are:

- networking and meeting;
- building commitment and trust;
- common training;
- formalising inter-service training liaison / discipline specific arrangements;
- developing local leadership; and
- defining the local network.

As the cluster partnership develops it can follow some of the other stages. It is noted that some parts of the cluster, such as nursing and it regular cluster conference, have moved into more advanced stages. This appears to have happened through leadership provided by the Professor of Nursing.

Preliminary results of mapping education and training activities/ programs and resources for education and training across cluster services:

- Metropolitan and rural
- CAMHS, Adult, Aged Persons

Overall the issue was tackled through the following questions:

- What on going training has occurred for all staff in the last two years?
- What one off training has occurred for all staff in the last two years?
- What training has occurred in the last two years for specific disciplines?

A number of data issues presented through this type of analysis and it is noted the cluster will need to tackle the issue through a more forward-looking approach. The issues were:

- All agencies identified training for nursing staff;
- Not all agencies were as easily able to retrieve data about training for other staff;
- Training data management systems were at different stages of development;
- The sophistication of the data management systems appeared to vary however no on-site inspection were made of these; and
- Not all agencies had the personnel available in such a short time period to provide data.

It appears the best way to map training is through a practical exercise of identifying what training will be available in the future. In essence this mapping can be done in future through the creation a "training calendar" for the whole cluster. This can be done through the cluster group.

A very broad and general model of training consistent with all services is as follows:

- Orientation and induction – ranges from two days to one week
- Core mandatory training involving:
    - Fire safety
    - Basic life safety – CPR/resuscitation
    - Basic Aggression Management to Professional Assault and Response Training
    - ASIST
- Regular, voluntary weekly or fortnightly educational sessions – about 1 hour duration

- Journal Clubs – usually weekly
- Graduate training programs
- Specialist one off training programs

A major fault of the system at times was that the recognition of current competency (RCC) in the skills above was not necessarily allowed for. This meant that some highly competent staff might be repeating basic training instead of being able to develop their skill through attending more advanced training or therapeutic skills training. This was a major issue for some allied health staff.

Services had differing capabilities in being able to easily access data about training. Only one service was able to provide comprehensive data over all professional groupings in the time available and within the existing personnel constraints. Another service was able to provide data about training as per the National Mental Health Workforce Standards. This is also provided in the Appendix Three.

The lists are representative of what was generally available throughout all services in the cluster.

Education and training activities/ programs identified by cluster services that could be readily trialled (04/05) to test the viability of a partnership approach focusing on access, content, timeliness, quality and cost.

To advise specifically on:

- orientation for all new entrants to cluster services within 3 months of first employment
- graduate year program for nursing and allied health.
- risk assessment and aggression management training and refresher programs
- registrar and overseas trained doctors placement and support

Orientation for all new entrants to 'cluster' services within 3 months of first employment.

Most services noted that they are hoping that a common program currently being developed by DHS can be adapted. The new program may be able to be used at the commencement of the new year with new graduates but also at key times later in the year for new staff. It is noted that orientation is essentially a one off program attended by all new staff once. It may vary from 2 days to 5 days in length.

Most services are in agreement that a core common program can be developed with each service having their own local induction or orientation component. All services and senior managers noted that staff must be orientated to and within their own organisations. It was noted that while a part of the role of orientation is to provide standard information about legal and organisational structural issues, it is also to foster a sense of belonging.

It was believed two methods could be used to deal with this issue:

- Information sharing and network development
- A cluster training calendar

It was mainly seen that the development of a training calendar would facilitate all new entrants being able gain orientation within the first three months. This could also be aided by a checklist for supervisors of new entrants to ensure that both the broad and specific local issues of orientation program had been dealt with. Such a list could also be used a tick sheet.

A Graduate Year Program for nursing and allied health across the 'cluster'.

Major barriers exist to the development of this type of program in nursing, where involvement would be an ongoing issue for some staff for at least a year:

- Time and backfill costs
- Travel costs
- Accommodation costs
- Differing Intake dates
- Rotation Issues – rosters vary between services
- Credentialing issues for nursing (university endorsed post graduate courses)
- Differing university affiliations between services
- Funding for such a common approach

Some services are between 157 to 272 kilometres apart. There are significant costs associated with distance in programs where staff are expected to learn on location or in a classroom.

However, it was noted that:

- the development of a graduate Allied Health Program would be welcomed by many players
- such a concept may be better dealt with through the development of multimedia educational tools;
- may be commenced through the development of some shared study or conference days such the Southern Nursing Alliance conferences.

In the area of an allied health graduate programs, the Alfred has offered to expand an existing graduate program for allied health through some shared study days.

This will be discussed at the cluster working party.

However, it is recommended that the major way forward on this is the development of a multi media CD ROM for use by all allied health staff combined with a range of study or conference days allowing for issues of professional isolation to be dealt with.

It is recommended that the development a graduate program for allied health could provide valuable training course and that this should be included in the South Eastern's final recommendations. Methods of ensuring the improved co-operation for the different graduate nursing programs require a state-wide project.

<u>Risk Assessment and Aggression Management training and refresher programs.</u>

These exist in all services as mandatory training. What could be the role of a 'cluster' approach? Current aggression management training programs appear to be of two days duration and are compulsory.

A training calendar or register of all training available and ensuring that this is opened up to other services may deal with this issue. It was noted that a strong advantage of this may be that each service would not have to run as many classes each year. A second advantage was that the existing classes are more likely to be filled through a co-ordinated approach.

However several comments were made in regard to Risk Management and the adequacy of existing programs.

Interest was also provided in the cluster developing annual refresher training and /or Recognition of Current Competency (RCC) assessment methodology for those for those who have previously completed the basic aggression training program. Ensuring that staff are "refreshed" every six months was believed to be a reasonable goal for refresher or RCC'ing.

Risk assessment is high on the common agenda for most educational support and respondents would be happy to work on a common package to be used by all services.

It was noted that not many of the risk and aggression management programs covered a major area applicable to mental health, namely, neglect. Several players noted that rather then having disparate training programs using the expensive ASIST model alongside in-house developed aggression management training that it would be better in the long run to develop a holistic risk management program that considered the following:

- Self harm, including suicide
- Neglect

- Aggression
- Discrimination, Equal Opportunity and Racial Vilification risks and issues
- Other

It is noted that the Sainsbury Community Mental Health Centre in England have developed a training package and it has been used as the basis of a MAP (see www.map.org.au) module created for community based social, welfare and health staff. The MAP project is being managed by the Professor Graham Meadows in the Southern Adult Mental Health Evaluation, Research and Training Centre. The module outline is available in Appendix Four. It may be possible to upgrade this and add discrimination and equal opportunity risks to it.

Registrar and Overseas Trained Doctors placement and support.

What are your views on what could be the role of a 'cluster' approach to this issue?

The major issues that came up in regard to registrar and overseas trained staff were as follows:

- Access a range of supervisors and mentors. It was noted that all registrars needed to be able to access a range of supervisors at different times in order to enhance their learning and educational opportunities.
- Cultural training. A wider cultural orientation program is required. This is dealt with a separate section.
- The need for management training. This was viewed as a key need by half of the medical staff interviewed.
- The need for access to up-to-date technology and web based databases. It was noted that less than 40% of staff in mental health had access to computers. However, the need for access to a broad range of technology was seen as particularly important for medical staff. This was because they were more likely than any other group to undertake self paced learning and that technology was critical to this style of learning.

Professor Graham Meadows at Southern Health has noted that Southern Health had recently reviewed its Registrar Training and had developed a training manual. It would be willing to consider sharing this manual and program with other cluster members

In essence the role of the cluster is to provide:

- Reflective practice opportunities by providing a sounding board;
- Co-ordination of mentoring and supervisory opportunities;
- Advice in regard to training reviews; and
- Establishment of need and development of new training materials.

Cultural Training and requirements

Cultural training and requirements came up in several examples, which included staff new to a service, new to a geographical area or staff from a non-local culture.

Culture included an introduction to both Australian and local culture and needs to include an introduction to a variety of different cultures dependent on the service and its area. Such issues may include consideration of local ethnic cultures, rural / urban / town differences, gender differences, professional and organizational culture differences.

It is believed that the development of a model allowing for every mental health worker to become a trans-cultural worker with every other person they meet is required in a modern mental

health service and needs to be focussed at the person to person level rather than the professional / client level in order to allow rural / urban, professional, organizational, ethnic and gender differences, just as examples of some cultural differences, to be taken into account and carefully considered.

Training in regard to anti-discrimination, equal opportunity and racial discrimination

It was noted that that little formal training was identified in regard to anti-discrimination, equal opportunity, and racial discrimination issues. In some instances it was stated that this was incorporated in orientation programs. It is noted that many organizations formally train staff in these issues and appropriate responses in order to ensure that organizational liability is minimized.

Mechanisms and resources within and across cluster services that would be used for these trials and any other inter service arrangements

The major mechanism to be used for the development of the trial projects is the existing senior training staff acting as a "think tank" in a working party format chaired by a notable mental health professional and the use of various existing training resources in the cluster.

The pilot projects are as follows and require funding of a project manager:

- Create a pool database – listing training opportunities across services. Develop, print and distribute a training calendar and negotiate access across all sectors.
- Provide Executive Officer services to the working party and sub-groups.
- Examine existing data base tools and recommend to the cluster on potential standardization of such tools.
- Pilot a cross service mentoring / educational supervision program for medical staff/ allied health and nursing staff.
- Pilot cross service access to core orientation programs, report on and negotiate a future model based on this experience.
- Examine and provide negotiated methods for cluster decisions on ways for cluster members to share resources and materials. This will include the design and gaining agreement regarding how services can cost their own programs to be run for external markets and generate services available as well as ways in which an equitable training input/output cost sharing mechanism can be achieved between services. This may be in the format of MOU or development of some type of cluster based record system to record "purchasing" and "providing".
- Undertake preliminary work to create an allied health alliance to work on an allied health graduate program.
- Design practical pilot programs with ideas of how to support the above proposals.
- Undertake a feasibility study of other prioritised cluster training opportunities including analysing specific requirements, potential savings and costs.

These are also listed in the summary of the Funding Proposal.

Proposed measurement of benefits and outcomes.

This issue has not been formally dealt with yet.

However, it is proposed that all work be undertaken on a project base and that normal project costing, budget and program evaluation tools will be used for each project.

Consumer and Carer Consultants:

Consumer Consultation

Thirteen Consumer and Carer Consultants from across the four Area Services were contacted to participate in the consultation. Two Carer Consultants representing adult and older persons services and three Consumer Consultants representing adult services (N=5) were available to take part. No CAMHS representative was available.

Data were collected by face-to-face and phone consultations utilising the staff questionnaire/ interview schedule with minor adaptions to capture their ratings of staff's and also their own distinct training needs in relation to the National Mental Health Workforce Standards.

Findings
The Consumer and Carer Consultants were asked to rate their perceptions of the training needs of a) staff and b) themselves using the same scale employed within the management and staff surveys viz:

Training Need	Over met	Met	Partially Met	Unmet	No need	Not observed Unknown
Scale	5	4	3	2	1	0

Views on Staff Training Needs

The average responses provided were as follows:

Have Training Needs Been Met for National Workforce Standards?

National Workforce Standards	Consumer Consultant Responses N=3		Carer Consultant Responses N=2		Combined Responses N=5	
	Mean	Mode	Mean	Mode	Mean	Mode
1	3.33	3	3	3	3.2	3
2.1	2.33	2	3.5	-	2.8	2&3
2.2	2.66	3	3.5	-	3	-
3	3	3	4	4	3.4	3
4	4	4	3.5	-	3.75	4
5.1	2.5	-	2	2	2.33	0&2
5.2	2.5	-	4	4	3.25	4
5.3	2.66	2	3.5	-	3	2&4
6.1	3	-	3	3	3	3
6.2	4	0	3.5	-	3.66	0&4
7.1	3.33	3	3	3	3.2	3
7.2	3	-	4	4	3.4	4

8.1	2.33	2	3	3	2.6	3
8.2	3.33	3	3.5	-	3.4	3
9	3	3	3	3	3	3
10	3	3	3.5	-	3.2	3
11.1	2.66	2	3	3	2.8	2&3
11.2	4	0	3	3	3.33	0&3
12	4	0	4	4	4	4

Given the small number of Carer and Consumer Consultants who were available to participate in the study (5 from 13 contacted) and the wide range of the responses made within the rating scale, the mode value appears to best represent the intention of those surveyed.

Met Staff Training Needs

Utilising this value, the following training needs were considered met.

Combined Consumer and Carer Consultant Responses.

Standard 4 "Staff are knowledgeable about mental health problems and mental disorders and the co-occurrence of more than one disease or disorder, and apply this knowledge in all aspects of their work"

Standard 5.2 "Staff support and/or work with others to educate communities about mental health problems and mental disorders to increase awareness and reduce stigma"
Carer Consultants rated this standard substantially higher than Consumer Consultants (whose response range was 0, 2, 3).

Standard 7.2 "Staff monitor appropriateness and effectiveness of interventions"
The Carer Consultants again rated this standard higher than the Consumer Consultants where a score of 2 (unmet) was included in their range (2, 3, 4)

Standard 12 "Staff adhere to State and professionally prescribed laws, codes of conduct and practice, and take responsibility for their own professional development and continuing professional education and training"
Each group rated this standard as met.

Unmet Staff Training Needs

Combined Consumer and Carer Consultant Responses

Again using the 'mode' response, no standard received an outright rating as 'unmet' however, the following have generated two modes of 2 & 3 and a mean of less than 3.

Standard 2.1"Staff encourage and support the participation of consumers and carers in determining (or influencing) their individual treatment and care"
Consumer Consultants rated this lower than Carer Consultants

Standard 5.1 "Staff promote the development of environments that optimise mental health and well being among populations, individuals and families in order to prevent mental health problems and mental disorders"

Standard 11.1 "Staff systematically monitor and evaluate their clinical practice, consistent with the National Standards for Mental Health Services and relevant professional standards to ensure the best possible outcomes for consumers, family members and/or carers.

Major Training needs identified for broader staff group

1 Rights of clients and families –how to actualise ("most staff know about – but don't necessarily know how to actively promote these standards." eg. practicalities of showing respect for consumers; addressing the power imbalance" (Std.1)
2 Consumer and Carer input into Orientation as a permanent component
3 Consumer participation values, processes, policies (Std 1; 2.1; 2.2)
4 National Mental Health Standards (Std. 11.1)
5 Legislation . eg. the spirit and intent of the Acts esp. in relation to privacy, sharing of information etc. (Std 1)

Consumer consultants also wanted adequate time for staff to reflect, discuss, share clinical issues, concerns, ideas.

Consumer and Carer Consultant Training Needs

National Workforce Standards	Consumer Consultant Responses N=3		Carer Consultant Responses N=2		Combined Responses N=5	
	Mean	Mode	Mean	Mode	Mean	Mode
1	3.33	4	3.5	-	3.4	4
2.1	3.33	3	4	4	3.6	4
2.2	4	4	3.5	-	3.8	4
3	3	3	3	3	3	3
4	2.33	3	3.5	-	2.8	3
5.1	2.66	3	3	3	2.8	3
5.2	3.33	3	4	4	3.6	4
5.3	2.33	-	4	4	3	4
6.1	2.33	3	3.5	-	2.8	3
6.2	1	1	4	4	2.2	1
7.1	2.33	3	3	3	2.6	3
7.2	3	-	3.5	-	3.2	3&4
8.1	3.33	3	3	3	3.2	3
8.2	3.33	3	3	3	3.2	3
9	3.33	3	3	3	3.2	3
10	2.66	3	3.5	-	3	3
11.1	2.66	3	3	3	2.8	4
11.2	3	-	3	3	3	3
12	3.33	3	3	3	3.2	3

Met Consumer and Carer Consultant Training Needs

The Consumer and Carer Consultants overall rated their training needs as met or partially met in relation to all Standards with the exception of Standard 6.2 "Staff provide intervention (or referral) to people displaying signs and symptoms of mental health problems and mental

disorders, to people developing or experiencing a first episode and to people who have experienced a mental health problem or mental health disorder and are displaying early signs of a reoccurrence (relapse prevention)".

Whilst every one of the Consumer Consultants gave a rating of 1 (no need) the Carer Consultants rated this as 4 (met). One Carer Consultant considered that a major demand and therefore focus of his/her role was working with carers to assist them with relapse prevention and also in accessing timely intervention.

Training Provided/Undertaken

Three Consultants considered that mandatory training provided by their Service and which they had attended; including ASIST, Aggression Management, Fire Training, CPR and Orientation was effective and useful. Only 2 reported having attended any other training. For each of these it was reported as a one off lecture on a specific topic.

As a small staff group, the Consumer and Carer Consultants do not perceive they are well catered for within the training options provided by their Services. They report this to be a major cause for concern for them

In response to the question regarding their personal training priorities, all except for one respondent currently involved in tertiary studies, reported never before, whilst in the position, having to formally consider their training priorities.

Major Training that Consumer and Carer Consultants would like to see developed or planned

The Consumer and Carer Consultants generated a range of training they felt they needed in order to meet the specific demands of their positions.

1 Public Speaking/presentation skills, conference participation
2 Group facilitation skills
3 Report Writing skills
4 Communication skills including interviewing and basic counselling
5 Effective organisational participation and contribution eg. committees, management meetings, projects etc.
6 Defusing aggression
7 Research and evaluation skills (Std.11.2)
8 Basic information about mental health problems and disorders (Std. 4)
9 Community education and development skills especially in order to address stigma (Std. (5.1; 5.2)
10 Mental illness prevention strategies (Std. 5.3)
11 Dealing with complaints
12 Cultural diversity issues and how to access relevant resources (Std. 3)
13 Working with families
14 Legislation ie. the legislative framework (Mental Health Act, Privacy Legislation etc. (Std. 1;12) (though governed by these, no training provided for Consumer/Carer Consultants)
15 The role, responsibilities and expectations of Consumer Consultants

Furthermore, Consumer and Carer Consultants identify supervision and mentorship for themselves/their positions as a major training/development priority.

Training Needs

This section considers what the major training needs are as identified by cluster agencies.

What training would you like to see developed or planned?
(Management surveys only to date)

Management in several services noted a strong need for training in Mental State Examination, assessment and writing up. It was noted that this was not offered anymore. One service did not require this as medical staff carried it out.

Several services noted that a standardized approach to orientation and core business or 'mandatory' programs would be a major advantage.

Responses to this question also included the gaps identified above.

Answers included the following:

- Advanced Clinical Skills
- Cross pollination opportunities
- Training for outcome measures
- Therapeutic interventions
- Supervision training
- Co-ordination of existing programs
- Opening of existing programs and advertising them with a co-ordinated approach
- Discipline specific training
- CBT for use in crisis and short-term work
- Mid management training (Frontline management)
- Clinical Risk Assessment
- Broadening current clinical risk
- Skilled practitioners who can deliver training
- Developmental Psychology
- A Dart Program – (Depression and Anxiety Research & Treatment)
- Person centred Care
- Family Sensitive Practice
- Improved seclusion practices
- Comprehensive Risk Assessment
- Revised Clinical Documentation
- Quality
- Aggression Management for Community Agencies

Major groups who were not catered for well included:

- Casual staff
- Allied Health staff

One service had no one skilled in ASIST and was willing to swap ASIST expertise for CBT expertise.

A number of non-training options were noted as needing development:

- Shadowing programs
- Secondment opportunities

It is noted that there were significant overlaps between services and their developmental plans. No formal co-ordination mechanism for developmental work appeared to exist and there is a grave danger of work being duplicated and services trying to re-invent the wheel.

Major Training Needs - Resources

(Management interviews only)

Major training needs that senior personnel identified included:

- Technology
- Funds for backfilling positions
- More funds to support staff in tertiary or other postgraduate study
- Increased Clinical Nurse Consultant or Educator time
- More training / education videos
- More linkages to external experts (subject matter experts)
- Trainers from non-nursing disciplines
- Personnel who can deliver information
- Mentors
- Expertise to assist with lining training to new initiatives
- Funds to develop new programs
- Nursing education time in (specific area)
- More dedicated training positions
- More project workers
- Assistance in dealing with structural barriers
- Aggression management training on site –
- Our own version of ASSIST to cease paying fees for ASSIST
- Speciality focus unit for CAT teams on identifying community resources and increasing triage and risk assessment sophistication

Technology

Technology was raised several times. Access to technology appears to be a major issue in some areas with less then 40% of staff having easy access to a computer.

This basic area was not included in the survey and needs a major focus in order to ensure that services have appropriate computer tools and access for staff.

Basic equipment that was not available in some services included items such as:

- Data projectors
- CD burners
- Digital cameras
- Digital video

The addition of web cams and so on would allow for greater discipline specific professional development and training activities to occur over distance.

Having flexible basic computer technology is a preliminary requirement to being able to have a sound well-based training program.

In addition to this technology appears to be a major tool used by staff with greater responsibility and duty of care. These staff also appeared to be the group most likely to used self paced learning.

Recommendations

How clusters could be further developed including proposals for future funding to support such development (if and when available)

Overall, it has been agreed that the first phase of the project has provided the cluster concept with a great deal of credibility.

Three core recommendations have been established.

1. Establishment of cluster/s
It is recommended that training clusters be established along voluntary lines using the staged model as a developmental guide.

Action to date in Southern Eastern Cluster

Services attending the workshop on cluster development and common themes have decided to formalize a cluster in South Eastern Victoria and nave commenced some initial planning activity around the themes. The activities being undertaken fit with Staged One of the Staged Model for the development of collaboration in Appendix One.

The Southern Adult Mental Health Evaluation, Research and Training Centre will provide administrative support to the South Eastern Mental Health Training Working Party for three meetings over the first two to three months of the working party.

Two areas from the locally developed themes (Section Two) have been agreed to:

Whole organization models:
It was decided that a working group should be formed and they could discuss relevant training needs. A uniform database needs to be created to include enabling tasks and sharing "bartering" systems. Administration support would be required to help with this task and Professor Graham Meadows agreed that the Southern Mental Health Research, Training and Evaluation Centre could help in the first instance and further support could be forthcoming from other services down the track.

Action:
- Creation of working party with the same membership as the reference group.
- Tasks (preliminary)
- Develop terms of reference
- Identify training data base issues

Induction / Orientation
This area was discussed in some detail and decided that support could be made via cross access and reduce the individual burden on clusters. There will still be times when orientation is site specific and will need to be handled as such. Terms of reference would be required to identify common and site specific induction.

Terms of Reference to be decided at next meeting after reviewing the report..

2. Funding Recommendation

The Reference Group – which has now become the working party – has recommended that:

An application for 12 month funding be submitted to DHS to meet the costs for a project manager to undertake core developmental tasks in the sector.

Allocation of these funds in the 12 month period would be as follows:

- Project Manager
- Administration Support
- Back fill for staff
- Travel costs (travel, meals, accommodation for rural visits/staff)
- Consumables (Telephone, Fax, stationery etc)

The proposal for this funding would include the following to be undertaken over a 12 month period:

- Create a pool database –listing training opportunities across services.
- Provide Executive Officer services to the working party and sub-groups.
- Develop, print and distribute a training calendar and negotiate access across all sectors.
- Pilot a cross service mentoring / educational supervision program for medical staff/ allied health staff.
- Pilot cross service access to core orientation programs, report on and negotiate a future model based on this experience.
- Examine and provide negotiated methods for cluster decisions on ways for cluster members to share resources and materials. This will include the design and gaining agreement regarding how services can cost their own programs to be run for external markets and generate services available as well as ways in which an equitable training input/output cost sharing mechanism can be achieved between services.
- Undertake preliminary work to create an allied health alliance to work on an allied health graduate program.
- Design practical pilot programs with ideas of how to support the above proposals.
- Undertake a feasibility study of other prioritised cluster training opportunities including analysing specific requirements, potential savings and costs.

The anticipated outcome of such a continuing project would be the actualisation of the establishment of a cross service training cluster. The cluster would be seen to have activities at multiple levels and aspects of training, and would bring into reality the possible gains to training opportunities and capacities from pooling of resources, extension of access to of specialist training resources, increased networking opportunities, and improved coordination.

Requested Budget

Printing: Training calendar	4,000.00
Transport and accommodation funds for rural /isolated staff to attend core orientation	5,000.00
Allied health Graduate Program: Creation of alliance - travel and accommodation costs	6,000.00
Salary Cluster Training Co-ordinator 1.00EFT	62,143.00
Salary On costs at 9% superannuation plus other on-costs	11,259.00
Travel and accommodation	10,000.00
Consumables	1,200.00
TOTAL	**99,602.00**

3. Technology

It is recommended that a regular state-wide funding round for educational technology in mental health be developed DHS.

4. Broader opportunities in using a cluster model

A major opportunity is the development of common multi-media technology for the use by staff in a variety of programs including orientation/induction programs.

The Southern Adult Mental Health Evaluation, Research and Training Centre estimates it could undertake the development of innovative multi-media educational master copy CD ROM at an approximate cost as follows:

Development of a Educational Multi-media CD ROM for Orientation of new staff to a mental health service	$70,000.00
Development of Educational Multi-media CD ROM for use by supervisors and allied health graduate staff	$85,000.00

Appendix 1 A Staged Model for moving forward

The development of a staged model that outlines various types of activities at each stage and that allows for some analysis and discussion may be useful.

A model developed to assist inter-sectoral collaboration in the HACC sector is provided below.

Developing Best Practice Training

Stage One: Focus on Joint Practices and Processes

Typical initial activities and tasks are:

- networking;
- building commitment and trust;
- common training;
- formalising inter-service training liaison / discipline specific arrangements;
- developing local leadership; and
- defining the local network.

Service directories, joint or common training calendars, training mapping and consumer needs feedback information initiatives may be activities in this phase as may be initial linking to other types of providers, such as the Divisions of General Practice, Disability Services, Alcohol and Drug Services, etc. These enable the local system to learn about itself, but may not be sustained if not undertaken in the context of a clear plan, which is unlikely to develop without conjoint support in this phase.

This process moves toward:

- closer "on-the-ground" teamwork;
- an emerging common vision of what the service system should be like;
- educating the local service system about the vision and practice development; and
- improving feedback from consumers and carers.

Joint protocols/agreements may be activities of this phase, but may not occur until the next phase.

Stage Two: Transition

This is often marked by activities that increase regular contact and the development of a plan that has the support of the key players. Activities may include:

- One-off, or even regular, conferences between some of the players
- Development of common training or workplace practice tools
- Sharing of expertise
- Development of Problem solving Consultancy Panels
- Opening up of training with specific boundaries
- Development of specific conferences or working parties to develop plans

Stage Three: Developing Best Practice and a Fully Co-ordinated Service System

Typical activities are:

- interagency practice development in (training) assessment and review tools;
- common understanding of joint problems and development of systematic targeting evaluation of approaches;

- development of competency based training models;
- development of interagency training referral processes allowing staff from other services access;
- involvement of consumer and carer advocates in training development and service system development;
- regular collaborative service planning;
- development of a cluster interagency training program;
- development of common cluster training products;
- innovation;
- development of training management information systems;
- linking with other human services sectors;
- joint venturing in the filling of service gaps; and
- the formation of a formal alliance by incorporation or other means.

Stage Four: Developing an Integrated Service System

This would be marked by the development and implementation of regular on-going training monitoring, feedback, accountability and development processes and models for the local service system, incorporating each agency.

There would probably be a corresponding Service and Funding Agreement with the service system, as represented by the formal alliance, for the exercise of these functions.

Obviously, partners in such a staged development may stop at any particular stage they choose.

The development of a cluster approach relies on each party being treated equitably and each being able to give and take on a useful and agreed basis. It may be that all the players only wish to move to a Stage Three or that some players only wish to be involved up to a certain stage while others can agree to move further. This type of approach may then be considered an 'umbrella' type model.

Appendix Two

Discipline: Medical

Appendix 2 Training Program Examples

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
1.	**Induction**		Role and Functions of Medical Staff (2)			RACMA Induction Workshop TheMHS Summer Forum, Master of Health Administration w/shop (1)
2.	**Management and supervisory skills**					
3.	**Computer literacy and applications**					
4.	**Occupational safety & compliance**		BLS – Practice (2) Debriefing (3) Emergency Procedure Training (2) Infection Control (2) PART (2)			
5.	**Teamwork**		Clinical Education Series - Consultation Liaison Psychiatry (5) ED Nurses views on patients presenting to A&E with self harm behaviours (1) PMH & EIS (1) PMH Role and Function (1)			
6.	**Quality**		CRCU Research (3) Documentation in Psychiatry (4) Mental Health Act (1) National Mental Health Standards (5) Outcome Research (9) Patient Rights Charter; Compliments & Complaints; Freedom of Info; CASP D- Substance Use & Abuse (1)			Clinically Indicated Risk Taking: Medico-legal issues and clinical strategies (1) WHO Consortium Annual Meeting (1) World Psychiatric Association Section of Epidemiology and Public Health Meeting (1)
7.	**Customer service** (improving customer relations)		Best Buys in Mental Health (4) Client Satisfaction with services (3) QIS, Consumer & Carer Information, New Brochure (1) What Can Community Psychiatric Surveys Tell Us? (3)			Cross cultural Training for Overseas Doctors (1)
8.	**Awareness** (EEO, harassment etc)		Future of Public Psychiatry (4) HIV and Mental Illness (5)			
9.	**Professional Skills**		Antipsychotics and Breast Cancer (5)			AMC Clinical Re-Test Series 2 (1)

			ASIST (4) Behavioural Disturbance in the Elderly (2) Bipolar Disorder (5) Case Conference (2) Case Presentation (5) Case Presentation - Chris Plakiotis (2) Case Presentation by Dr. James (5) CBT (2) Children of the Mentally Ill (1) Collaborative Recovery Model (5) Continuation ECT (3) Depression and Adolescents (2) Depression and Alcoholism (3) Depression in the Elderly (7) Evidence Based Practice (4) Evidence Based Psychiatry (3) First Episode Psychosis (2) Group Discussion - Academic Activities (3) Life Events, PTSD and Schizophrenia Antidepressants (2) Mental Health Care in Community Settings (1) Mental Health Clinical Education Session - Prof. G Meadows (1) Mental Status Examination & History Taking (2) Mood Disorders – Depression (4) Panic Attacks and Panic Disorders (2) Panic Disorder (4) Personality Disorders (4) Post Trauma Psychosis - Journal Club (2) Psychological Intervention in Schizophrenia (2) Psychosis, Homelessness in Melbourne (4) Recognition and Management of Depression (3) Review of compliance; & Abusive experiences & Psychiatric comorbidity in women primary care attenders (2) Schizophrenia (5) Seclusion (3) Substance Abuse and Schizophrenia (2) The Treatment Resistant Patient (2) Treatment Resistant Depression (2)			AMC Medical Examination (1) FRANZCP Fellowship Exam Preparation Course (Written Module 1) (1) Measurement of Cognitive Functions (1) Mental Health Problems in Primary Care: From Research to Practice & American Psychiatric Assoc Mtg (1) Treatment of Pathological Gambling - Attitudes Towards Psychiatry (1)
10.	**Product Knowledge** (assessment tools, new professional technology, etc)		Academic Meeting (2) Academic Program - Physical Treatment for Major Depression (4) ECT & Efficacy - Journal Club (4) ECT - Efficacy and Side-effects with electrode placement (4) ECT for Depression - Journal Club (3) Factors Affecting Suicide (3)			Annual Conference – RANZCP (1) Eppic workshop - Early Intervention in Psychosis (3) PAC Meeting (1) Victorian ECT Training Course (1)

			Forensic Issues in Adult Mental Health (1) Forensicare (1) Integrated Mental Health / ADHD (4) Journal Article/ Case Discussion (3) Journal Club (14) Journal Club - Book Review (3) Journal Club - Community Service Evaluation (3) Journal Club – EBCP (8) Journal Club - Epidemiology & Depression (3) Journal Club - Life Events/Insight (4) Journal Club - Outcome Measures (4) Journal Club – Psychoeducation (3) Mental Illness and ABI (5) Pharmacology: Solian (2) Pharmacology: Zyprexa (3) Pharmacology: Zyprexa (Fast Acting) (2) Pharmacology: Seroquel Information and Update (1) Psychiatric Problems of Child Abuse (4) Rehabilitation Outreach Service (1) Selection of Antipsychotics (2) The Mentally Ill Offender (6) Use of High Dose Antipsychotics (4)			
11.	**Executive Development**					
	Other					
	Other					

Discipline: Nursing

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
12.	**Induction**		General Orientation (2) Orientation Day - Grad Certs (9)			
13.	**Management and supervisory skills**		Audit Tools (5) AUM Professional Day (4) Discharge of a client and paperwork (3) Discharge Planning (3) New CCU Building/ Update on Planning Process (4) Role Development Program (4)			Alternative Dispute Resolution (1) Certificate IV - Workplace Training and Assessment (8) Certificate IV in Psychiatric Nursing (2) EBA Workshop (1) First Line Management Program (4) HACSU Delegates Conference (1) Leadership (8) Management Development Program (6)
14.	**Computer literacy and applications**		HoNOS (6) Inter Word (2) Intranet (14) Intranet/ Incidents/ Complaints (17) Intro to Excel (1) Intro/ Inter PowerPoint (2) RAPID (4) Rapid: Outcome Measurement (9) Student Issues; BATCH - Assessment Tool; Education/Annual Training Plan (5)			CMI RAPID Access Training (1)
15.	**Occupational safety & compliance**		Aggression Management (2) BLS – Practice (64) BLS Competent (66) CASP/ QUIT (8) Clinical Supervision (9) Clinical Supervision, PMH & EIS (25) Debriefing (1) EEO (8) Emergency Procedure Training (50) Emergency Training – Fire (24) Incidents, Complaints (13) Infection Control (16) Intranet, Incidents, Complaints, Cultural Awareness, Coroner's Rec, Chief Psych Direct (13)			Advanced Driver Training (1) Assistance and evaluation of the elderly aggressive episodes (1) Clinical Supervision: "Unlocking the Secret" (92) Clinical Supervision: 4 Day Workshop (30) Infection Control Seminar (1) Introductory Course for OH&S Representatives (2) Occupational Health and Safety Training Course (2) PART - 5 Day Training for Trainers (1) QUIT - Facilitator Training (1)

			Management of Aggression (3) Management of Violence for Difficult Behaviours (4) Medications (2) OH & S (11) PART (82) PART Discussion; Public Hospital Charter; 2nd Opinion Protocol (5) PART on Unit - V Burns (4) PART Refresher (42)			
16.	**Teamwork**		Clinical Education Series - Consultation Liaison Psychiatry (7) Diversional Therapists Role (2) ED Nurses views on patients presenting to A&E with self harm behaviours (4) Library Resources/ Online Resources (5) LRH MHS Service Provision (40) Macalister Planning Day (15) Mental Health - New Directions (7) Mental Health Movie Night – Cosi (4) Movie Night - K-PAX (3) PMH & EIS (24) PMH Role and Function (7) Preceptorship in Psychiatric Nursing (23) Preceptorship information (8) Preceptorship Update (3) Role of Students in CRCU/ Follow up Documentation from Clinical Evaluation (5)			CPNRP Preceptorship (1) Dealing with Negative Attitudes in the Workplace (1) GROW (14) Preceptorship for Psychiatric Nurses (15) Team Building - Workshop and Training Program (2)
17.	**Quality**		Achieving Values Together (7) Aged Care Standards – Overview (3) ANCi Competencies (10) CASP/ NMHS/ EQuIP (5) Chief Psych/ Coroner Recommendations (15) Chief Psychiatrist Confidentiality and Families; ANF Documentation (8) Continuous Improvement (4) Coroner, Chief Psychiatrist, Koorie and Cultural Awareness (8) Documentation/ Audit Results/ New Forms (3) Group Skills/ Culturally Sensitive Training/ NSMHS (10) Koorie, Cultural/ Chief Psychiatrist/ Coroner (14) Mental Health Act (16) Mental Health Quality Incentive Strategy (1) NMHS (109) NMHS & EQUIP (22) Outcome Measurements (69)		Chief Psychiatrist Office/Bouverie Centre - Mental Health Act and Confidentiality Packages Given (19)	Accreditation MK II (1) Aged Care Quality Improvement Workshop (3) ANCD - Comorbidity Workshop (2) Clinically Indicated Risk Taking no 1 Spectrum (2) Detection & Quantification of EP's (1) Ethical Issues in the Care of the Aged (2) Legal Issues for Community Workers (1) Maintaining your passion for the profession (2) Mental Health First Aid Training (1) Night Duty Nursing Conference (2) Outcome Measurements - Train the Trainer (8) Quality Improvement Workshop (2) Service Quality and Innovation in Mental Health (1) World Health Promotion Conference (1)

			Patient Rights Charter; Compliments & Complaints; Freedom of Info; CASP D- Substance Use & Abuse (9) Policies/Protocols; NMHS - an introduction; Compliment/Complaints, New Patient Hospital Charter (4) Policy & Protocol Access (4) Privacy Legislation (16) Report Inquiry in Nursing (5) Restraint (2) Restraint - Physical & Chemical (1) Role of Chief Psychiatrist/ MH Act Amendments (12)			
18.	**Customer service** (improving customer relations)		Ambulance Protocol – Transport of People with a Mental Illness (6) Best Buys in Mental Health (13) Complaints/ Incident Reporting (11) Consumer & Carer Participation (18) FaST Training (8) Group Skills/ Culturally Sensitive Training/ NSMHS (10) Individual Treatment Plan (12) Koorie/ Cultural Issues (18) Office of the Public Advocate/ Consumer Consultant Roles (8) Overview of Clozaril Support Program (6) QIS - Consumer Participation (42) RVIB (5) Snoezelen Inservice (11) What Can Community Psychiatric Surveys Tell Us? (1) Work Solutions - Client Employment (6) Working with Vision Impaired (5)			ANF Job Representative Training (2) Family Intervention for CAT Services (1) Indigenous Health Lecture (1) Psychospiratual Recovery (1) Symposium of Service Issues in Aged Mental Health (3) Symposium on Service Issues/ Triage in Aged Care Psychiatry (1) Working with Difficult Families (1) Working with families who appear to be making the situation worse for their relative (1)
19.	**Awareness** (EEO, harassment etc)		Future of Public Psychiatry (5) MHRB & FOI (7) MHRB/ Privacy Act (5)			Trade Union Training Course (1) Union Delegates Conference (1)
20.	**Professional Skills**		Adolescent Depression (1) Aged Mental Health: Evidence, Experience, Innovation (4) Alcohol and Drugs (2) Alcohol training project (2) ANZCMHS; Credentialling (23) Aromatherapy (4) ASIST (70) Assessment, treatment and Case Management in CAMHS (1) Behavioural and Psychotic Symptoms of Dementia (6) Behavioural Disturbance in the Elderly (6) Bipolar Disorder (9) Case Conference (1) CASP (9)			ABI - Anger Management (1) ABI and Suicide Workshop (1) Advanced Clinical Nursing Skills Program (1) Aged Residential Care Mental Health for All (1) Aggressive Episodes - Management Perspective (1) ASIST Update (1) Assessment and Intervention in Acute Phase (1) Bachelor of Nursing (3) Bachelor of Nursing Post Graduate (1) Bridging the gap between evidence & practice (1) Brief Intervention for Cannabis Dependence (1) Building Capacities in Primary Care Mental Health (1) CBT (7)

			CASP/ QUIT (8) Children of the Mentally Ill (3) Clinical Placement (10) Code of Ethics (6) Cognitive Analytical Therapy (1) Cognitive Behaviour Therapy (9) Depression (DIV 2 Education) (2) Depression and Adolescents (6) Depression in the Elderly (24) Diabetes Education Session (16) Div 2 Role Development Program, Module 11, 13 & 8 (5) Div 2 Study Day (38) Drug and Alcohol (8) Drug Assessment and Therapeutic Approaches (5) Drug Side Effects (3) Drugs and the Elderly (5) Early Recognition – Psychosis (6) Family Dynamics (5) Feedback Clinical File Evaluation and Recommendations (7) First Episode Psychosis (4) Formulations (6) Glucometer Training (4) Grad Study Day (28) Inpatient Treatment Plans (4) Introduction to Drug and Alcohol Training (1) Introduction to Psychosocial Rehabilitation and Collaborative Recovery Model (17) Managing 1st Episode Schizophrenia (4) Marijuana (3) Mental Health Care in Community Settings (1) Mental Health Clinical Education Session - Prof. G Meadows (3) Mood Disorders – Depression (4) Pain Management in the Elderly (3) Panic Attacks and Panic Disorders (8) Personality Disorders (9) Psychosocial Rehabilitation (38) RCS (6) Recognition and Management of Depression (4) Schizophrenia (11) Substance Misuse and Mental Illness (2) The Treatment Resistant Patient (17) Wound Management - Div 2 Role Development (4) Wound Management - skin tears and wound charts (4)			Challenging Depression in Aged Care (1) Child and Adolescent Education (2) Child and Family Psychiatry (1) Clinical Standards in Aged Psychiatry (2) Clinician Trainer Program (2) Collaborative Recovery Model (18) CRM Booster - 6 monthly (10) Dealing with Personality Disorders I and II (1) Developmental Psychiatry Course (DPC) (1) Division 1 Nursing Degree (2) DSM (2) Generalised Anxiety Disorder - Assessment and Management (15) Gippsland Withdrawal/Rehab Service (2) Graduate Certificate in Mental Health (Aged Care) 5 Day Semester Block (1) Graduate Diploma of Nursing (Mental Health) (2) Group Programs in Mental Health Services (1) Interpersonal Therapy (1) Introduction to Narrative Therapy (1) Introductory Workshop in Family Therapy (1) IV Cannulation Workshop (2) Living on the Edge, Working with Adolescents who self harm (1) Master's Study Day Leave (1) Masters/ Monash/ Research (1) NCDU Program (1) Pathways for Dementia Care 2004 (2) Perspectives on Clinical Standards in Risk Management (1) Post Graduate Diploma in Advanced Clinical Nursing – Mental Health (4) Post Graduate Diploma in Social Science - Family Therapy (2) Primary Certificate in Emotive Behavioural Therapy (1) Psychological Interventions in Early Psychosis (1) Risk Management – Spectrum (1) Study Leave for University Study (1) Therapeutic Crisis Care (1) Treatment Planning & Systems Issues (Spectrum) (1) Triage in Aged Psychiatry (3) Turning Points (Eating Disorders) (1) Weight Management for Clients on Antipsychotics (1)

21.	**Product Knowledge** (assessment tools, new professional technology, etc)		Academic Meeting – Emotional Intelligence (4) Basic Alcohol and Drug Inservice for Mental Health Clinicians (10) Cannabis and Psychosis (3) Contact Sheets/ New Incident forms (4) Convatec - Wound Management (2) Court Liaison Role (8) Dosettes (3) Dual Diagnosis Inservice – Medication (1) Dual Diagnosis role in rehab and assessment tools (8) Education Program - Aged Mental Health (5) Forensic Issues in Adult Mental Health (3) Forensicare (14) Mental Illness and ABI (11) Neuropsychiatry in the Aged (9) Nursing Home Care Plans (3) PANSS (4) Pharmacology: Clozapine (11) Pharmacology: Clozaril (23) Pharmacology: Efexor (3) Pharmacology: Reboxetine (6) Pharmacology: Respiridal (17) Pharmacology: Respiridal Consta (10) Pharmacology: Risperidone Injection (7) Pharmacology: Seroquel (13) Pharmacology: Solian (53) Pharmacology: Solian/Epilim - Client information packages (4) Pharmacology: Use of Zyprexa in elderly (3) Pharmacology: Zuclopenthixol (9) Pharmacology: Zyprexa (55) Pharmacology: Zyprexa (Fast Acting) (13) Pharmacology: Zyprexa – IMI (13) Pharmacology: Amisulprices (4) Pharmacology: Solian (11) Pharmacotherapies training for A&D workers (1) Pharmacotherapy treatments for A & D dependants (1) Pharmacology: Seroquel Information and Update (8) Promoting Group Therapy/ Library Inservice (3) PTSD in the Elderly - Journal Review (4) Rehabilitation Outreach Service (4) Service Issues in Aged Psychiatry (6) Stepping Stones Education (9) Stomal Therapy – Overview (2) The Mentally Ill Offender (7)			'Beyond Blue' Training Only (2) 2nd Southern Alliance Conference (10) 2nd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders (1) 3rd Victorian Collaborative Psychiatric Nursing Conference (2) 4th Collaborative Psychiatric Nursing Conference (8) Adolescence and Dual Diagnosis (1) Adults with Disability in the Criminal Justice System (2) Aged Mental Health Symposium (2) Aged Symposium - Current Issues in Psychiatry of Old Aged (1) Amphetamines Training Project (1) Basic ECG Course (4) Borderline Personality Disorder Workshop (1) Complementary Therapies (3) CPNRP - Mental Health Mini Seminar (5) CPNRP - Research Units (1) Department of Human Services/ High Risk Infant Service (1) EBM - A practical guide (2) EPPIC workshop - Early Intervention in Psychosis (4) First National Conference "Holding it all Together" (1) Insight: Losing it and Using it (4) Mental Health 12th Annual Health Services Conference (1) Mental Illness in Prisons (1) Neuropsychological Training (2) Nurse Educators (Symposium) (2) Nursing Research Methods and Issues Seminars Towards the Award of Master of Nursing (Mental Health) (1) NWMH Group Programs in Mental Health (1) Pharmacological Treatment for Opiate/Alcohol (1) Spectrum (35) Spectrum - Emerging Borderline Personality Disorders in Adolescents (3) Spectrum One Day Workshop (16) Stemming the tide and Emerging from the Mire (1) The Grief of Older People (1) TheMHS 12th Annual Mental Health Services Conference (2) TheMHS 2003 (4) TheMHS Summer Forum (2) Trauma and Post Traumatic Stress Disorder (1)

			Video Review – Schizophrenia (3)			
22.	**Executive Development**					
	Other					
	Other					

Discipline: Occupational Therapist

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
23.	**Induction**					
24.	**Management and supervisory skills**					First Line Management Program (1)
25.	**Computer literacy and applications**					
26.	**Occupational safety & compliance**		BLS Competent (1) Clinical Supervision: "Unlocking the Secret" (1) Emergency Procedure Training (2) Food Handling Course (1) PART (1) PART Refresher (2)			
27.	**Teamwork**		Library Resources/ Online Resources (1) Mental Health - New Directions (1) Role of Students in CRCU/ Follow up Documentation from Clinical Evaluation (1)			
28.	**Quality**		Chief Psychiatrist Office/Bouverie Centre - Mental Health Act and Confidentiality Packages Given (1) NMHS (5) Outcome Measurements (1) Patient Rights Charter; Compliments & Complaints; Freedom of Info; CASP D- Substance Use & Abuse (1) Privacy Legislation (2) Report Inquiry in Nursing (1)			Outcome Measurements - Train the Trainer (1)
29.	**Customer service** (improving customer relations)		QIS, Consumer & Carer Information, New Brochure (1)			
30.	**Awareness** (EEO, harassment etc)					
31.	**Professional Skills**		ASIST (1) Assessment of Motor and Process Skills Training (1) Assessment, Treatment and Case Management in CAMHS (1) Behavioural Disturbance in the Elderly (1)			CRM Booster - 6 monthly (1) Developmental Psychiatry Course (DPC) (1) OT Refresher Course (1)

			Cognitive Behaviour Therapy (1) Collaborative Recovery Model (1) Depression and Adolescents (1) Psychosocial Rehabilitation (2) Schizophrenia (1) The Treatment Resistant Patient (1)			
32.	**Product Knowledge** (assessment tools, new professional technology, etc)		Court Liaison Role (1) Dosettes (1) Forensicare (1) Pharmacology: Zyprexa (2)			
33.	**Executive Development**					
	Other					
	Other					

Discipline: PSO

What training has occurred in the last two years for specific disciplines?

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How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
34.	**Induction**					
35.	**Management and supervisory skills**					
36.	**Computer literacy and applications**		HoNOS (1) Intranet (2)			
37.	**Occupational safety & compliance**		BLS – Practice (1) Clinical Supervision, PMH & EIS (1) Emergency Procedure Training (1) Medications (1) PART (2)			
38.	**Teamwork**		Clinical Education Series - Consultation Liaison Psychiatry (1) Mental Health Movie Night – Cosi (1) Movie Night - K-PAX (1) PMH & EIS (1)			
39.	**Quality**		NMHS (4) Privacy Legislation (2)			
40.	**Customer service** (improving customer relations)		Complaints/ Incident Reporting (2) Koorie/ Cultural Issues (1) Overview of Clozaril Support Program (1) Work Solutions - Client Employment (1)			
41.	**Awareness** (EEO, harassment etc)					
42.	**Professional Skills**		ASIST (1) Children of the Mentally Ill (1) Drug and Alcohol Meeting (1) First Episode Psychosis (1) Panic Attacks and Panic Disorders (1) Psychosocial Rehabilitation (1)			
43.	**Product Knowledge** (assessment tools, new professional technology, etc)		Pharmacology: Clozaril (2) Pharmacology: Risperidal Consta (1) Pharmacology: Solian (5) Pharmacology: Zyprexa (6)			

			Rehabilitation Outreach Service (2) Spectrum (1)			
44.	**Executive Development**					
	Other					
	Other					

Discipline: Psychologists

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
45.	**Induction**		Role and Functions of Medical Staff (2)			
46.	**Management and supervisory skills**					
47.	**Computer literacy and applications**		HoNOS (1) Intranet (2) Student Issues; BATCH - Assessment Tool; Education/Annual Training Plan (1)			
48.	**Occupational safety & compliance**		BLS – Practice (4) BLS Competent (5) CASP/ QUIT (1) Clinical Supervision, PMH & EIS (2) Clinical Supervision: "Unlocking the Secret" (2) Debriefing (1) Emergency Procedure Training (4) Emergency Training – Fire (2) Intranet, Incidents, Complaints, Cultural Awareness, Coroner's Rec, Chief Psych Direct (1) OH & S (1) PART (9) PART Refresher (1)			Improving Supervision Skills (1)
49.	**Teamwork**		Clinical Education Series - Consultation Liaison Psychiatry (2) LRH MHS Service Provision (1) PMH & EIS (2) PMH Role and Function (1) Role of Students in CRCU/ Follow up Documentation from Clinical Evaluation (1)			
50.	**Quality**		Chief Psych/ Coroner Recommendations (2) Chief Psychiatrist Office/Bouverie Centre - Mental Health Act and Confidentiality Packages Given (1) Clinically Indicated Risk Taking: Medico-legal issues and clinical strategies (3)			Outcome Measurements - Train the Trainer (1)

			CRCU Research (1) Mental Health Act (1) National Mental Health Standards (17) Outcome Measurements (10) Outcome Research (1) Privacy Legislation (1) Report Inquiry in Nursing (2) Role of Chief Psychiatrist/ MH Act Amendments (1)			
51.	**Customer service** (improving customer relations)		Ambulance Protocol - Transport of People with a Mental Illness (1) Best Buys in Mental Health (2) Client Satisfaction with services (1) Complaints/ Incident Reporting (1) Koorie/ Cultural Issues (2) QIS, Consumer & Carer Information, New Brochure (1) Sign Posts for Building Better Behaviour - Parenting Program (2) What Can Community Psychiatric Surveys Tell Us? (3) Working with Parents with Post Natel Depression (1)			
52.	**Awareness** (EEO, harassment etc)		Future of Public Psychiatry (2) HIV and Mental Illness (1)			Seminar on Bullying (1)
53.	**Professional Skills**		ASIST (5) Behavioural Disturbance in the Elderly (1) Bipolar Disorder (2) Case Conference (2) Case Presentation (5) Case Presentation - Chris Plakiotis (1) Case Presentation by Dr. James (1) CASP/ QUIT (1) CBT (3) Children of the Mentally Ill (1) Clinical Skills Training for CAMHS Staff (1) Collaborative Recovery Model (2) Continuation ECT (1) Depression and Adolescents (3) Depression and Alcoholism (1) Drug and Alcohol (2) Evidence Based Practice (1) Evidence Based Psychiatry (1) Feedback Clinical File Evaluation and Recommendations (1) First Episode Psychosis (3) Grad Dip Young People's Mental Health (1) Group Discussion - Academic Activities (1) Introduction to Psychosocial Rehabilitation and Collaborative			An introduction to cognitive analytic therapy (1) Assessment of Risk and Psychopathology in Dual Disability (1) Cognitive Therapy for Social Phobia and GAD (1) CRM Booster - 6 monthly (1) DPC – Introduction (1) Eating Disorder Workshop (1) Interpersonal Therapy and Depression (1) NUCOG (3) Paying Attention to Self Training (PATS) (1) The Nature and Treatment of anxiety in Children and Adolescents (1) Treatment & Management Approaches in Dual Disability (1) Treatment of Disruptive Behavioural Disorders (1)

			Recovery Model (2) Life Events, PTSD and Schizophrenia Antidepressants (2) Mental Health Clinical Education Session - Prof. G Meadows (3) Mood Disorders – Depression (8) Panic Attacks and Panic Disorders (3) Panic Disorder (1) Personality Disorders (2) Post Trauma Psychosis - Journal Club (1) Psychological Intervention in Schizophrenia (1) Psychosocial Rehabilitation (3) Recognition and Management of Depression (1) Review of compliance; & Abusive experiences & Psychiatric comorbidity in women primary care attenders (1) Schizophrenia (3) Seclusion (1) The Treatment Resistant Patient (2) Treatment of Pathological Gambling - Attitudes Towards Psychiatry (1) Treatment Resistant Depression (1)			
54.	**Product Knowledge** (assessment tools, new professional technology, etc)		Academic Program - Physical Treatment for Major Depression (1) Court Liaison Role (1) CPNRP - Mental Health Mini Seminar (1) Dosettes (1) Dual Diagnosis role in rehab and assessment tools (1) ECT for Depression - Journal Club (2) Factors Affecting Suicide (1) Forensicare (3) Insight: Losing It and Using It (1) Integrated Mental Health / ADHD (1) Journal Article/ Case Discussion (1) Journal Club (3) Journal Club - Book Review (1) Journal Club - Community Service Evaluation (1) Journal Club – EBCP (1) Journal Club - Epidemiology & Depression (1) Journal Club – Psychoeducation (1) Pharmacology: Risperidal (1) Pharmacology: Risperidal Consta (2) Pharmacology: Seroquel (1) Pharmacology: Solian (3) Pharmacology: Zyprexa (2) Psychiatric Problems of Child Abuse (1) Selection of Antipsychotics (1)			Annual Gold Coast International Mental Health Psychiatry and Psychology Clinical Skills Update Conf. (1) Aperger's Syndrome and other Disorders in the Autism Spectrum (1) Australasian Society for Psychiatric Research - Annual Conference (1) Autism Seminar (1) Eppic workshop - Early Intervention in Psychosis (2) Impasses in Therapy with People who self-harm (1) Making School a Better Place for Boys (1)

			Spectrum (6) Spectrum - Emerging Borderline Personality Disorders in Adolescents (2) The Mentally Ill Offender (2) Use of High Dose Antipsychotics (1) Video Review – Schizophrenia (1)			
55.	**Executive Development**					
	Other					
	Other					

Discipline: Recreation Therapist

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
56.	**Induction**					
57.	**Management and supervisory skills**					
58.	**Computer literacy and applications**		Intranet (1)			
59.	**Occupational safety & compliance**		BLS – Practice (1) BLS Competent (2) PART Refresher (1)			
60.	**Teamwork**		LRH MHS Service Provision (1)			
61.	**Quality**		Achieving Values Together (1) Chief Psych/ Coroner Recommendations (1) NMHS (1) QIS - Consumer Participation (1)			
62.	**Customer service** (improving customer relations)		Complaints/ Incident Reporting (1) Koorie/ Cultural Issues (1)			
63.	**Awareness** (EEO, harassment etc)					
64.	**Professional Skills**		Psychosocial Rehabilitation (1)			
65.	**Product Knowledge** (assessment tools, new professional technology, etc)		Spectrum (1) Spectrum One Day Workshop (1)			
66.	**Executive Development**					
	Other					
	Other					

Discipline: Social Worker

What training has occurred in the last two years for specific disciplines?

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All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
67.	**Induction**		Social Work Orientation to Mental Health (1)			
68.	**Management and supervisory skills**					
69.	**Computer literacy and applications**		Advanced Word (1) Inter Word (1) Intranet (3) Outlook Training (1)			
70.	**Occupational safety & compliance**		BLS – Practice (3) Clinical Supervision, PMH & EIS (2) Emergency Training – Fire (3) Medications (1) PART (6) PART Refresher (1)			"SAFE" Program (1) Clinical Supervision: "Unlocking the Secret" (1)
71.	**Teamwork**		LRH MHS Service Provision (6) PMH & EIS (2)			
72.	**Quality**		Achieving Values Together (4) Chief Psych/ Coroner Recommendations (4) NMHS (6) NMHS & EQuIP (1) NMHS - 11.3.14, 16 and 17 (1) Outcome Measurements (9) Privacy Legislation (1) Report Inquiry in Nursing (1)			Outcome Measurements - Train the Trainer (2)
73.	**Customer service** (improving customer relations)		Ambulance Protocol - Transport of People with a Mental Illness (1) Best Buys in Mental Health (1) Complaints/ Incident Reporting (4) Koorie/ Cultural Issues (3) Overview of Clozaril Support Program (1) QIS - Consumer Participation (3) Work Solutions - Client Employment (1)			Psychospiritual Recovery (1) Sign Posts for Building Better Behaviour - Parenting Program (1)
74.	**Awareness** (EEO, harassment etc)		Gippsland Withdrawal/Rehab Service (3)			

75.	**Professional Skills**		ASIST (4) Assessment of Risk and Psychopathology in Dual Disability (1) Assessment, Treatment and Case Management in CAMHS (1) Bipolar Disorder (1) Building Capacities in Primary Care Mental Health (1) Children of the Mentally Ill (2) Depression and Adolescents (2) Family Dynamics (2) First Episode Psychosis (3) Introduction to Psychosocial Rehabilitation and Collaborative Recovery Model (1) Mental Health Clinical Education Session - Prof. G Meadows (1) Panic Attacks and Panic Disorders (1) Personality Disorders (1) Psychosocial Rehabilitation (2) Recognition and Management of Depression (1) The Treatment Resistant Patient (1)			2003 Understanding Effects of Trauma (1) ACER - Parenting Today (1) Clinical Skills Training for CAMHS Staff (1) CRM Booster - 6 monthly (1) Dealing with Personality Disorders I and II (1) Developmental Psychiatry Course (DPC) (2) DPC – Introduction (1) DSM (1) Enhanced Family Intervention for CAT Services (2) From Strength to Strength (1) Introduction to Service Planning for early Psychiatry Intervention (1) Living on the Edge, Working with Adolescents who self harm (1) Post Graduate Diploma of Psychology (1) RGBT with Adolescents in Psychosis (1) Treatment Planning & Systems Issues (Spectrum) (1) Turning Points (Eating Disorders) (1) Working with Traumatised Clients. Managing Worker Stress and Compassion Fatigue (1)
76.	**Product Knowledge** (assessment tools, new professional technology, etc)		Cannabis and Psychosis (2) Forensicare (2) Pharmacology: Clozapine (2) Pharmacology: Clozaril (1) Pharmacology: Respiridal (1) Pharmacology: Seroquel (1) Pharmacology: Solian (5) Pharmacology: Zyprexa (3) Pharmacology: Seroquel Information and Update (1) Rehabilitation Outreach Service (1) Spectrum (2) Spectrum - Emerging Borderline Personality Disorders in Adolescents (1)			4th CAMHS Conference (1) Borderline Personality Disorder Workshop (1) CPNRP - Mental Health Mini Seminar (1) EPPIC (1) EPPIC workshop - Early Intervention in Psychosis (2)
77.	**Executive Development**					
	Other					
	Other					

Discipline: Speech Pathologist

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
78.	**Induction**					
79.	**Management and supervisory skills**					
80.	**Computer literacy and applications**					
81.	**Occupational safety & compliance**		BLS Competent (1) Emergency Procedure Training (1) PART (1)			
82.	**Teamwork**					
83.	**Quality**		Outcome Measurements (1) Privacy Legislation (1) Report Inquiry in Nursing (1)			
84.	**Customer service** (improving customer relations)		Sign Posts for Building Better Behaviour - Parenting Program (1) Snoezelen Inservice (1)			
85.	**Awareness** (EEO, harassment etc)					
86.	**Professional Skills**		ASIST (1) Mental Health Care in Community Settings (1)			Can't or Won't? How language and behaviour interact (1) Developmental Psychiatry Course (DPC) (1) DPC – Introduction (1)
87.	**Product Knowledge** (assessment tools, new professional technology, etc)					
88.	**Executive Development**					
	Other					
	Other					

Discipline: Welfare Worker

What training has occurred in the last two years for specific disciplines?

(If not much use one sheet with a description of training. I a lot of training, fill out a discipline specific training sheet). Give name of training and make note if required to explain further.

All = A Nursing= N Psychiatry = P Psychology = Psych OT = OT Social Work = SW

How many attended training / how many in profession eg 3/8 – 3 social workers attended of a total social work staff of 8.

		On the job	Classroom	Coaching/ Mentoring	Self-paced. Guided Learning	Off the Job
89.	**Induction**					
90.	**Management and supervisory skills**		Discharge Planning (1)			
91.	**Computer literacy and applications**		Intranet (1)			
92.	**Occupational safety & compliance**		BLS – Practice (1) BLS Competent (1) Clinical Supervision, PMH & EIS (1) Clinical Supervision: "Unlocking the Secret" (1) Emergency Procedure Training (2) Emergency Training – Fire (1) Food Handling Course (1) PART (2)			
93.	**Teamwork**		Library Resources/ Online Resources (1) LRH MHS Service Provision (1) Role of Students in CRCU/ Follow up Documentation from Clinical Evaluation (1)			
94.	**Quality**		Achieving Values Together (1) Chief Psychiatrist Office/Bouverie Centre - Mental Health Act and Confidentiality Packages Given (1) NMHS (2) Outcome Measurements (1) Patient Rights Charter; Compliments & Complaints; Freedom of Info; CASP D- Substance Use & Abuse (1) Privacy Legislation (1) Role of Chief Psychiatrist/ MH Act Amendments (1)			
95.	**Customer service** (improving customer relations)		Complaints/ Incident Reporting (1) Koorie/ Cultural Issues (1) Work Solutions - Client Employment (1)			
96.	**Awareness** (EEO, harassment etc)					
97.	**Professional Skills**		ASIST (1) Children of the Mentally Ill (1)			AMPS Training Course (1) CRM Booster - 6 monthly (1)

			Collaborative Recovery Model (1) Feedback Clinical File Evaluation and Recommendations (1) Introduction to Psychosocial Rehabilitation and Collaborative Recovery Model (1) Psychosocial Rehabilitation (1)			
98.	**Product Knowledge** (assessment tools, new professional technology, etc)		Contact Sheets/ New Incident forms (1) CPNRP - Mental Health Mini Seminar (2) Dual Diagnosis role in rehab and assessment tools (1) Forensicare (1)			
99.	**Executive Development**					
	Other					
	Other					

Appendix 3: an overview of the training offered directly by agencies in the cluster

General Orientation /Induction
Orientation Day - Grad Certs
Audit Tools
AUM Professional Day
Discharge of a client and paperwork
Discharge Planning
New CCU Building/ Update on Planning Process
Role Development Program
HoNOS
Inter Word
Intranet
Intranet/ Incidents/ Complaints
Intro to Excel
Intro/ Inter PowerPoint
RAPID
Rapid: Outcome Measurement
Student Issues; BATCH - Assessment Tool; Education/Annual Training Plan
Aggression Management
BLS – Practice
BLS Competent
CASP/ QUIT
Clinical Supervision
Clinical Supervision, PMH & EIS
Debriefing
EEO
Emergency Procedure Training
Emergency Training – Fire
Incidents, Complaints
Infection Control
Intranet, Incidents, Complaints, Cultural Awareness, Coroner's Rec, Chief Psych Direct
Management of Aggression
Management of Violence for Difficult Behaviours
Medications
OH & S
PART & PART Discussion; Public Hospital Charter; 2nd Opinion Protocol & PART Refresher
Clinical Education Series - Consultation Liaison Psychiatry
Diversional Therapists Role
ED Nurses views on patients presenting to A&E with self harm behaviours
Library Resources/ Online Resources
Planning Day
Mental Health - New Directions
Mental Health Movie Night

PMH & EIS
PMH Role and Function
Preceptorship in Psychiatric Nursing
Preceptorship information
Preceptorship Update
Role of Students in CRCU/ Follow up Documentation from Clinical Evaluation
Achieving Values Together
Aged Care Standards – Overview
ANCi Competencies
CASP/ NMHS/ EQuIP
Chief Psych/ Coroner Recommendations
Chief Psychiatrist Confidentiality and Families; ANF Documentation
Continuous Improvement
Coroner, Chief Psychiatrist, Koorie and Cultural Awareness
Documentation/ Audit Results/ New Forms
Group Skills/ Culturally Sensitive Training/ NSMHS
Koorie, Cultural/ Chief Psychiatrist/ Coroner
Mental Health Act
Mental Health Quality Incentive Strategy
NMHS
NMHS & EQUIP
Outcome Measurements
Patient Rights Charter; Compliments & Complaints; Freedom of Info; CASP D- Substance Use & Abuse
Policies/Protocols; NMHS - an introduction; Compliment/Complaints, New Patient Hospital
Charter
Policy & Protocol Access
Privacy Legislation
Report Inquiry in Nursing
Restraint
Restraint - Physical & Chemical
Role of Chief Psychiatrist/ MH Act Amendments
Ambulance Protocol – Transport of People with a Mental Illness
Best Buys in Mental Health
Complaints/ Incident Reporting
Consumer & Carer Participation
FaST Training
Group Skills/ Culturally Sensitive Training/ NSMHS
Individual Treatment Plan
Koorie/ Cultural Issues
Office of the Public Advocate/ Consumer Consultant Roles
Overview of Clozaril Support Program
QIS - Consumer Participation
RVIB
Snoezelen Inservice
What Can Community Psychiatric Surveys Tell Us?

Work Solutions - Client Employment
Working with Vision Impaired
Future of Public Psychiatry
MHRB & FOI
MHRB/ Privacy Act
Adolescent Depression
Aged Mental Health: Evidence, Experience, Innovation
Alcohol and Drugs
Alcohol training project
ANZCMHS; Credentialling
Aromatherapy
ASIST
Assessment, treatment and Case Management in CAMHS
Behavioural and Psychotic Symptoms of Dementia
Behavioural Disturbance in the Elderly
Bipolar Disorder
Case Conference
CASP
CASP/ QUIT
Children of the Mentally Ill
Clinical Placement
Code of Ethics
Cognitive Analytical Therapy
Cognitive Behaviour Therapy
Depression (DIV 2 Education)
Depression and Adolescents
Depression in the Elderly
Diabetes Education Session
Div 2 Role Development Program,
Div 2 Study Day
Drug and Alcohol
Drug Assessment and Therapeutic Approaches
Drug Side Effects
Drugs and the Elderly
Early Recognition – Psychosis
Family Dynamics
Feedback Clinical File Evaluation and Recommendations
First Episode Psychosis
Formulations
Glucometer Training
Grad Study Day
Inpatient Treatment Plans
Introduction to Drug and Alcohol Training
Introduction to Psychosocial Rehabilitation and Collaborative Recovery Model
Managing 1st Episode Schizophrenia

Marijuana
Mental Health Care in Community Settings
Mental Health Clinical Education Session - Prof. G Meadows
Mood Disorders – Depression
Pain Management in the Elderly
Panic Attacks and Panic Disorders
Personality Disorders
Psychosocial Rehabilitation
RCS
Recognition and Management of Depression
Schizophrenia
Substance Misuse and Mental Illness
The Treatment Resistant Patient
Wound Management - Div 2 Role Development
Wound Management - skin tears and wound charts
Academic Meeting – Emotional Intelligence
Basic Alcohol and Drug Inservice for Mental Health Clinicians
Cannabis and Psychosis
Contact Sheets/ New Incident forms
Convatec - Wound Management
Court Liaison Role
Dosettes
Dual Diagnosis Inservice – Medication
Dual Diagnosis role in rehab and assessment tools
Education Program - Aged Mental Health
Forensic Issues in Adult Mental Health
Forensicare
Mental Illness and ABI
Neuropsychiatry in the Aged
Nursing Home Care Plans
PANSS
Pharmacology: Clozapine
Pharmacology: Clozaril
Pharmacology: Efexor
Pharmacology: Reboxetine
Pharmacology: Respiridal
Pharmacology: Respiridal Consta
Pharmacology: Risperidone Injection
Pharmacology: Seroquel
Pharmacology: Solian
Pharmacology: Solian/Epilim - Client information packages
Pharmacology: Use of Zyprexa in elderly
Pharmacology: Zuclopenthixol
Pharmacology: Zyprexa
Pharmacology: Zyprexa (Fast Acting)

Pharmacology: Zyprexa – IMI
Pharmacology: Amisulprices
Pharmacology: Solian
Pharmacotherapies training for A&D workers
Pharmacotherapy treatments for A & D dependants
Pharmacology: Seroquel Information and Update
Promoting Group Therapy/ Library Inservice
PTSD in the Elderly - Journal Review
Rehabilitation Outreach Service
Service Issues in Aged Psychiatry
Stepping Stones Education
Stomal Therapy – Overview
The Mentally Ill Offender
Video Review – Schizophrenia

Appendix 4. MAP Module IV: Risk Management, including Suicidal Crisis

- Introduction to Day .
- Review .
- Connectedness: A brief consideration .
- Stigma .
- Identifying Distress .
- Duty of Care and Confidentiality .
- Depression .
- Types of Depression .
- Symptom .
- Commonality .
- Causes of depression .
- What treatments work for depression? .
- Assessing for referral of potential depression.
- RISK AND ASSESSMENT.
- Introduction .
- Methods of assessment .
- Mental State Assessment .
- Relapse prevention plans .
- Risk Indicators .
- Suicide .
- What is it? .
- Stigma .
- How common is it? .
- Specific Legal and Ethical Issues .
- Ethical principles .
- What causes suicide? What are the risks .
- Risks Handout .
- What are the groups most at risk? .
- Protective factors .
- Broad Social And Economic Factors.
- What Can You Do (as Front Line / Human Service Worker)?.
- Reasons for Living .
- A Practical Guide .
- Neglect .
- Accommodation Adequacy .
- Availability of basic facilities .
- Availability of basic facilities .
- Lack of positive social contacts ..
- Experiencing financial difficulties .
- Difficulty communicating needs .
- Denies problems perceived by others ..
- Assessment by more experienced staff .
- Risk of Aggression and Violence. .
- Further assessment areas of aggression / violence .
- Indicator of Other Risks .
- Areas to explore for the more advanced worker .
- Close and Summary.
- References