South East
Education & Training Cluster

SOUTHERN SYNERGY
The Southern Health Adult Psychiatry Research, Training and Evaluation Centre

Sharing

Expertise,

Education

and

Training

Progress Report

A Six Monthly Report
January - July 2008

South East Education and Training Cluster

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August 2008

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Executive Summary

The South East Education and Training Cluster consists of Southern Health, Bayside Health, Peninsula Mental Health Service nd Latrobe Regional Hospital Mental Health Services (LRH). The auspice is Southern Health; specifically, the associated Southern Health Adult Psychiatry Research Training and Evaluation Centre (the 'Centre' or Southern Synergy) that is placed within the School of Psychiatry, Psychology and Psychological Medicine at Monash University. Southern Synergy is based in Southern Health's Area Mental Health Service (AMHS) at Dandenong hospital.

Activities and projects of the Cluster receive governance and support through regular meetings of the Cluster Steering Group; chaired by the Centre Director, Professor Graham Meadows and project officer John Julian. The Steering Group has representation from participating health services as mentioned and multiple disciplines. The function of the Steering Group is to provide a reflective point on training issues; a forum for information sharing as well as to oversee a series of goal-directed projects and specific training programs to address identified state-wide and Cluster priorities.

January to June 2008:

Major activities in the first half of 2008 are reported on in this document.

Highlights include:

- A cluster planning day to consider the report "Because Mental Health Matters" also the Boston Report and to assist representatives to the State-wide Cluster Reference Group
- June APA Insight Journal written by participants of a South East funded Discipline specific day in June 2007.
- Successful implementation of the Allied Health Graduate Course on the last Thursday of each month, in collaboration with the NEVIL cluster.
- Commencement of Dual Diagnosis work with a major workshop for senior staff – training commences in late 2008.
- Re-development of some activities to ensure senior and / or experienced staff gain educational and PD information – this has also created some changes in the workload of the project staff – this occurs mainly through the clearinghouse function and newsletter.
- Successful Ethics Conference.
- Successful trial implementation of psycho-pharmacology training package.
- Further development of training calendar and clearing house function – the newsletter is now received by one third of staff. aThey then further distribute this.
- Development of training evaluation toolkit.
- Development of the orientation toolkit and multimedia DVD.

Several projects are occurring or on-going at present:

- Finalising and rolling out of psycho-pharmacology training
- Re-development of the Orientation training
- Development and updating of the web page
- Extending trainer ability - Provision of software to each AMHS to allow increased on-line and CD developed material suitable for their workforces
- Gender Sensitivity and Safety forum and training workshop

The Orientation kit has been re-developed so that every new staff member can receive a copy. It is now also going on-line and is being converted so that it can then be available through the web page

Training

Summary

All up 31 days of training were organised, shared or open to be shared across the cluster in the six month period. This includes 7 days of Graduate and New Staff Allied Health Training and five discipline specific days – all disciplines had a day or half day including the physiotherapist's day.

Psycho-pharmacology role out occurred to allied health staff (2 days of this were not on advertised on the calendar)

- Two days to Allied Health staff
- Two days to Nursing staff

Four allied health discipline specific days were organised occurred in this period of time and included Social Work, OT, Speech Therapy and Physiotherapy. As such all allied health professional group in mental health met and now have organised sub-committees and representatives on the Allied Health Network. While it is hard for some groups to meet, due to physical or time limitations, this is happening regularly now through emails at least.

Psychology

Psychology advise they are trying to convene a full day workshop later this year. The outcomes of the July 2007 day can be seen through the publication of the June edition of insight (Appendix Two). These were all the papers presented at the Psychology professional development day in 2007.

Social Work

Social work held a full day workshop on reflective practice in February and this was very successful. The workshop was facilitated by a social work senior lecturer form Latrobe University in Bendigo.

Occupational Therapy

Approximately 60 Occupational Therapists from across the Southern Cluster attended the half day workshop at Alfred CAMHS in Moorabbin, facilitated by comedian Rod Quantock. The major aim of this workshop was to examine the impact of "corporatisation and stress" in the workforce and what can be undertaken to minimize its negative impacts.

Ethics and Mental Health Care Conference 2008

The conferences have previously been organised by the Allied Health Network but due to their success the cluster has taken over arrangement of these and they are now offered out to cluster members to run. The Ethics conference was approved as an official "ethics experience" for registrars and was a great success.

CAMHS Training

In meeting with MINDFUL in late 2007 the project officer was advised of two major issues had been advised to MINDFUL. Firstly was that clusters, on a state-wide basis had provided CAMHS staff with no training. This will be further explored in this report for local purposes. Secondly, that there was need for assistance in supporting nurses in the community area of CAMHS through the Director of CAMHS in Southern Health.

MINDFUL's proposal that each cluster provide $2000 so that they could offer a state-wide workshop for CAMHS staff with the funds being used to gain an international speaker to run a major one day workshop at some point during the year was agreed to. The other issue is currently being considered.

International Medical Graduates (IMG's)

The cluster has also worked extensively with Southern Health and La Trobe Valley on issues to do with training of IMG's.

Cluster Planning

A successful planning day was held that helped all staff to consider the various reports that were occurring in the mental health field. Two major areas, outside of education, came from this discussion. These were about the need to focus on both collaboration and complexity.

New Training Techniques

The cluster attempts to raise new ideas with training and with other staff, to ensure that new ideas are being put forward and considered. The review of training policies was one example of this and the second will be the exploration of a virtual classroom.

Requests for funding

In 2008-2009, well over $200,000 in requests for training and projects have been made.

Throughout the development of the Cluster work plan, identified through this documentation process and Cluster Steering Group meetings and minutes, a continued commitment has been made to balanced and equitable partnerships between participating agencies. Within the Cluster Steering Group it was clearly acknowledged that participating health services each have particular strengths to contribute to the Cluster and all services have something to gain by this involvement and sharing. As a tangible commitment to this principle, leadership of projects has been shared across the Cluster, with each member taking a leadership role in one or more projects. Cluster members continue to step forward, both requesting specific project and volunteering to lead specific projects. Examples in 2007 include the Training Standards project led by Southern Health and the Psychopharmacology package led jointly by LRH and Peninsula Health. This principle was re-affirmed in 2007 and is evidenced by the range of projects and leadership of these that are now planned for 2008 (Table 1: Requests for Training Resources and Results).

Scope of Report

This report addresses the requirements as stipulated by the Mental Health Branch, Department of Human Services. The key reporting areas included:

- A summary statement of the activities undertaken to address both state-wide and Cluster priorities in the project.
- Cluster functions in relation to the:
    - Efforts and processes involved with delivering Cluster-wide, co-ordinated and consistent activities; and
    - How the Cluster operates as a reporting and monitoring structure on Cluster activities that are delivered by individual members.
- Issues and solutions to problems that have arisen.
- expenditure of Cluster project funds.

Each project area identified above has a separate section in this report that details the first, third and fourth point. The second point regarding Cluster functions and reporting can be dealt with in one section that has been titled "Cluster Function, Reporting and Governance".

Staff Involvement in Cluster Activities

The Cluster undertakes a range of complex tasks involved in training development, review and delivery. In order to complete these tasks efficiently, a range of staff are contracted to ensure best use of time, skills and knowledge occurs so that maximum outputs can be achieved. John Julian, as a project officer in Southern Synergy, oversees all work of contracted staff in regard to Cluster activities. Southern Synergy staff involved in Cluster projects in the last six months include:

- **Professor Graham Meadows, Director, Southern Synergy.** Graham chairs all formal Cluster Steering Group meetings, which occur monthly, and supervises the senior project worker, John Julian. Graham also provides consultation on medical training issues for IMGs as required.
- **John Julian** provides project management and support, training and project work.
- **Debbie Lang,** Administrative Assistant, Southern Synergy, provides minutes taking for task groups as required and now provides administrative assistance for training as well as assistance to the project worker.
- **Bernadette O'Grady,** P.A. to Professor Graham Meadows. Bernadette provides minute taking for all Cluster Steering Group meetings and earlier in the year provided administrative assistance.

Staff from Cluster agencies also work on projects. In 2008, major players who have provided their knowledge and goodwill included Sue Henderson, Jakqui Barnfield, Derith Harris, and Sue Henderson, and Trish Bulic. Tim Brewster has undertaken significant work developing the new Continuing Care Managers Network. All DON's have readily assisted when requested. In allied health the major staff includes Priscilla Yardley (psychology), Janine Chugg (OT), Kirsten Palmer (Psychology), Hanna Jewel (Social Work) and Danna Goldsmith (Speech Therapy). Derith Harris assists with reviewing and offering suicide management training with the cluster project worker. Many other personnel across the Cluster area have been extensively involved in the steering group and in task groups.

Many staff have been involved with the development of the psycho-pharmacology training package. This large group included:

- Cayte Hoppner
- Fiona Reed
- Gill Kerr
- Grace Edgar
- Lyn Billington
- Meagan Bartle
- Rachel Shynn
- Sarah Dickenson
- Sue Henderson
- Susanne Lampitt
- Dr Murali Reddy
- Dr Soumya Basu

Report of South East Education and Training Cluster

Broad Progress and Directions

The Cluster has now been operating for three and half years. The clusters have been successful according to the independent review that was finalised in 1007. Clusters have also received strong mention in the report "Because Mental Health Matters" with an extension of their role perused.

From the original consultation in the south east area a clear direction for South East Education and Training Cluster was that it was not to act as a centralised training body and that the autonomy of local cluster members, and their training resources, was to be respected and to remain independent of the cluster. This has occurred and the cluster has a strong collaborative approach. The cluster continues to provide support to trainersand senior staff, offer direct training as well as developing a stronger clearing house function, develops training materials, ensures a range of projects are occurring in line with the Cluster Committee's directions and that development of these and new areas is ongoing.

Within this context, it was recognised that significant resources were available for nurse education but not necessarily for Allied Health education and that the latter needed considerable attention. From these points, the cluster gradually commenced working with the use of a coalition development framework as a potential qualitative framework against which to view progress. This work was affirmed by the review of clusters. In late 2007 the cluster again considered projects and training for 2008 and a range of projects were applied for and leadership negotiated and distributed between cluster members.

Summary of Achievements of South East Education and Training Cluster in the six month period

Review of Training Standards & Development of Best Practice Training for South East Education and Training Cluster

This project has concluded and the draft report is now ready for consideration of the Steering Groups. The report makes several recommendations. In general, it found few specific policies or standards exist about training in mental health and the report made a number of fruitful recommendations to guide future thinking and action in this important area. In general, the report paves the way for the 'education' aspects to be placed firmly back into the 'Education and Training' of and for specialist mental health staff, an important issue if we are to have a flexible and skilled workforce able to meet the challenges of the coming decades.

Problem and potential resolution:

The recommendations were summarized and accepted by the cluster. However, in order to implement some funding to support the consultancy a panel is required. This may be a problem with the extent of requests occurring of cluster funds. An alternative will be to list the potential tasks associated with the report and to use this as part of the cluster work plan.

Orientation to Mental Health in Victoria

South East Education and Training Cluster developed a common two-hour introduction to the state-wide mental health system that can be incorporated into staff introductory programs by each Cluster member. It was designed to complement the programs that Cluster members were already conducting which provided orientation and / or induction. The 'Orientation to Mental Health in Victoria' was then handed over to the individual agencies to deliver. However, it was reported that

few staff would attend a specific program on orientation to mental health services in Victoria as manager's preferred to send staff to suicide management or aggression management training.

In the November Cluster meeting $2000.00 was approved for the package to be re-developed around an existing training CD that can be used by individual staff. A preliminary comprehensive kit is now available, with an introduction to the Mental Health Act included as well as a brief suicide competency check for the new staff member to submit to their supervisor. The Multi-media DVD is currently being changed to be able be placed on-line.

RiSCE (Risk Identification, Safety, Containment and Environment)
The RiSCE Package continues to be used at Peninsula and in the community at LRH. Southern has now accepted the LRH model which incorporates the RiSCE Package.

Psychopharmacology Unit
A psychopharmacology unit has been developed and has now been delivered to two groups – graduate nurse and allied health staff. The evaluations of these days were positive. The package was developed to address perceived shortcomings in the knowledge, attitude and skill base of non-administrators, especially graduate and new allied health and psychology staff that are in 'case manager' roles. This will provide a common training base in the workforce for all professional groups.

The package was trialled at the Graduate Program for Allied Health Graduate and New Staff Program on Thursday 28th February and in July for the second day. It was well received by graduate allied health staff. Some issues continue to exist around the knowledge base of side effects and what effective action can be taken and these are raised in this report.

Allied Health
In the past, South East Education and Training Cluster has enabled Allied Health representatives from different cluster members / agencies to meet and has provided each allied health discipline 'seed' funding for them to develop their own discipline-specific training in addition to two major conferences in 2006 and a repeat major conference on legal issues in 2007. Specific professional training has, generally, been well organised and well attended, and required minimal effort from the Cluster. Overall the Cluster has focused on the development of the general conferences. Examples are provided in the main report.

Allied heath disciplines of occupational therapy, psychology, speech therapy and social work now meet regularly with on-going forums occurring.

Interestingly, this concept of discipline specific funding and the activity that has occurred has sparked a request for similar seed funding of community-based nursing, including the CAMHS area.

Allied Health Graduate and New Staff program
Southern Health is the agency leading this initiative and a nine-day modular graduate program in Allied Health was developed. This is now operational and co-ordinated by the cluster project worker, John Julian who also teaches on a gap basis alongside and senior Allied Health staff who teach most aspect of this course. By December, 16 staff were enrolled, with 18 to attend the January session. Notification has been given by two agencies of new staff and this will mean the maximum enrolment of 20 will be reached in March 2008. There are no trainers in Allied Health as it appears this role has not been covered by their Enterprise Bargaining Agreement. Due to the increasing demand for places, consideration is being given to increasing the number of places to 24.

There were insufficient funds to enable this program in the last funding round and co-ordination and some teaching duties have been delegated to the cluster project worker. John Julian.

International Medical Graduates (IMGs)
South East Education and Training Cluster arranged a regular sub-committee meeting with Latrobe Regional Hospital and Southern to set up supervision for overseas psychiatrists who are accepted as candidates for the College and who need considerable mentoring. This Committee is currently in abeyance as training is again occurring regularly.

Because the high costs of travel were prohibitive, the sub-committee surveyed existing teleconferencing equipment and successfully gained funding for audiovisual and teleconferencing equipment. There were numerous difficulties with the software of the equipment and gaining training from the company. This equipment is now working and used regularly for meetings and training including sharing journal clubs.

Latrobe has also been successful in gaining another grant to support their work and Southern Health will again work with them to provide education and supervision for a fee. This occurs alongside Southern Health provide video-taping Grand Rounds and having these archived to DVD's.

With the development of the multi point audiovisual system at Southern Health, IMGs from other area mental health services will now be able to join at minimal cost.

A more structured approach will be explored to this work in 2008-2009.

Continuing Care Managers
The cluster, through the project worker, continues to assist continuing care managers around the State to develop a supportive network. This has been minimal in the last six months but two leading managers have now left. Administrative assistance and some project work time will continue to be provided alongside agreement with Rod Mann in MHB on this work. This group has now been recognised by the Mental Health Branch who are formalising the relationship and using the group to gain advice and consultancy. This small, and now non-funded, but exciting project that Tim Brewster at Southern Health started with some seeding funds from the cluster, continues to develop. Tim is now leaving mental health and we will continue to assist in a minor role aiding the managers to develop their own leadership.

Budget and Other initiatives

South East Education and Training Cluster has continued to distribute a regular email of training opportunities, and is now developing its website to make it more accessible and relevant.

In 2007 and 2008 the cluster has approved an exciting array of new projects and training opportunities is provided below. The ticked rows were successful in receiving funds. The method of selecting projects was through an exhaustive meeting in November where a range of consensus style strategies were used by the Chairperson, Professor Graham Meadows to reach consensus of both grant amounts and project leadership.

Dual Diagnosis

The clusters were asked to work on dual Diagnosis. To this extent we created a conference / workshop in April 2007.

A dual diagnosis conference to brief senior managers and to allow cluster members to share information and develop strategic plans, as a way of ensuring dual diagnosis was on the agenda. The Alfred ably managed this project.

Requests for Training Resources and Results

Requests for Training Resources and Results

Last year a total of request for funding were made.

The successful projects were:

Co-ordination of Joint IMG Audio-visual Training	$12,100
Funds for discipline specific days	$8,000
Roll out of psycho-pharmacology training	$2,000
Orienttaion - Development of kit and copying of CD's:	$2,000
Ethics and Mental Health Care Conference 2009	$5,000
CAMHS Training – funding for key note speaker granted	$2,000
Gender Sensitivity and Safety forum, granted	$8,000
Software development package for two sites, granted	$9,000
Dual diagnosis workshop/conference, granted	$3,500
Staff Trainer exchange, granted	$2,500
	$54,100

These funds were distributed across the agencies as follows:

Agencies	Projects	Funds Allocated
Southern	3	$12,500
Alfred	3	$10,500
Peninsula	2	$10,000
Latrobe	2	$21,100
TOTALS	**10**	**$54,100**

It is noted that catering for training days has not been funded except for special conferences. CEEDS and the VDDU requests for catering can not be met in the budget.

As the Software package training development was to be provided to all cluster members this would take up any unused funds.

For the next period of time about $200,000 worth of funding proposals had been received as at 30 June with a decision not to be made until the September meeting. Further proposals have been flagged. Current proposals include:

Education and Training – Calendar, sessions and speakers, miscellaneous costs	$6,500
Developing advanced educational material suitable for non-synchronous training - Software for creative education	$13,500
Development a process and training around the issues of **collaboration** in mental health and related services.	$14,000
Development of specialist consultancy advisory panel of Education and Training as per the meeting of March and the response to the review of training	$5,000

Develop a process, collaboration and training and related material and methodology around the issues of **complexity in mental health care**.	$14,000
Community Psychiatric Nursing: Consultation, steering committee and development of training package using non-synchronous methods (due to small numbers and turnover). Note: Southern health has asked that a one workshop be held over the cluster twice a year on this issue.	$14,000
One Conferences - development of specialist mental health knowledge and skills. For example: a. Ethics: What Value Life? Perspectives considering mental illness. b. Cultural Issues and Communication c. Legal Issues d. Collaboration e. Complexity	$5,000
Professional Development - Discipline Specific Days	$7,400
Orientation kits	$1,000
Allied Health Graduate Course - trainer one day per week plus costs	$33,000
Web page development	$5,000
Audio visual equipment for Terry Norris centre and CAMHS . This would be data projector, laptop, drop down screen and also speakers. Used for teaching, and also could be used as home theatre on weekends/evenings by patients, they need to be permanently fixed for security	$6,500
Writing for research and publication workshop.	$5,000
A physical health conference and the development of a simple non-synchronous training package of methods for clinical staff. This would cover areas such as smoking cessation , metabolic syndrome, obesity, healthy weight loss , exercise programs, etc	$20,000
Educator training for 2008. Expert tuition from CELTS to train clinicians in education - teaching and learning skills	$5,000
Establish scholarship for further study or travelling study program.	$10,000
Triage / Intake – further development of existing training kit	$10,000
Aged Issues: Development of strategic overview of training needs Development of training materials	 $5,000 $15,000
	$194,900.00

Primary role and shared principles and Role of South East Education and Training Cluster

In reviewing the developments South East Education and Training Cluster its role can be summarized as primarily a developmental and coordination resource program. Over the last three and half years it has created a number of guiding principles for managing Cluster meetings and activities. A summary of these follows:

- Recognition that members of the Cluster each have specific areas of expertise in training, education and workforce development.
- Recognition of the authority of Cluster members to manage their own internal training programs.

- Recognition that training has an important role in workforce development and that developmental training issues exist which can be best dealt with through discussion and / or joint action.
- Recognition of agency interdependence in finding and applying the solutions to complex training issues.
- Recognition that differences be dealt with constructively.
- A 'lead agency' approach for projects recognises skills and interests of cluster members.
- A joint problem-solving approach between agencies will involve a collaborative search for information, construction of a solution, formal agreement and documented planning for and commitment to action.
- Recognition that collaboration is an emergent process.
- Assumption of collective responsibility through an interagency team (Cluster Steering Group) to guide ongoing collaboration is a critical facet for future development.
- Assumption of corporate consistency, regardless of changes to personnel.

Individual Cluster members, which are separate legal entities and health networks, hold clinical governance responsibility for their core training programs and the Cluster is not able to accept this responsibility. This is one of the core reasons for the development of the staged coalition process that has been used in South East Education and Training Cluster as this process maintains the integrity of the of existing duty of care responsibility. Within this framework it also needs to be noted that a corporate responsibility exists for continuity. To aid in this the Cluster has a thorough distribution list for its minutes and agendas so that these can be tabled, noted and acted on in local area mental health service executive meetings.

With the development of increased discipline specific training the cluster's role is to act as a catalyst, aiding groups of professionals to meet. The project funding is critical for this. It is expected that each professional gain approval for their participation in projects or training through their normal discipline senior / manager, as appropriate to their service.

The major methods used to develop training and meet the key criteria set by the Mental Health Branch in this Cluster include:

- Provision of a consultative, consensus oriented forum on training issues through the Steering Group.
- Negotiation to ensure orientation and risk management programs are available at required intervals so that MHB requirements can be met.
- A six monthly census of training regarding the MHB requirements.
- A calendar of Shared Training Days.
- Co-ordination of cross agency, Cluster wide professional development activities for allied health through the Allied Health Network.
- Developmental work on training issues (e.g. development of training courses or specific packages) where agreed.
- Review of core training programs considered to be important, in line with State-wide guidelines and priorities.
- Direct educational or training activities where it is agreed and where it is beneficial that this occurs between two or more members.
- Developmental activities and review forums to meet the professional development needs of trainers.

- Development of specialist interest programs.
- Project management
- Maintaining an ‘Information Clearinghouse’ function
- Consulting with members for emerging issues and training needs.

In essence the Cluster provides consultation, training development opportunities on training issues and direct education services where these are ‘specialist’ in nature or where insufficient numbers would attend if held in only one service.

As such the role of South East Education and Training Cluster may be to aid the development of a dedicated, skilled, knowledgeable and experienced mental health workforce through the provision of specialist educational consultancy, networking and training services on agreed complex mental health training issues and needs.

Detailed information on specific projects

Support for Overseas Trained Medical staff

Activities undertaken

The lead agency for this project is Latrobe Regional Hospital. Overseas trained medical staff are predominately employed in two services in the Cluster. Both Latrobe Regional Hospital and Southern Health employ a large number of overseas-trained medical staff. The joint program prepared by Latrobe Regional Hospital Mental Health Services (LRH) and Southern Health is specifically targeted at overseas trained consultant psychiatrists meeting the requirements of the Australian and New Zealand College Fellowship examination. The core task group that worked on this in 2008 consists of Dr Sue Henderson, Dr Sathya Rao and John Julian. This group met four times in 2007 but is now in abeyance as training is continuing.

Until this year the major focus of the group has been on the Gippsland region, but the program was extended to begin including overseas trained staff in Southern Health through a jointly developed program. It now includes sharing some journal club sessions and similar educational opportunities. Currently the cluster is providing at no cost the language acquisition package to overseas-trained psychiatrists in Southern Health.

Sue Henderson continues in her role of guiding training and the cluster maintains close contact with increasing collaboration occurring. The cluster remains concerned at the tenuous and ephemeral funding arrangements that exist in relation to support for overseas trained psychiatrists.

Activities in this period continue to include:

- Commencement of audiovisual conferencing on a fortnightly basis in 2006, continuing in 2008 on a fortnightly basis.
- Finalisation of issues regarding installation and operationalising AV equipment purchased.
- Examination preparation – LRH MHS had been invited to and attended examination preparation with senior staff of Southern Health.
- Provision of DVDs to LRH IMG staff of the Grand Rounds held at Southern Health

<u>Distance professional development via filming and DVD'ing Grand Rounds.</u>
Approximately 48 grand rounds have been videotaped and distribution is occurring at Latrobe Regional Hospital. A DVD library is now maintained and is available to IMG medical staff in the cluster. The success of the DVDs can be seen through the speed with which the first collection disappeared! These have now been replaced and a stronger recording and tracking system put in place. As part of the agreed protocol, the DVD's are available to psychiatry trainees, psychiatric registrars, psychiatrists and consultants psychiatrists or ore senior staff.

Additional topics on the DVD's that have been added since the last report include:

Speaker	Title
Professor Daniel O'Connor Prof. of Old Age Psychiatry – Kingston Centre	How Safe is ECT
Dr Richard Price	African Refugees: A community care team perspective (x2)
A presentation by the CTRG, Monash University. A/ Professor Saji Damondaran	Clinical Drug Trials in Psychiatry at Southern Health
Professor Chirstos Pantelis. Melbourne Neuropsychiatry Centre	The neurodevelopmental hypothesis of schizophrenia: A reassessment? (x 2)
MS Beth Wilson. Health Services Commissioner, Victoria	The HSC & Mental Health Complaints
Prof Graham Meadows	Mental Health Services Epidemiology. National & International Developments
A.Prof Wendy Cross. Faculty of Medicine, Nursing & Health Sciences – Monash Uni.	Exploring Service Needs for People with Early Psychosis
Dr Carolyn Simms	First Episode Psychosis (x 2)
Dr Andras Perenyi	Atypical Antipsychotic &* Tardive Dyskinesia

Issues and solutions to problems

Funding Insufficient

Southern Health noted that the funding was insufficient last year to pay for their time and involvement in the project. Fortunately LRH applied for and received a larger grant elsewhere. This will ensure the project continues this year. However the main issue is that there is no specific permanent funding for this type of IMG funding. The cluster funds not used on this project are being used for the software development project for the remaining two services that did not get this last year.

Lack of permanent in funding

A major issue is the lack of an ongoing commitment by funding agencies to ensure ongoing funds are available to assist IMG psychiatry staff to pass examinations. This program has limped along because of this. Taking into account the acute shortage of staff and the necessary requirement to employ IMG staff in order for mental health services to provide medical and psychiatric coverage, the lack of a permanent funding base appears short sighted. In order to gain quality staff that will stay some level of permanency in funding is required for programs as that encourage and support IMG's in the process of gaining registration as a psychiatrist in Australia. This is a larger issue than the ability and mandate of the cluster allow for and needs to be considered by the Mental Health Branch.

Lack of structure
A lack of structure and direction often appear to be the case for candidates to the RANZCP. While this may be suitable for many native Australian speaking candidates, the need for a structured approach with IMG's may be more appropriate. This will be explored in 2008 – 2009.

Minor Equipment
LRH requested the purchase of minor equipment, in particular audio-visual cameras which record straight to DVD and to computer hard disc. This was approved with similar purchases available to all members of the Cluster. This equipment has been used to capture:

- Training exercises
- Provide feedback to graduate and other nursing staff in regard to counselling, supervision methods and so on.
- Lectures (with relevant permissions)
- Interviews and feedback to IMGs.

Activities to be considered in future

Maintenance of existing projects will continue to occur. Other activities may include:

1. Consideration of the types of support available to Latrobe to assist with exploring ways that continue the funding of its overseas trained doctors education program.
2. Continuing to offer the Module "Australian Culture and Language Skills Program for Overseas Trained Psychiatrists and possibly to use this to broaden the program into a more structured approach for candidates. This will be explored with Dr Sathya Rao.
3. Consider the above mentioned module in relationship to other groups of staff, e.g. nurses.

Orientation Task Group

Activities undertaken

The lead agency for this project was Peninsula Health. The task group is not currently meeting as the program was developed and mainly maintenance / administrative activity now occur. Two areas that potentially fall into this area however have been raised. Firstly, orientation of nurses into the specific field of community psychiatric nursing has been raised by three services. This is being considered as part of the 2008 – 2009 funding.

During 2007 it became apparent that staff were not attending the orientation training. While staff are 'inducted' to their organisation, outside of graduate training, few turn up to training for orientation to mental health. While sessions have been advertised at three monthly intervals, there have been few bookings. A preliminary exploration of this has occurred. It appears managers may not approve attendance at training to orientation for new staff due to the urgency of other learning and job tasks. The orientation to mental health program has been defined as separate from induction. Induction is a program that introduces a person to their local organisation and its policies and procedures. Orientation to mental health is about orienting a person to the state-wide system. Many staff report that they do not know how the different mental health services in the state operate nor know much about what the various policies are that guide the whole system.

Several options are now being considered for development.

Orientation Presentation to administration staff

No orientation to mental health has been available for administrative staff. This has now been designed and implemented. A regular session will now be advertised yearly. In the first session, which used a beyondblue funded MAP module as its basis, eight staff attended. A very positive response from the session occurred.

Current Use of the Orientation Program

The Cluster has designed a two hour session on Orientation to Mental Health. This has been distributed to all members. The session has been incorporated into the:

- Graduate Nurse programs;
- Orientation for Administrative staff program offered by the Cluster; and
- Allied Health Graduate Program (about to commence).

Issues and solutions to problems

Outside of graduate training, where orientation is included as part of the course, few staff have attended training. This was explored with several managers and they noted that new staff are not sent to the sessions as other training (e.g. risk training) is viewed as more important. Therefore a non-synchronous training pack around a readily available CD has been developed by the project worker. We are also exploring the CD to consider conversion and placement on the webpage. A sum of $2000 was used on this with purchase of folders, and copying of the multi-media CD and other materials. A mental health package will be re-edited once the metamorphisis program is available.

The expenditure of Cluster project funds

$2,000 has been allocated in 2008.

Risk Management

Activities undertaken

During 2008 the main focus has been on the development of the psycho-pharmacology package. Little activity occurred outside of regular training opportunities offered in regard to suicide and aggression management by individual agencies. Nearly all agencies have developed or re-developed packages and currently little work is being raised in this area, this being one of the original issues dealt with by clusters. Other work on Risk Management continues to be developed as described below.

RiSCE (Risk Identification, Safety, Containment and Environment)

The RiSCE Package continues to be used at Peninsula and was then re-developed in the community at LRH. Southern has now accepted the LRH model which incorporates the RiSCE Package. No outside packages, plus their associated ongoing per trainee costs, are purchased by any cluster agency now in aggression management. This is a major change with all training sections now believing they are capable of developing their own training packages.

Psychopharmacology Training Module

A psychopharmacology unit has been developed and has now been delivered to two groups – graduate nurse and allied health staff. The evaluations of these days were positive. The package was developed to address perceived shortcomings in the knowledge, attitude and skill base of non-administrators, especially graduate, new allied health and psychology staff that are in 'case manager' roles. This will provide a common training base in the workforce for all professional groups.

The package has received positive feedback from participants. This package has been developed with an enormous amount of goodwill form staff, especially Sue Henderson from Monash University. The work that has occurred has been an excellent example of collaboration between trainers and university staff.

Future plans

Several areas of action can occur in regard to the psychopharmacology package:

- A meeting of the major contributors will be called to put everything together and double check the material.
- Development of allied health input

Issues and Problems

Side effects of medication, particularly atypical medication but not wholly, are a major issue and allied health staff have major contributions to make in the preventative and treatment field. The package still has a major medical orientation. There are significant issues with weight gain and medication that are not being addressed and there is a suggestion in some quarters that the mortality rate has increased significantly. Therefore it is proposed to hold a one day workshop of senior allied health staff from either around the State or from Eastern and South East in an attempt to allow the allied health knowledge base to be collated and provided on these issues. This can be collated after, or during the, the day and added to the psychopharmacology package.

Dual Diagnosis

Several meetings about the Dual Diagnosis State-wide Directions occurred at the request on LRH. The Mental Health Branch has also encouraged involvement of clusters in this issue. The meetings explored the need for action and training. The cluster agreed to fund an action-planning workshop on Dual Diagnosis to confirm Dual Diagnosis leadership in the field, confirm the dual diagnosis champions and develop action plans for specific cluster members. The cluster provided $3,500 funds for this conference and workshop.

The Alfred offered significant leadership through Assoc. Prof. Phil Maude on this process and he met with Peninsula, a Southern Health representative, the cluster and Senior A& OD / Dual Diagnosis staff. All agencies sent senior staff to the workshops and it has raised the profile of dual diagnosis issues in all agencies at a senior level. The workshop was held on Monday 21 April.

All agencies sent senior staff. The workshop received positive evaluation and covered the following major areas:

- What are the requirements?
- What training is available?
- What is each cluster member doing?
- Development of strategic preliminary plans.

The plans developed at the workshops were written up and forwarded to each agency.

Future plans

Training of staff will be organised for 2008 – 2009 and a request made of Greg Logan's agency to undertake more after these. We would hope these seminars can occur at the Alfred, Southern Health and at Casey.

Issues and solutions to problems in 2008

Mental State Examination

Within the context of risk management, the issue of training in Mental State Examination (MSE) continues to be raised as some staff do not appear to be as trained thoroughly as required, or require re-training. This issue is addressed in the suicide training program at the basic level and allied health and nurse graduate program levels but not at a broader level. Broader training development about the issue is on hold as this may be addressed through the development of a national computer based training program where the tender has currently been let. This is being monitored to see if needs and expectations by agencies can be filled through this mechanism. However, we require urgent information about what this project will do.

The expenditure of Cluster project funds

Most the work on risk management is now occurring in-house. Most agencies have ceased paying fees to outside groups (e.g. IPS) for risk management training and as such significant savings appear to be occurring now that training staff are increasingly realising their ability, and expanding their abilities, to develop their own packages and have on-going support for this through the cluster. Some staff maintain their ASIST training and this is useful for basic training.

The psycho-pharmacology package has cost $14,000 in 2007 and $2,000 in 2008 has been reserved for the role out costs of the package.

Enhancement of Graduate Programs

Activities undertaken

The lead agency for Graduate Programs was originally the Alfred Psychiatry. This led to the development of the Allied Health Graduate Course which is now independent and managed by the Allied Health Network with significant time of both the South East Cluster Co-ordinator and the NEVIL Cluster Co-ordinator. The course is now a developing collaboration between the two clusters.

Development of Allied Health Graduate Program

Allied Health Graduate and New Staff program

Southern Health was the original agency leading of this specific allied health initiative and worked co-operatively with the Alfred about this. A nine-day modular graduate program in Allied Health was developed and has now been extended to ten days with the psycho-pharmacology package. This is now operational and co-ordinated by the cluster project worker, John Julian who also teaches on a gap basis alongside with senior Allied Health staff who teach most aspect of this course.

At June 30 there were 24 staff participating (in December, 16 staff were enrolled, with 18 to attend the January session.) The original maximum enrolment was extended due to the number of requests to 24. There are no trainers in Allied Health as it appears this role has not been covered by their Enterprise Bargaining Agreement. There were insufficient funds to cover this program in the last funding round and therefore co-ordination and some teaching duties have been delegated to the cluster project worker.

In developing the course, Allied Health Seniors noted that is should incorporate new staff, who; while experienced allied health clinicians, may be new to mental health work. It had been noted that many such clinicians came to mental health but often were unsupported and left (e.g. ward based social workers in sole positions).

Note is made of the input of the Consumer and Carer Consultants who have attended nearly every session to date to provide input. Southern Health C&C Consultants, at this stage, have provided this input. Participants have been highly appreciative of the input and have been asking more significant questions about creating a positive change for consumers and carers. In particular, the issue of working with more experienced, but more cynical, or burnt out staff, has been raised several times. Senior allied health staff in NEVIL have been instrumental in helping make the workload of the SEETC co-ordinator workload manageable in 2008.

The course will also be advertised to allied health staff commencing in the PDRS sector in 2008-2009 program.

Graduate Nursing

Issues and solutions to problems

No issues have been raised with the cluster in the period. However, significant issues have been raised in regard to community based nursing and this is seen as a related issue in at least one cluster agency and is currently being explored.

The expenditure of Cluster project funds

Zero dollars were allocated to this project due to a lack of funds.

Allied Health Network

Activities undertaken

The Cluster created the Allied Health Network in early 2006. It followed from a reference in the original Workforce Development Report in 2004 that a group similar to the Southern Nursing Alliance may be a useful mechanism to aid Allied Health staff to meet and consider their professional development and workforce training needs.

In the past, South East Education and Training Cluster has enabled Allied Health representatives from different cluster members / agencies to meet and has provided each allied health discipline 'seed' funding for them to develop their own discipline-specific training in addition to two major conferences in 2006 and a repeat major conference on legal issues in 2007. Specific professional training has, generally, been well organised and well attended, and required minimal effort from the Cluster.

Discipline specific training is now occurring on a regular basis. Examples from Occupational Therapy, Social Work and Psychology are provided below in the way of reports from these disciplines.

The cluster has also been advised that mental health physiotherapist, across the State, have now also been able to find each other and are planning an education day with the use of $400.00 of cluster funds that have been held in reserve for them from 2006 while they commenced their network This is the first time they have met.

The Allied Health Network's broad goals are as follows:

- To provide a consultative forum to explore how professional development and educational activities for Allied Health staff may be improved through cross Area Mental Health Services activities and coordination.
    - The group guides the development of the Allied Health Graduate Program and acts as the reference group for this project.
- To report and monitor the development of discipline specific days
    - Each discipline is to develop a reference group using communication methods appropriate for that group (i.e. a the group may meet through telephone conference, etc)
    - Discipline specific days occur for psychology, social work, speech therapy and occupational therapy

The role of organising a major conference each year has now been overtaken as other agencies are keen to be offering these conferences. As such, the Alfred has organised the Ethics and Mental Health Care Conference in 2008.

Another role of providing expert allied health knowledge is yet to be formalised.

Occupational Therapy Study Day

Cluster Occupational Therapy Study Day
Thursday June 19th 2008.

Approximately 60 Occupational Therapists from across the Southern Cluster attended the half day workshop at Alfred CAMHS in Moorabbin, facilitated by comedian Rod Quantock. This half day was organised by the OT Study Committee, which is comprised of representatives from CAMHS, Community Adult Psychiatry, Aged Psychiatry and private practice from three of the four Cluster areas. Southern Health has the mandate
For this activity it was decided to use Rod Quantock as facilitator to introduce a perspective external to health by someone with experience in a range of corporate and other environments, and an approach that would be different to traditional presenters. This decision was vindicated.

The title was "Survival in the Jungle" and addressed the issues of working in the corporatised health system of today. Participants from a variety of areas of health practice, including several from general health, the PDRS sector and community health, but the majority were from mental health. They paid $20 per head for the session which included morning tea and lunch.

The aims of the workshop were to:

1. Identify why participants work in the jobs they do and what satisfaction they get from those jobs
2. Assist participants in identifying issues that are causing stress in the current climate
3. Identify and develop ways of dealing with those stresses
4. Promote support networks amongst the OT's across the Cluster.

Two meetings were held with Rod prior to the study day, to inform him of the climate within which we work and the issues we wanted addressed. Rod then planned the morning and facilitated interesting, entertaining and stimulating sessions. Aims 1, 2, and 4 were clearly achieved, but unfortunately there was not enough time to thoroughly address Aim 3. There was the start of some enthusiastic discussion, but this could not be further developed as planned.

Evaluation sheets were completed by most of those attending and the feedback was positive from the majority. The strongest suggestion was for another session to pick up from where this day ended, specifically addressing some of the discussion points that were made towards the end of the day. This is now being organised.

Janine Chugg,
Convenor,
OT Cluster Study Day Committee

REPORT ON THE REFLECTIVE PRACTICE TRAINING DAY

The Southern Cluster Social Work Group held a professional development training day on Reflective Practice on 20/2/08. Social workers representing mental health agencies in the region attended. Fiona Gardener, lecturer from Latrobe University presented on the topic and ran work groups on implementing reflective practices in treatment of clients and in maintaining good practice in organisations. The overall response from participants on the day was that the training was useful and practical and added to workers knowledge and skill base.

Definition of Reflective Practice
Brookfield (1995) emphasises that reflection goes beyond just describing what we do, to thinking about why we do things and to whether they have gone as intended, why we think they may have worked well, and how we might do them differently next time.

Feedback from participants

What did you find useful about today?

- Taking time out to reflect with other social workers about our work – sharing issues, listening to each other's dilemmas, thinking through the issues (eg lack of participation in power structures, under promotion/lack of clarity re: sw role) and solutions seeking I'm not the only one experiencing certain things. Networking with colleagues
- Theory/concepts of reflective practice, Post-modern theory and learning about reflective practice
- Learning how to apply reflective practice/developing skills in unpacking practice /Small group practice and own examples/time in groups.
- Revision re: critical reflection and more detail of critical/reflective questioning.
- Interactive presentation, speaker who made presentation interesting, was precise but clear. Presentation and example/process outlined by presenter/made me think and reflect in different way.
- Thought-provoking day
- Background to Southern Cluster.
- We have been involved with reflective practice at our service, but I had little background information about conceptual frameworks and today helped me gain understanding of theory as well as the process.
- Formalising what I often do in work settings.
- Interesting to reflect on our practice in a critical way.
- Whole program useful and extremely relevant to my social work practice.

What did you learn that you would use at work?

- Checking assumptions/challenging assumptions I have in my practice
- Applying reflective therapy/practice within my own work practice
- Would like to use this in team settings and supervision; use it in meetings with team i.e. clinical re/v to encourage people to question it/also use informally re practice issues/improving client outcomes.
- Questioning what I bring to the situation/be non-judgemental.
- Using post-modern thinking more/including how different disciplines work together.
- Reflective questions/questions to use during critical reflection
- The need to 'step back', take time out, to reflect before acting.
- Application of assumptions to principles/make assumptions with clear thinking.

- Share experience in reflecting with others.
- Identifying my assumptions about what other discipline specific workers do and how it impacts on my practice i.e. makes me feel I have less skills, knowledge etc.
- Thinking through issues critically. Asking more questions – analyse before leaping to a solution/outcome, hold off saying yes. To help evaluate my work in a more thoughtful manner.
- Separating process and clinical issues.
- 'Refresher' on reflective practice – seeking an informal setting and one person can be very useful formal designated times.
- Have confidence in yourself.
- Thinking about opportunities to formally use critical reflection, request critical reflection time.
- Use reflective approach with some particular issues in management with more thought
- The opportunity to get back in touch with my social work values.
- Developing skills in critical reflection.

Issues for further training

- Policy development
- Change management
- Developing assessment tools
- Further exploration of process, case presentations or practice through 'role play'.
- Mental Status Assessment using social work perspective.
- Training around medication, effects of, purpose of, etc
- Explanations of MH terminology.
- Advanced seminar on Reflective Practice with examples and role plays..
- Core SW skills – how do we let people know the role.
- How do we raise SW profile.
- How to maintain social work skills and knowledge with 'evidence based' working environment.
- Supervision.
- Good day/great seminar. Great venue - very conducive to formal/informal teaching /learning workshopping as well as being a space to interact over delicious food.
- Explore internet based communication i.e. 'web talk' for social workers in mental health.
- Had given up on SW days, have renewed my interest.
- It was eye opening and will give me a fresh approach at looking at my practice. Thanks, has been a thought simulating and informative session.

Strategies/Actions

- Conveying social work core skills – promoting ourselves.
- Detailed case notes to show approach – use to identify issues and strategies.
- Use AASW mental health competencies to clarify what social workers do in the service.
- Information re: ways to work on system blocks and how to have input on policy
- Combining client and worker voices to bring about constructive change.
- Making sure that the client's voice is heard.
- Using strategic planning as SW group.
- Professional collaboration at all levels.
- Assertively defining SW role.
- Social workers can give input to job descriptions.
- The majority of participants were interested in a network meeting to discuss practice issues.

Psychology PD Group

The South East Cluster funded a forum in July 2008 that was held at the Alfred Hospital. The forum was aimed specifically at inviting representatives of industrial and professional bodies to present their perspectives on the impact of Medicare upon future planning for Psychologists in Public Health. In this context, the aim of the forum was to also examine working models of public-private mix, and to consider various options that would maximise benefits for individual psychologists considering transfer of some or all of their time to private practice.

The forum was held at the Alfred hospital and approximately 60-70 psychologists primarily from public mental health services attended. The guest speakers included Associate Professor Richard Newton (Director of Psychiatry at Peninsula Health) and David Stokes from the Australian Psychological Association.

The goal of the forum was to provide an opportunity for psychologists to articulate their concerns regarding the impact of Medicare Rebates on the retention of psychologists in public psychiatry and to begin the process of identifying and developing ways of establishing reliable retention and recruitment pathways for the profession.

The outcome of the forum was the development of a stronger senior psychology committee who continue to meet quarterly as well as the invitation to contribute to a special edition of the In-Psych Journal on the following three themes:

1. Implications of the Medicare Changes for Public Health Psychology services. The committee is currently constructing a survey in order to collate data on workforce changes since the introduction of Medicare for psychology.
2. The benefits for psychologists in working for public health to remind psychologists, especially those early in their careers, about opportunities for supervision, the benefits of gaining experience with a range of client groups, networking opportunities, research possibilities, leadership development, benefits of combining public and independent practice, and the benefits of the employment conditions.
3. Likely Private/Public partnership models.

The feedback from the forum was overwhelmingly positive and most identified the need for future workshops, forums, conferences etc. The opportunity provided by the South Eastern Cluster funding was acknowledged and appreciated.

The forum was attended by approximately 80 Public Health Psychologists and generated extensive discussion and interest. The forum resulted in a Special Edition of InPsych (The Bulletin of the Australian Psychological Society Ltd) with five cover features written by Senior Psychologists in Public Health and relating to the discussions held at the forum. It is anticipated that the Southern Cluster will fund a follow-up forum early in 2009. The outcomes of this conference have now been published in Insight and this is attached in Appendix Two.

Dual Diagnosis

The clusters were asked to work on Dual Diagnosis and support this. To this extent we created a conference / workshop in April 2007. This workshop aims were to brief senior managers and to allow cluster members to share information and develop strategic plans, as a way of ensuring dual diagnosis was on the agenda. The Alfred ably managed this project.

Over 70 staff attended this workshop. It was the first of its kind by the cluster being reserved for agencies and senior staff to be briefed and undertake planning activities.

The cluster is now providing a range of seminars in various locations. The first set is the standard series offered by the Statewide Dual Diagnosis Training Team and consists of:

- Introduction to AOD: Seminar Room Four at Dandenong Hospital on Thursday 21/08/008.
- Introduction to Dual Diagnosis. Middle South CMH on Thursday 18/09/08
- Screening and Assessment for AOD Monash University Caulfield Campus Clayfield A134 in Building A ground floor on Thursday 16/10/08.

We have asked for three more series of these seminars.

CAMHS Specific Training

With CAMHS, in the past south East Education and Training Cluster, through the cluster project officer, has:

- Held two meetings with CAMHS staff in 2006 but with little result due to the situation at MINDFUL where the previous Director had died. It was requested that we defer major activity until a new Director at MINDFUL commenced.
- Met with the senior manager of CAMHS in Southern Health on three occasions and who was invited onto the cluster but did not attend due to other duties and changes in Southern Health.
- Incorporated a CAMHS case example into the Orientation Training Package as developed by CAMHS.
- At the request of Alfred CAMHS included a major half day workshop in the 2006 Mental Legal Issues Conference on the new Children's Act.
- Ensured a CAMHS representative is on the Allied Health Network – this person attends regularly.
- Assist speech therapists through the development of the allied health network. Ensure that all allied health networks have CAMHS representatives if possible.

In meeting with the Director of Mindful in 2007 and the cluster project worker, the cluster was advised that the Directors of CAMHS Services in South East Education and Training Cluster have raised some areas they believe would be useful to consider. The Alfred had raised the issue of sponsorship of a significant overseas expert at a State-wide educational workshop. Southern has noted the need for the development of educational career paths for nurses. It was noted that nurses are not applying for community based teams and are mainly ward based. Both ideas have merit.

The cluster agreed that it would fund the first idea and $2,000 was provided to CAMHS. A report from Mindful on this workshop follows below. The second idea has gained some momentum and three cluster members in Southern have raised the concept and training difficulties that are occurring with community-based nursing. This issue appears to be a major one that will be discussed at the September meeting of the Cluster.

Report on MINDFUL Workshop

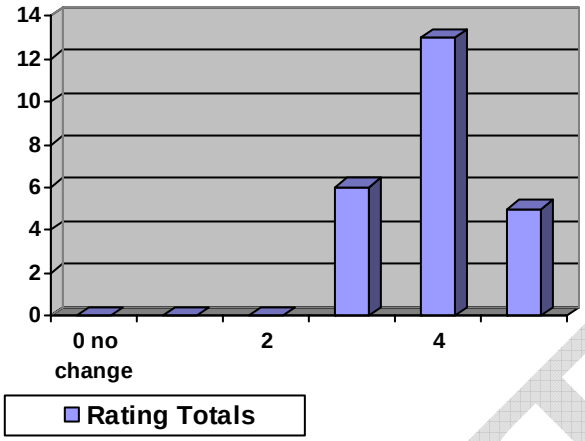
MINDFUL organised a workshop on behalf of all CAMHS and this was fully subscribed. The workshop, 'Early Intervention In Borderline Personality Disorder' Workshop, occurred on the 4th and 5th of August with the presenters Dr Andrew Chanen and Dr Louise McCutcheon.

Cluster attendances were as follows:

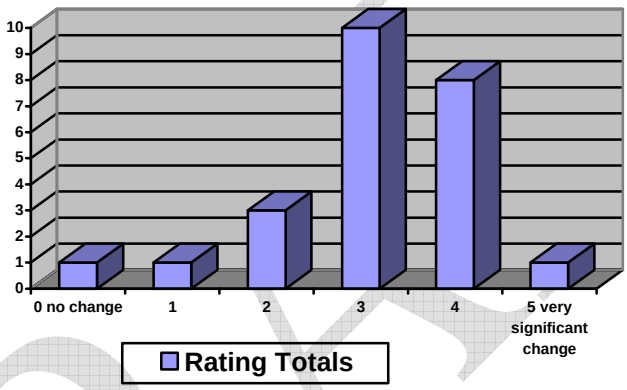
- WETS - 18
- NEVIL - 20
- South East - 21.

Participants gave very good feedback.

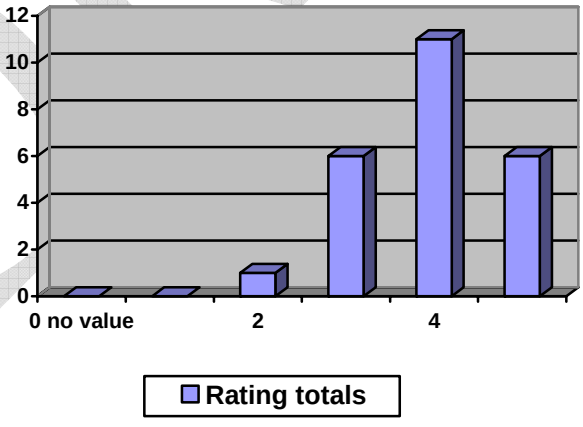
(1) Has this forum increased your knowledge?



(2) Has this forum increased your skills?



(3) How valuable was this forum with respect to your work?



Future work

This issue will be monitored. At this stage it is not sure if CAMHS community nursing staff issues can be included in the development of a community based nursing package.

Information, Clearinghouse & Training services

Activities undertaken

Information Services

Several Excel databases are maintained to send out information to key players in the Cluster.

The information strategy consists of three major components:

1. Accountability and planning information: Consists of two types of information:
   - Six monthly report, and
   - Minutes.
2. Information clearinghouse in regard to education and professional development activities. This occurs through:
   a. A stand alone newsletter is sent to more than one third of all staff and circulated to all senior staff and trainers.
   b. Calendars
3. Collaboration with other parties, in particular the psychosocial rehabilitation sector as represented by VICSERV agencies, is to be further developed in 2007. Currently local Primary Care Partnership agencies are included in mail-outs regarding conferences that are open.

The first component consists of a six monthly report and minutes. The six monthly report is written as an informative and detailed report for the Mental Health Branch which is also used by members to reflect on what the cluster is doing. This report also informs cluster members and ensures that a common history is developed and agreement is reached about future developments. It is noted that the minutes go to attendees of the cluster meeting and senior staff in their agencies as nominated by that agency. It is assumed that representatives have full delegated power to vote as noted in the original terms of cluster development.

A major change has occurred in the second function in the last six months. Increasingly positive comments have been received by staff about the newsletter. This second component involves an educational clearinghouse function that ensures information about educational and professional development courses, both mandatory and optional, is circulated into the workforce. The educational email is now circulated to more than 530 staff including all senior staff in the four Cluster agencies. Senior staff then forward the email on to other staff. Three other strategies within this clearinghouse function are a regular email to all Cluster delegates and senior staff that have registered with Southern Synergy; a six-monthly Cluster poster, and creation and distribution of specific advertising flyers. An increasing number of people are commenting on the usefulness of the clearinghouse. The clearinghouse emails provide information about:

- Cluster events,
- Common training days offered by cluster members,
- Training provided by state-wide providers,
- Training provided by or through special therapist / professional organisations,
- Training options available through the internet or which can be downloaded; and
- Training provided by universities and fee-for-service providers.

In general, comment has been made that much of the training that is provided through mental health services is focused on mandatory, risk management issues, or targeted towards graduate staff and

that training focused towards senior or more experienced staff is not available as often. The clearinghouse function aid services in knowing about a range of specialist training that would not have sufficient staff attend from the Cluster.

The third component is starting to become a more permanent part of the clearinghouse function. VICSERV was approached and it was formally agreed to swap training calendars so to enable the cluster and VICSERV would advertise the other's courses as appropriate. In addition to this, discussions have occurred with Reach Out Southern Mental Health and they have been added to the email list and are invited to training. Lastly, VICSERV will often make specific requests to advertise training and this occurs through the cluster newsletter.

The Cluster website is in the early stages of development and will be further developed over a period. Initially a cluster web page has been added to Southern Synergy's website at Monash University. The web page address is:

http://www.med.monash.edu.au/spppm/research/southernsynergy/workforce.html

Cluster performance or outcomes measures

With regard to the database a paper was prepared exploring the different methods that could be used in a bartering system. Agreement was reached by all members that a bartering system will be used at a simple level and that the cluster will develop a system to record and monitor the following:

- open training days held by each service
- trainees attending from other locations
- trainers attending and training from other locations

Table 1: Common training days offered by South East Education and Training Cluster agencies:

	2005	2006 Jan to Jun	2006 Jul to Dec	2007 Jan – July*	2007 Jul to Dec	2008 Jan to June
Number of common training days	4	19	36	38	33	31
Conferences/ major workshops	0	0	1	1	1	2

* Includes outcome measurement training of 8 days and Outcome Measurement Training 'Train the Trainer' program of 4 days.

With the reduction in funds from $81,000 that was given for training and projects at the start of the cluster projects to $54,000 in 2007/2008, it may be difficult to maintain this growth. While project funds have gone back up slightly to $60,000, this will be insufficient to maintain growth and cutbacks will occur especially without CPI increases being given to the core operating grant. The lack of maintaining a real core grant has meant that an internal shift of funds form senior project work to administrative support a reduction in senior project time to three days a week instead of the previous four.

While Table 1~~Table 1~~ appears impressive, issues regarding actual attendance at courses by staff from other settings still need to be considered. It was argued that this attendance was limited to where a service offers a course. However, attendance by staff from at least three Cluster members is frequently occurring when the Cluster develops and offers a workshop. Now it is also noted that Allied Health and medical registrars will attend courses regardless of the location. As such it is noted that the issue of attending training only if it is held locally is mainly an issue that is specific to the nursing profession. It is not known now whether this will hold will be true of courses where more senior or advanced training is offered.

A further suggestion has been made because of developing the psychopharmacology package. The cluster has viewed that the development of specific training packages and having open 'common days'(days of training offered by one service that are open to all other services) are the main methods of ensuring there is a common training base and that expertise is shared. However, another way is for trainers with expert knowledge to be able to visit and train other agencies. This could be achieved by each service allowing one (or two or three) day's training in another service. The difficulty is in ensuring that services are used equally. This is currently being considered in a small pilot project.

In this pilot, suggested by the Alfred, consideration is being given to one specific way to encourage cross agency use of trainers. Funds have been put aside for travel funds for trainers to be able to be "swapped" between services on an agreed reciprocal basis. To date, one instance of the use of funds has been requested.

Issues and solutions to problems

Distance still presents a problem for people from other services to attend 'basic' yet mandatory training such as orientation. This issue has been resolved with the development of a non synchronous training package. There are several interesting options to be explored.

The expenditure of Cluster project funds

$2,000 is allocated to this item. Most of this occurs in development, layout and printing of the Cluster Calendar and in web page costs.

Leadership Training

Activities undertaken

Peninsula Mental Health Servicewas the lead agency for this project. The task group comprises:

- Chairperson: Vacant
- Dr Sathya Rao
- John Julian - cluster

The last program was attended by staff from Southern Health, Peninsula Mental Health Serviceand Latrobe Regional Hospital Mental Health Services. Anecdotal evidence continues to come in about the changes the first two courses have created

In the first course approximately 40 participants attended. That course was oversubscribed with 100 people and more applying from all four cluster members. As a result, the number of applicants accepted into the course was increased to 52. The course comprised 10 modules. The first and last days were full days with all participants. The middle eight days are half day sessions with the participants split into groups of 26 each. The first course was expensive to run, this was reviewed, and a core program designed.

Following the review, the course was cut to four core days. Staff attending will also be requested to undertake their own inquiry – a project.

Overall it can be stated that the majority of participants gained professionally from the first program and were indeed highly satisfied with the results. There is a distinct need to move away from didactic teaching modes and preferably move to a strong adult educational model of inclusivity through use of different modalities and active participation.

Issues and solutions to problems

Evaluation issues

Apart from cost issues, a major issue raised by the leadership course concerned evaluation of training in mental health services. How do we know mental health training works? There are several major functions of training. These include achieving structural or philosophical goals related to the service delivery framework of the organisation, ensuring management issues are addressed, ensuring staff are able to fill their clinical roles adequately and safely for both themselves and the consumer, and finally, ensuring that an experienced, knowledgeable and skilled workforce exists. How can exist courses be evaluated for outcome rather than participant satisfaction? What are the types of evaluations required in order to test change in staff attitudes, skill, behaviour or knowledge? Can these tools be designed and used regularly?

This additional element was considered when redesigning this program. Whilst the majority of participants stated they have learnt a great deal from the first program there was a distinct lack of evidence to indicate the depth of that learning or the competencies to place that learning into practice. The second course therefore used projects for staff to develop and then talk to and present to other participants. This was to provide them with practical methods to both apply and demonstrate learned skills in the workplace. In the second course, the projects were presented and introduced. The participants, in general, excelled in the presentation of their projects and the methods were acceptable to them. These presentations have been kept to allow for in-depth qualitative analysis to further consider this issue. Further work on the assessment procedure will

continue now that it is known the concept was acceptable to them to try and work out how to provide better pre and post evaluation.

The expenditure of Cluster project funds

A contribution of $5,000 from the cluster was used in 2007. No funds are available to date for a course in 2008. It is planned to run this course again in late 2008, providing funds are available and the cluster sees this as a priority. This is to support development of material for the course and hire of speakers where necessary.

Older Persons

Activities undertaken

Lack of involvement by Aged Psychiatry Services was identified as a weakness by the Mental Health Branch. It appears the South East Education and Training Cluster is the only Cluster with a representative of Aged Psychiatry on the core group who receives minutes.

Difficulty continues in attempting to gain a perspective on how to best aid staff in aged care. The main difficulty has been the continual changing of training staff in the major establishments. However this is now settling and we are considering the development of an interest group as staff trainers settle. Some broad discussion about the need of a training package has occurred.

This will continue to be monitored.

Issues and solutions to problems

It was recommended in the last report that a meeting of just the interested parties occur. However training staff changes and shortages have led a delay.

This will be monitored and staff supported as appropriate until a window for action appears, then the cluster will act.

The expenditure of Cluster project funds

No funds are currently planned for expenditure on this item.

Continuing Care Managers - State-wide Forum

Background:

The Continuing Care and Community Treatment Network commenced with a meeting auspice by the South East Education and Training Cluster. The original need to be able to share information and material and consider development, education and training issues was raised by the manager of Southern Health's Continuing Care Team. The South East Education and Training Cluster acted as an initial auspice for the group. The second meeting was an educational forum with speakers on the future of Continuing Care including Professor Tim Rolfe from Monash and Rod Mann from MHB DHS. Rod Mann offered to act as a channel into DHS.

The cluster, through the project worker, continues to assist continuing care managers around the State to develop a supportive network. This has been minimal in the last six months but two leading managers have now left. Administrative assistance and some project work time will continue to be provided alongside agreement with Rod Mann in MHB on this work. This group has now been recognised by the Mental Health Branch who are formalising the relationship and using the group to gain advice and consultancy. This small, and now non-funded, but exciting project that Tim Brewster at Southern Health started with some seeding funds from the cluster, continues to develop. Tim is now leaving mental health and we will continue to assist in a minor role aiding the managers to develop their own leadership.

Membership:

Membership will be open to managers and team leaders of continuing care teams in Victoria.

Terms of Reference

The Continuing Care and Community Treatment forum will:

- Review local and state-wide developments in regard to continuing care and consider current practice and innovations
- Provide a supportive network for managers and team leaders
- Consider and explore trends and resource issues in service usage and workforce development (including education, training, support, recruitment and retention of workforce) and their impact on continuing care services and models in the future
- Develop education and competency frameworks and provide advice on educational and professional development requirements of staff employed in the continuing care sector
- Consider and develop mechanisms to promote the specialty of Continuing Care and Community Treatment
- Review and discuss parameters for continuing care service delivery and workload issues
- Provide a mechanism and 'think tank' for the development of ideas as well as providing input, ideas, exploration of models and service delivery options
- Ensure appropriate professional feedback to Mental Health Branch DHS occurs

Activities

The Network will develop and provide:

- A clearinghouse for education and research on case management, community treatment and continuing care
- A mechanism for providing a flow of information to Managers and Team Leaders from DHS and other bodies

- A six monthly meeting and forum to explore issues
- Marketing for continuing care and advocacy for improved services
- Professional development for Managers
- Formal relationship with Mental Health Branch
- Email contact group/web page
- Develop broader contacts (e.g. VICSERV and PDRSS sector).

Frequency:

- Six monthly network forum/conference
- Special events.

Working Party

The working party consists of representatives of the Continuing Care Teams. It currently:

- Meets bi-monthly
- Is developing terms of reference
- Is developing a regular agenda, program and forums
- Is commencing communications to the wider group
- Is developing the contact database
- Is organising six monthly forums.

Projects:

- Interactive website - John Julian following up with DHS and Monash or Yahoo
- Launch of website – pending above
- First forum planned for October.

General Membership:

- Team Managers/Leaders Continuing Care Victoria
- South East Education and Training Cluster representative
- By invitation as required or by invitation:
  - Representatives from DHS
  - Consultant Psychiatrists/Professorial /Academic
  - Executive Managers
  - PDRSS
  - Consumer and Carer representatives.

Working Party Membership:

- Nominated by general membership representing regions
- South East Education and Training Cluster representative as auspice body
- Chair nominated by consensual agreement
- Decisions by consensus in first instance or then decided by majority vote
- No minimum number for meetings – participants may be via email, teleconferencing, etc.

Quality and Flexibility Regarding Training and Non-training Options of Education

Introduction

A range of projects are undertaken from time to time to examine training needs and gaps as well as the methods, processes and quality control processes used in training mental health staff. This was commented on at length in the last report and a major critical paper developed around the issue for trainers in the period.

Activities undertaken

Following the major issue of reviewing the standards of training and trainers several developments are occurring. One is the consideration being given to the development of a training and education consultancy panel. Secondly is the gradual development of a series of issues regarding the development of an educational framework? Several issues can be noted from the latter.

Educational Framework

A framework has a variety of uses for education in mental health. These uses range from ensuring clarity and transparency about educational thinking and philosophy; as well as checking on the specific design processes and factors that are used in creating educational programs,training courses and calendars. It may be useful as an aid for reflection by individual trainers as well as being able to be used as an evaluative tool by review committees. As a management resource, the framework is one tool that aids a seamless agreement between the players involved including trainers, a training unit, trainees and management.

Frameworks also ensure a common vocabulary and action occur; that there is smoother integration and organisation, especially when concurrent developments occur. For example, when several training packages are developed independently and simultaneously a framework ensures they are developed on similar lines with similar inputs or outputs. Frameworks also provide a robustness and resilience in a situation of significant change ensuring a specific strategy is followed consistently.

A framework may also aid in the identification of gaps. For example, a framework may also be a summary of existing knowledge. As such, it can be an analytical tool to show additional, or new, gaps. When a framework commences to break down, it may mean the environment and players have changed so significantly that a new paradigm is required, and as such, they point to a need for action. Frameworks when overt are open to scrutiny and allow critical debate.

One issue dealt with in a framework is consideration of the type of staff that exists and a critical examination of whether the existing training resources first their needs.

Traditionally, tertiary education has centred on disciplines yet many workplaces have consistently moved away from these since the 1960's. In the mental health workplace this issue became more important with the creation of generic positions such as 'case managers' in the early 1990's. This change also came about at a time when Victoria carried out another, planned, deinstitutionalisation change in the early 1990's. In the 1990's the remaining mental and stand-alone psychiatric hospitals and wards closed and were replaced by a range of community based and general hospital based services. Many, if not all, disciplines appeared to lose their discipline specific training resources in this change. Several other components to this axis also exist outside of a move away from a discipline base.

Today components that may be included in this axis include:

- Staff and various sub-groups and their characteristics
- Generational spread and differences
- Discipline spread and differences

Within South East Education and Training Cluster, some work has occurred on one of these issues, the development of a categorisation of staff in order that their learning needs can be more closely examined. The group includes graduate staff, staff that are consolidating their skills, experience and knowledge base, learning-avoidant staff, staff who are reflecting and improving their practice and developing expertise, and a group who are sharing their expertise. The groups are not necessarily mutually exclusive but could form part of other groups. A preliminary description of each group is offered below.

Staff Groups and Sub-groups

Graduate staff

This group are building a knowledge base. In this group, the aim is to acquire new knowledge and information and to build a conceptual understanding of one's practice that meets reality with adjustment of the use of their skills as required. Some possible activities in this phase might include training needs assessment, supervision, participating in interactive workshops, forming a study group, undertaking a graduate course of study.

Consolidating staff

This group are often observing models and examples and receiving supervision. At this level the person studies practice examples from other settings in order to develop a practical understanding of the work or research. Activities may include visitations, peer observation, using instructional devices, co-planning, and listening to or watching others work or through audio and video examples.

Learning avoidant staff

This group often do not attend training offered by a workplace and believe their graduate education is sufficient. They may be motivated to work through a range of values that are less central to the vision and values espoused by the management group. There are several sub-groups, dependent on their values. These include people who work in order to purchase greater material objects for their family, or for things such as holidays. Another group may work in order to gain and maintain a social network.

Reflective Practice

In this level staff are starting analyse their own practice based on new knowledge. They are open to new knowledge and seek ways to turn this into skills and attitudes that are workable in the workplace. Activities in this phase might include the use of journals or mentor or agency authored case studies for collegiate discussion and reflection.

Expertise development and practice change

At this level staff start on their own initiative, with or without supervision, start translating new knowledge into individual and collaborative plans and actions for their own use with clients and commence starting to change practice in the workplace. Activities might include action research, peer-coaching, support groups, and practice development.

Gaining and Sharing Expertise

The purposes of personnel in this group may be two fold. The first is to commence sharing their knowledge, skills and attitudes with other staff, the second purposes may be to refine

individual professional practice, learning with and from colleagues while also sharing their practical wisdom with their peers. Activities might include team planning, leading discussion and presenting papers, mentoring or partnering with a colleague, and participating in a network.

Each group has a range of different training needs. The size of each group will vary in number and in some places, being quite small and isolated. This may create difficulties for agencies in maintaining their morale, interest and employment. In correct classification or treatment of an individual staff member may also create insecurity to the point where they leave. One example includes newly graduated allied health staff who are treated as being in a consolidating or reflective but are in reality graduate staff needing to a reality check on their skills.

Generational Sub-Groups

Generational groups also present with different training needs and may form a vertical framework in a matrix to the above categorisation. There are three major generational workforce groups at the moment. These are the Baby boomers (born 1944-1964), Generation X (born 1964-1980) and Generation Y (born 1980 onwards). All are actual users of training. It is important to note that a major workforce strategy to be considered in detail is about how to keep the 'baby-boomer' from retiring. Ensuring they receive professional education in line with their needs is a major factor for many, as is the types of rewards provided. As such the curricula design, methodology, interface and reward systems need to be carefully considered and constructed to ensure they intermix positively with each group. Each have preferences, with different forms of rewards, that need to be provided to ensure that motivation issues such as this are not barriers. In developing professional education for the some groups a more important approach may be to develop training that challenges supervisors in considering the relevance of their supervision methodology and provides some broader options(e.g. such as enhancing time flexibility for X generation staff).

With regard to the disciplines, senior South East cluster staff have noted a large range of differences in terms of their initial commencement knowledge and skills in mental health services. For example, some have a greater knowledge than others about psychotropic medication, the types and use of treatments and rehabilitation technologies as well as the use of newer concepts such as 'recovery'.

Formality of the education and training process and the functional components addressed

Professional training and education may take place in an educational setting that may be categorised as formal, non-formal or informal. Much training occurs around formal and non-formal training yet the workplace culture may often be set through informal training. How does one influence the latter? This is a significant tissue and can be readily seen where workplace culture and the informal learning involved in it, is negative, not in line with strategic directions or of when of poor quality. Instead of "battling" all the time, consideration to these areas and subtle, planned changes can bring about an enormous amount of change. Currently the major tool we are considering is the leadership course to impact on informal learning and workplace culture.

Formal education

Formal education is typically provided by an educational body or organisation such as a University or registered training organisation (RTO) in Australia. It is structured in terms of learning objectives, learning time and learning support and leads to certification. Formal learning is intentional from both the organisational and learner's perspective. Graduate education for nurses falls into this category. There are several possibilities raised with one being the need to further

explored alignment of workplace courses with institutional courses, possibly through applying for short course status.

Work-based education

Work-based education, or 'non-formal learning', generally describes most existing courses offered in professional education in mental health services in the SETC. It is generally not provided by an educational body or RTO and does not lead to any form or externally recognised certification. It is, however, structured in terms of learning objectives, learning time and often in terms of learning support. Work-based learning is also intentional from the trainee's and organisational perspective.

Informal Cultural education

Informal cultural learning results from daily life activities related to work, family or leisure. It is not structured in terms of learning objectives, learning time or learning support and typically does not lead to certification. Informal learning may be intentional but in most instances is non-intentional. That is it is 'incidental', accidental or random. In some instances, however, it can be intentional in terms of inducting a new staff member into an 'accepted way of doing things'.

Some of the issues on this axis include both certification and intentionality of training. A group that is avoidant in terms of professional development may be highly influenced by informal education. On-going informal education may also be one factor that aids resistance to change and maintains culture in a particular setting. This may be an area of influence on the development of cultures in workplaces and finding ways to influence informal education may yield positive results that enhance the impact or formal and non-formal education, or even allow the success of these.

It appears that a commitment to life-long learning, and its development, is a major way in which we can also impact on the latter area – the informal education that occurs as part of work culture. A Major current activity in this regard has been the development of the educational e-mail. From the feedback provided this will be further developed into a newsletter with a broad range of educational news items in it.

Functional areas of learning

These are important as they show the breadth across which learning needs to be developed in complex work environments such as mental health.

Learning exists in various domains and mental health education and training may be described in terms of different work based functional areas or domain to which it belongs. These areas may include:

1. General and cross-functional (e.g. safety, ethics)
2. Corporate and governance
    a. Clinical
    b. Management accountability
3. Clinical specific health care techniques
4. Critical thinking
5. Higher education and the linkages
6. Informal learning
7. Professional discipline specific based training

A lot of has also occurred in regard to the first and second areas. Development of the others areas in now starting in this cluster in greater detail

Summary

These three ‘domains’ are needed to be considered holistically in terms of bring about lifelong learning and change in workplaces. They aid in identifying the barriers and in structuring thoughts about education.

Actions

Most training appears to be at the beginning end of careers and at the medical end. Little professional development occurs to assist senior or experienced staff. This will be further explored in the future and an ‘Advanced Practice’ series of seminars considered. This idea has been submitted to the cluster for funding.

Continuation of Allied Health Discipline Days will occur.

The exploration of an on-line virtual educator will be explored and to raise the possibilities with staff.

All services will be introduced to the software package Metamorphis and members will have one copy each to produce on-line or CD based materials that can incorporate film footage off the camera’s that were purchased 18 months ago.

Training Needs Analysis

Course requests and needs

Summary

In the last nine months the cluster carried a training needs analysis on requests for courses as well as the more thorough review of perceptions of National Practice Standards from both staff and managers. In the last report it was specifically mentioned that further Training Needs Analysis would be undertaken a:

1. Training needs analysis of specific courses required by staff, and
2. Training needs analysis of the attitudes regarding dual diagnosis work to inform further developments in the field.

The results of the first are provided below. Results of the second are being collated.

Results of Staff Needs for specific courses

From considering both, there is a need for legal issues and rights to be considered and more development in the area of 'documentation' required. When one considers the overall needs from both surveys, collaboration requirements (i.e. integration and partnership) and complexity are also high (re alcohol and drugs, persistent psychosis, PD, etc, all come up high). This works well with the findings of the cluster planning day and the Report "Because Mental Health Matters". Evaluation and research may be dealt with indirectly thought clever structuring of courses. Lastly diversity and culture are also areas of need.

Some are still unclear – such the top one – anxiety – as it was poorly defined in the survey. The two areas of complexity and collaboration will be added to the next survey.

Areas where additional courses are required, over and above what we are doing now, are:

- Anxiety/ mood disorders and co-morbid issues
- Persistent Psychosis
- Attachment – interruption and impacts
- Cognitive Behaviour Therapy
- Cultural issues
- Collaborative work with consumers and carers
- Conflict resolution
- Diagnostic training
- Culture and diversity

Results

The following is based on 68 responses, or approximately 5% on the workforce.

Anxiety/ mood disorders and co-morbid issues	36
Dual Diagnosis	34
Alcohol and Drugs	32
Persistent Psychosis	30
Personality disorders	30
Attachment – interruption and impacts	27
Cognitive Behaviour Therapy	27

Cultural issues	26
De-escalation – managing difficult people	26
Pharmacology	26
Clinical Risk Assessment & Management	25
Clinical Leadership	24
Clinical Supervision	24
Collaborative work with consumers and carers	24
Conflict resolution	24
Diagnostic Training	24
Early Psychosis	23
Family therapy	23
Law/ legislation	23
Motivational interviewing	22
Discharge Planning	21
How to conduct group work	20
Suicide (ASIST)	20
Trauma	20
Dual Disability	19
Eating Disorders	19
Family Sensitive practice	19
Forensic psychiatry/ psychology	19
Grief counselling	19
Suicide (refresh)	19
Middle Management	17
Suicide beyond ASIST (management)	17
Documentation	16
Seclusion	16
Coaching and supervision	15
Sensory defensiveness profiling	15
Aggression	14
Ethics	14
Outcome Measures	14
Aged Mental Health	13
Case Management	13
Mental Health Review Board	13
Practice Research	13
Preceptorship	13
Rehabilitation and recovery	13
Coroner's Court	12
Triage	12
Practice Enhancement Days (discipline specific (specify discipline)	11
Case conferences - How to organise/ deliver	10
Consultation (primary/ secondary/ tertiary)	10

Post-natal depression	9
Introduction to Mental Health	8
Other…..physical health, leadership	

Summary results of National Practice Standards Review

For review purposes these results are included again.

Highest possible score in the following table is a 5. (5=over-met, 4 = met, 3 = partially met, 2= not meet met, 1 no need – there were very few '1''s

	Management & Training Personnel		Clinical and direct care staff		Comment	
How well are the training needs for the following standards met?	2007	2004	2007	2004	Management change	Clinical and direct care staff change
Rights, responsibilities, safety and privacy	3.1	3.35	3.6	3.6	7% decrease	Same as 2004
Consumer and carer participation	3.6	2.8	3.5	3.2	**28% increase**	9% increase
Awareness of diversity	2.9	3	3.3	3.5	3.3% decrease	5.7% decrease
Mental health problems and mental disorders	3.4	3	3.7	3.1	**13% increase**	**20% increase**
Promotion and prevention	3.1	2.7	3.3	3.1	**14% increase**	6 % increase
Early detection and intervention	3.5	3.3	3.3	3.4	Management believes capability is increasing and staff believe capability decreasing: + 6% to -3%	
Assessment, treatment, relapse prevention & support	3.4	3	3.5	3	**13% increase**	**16% increase**
Integration and partnership	3.4	3.2	3	3	6% increase	Same as 2004
Service planning, development and management	3.7	2.8	2.9	2.9	**32% increase**	Same as 2004
Documentation and information systems	3.0	3.4	3.3	3.7	**12% decrease**	**11% decrease**
Evaluation and research	2.9	2.75	2.8	2.9	Management believes capability is increasing and staff believe capability decreasing: + 5% to -3.4%	
Ethical practice and professional responsibilities	3.5	3.3	3.5	3.4	6 per cent increase	3% increase

Four years ago many managers gave examples of what they were doing to show how they met standards rather than answered specifically about the training need *per se*. In this survey there was far greater understanding and awareness of training as the issue, rather than their performance.

The first comment is that the results expressed are perceptions of management, training and clinical staff perceptions. Secondly, the changes may be due simply be due to issues of sampling and the lack of a random sample. Some interesting issues may be raised. Is the change occurring in management perceptions due to a change in those level staff, or an actual change in the workforce? For example, when considering 'Service planning, development and management' clinical staff

perceptions have remained the same but management staff report a major shift from not being met to partially being met. A similar change occurs in consumer and carer participation. Is this reflective of the greater contact between management staff and consumer and carer consultants, a change because of increased awareness or is it reflective in a change in training needs?

Whether the changes are due to factors other than training continues as one examines the areas of change. In particular, a common comment made about 'Rights, responsibilities, safety and privacy' was about the lack of understanding of staff in regard to privacy and confidentiality. This may be due to greater or changed knowledge of management staff. Similarly, the issues of documentation and information systems may be due to increasing sophistication about data management.

The continued low level of rating in the research area requires action. A number of innovative programs could be designed around the issue I addition to a training pack being developed. It is likely that staff who are interested in the area will be spread across the cluster, in terms of discipline membership, time, and geography, making it difficult to use traditional classroom methods (synchronous training). This areas, however, does lend itself to development of non-synchronous training resources, such as small achievable short-term projects, that can be used by interested staff.

Not all issues require classroom intervention. Several may need a range of activities such as case studies, flyers, information bulletins, and so on. For example, a 'Legal Bulletin' using publically made comment by law firms in newsletters may be useful and appealing to staff. Equally, a ten minute interview with a senior DHS legal advisor, which is then podcasted may also be a useful approach.

Cluster Functions, Reporting and Governance

All cluster activities are governed through the Steering Committee, chaired by Professor Graham Meadows. All discussion and decisions are recorded through minutes of the meeting.

South East Education and Training Cluster has operationalised a number of guiding principles for managing cluster meetings and activities. In summary, these are:

- Recognition that members of the Cluster each have specific areas of expertise in training, education and workforce development.
- Recognition of the authority of Cluster members to manage their own internal training programs.
- Recognition that training has an important role in workforce development and that developmental training issues exist which can best be dealt with through discussion and / or joint action.
- Recognition of agency interdependence in finding and applying the solutions to complex training issues.
- Recognition that differences be dealt with constructively.
- A 'lead agency' approach for projects recognises skills and interests of cluster members.
- A joint problem-solving approach between agencies will involve a collaborative search for information, construction of a solution, formal agreement and documented planning for and commitment to action.
- Recognition that collaboration is an emergent process.
- Assumption of collective responsibility through an interagency team (Cluster Steering Group) to guide ongoing collaboration is a critical facet for future development.

Obviously, the individual cluster members, which are separate legal entities and health networks, hold clinical governance responsibility for their core training programs and the Cluster is not able to accept this responsibility. This is one of the core reasons for the development of the staged coalition process that has been developed in South East Education and Training Cluster as this process maintains the integrity of the existing duty of care responsibility.

Within South East Education and Training Cluster, the major methods used to develop training and meet the key criteria set by the Mental Health Branch include:

- Provision of a consultative, consensus oriented forum on training issues through the Steering Group.
- Negotiation to ensure orientation and risk management programs are available at required intervals so that Mental Health Branch requirements can be met.
- A six monthly census of training regarding the MHB requirements.
- Maintaining an information clearinghouse function
- A calendar of Shared Training Days.
- Co-ordination of cross agency, cluster wide professional development activities for allied health through the Allied Health Network.
- Developmental work on training issues (e.g. development of training courses or specific packages, etc.) where agreed.
- Review of core training programs considered to be important, in line with state-wide guidelines and priorities.

- Direct educational or training activities where it is agreed and where it is beneficial that this occurs between two or more members.
- Developmental activities and review forums to meet the professional development needs of trainers.
- Development of specialist interest programs.
- Project Management
- Monitoring members for emerging issues and training needs.

In essence the cluster provides consultation, training development opportunities on training issues and direct education services where these are specialist in nature or where insufficient numbers would attend if held in only one service.

Cluster Meetings and Governance
The Cluster Steering Group meets monthly 11 times a year. Cluster meetings have become vibrant, innovative 'think tanks' which provide opportunities for delegates to review all areas of training in the cluster. They are recognised as using a consensus brain storming approach in which the minutes are difficult to record with up to two administrative staff, and a tape recorder being used at times, to try and accurately reflect the content of discussions.

Planning and co-ordination
All planning decisions are represented to the steering group of the cluster for perusal, discussion and approval. These are reflected in the minutes of the Steering Group. Decisions are based on a consensus model with the understanding that not all member agencies have to agree to a specific project or undertaking.

All projects are listed in the agenda at each Steering Group meeting and an update presented by the lead agency.

Project Management
This function occurs either through negotiating contracts with a lead agency or through direct project management.

South East Education and Training Cluster encourages member agencies to undertake lead agency roles in terms of cluster activities. When an agency undertakes a lead agency role, the project is negotiated with Southern Synergy. A grant application form is drawn up with milestones to be reached in the order of when funding of the project is to occur. The grant application is then approved by the Cluster Steering Group.

The grant application process has been designed due to the difficulty being experienced with consultant contracts. The grant process ensures that lengthy consultant agreement between Monash University and the lead agency is not required but that a transparent and properly negotiated package and grant process has been applied to each and every grant. This has worked well.

In some instances, a grant is not provided as, after negotiation with the lead agency, a casual staff position is created through Monash University and a project worker employed in this manner. This has been particularly useful where a project worker and grant funds were required to be applied over different financial years and it was feared funds could return to the general revenue of the lead agency's auspice body.

A project worker from Southern Synergy attends all formal task groups and lead agency groups.

Budget and expenditure levels are approved by the Steering Group after discussion in the early part of each year. Once funding levels have been approved, grant applications are then dealt with routinely. Any changes to the budget or significant under-expenditure are presented to the Steering Committee.

Support to Cluster Activities
A number of project areas do not have, nor require, funds to employ a specific worker. For these projects support is provided by John Julian and other staff of Southern Synergy. Staff involved in cluster projects from Southern Synergy in the last six months include:

- **Professor Graham Meadows, Director, Southern Synergy.** Graham chairs all formal Cluster Steering Group meetings, which occur monthly, and supervises the senior project worker, John Julian. Graham also provides consultation on medical training issues for IMGs as required.
- **Bernadette O'Grady,** PA to Prof. Graham Meadows. Bernadette provides minute taking for all Cluster Steering Group meetings and earlier in the year provided administrative assistance.
- **Debbie Lang,** Administrative Assistant, Southern Synergy, provides minute taking for task groups as required and now provides administrative assistance to the senior project worker, John Julian.

Internally in Southern Synergy, John Julian usually co-ordinates this effort ensuring that the appropriate staff members are used for the tasks involved.

Support to Lead Agencies
Lead agencies are supported through:

- A negotiated grant process
- Cluster meetings
- Direct contact with Southern Synergy between meetings
- A Southern Synergy representative on all task groups (usually John Julian).
- Project management,
- Development of resources
- Advice about education and training, etc, etc.

Training Data / Census

At this stage only one service has returned its data. As suchj no dat is included as this would be identifiable.

This census is for the six month period 1/7/07 to 31/12/07.
Please note which services are covered by this census:

Service category	Peninsula	Southern Health	Alfred	CGMC	LRH
Adult Mental Health Services					
Aged Mental Health Services					
CAMHS					

Orientation and New Staff

Total new staff employed in last 6 months =		
How many new staff employed in the last 6 months have participated in:	**Number**	**Number not attended**
Induction (a program about your organisation)		
Orientation to the mental health service system in Victoria (A program orienting staff to mental health services and the Mental Health Act in Victoria).		

New Staff by Profession

What was the professional breakdown of the participants:	Number attended
Nurses Div 1	
Nurses Div 2	
Consumer or Carer Consultants	
Psychiatrists	
Social workers	
OT's	
Speech Therapists	
Psychologists	
Physiotherapists	
Security staff	
Administrative Staff	
Medical officers	

Total Staff

How many staff members are there in your area mental health service?
Number: Actual Staff equals approximately 1689 total (EFT 551+238 +? + ?+68)

Risk Management

This question is about new clinical staff:

How many new employed staff employed in the *last 6 months* have attended training in:	**Number Attended**	**Number not Attended**
Suicide Prevention / Suicide Management		
Aggression Management RiSCE Training / MOVE Training		

Notes:
Mostly Southern Health on suicide
Southern Health have not been running aggression management while the program was being reviewed.

This question is about all clinical staff (and includes the above as a sub set):

How many staff in your area mental health service have <u>completed</u> risk management training / or been assessed as currently competent in the *last two years?* See Note below[1]	**Number attended**	**Number of current staff who have not completed risk management training in the last two years?**
Consultant Psychiatrists/Psychiatrists		
Consumer / Carer Consultants		
Dieticians		
Nurses Div 1		
Nurses Div 2		
Occupational Therapists		
Other medical staff		
Physiotherapists		
Psychologists		
Social Workers		
Speech Therapists		
Pharmacist		
Admin		

[1] The minimum set of mental health risk management courses, until further review, is RiSCE or your specific aggression management package, <u>and</u> a suicide package, either ASIST or other suicide prevention program.

Graduate Programs

How many DHS funded positions existed at 31/12/2007?

Nursing	Answers did not make sense
Allied Health	

How many graduate positions were filled at 31/12/2007? (May include unfunded positions)

Nursing	
Allied Health	

What professional group do your graduate positions belong?

Professional Group	**Number**
Nursing	
Social work	
Occupational Therapy	
Speech Therapy	
Psychology	

Overseas Trained Medical Staff

Do not know

Question	Number
How many overseas trained medical personnel were employed in your area mental health service at 31/12/2007? (This includes all medical staff where their major psychiatric qualification relevant to their employment has been received at a tertiary institution outside of Australia).	
How many overseas trained medical personnel have been employed in the last six months?	
Of these new medical staff, how many have been involved in an **Orientation Program?**	
Of these new medical staff, how many have been involved in an **Induction Program?**	