Queensland Centre for
Mental Health Learning

ANNUAL REPORT 2016

PROGRAM DELIVERY & TRAINING ANALYSIS

West Moreton
Hospital and Health Service

Queensland Government

Contents

A message from the Director

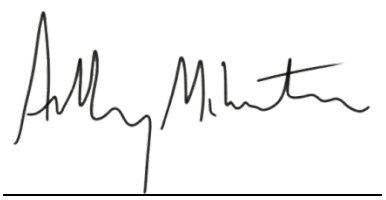
I am pleased to present the 2016 Program Delivery and Training Analysis Annual Report for the Queensland Centre for Mental Health Learning (Learning Centre). This report provides a summary of the outcomes from face-to-face and eLearning programs provided to Queensland Health, Hospital and Health Service staff.

The Learning Centre has driven continued program development and achieved a number of significant outcomes in 2016. One of our key undertakings was the quality improvement of training programs aimed at enhancing mental health knowledge and skills amongst the Queensland mental health workforce. We have also continued to establish and maintain partnerships on statewide projects, developing a number of eLearning resources to provide more flexible training options for busy clinicians (outlined over the page).

I would like to thank all of our stakeholders for your support in the ongoing development of our training programs. This includes, but is not limited to, Queensland Health executive management, line management and mental health clinicians, as well as those with lived experience of mental illness. We appreciate the time that has been volunteered by providing feedback, and participating in photoshoots and video recordings, to ensure our training is contemporary and works to address the needs of consumers and clinicians.

The Learning Centre is proud to have administered the Queensland Mental Health Scholarship Scheme initiative for the last eight years to support the growth and development of the mental health workforce. Our clinical educators have also presented at a number of forums and conferences throughout 2016 to share their knowledge and expertise with mental health professionals from across the country.

The Learning Centre is now working towards an even stronger 2017, with a focus on further collaboration with our partners to develop and deliver more flexible training responding to the needs of our busy clinical workforce. A key priority for the upcoming year is to address specific recommendations from the report '*When mental health care meets risk: A Queensland sentinel events review into homicide and public sector mental health services*'.



Anthony Milverton

Key outcomes

The Learning Centre has been involved in the development of several statewide projects throughout 2016 and had a number of outcomes outlined below.

- In collaboration with the Mental Health Alcohol and Other Drugs Branch (MHAODB), a three-part *Mental Health Act 2016* training package was developed comprising two eLearning modules and a face-to-face workshop. This training was developed to complement the mandatory training accessible through iLearn. This is achieved by providing specialised learning to enhance the clinical application of Capacity Assessment and Advanced Health Directives, and will be available for clinicians in 2017.
- The Learning Centre was funded to develop the Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED) blended learning program in collaboration with the MHAODB, and Clinical Skills Development Service. This program was designed to enhance the knowledge and skills of clinicians' working in emergency department settings with patients who are at risk of suicide. Local facilitators have been trained across the state to deliver the training package. The Learning Centre will continue to support the sustainability and evaluation for this program over the next two years.
- An eLearning suite was developed in collaboration with the MHAODB and the Metro North HHS to promote concise clinical documentation providing relevant, succinct information to clinicians working in Acute Care Teams, Emergency Departments, and other mental health service entry points. The suite comprises three modules supporting the release of a number of new clinical forms and guidelines including Acute Management Plan, Police and Ambulance Intervention Plan, and Sexual Health and Safety Guidelines.
- The Learning Centre has worked in collaboration with the University of Queensland, Metro North Hospital and Health Service (HHS) and Griffith University to evaluate the efficacy of the Sensory Approaches in Mental Health eLearning module. In 2016, the first journal article from this project was published in the International Journal of Mental Health Nursing.
- As part of the Mental Health Demonstration Project, six eLearning resources were developed in collaboration with the Department of Housing and Public Works, and Insight Clinical Support Services. The modules aim to assist Mental Health and Housing Services staff to navigate and understand the services offered by each area to enhance the service delivery network's approach to supporting social housing tenants with complex needs.
- Two eLearning resources were developed with the Department of Health – Strategic Policy Unit to help health workers respond appropriately if they become aware of an incident or disclosure of domestic and family violence.
- A Cognitive Remediation Therapy eLearning resource was developed, in collaboration with Metro South Health Service, aiming to assist mental health staff facilitate cognitive remediation programs.

Our training

The Learning Centre provides a suite of accredited and non-accredited training programs to mental health service clinicians across Queensland in the public, private and community sectors. One accredited course, 10120NAT Course in Observing and Documenting a Mental State Examination, is delivered on behalf of West Moreton HHS which is a registered training organisation (RTO number 40745) with the Australian Skills Quality Authority.

Training is delivered through a variety of methods (e.g., face-to-face, video-conference, blended learning, and eLearning), and aims to provide the mental health workforce with practical, relevant, and contemporary knowledge and skills. The Learning Centre strives to develop and deliver cost effective quality training programs that are informed by evidence-based demand. The development of our training involves consolidating information from various sources, including:

- identified national, state, and local mental health and related strategic priorities
- recommendations and findings from relevant reports including government taskforces and inquiries, ministerial directives, coronial inquests, discussion, and issues papers
- identified training needs resulting from quality assurance and consultation processes
- customised training requests, and
- feedback from training participants and clinical reference groups.

The Learning Centre continues to a set high benchmark for the evaluation and assessment of training delivered across the state. Training data is collected using evaluations that use multiple methods to measure changes in participant knowledge, perceived confidence, skill level, and satisfaction with the training. In addition, there is a competency-based assessment for the following core skills training programs:

- Course in Observing and Documenting a Mental State Examination
- Critical Components of Risk Assessment and Management
- Mental Health Assessment.

Face-to-face training

In 2016, the Learning Centre provided face-to-face training to 1303 Queensland Health employees across 189 training deliveries (excluding tailored deliveries). The number of deliveries for each of our 13 face-to-face training programs is presented below in Table 1.

Table 1. Frequency of deliveries for Learning Centre face-to-face training programs in 2016

Training Program	Deliveries
Best Practice Models of Supervision*	21
Capacity Assessment	9
Course in Observing and Documenting a Mental Health Examination	27
Critical Components of Risk Assessment and Management	35
Critical Components of Risk Assessment and Management (refresher)	3
Evaluation of Risk	3
Forming the Therapeutic Alliance	13
Mental Health Assessment	10
Mental Health Educator Development	1
Suicide Risk Assessment and Management in Emergency Department Settings	22
Suicide Risk Assessment and Management	28
Supervising Supervisors	2
Supervisor	15
Total	**189**

*Program previously titled 'Introduction to Supervision' throughout 2016

The Critical Components of Risk Assessment, and Suicide Risk Assessment and Management programs had the highest rates of delivery in 2016. In addition to the 189 deliveries of core training programs, the Learning Centre delivered four tailored training deliveries to meet the specific needs of staff in rural and remote HHSs. Figure 1 provides a comparison of training enrolments, training attendance (including non-attendance), and unique attendance numbers for each HHS. Unique attendance refers to the number of participants who have attended any program, excluding instances of participant enrolment in more than one program.

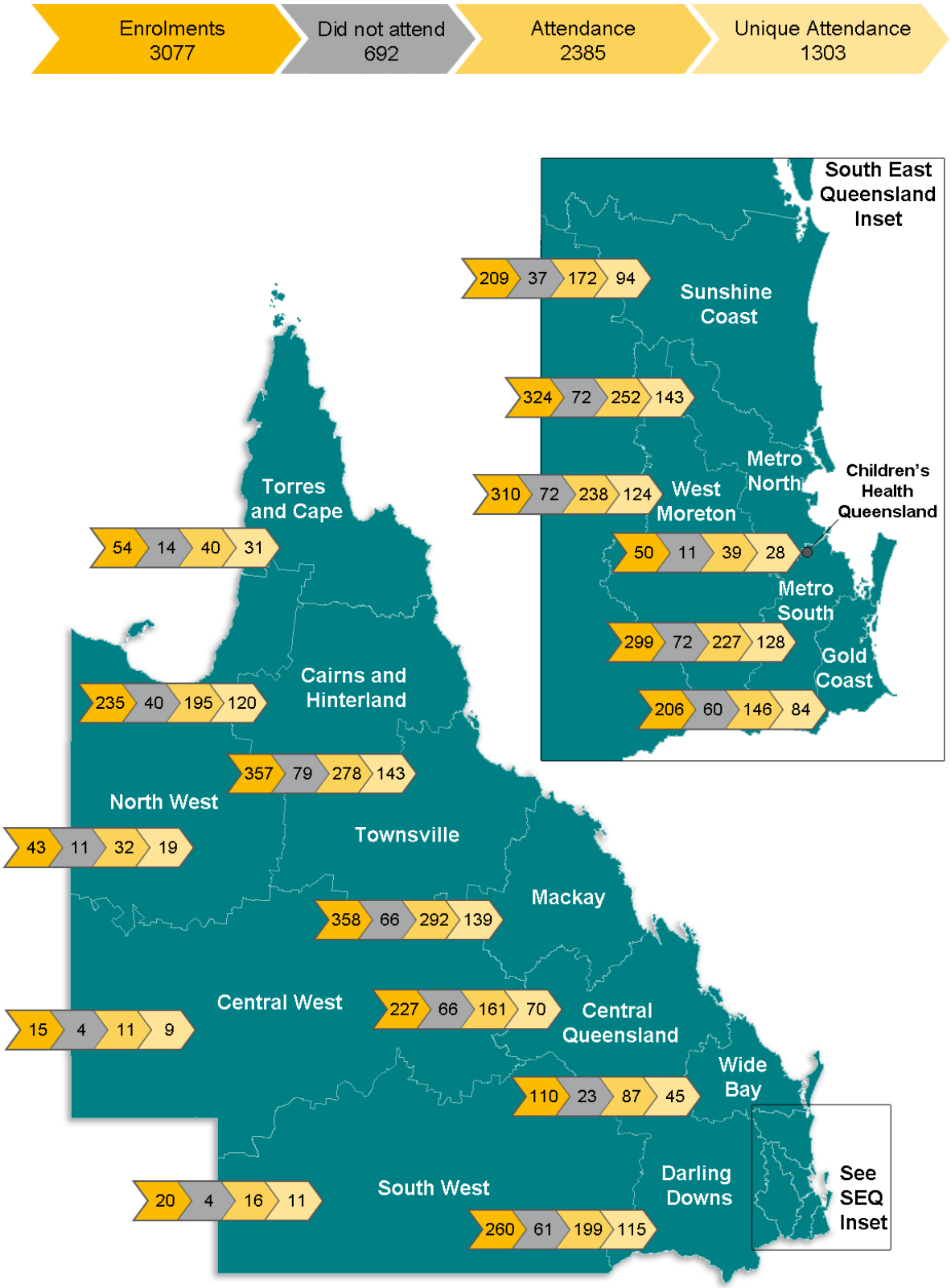


Figure 1. **Frequency of face-to-face training enrolments and attendance for each HHS**

Face-to-face training participant profile

For each face-to-face training program, the Learning Centre collects demographic information from participants via pre-training evaluations. This information enables the Learning Centre to determine the profile of Queensland Health staff accessing the training. A snapshot of relevant demographic characteristics of face-to-face training participants is presented in Figures 2 through 6.

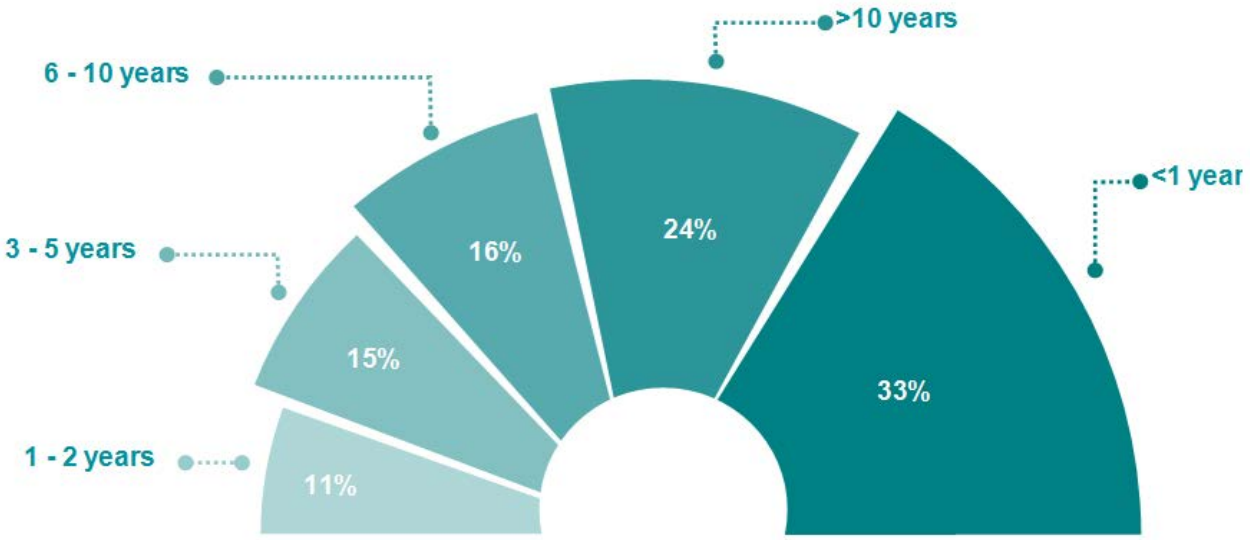


Figure 2. **Years of mental health practice (*n* = 1882)**

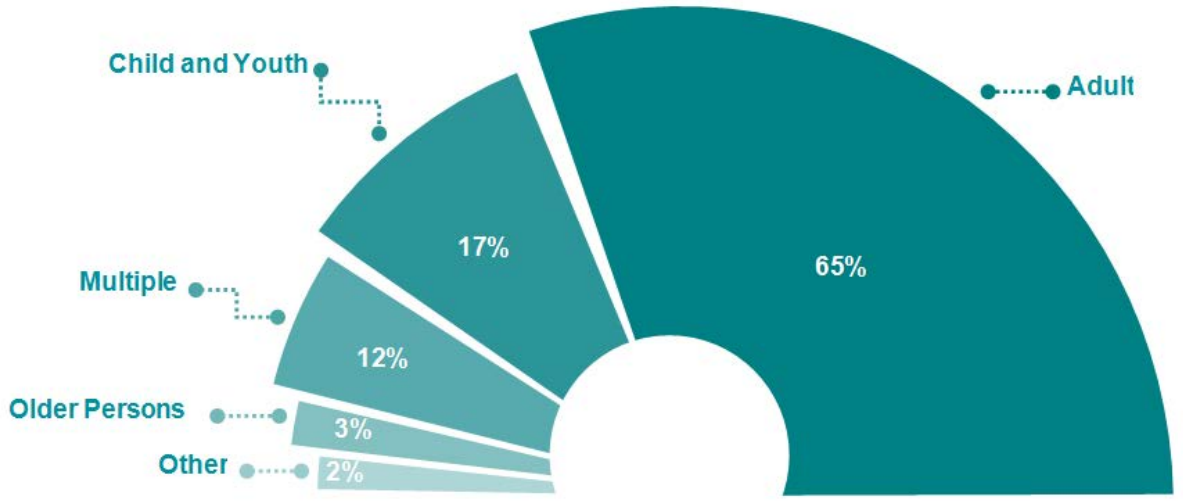


Figure 3. **Primary target groups (*n* = 2427)**

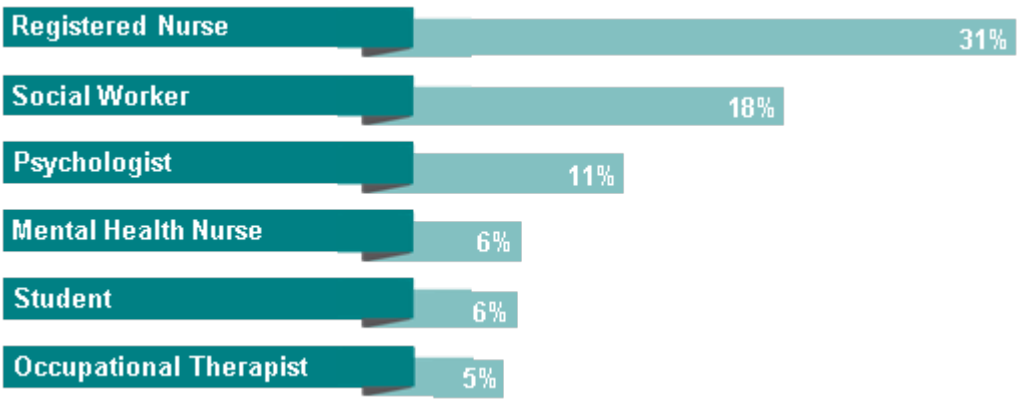


Figure 4. **Top six professional backgrounds (*n* = 2435)**

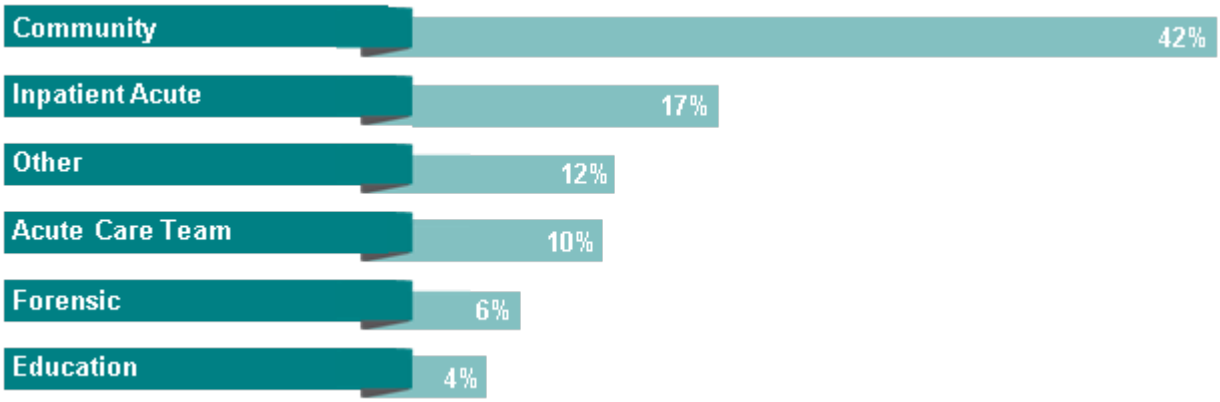


Figure 5. **Top six areas of service (*n* = 1837)**

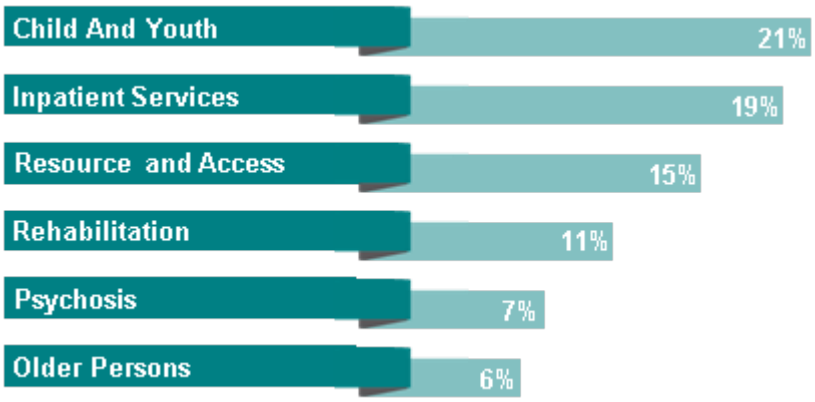


Figure 6. **Top six streams (for participants employed in Metro South Health Service) (*n* = 227)**

Continual improvement

The Learning Centre ensures the provision of high quality training through a strong commitment to continual improvement, which spans across all activities including training content development, delivery, evaluation, and administration. In 2016, this commitment was evidenced by:

- the development of two new face-to-face training programs, to align with the principles of recovery-oriented care as outlined in *Connecting care to recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services*, titled:
    - Forming the Therapeutic Alliance
    - Strengths in Recovery
- the development of video-conference training for programs related to risk assessment to address the need for training in rural and remote HHSs
- the review of Supervising Supervisors to update program content and resources
- engaging and collaborating with reference groups and consumer carer representatives as part of the program review and development process
- upgrading training resources and programs by integrating feedback from participants and reference groups
- updates to course evaluations to improve the quality of training performance data collected
- developing an approach to training planning that is more responsive to clinician training needs.

The systematic evaluation of Learning Centre training programs provides an indication of their efficacy and provides a valuable source of information to guide the Learning Centre's cycle of continual improvement. Training evaluations are administered for the majority of the Learning Centre's face-to-face programs immediately pre- and post-training, and again at three months post-training. Evaluations are individually tailored to each training program and measure a range of training outcomes including knowledge, confidence, training satisfaction, commitment to apply learning back in the workplace, and application and sharing of learning in practice.

An overview of Learning Centre training outcomes for face-to-face training programs delivered in 2016, is provided in the following sections. If you require further information regarding specific training deliveries in your own HHS, please contact the Learning Centre via the details listed on page 23 of this report.

Face-to-face training outcomes

Knowledge and confidence

Knowledge outcomes are assessed in a variety of ways, including: multiple choice, true/false, and/or short answer items. To assess changes in participant knowledge from pre- to post-training, an aggregated total for knowledge items was calculated using data for all face-to-face programs. The data is represented as a percentage of correct responses to knowledge scales; with higher values indicative of a greater number of correct responses. Please refer to Appendix A for inferential statistics relating to knowledge and confidence. Figure 7 presents the aggregated face-to-face knowledge scores (as a percentage of the scale total) for all programs for 2016. Participants demonstrated higher levels of knowledge at post-training when compared to pre-training.

Figure 7. **Percentage of correct responses to knowledge items at pre- and post-face-to-face training**

To assess participant confidence, Likert-type scales were used to measure the participants' self-rated agreement with statements relating to their perceived confidence for training outcomes. Higher scores represent greater perceived confidence. Figure 8 presents the aggregated face-to-face confidence scores (as a percentage of the scale total) for all programs for 2016. Participants reported higher levels of self-rated confidence at post-training when compared to pre-training.

Figure 8. **Participant self-perceived confidence at pre- and post-face-to-face training**

Confidence and commitment

Participants' self-rated confidence and commitment to *apply* the concepts and principles taught in the programs are assessed at post-training. Participants are asked to rate on scales of 0 ('*not at all confident/committed*') to 10 ('*extremely confident/committed*') their perceived confidence and commitment to apply the learning gained at the training back in their workplace. Figure 9 depicts self-rated participant confidence and commitment to applying what was learned, aggregated across all training programs.

Figure 9. **Participant self-perceived confidence and commitment to apply what was learned at the training back in the workplace**

Participants that reported their levels of confidence and commitment as '6' or below on the rating scales were then asked to specify the reasons that contributed to their low score. For 2016, the most commonly cited reasons for a lack of confidence and commitment to apply the content/principles of the training back in the workplace are outlined in Table 2.

Table 2. Most frequent reasons reported at post-training for lack of confidence and commitment to apply learning back in the workplace

Reasons identified:
The training content is not relevant to the participant's current role (*n* = 154)
Not having the necessary knowledge and skills (*n* = 110)
Not having the necessary time (*n* = 78)

Training transfer

At three months post-training, participants were asked to indicate if they have applied the knowledge and skills learned in the training and/or shared their learning with their colleagues (defined as training transfer). Figure 10 outlines the percentage of participants reporting they had applied and shared knowledge and skills learned at training in their workplace at three months post-training.

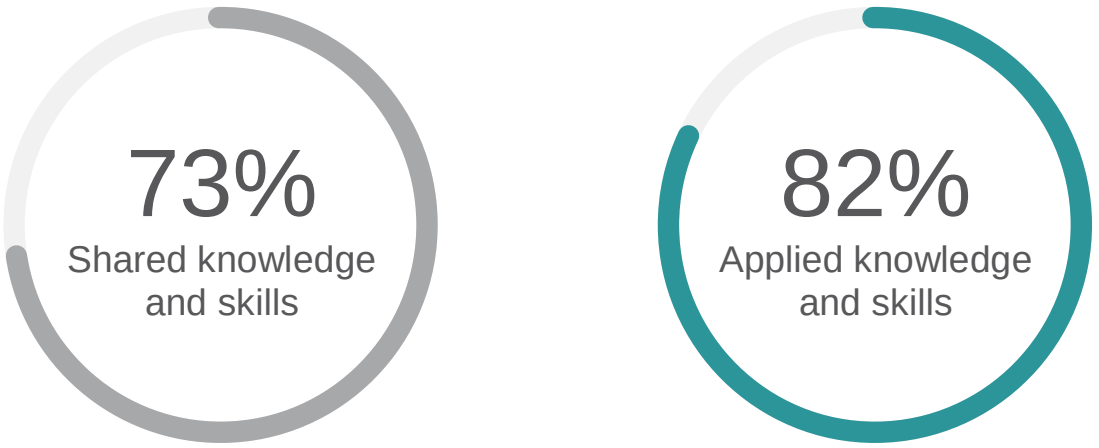


Figure 10. **Percentage of participants who reported that they shared knowledge and skills with co-workers and applied these in the workplace**

Participants were also asked to indicate why (if at all) they have *not* applied the knowledge gained in the training in the three months subsequent to their attendance. The most common reason reported for not applying knowledge and skills learned from training in the workplace was 'the lack of an opportunity to apply the principles learned in practice since completion of the training'.

Training satisfaction and recommendation to others

Training satisfaction is evaluated through 5-point Likert-type scales measuring participants' self-rated agreement with statements relating to the training received, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), both immediately post-training and at three months post-training. Greater satisfaction with training is represented by higher percentages. A high level of training satisfaction was reported by participants immediately post-training, and a relatively high degree of satisfaction was maintained by participants at three months post-training, as shown in figure 11 below.

Figure 11. **Participant satisfaction at post-training and three-months post-training**

Also at the three month follow-up, participants were asked if they would recommend the training to others. Responses are recorded on a 5 point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The percentage of participants who reported that they agreed or strongly agreed that they would recommend the training they attended to others ranged from 70% to 100% across all face-to-face training programs.

Skills

Three Learning Centre face-to-face programs include competency based assessments in order for participants to demonstrate their ability to implement the skills learned in training. These programs include: Critical Components of Risk Assessment and Management, Mental Health Assessment, and Course in Documenting and Observing a Mental State Examination. Data on successful completion rates is provided below in Table 3 for Critical Components of Risk Assessment and Management and Mental Health Assessment.

Table 3. Competency based assessment completion rates for the Critical Components of Risk Assessment and Management and Mental Health Assessment programs

Training Program	Critical Components of Risk Assessment and Management	Mental Health Assessment
Participants who successfully completed an assessment	504	149
Participants who did not successfully complete an assessment	31	23
Participants who have not yet completed an assessment	25	0
Total participants for 2016	**560**	**172**

Almost all (90%) of the Critical Components of Risk Assessment and Management participants completed their assessment successfully on their first attempt. For Mental Health Assessment, 87% of participants completed their assessment successfully on their first attempt. Participants who do not successfully complete an assessment are offered the opportunity to re-enrol in the programs to consolidate their learning and to subsequently re-sit the assessment.

Table 4 outlines the successful completion rates for Course in Documenting and Observing a Mental State Examination program. The majority (79%) of participants completed the program and achieved a result of 'competent'.

Table 4. Competency-based assessment completion rates for the Course in Observing and Documenting a Mental State Examination program

Training Program	Course in Observing and Documenting a Mental State Examination
Participants who completed an assessment and achieved a result of 'competent'	344
Participants who completed an assessment and who were deemed 'not yet competent'	59
Participants who are currently completing an assessment (marking not yet completed)	35
Total participants for 2016	**438**

Staff training needs

To better understand the perceived training needs of staff, participants were asked what additional mental health training they would like to receive. This information may be of interest to local HHS education staff. Figure 12 includes the top 10 responses to this item. The highest frequency response was *All Learning Centre Training.*

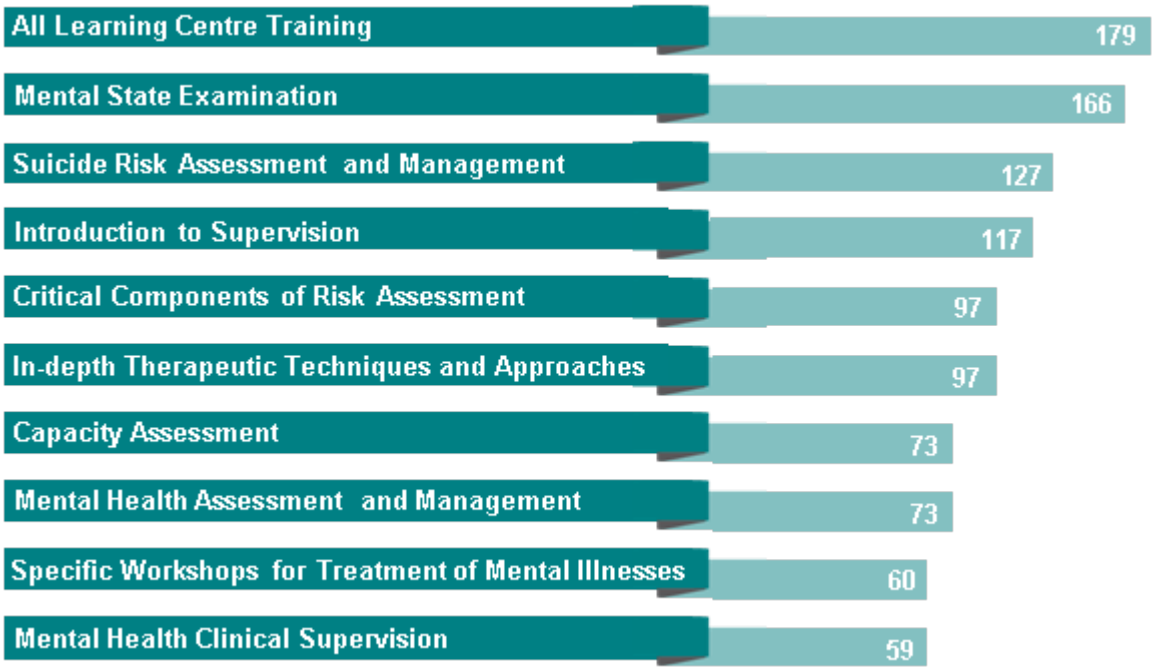


Figure 12. Top ten responses to the item 'what further mental health training would you like to receive?'

eLearning training

The Learning Centre hosts 25 eLearning training resources for mental health clinicians. These eLearning resources are available to all Queensland Health staff and can be accessed through the Learning Centre's eLearning portal (access details are provided in the contacts section at the end of this report). The eLearning courses cover a variety of mental health topics including Capacity, Cognition and Mental Health, Dual Diagnosis, Individual Placement Support, *Mental Health Act 2000*, Mental State Examination, and Sensory Approaches in Mental Health Care. Figure 13 presents data on the Learning Centre's eLearning training activity in 2016.

Figure 13. **Learning Centre eLearning training overview for 2016**

The number of eLearning registrations has continued to increase each year since the launch of Learning Centre eLearning training in 2010, with an additional 2619 new users registering in 2016. Participants registered on the Learning Centre eLearning portal are able to enrol and complete the 25 self-paced eLearning modules available. In 2016, there were a total of 5569 registered active eLearning users (an active user is defined as someone who has accessed the eLearning portal within either 2015 or 2016). The distribution of enrolments across the 16 HHSs is presented in Figure 14.

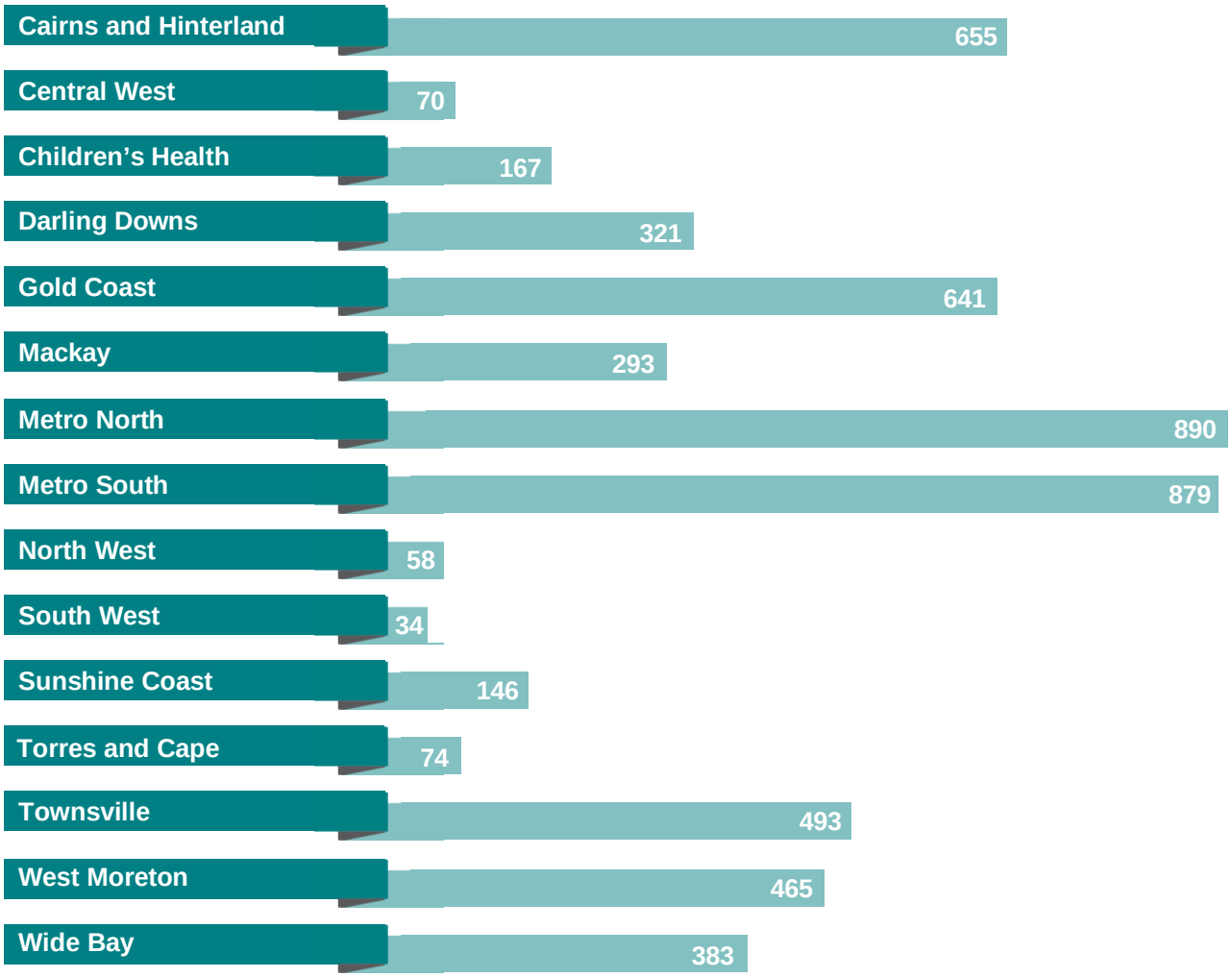


Figure 14. **Learning Centre eLearning enrolments for 2016**

eLearning training participant profile

Pre- and post-training evaluations are administered for all six eLearning programs mentioned above. The following data is based on evaluations for these six courses. The data presented provides a broad overview of the 2016 training and participants. More detailed reports specific to training in each HHS can be provided upon request (see page 23 for contact details). Figures 15 through 19 provide a snapshot of the demographic profile of eLearning participants completing training evaluations in 2016.

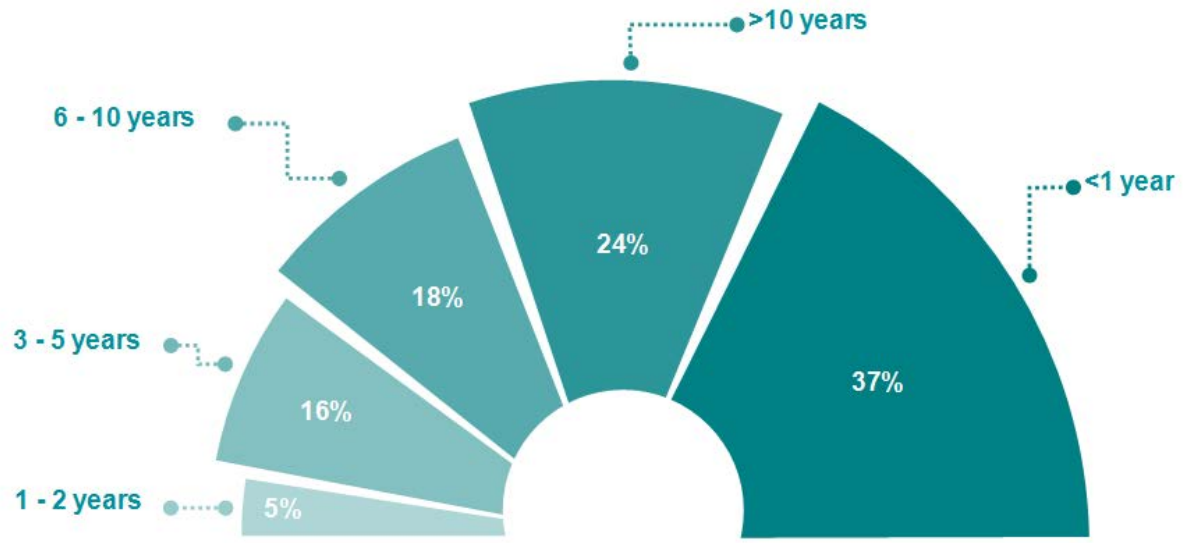


Figure 15. **Years of mental health practice (*n* = 1624)**

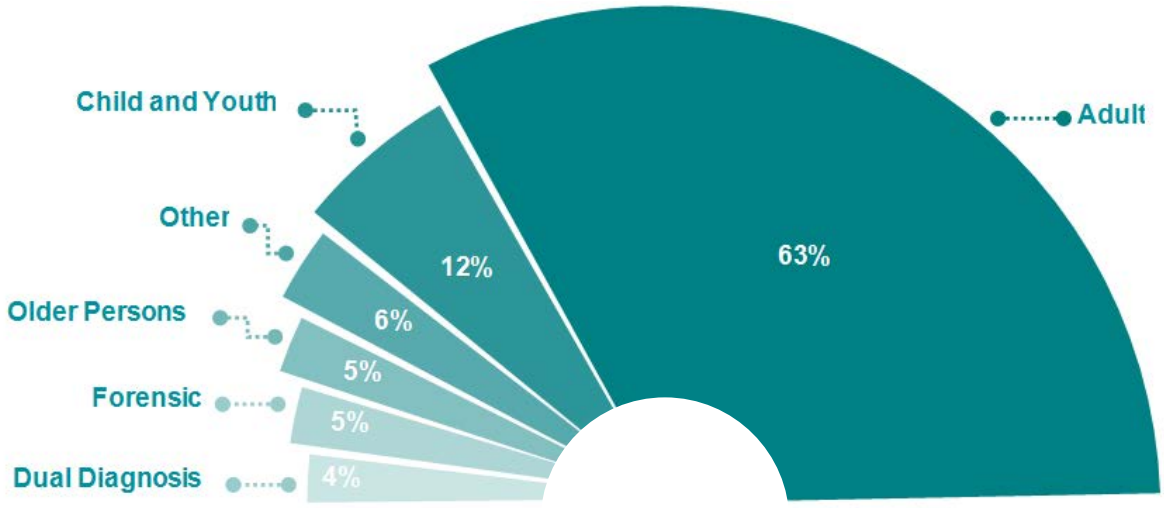


Figure 16. **Primary target groups (*n* = 1563)**

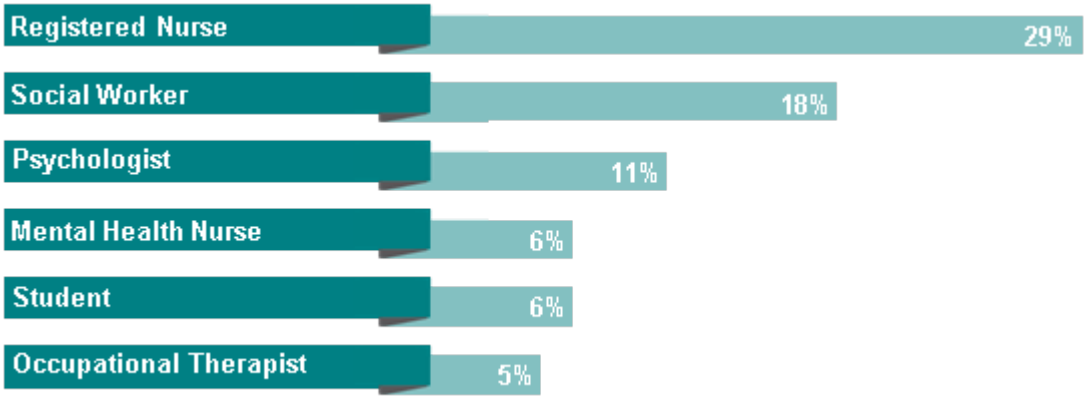


Figure 17. **Top six professional backgrounds (*n* = 1583)**

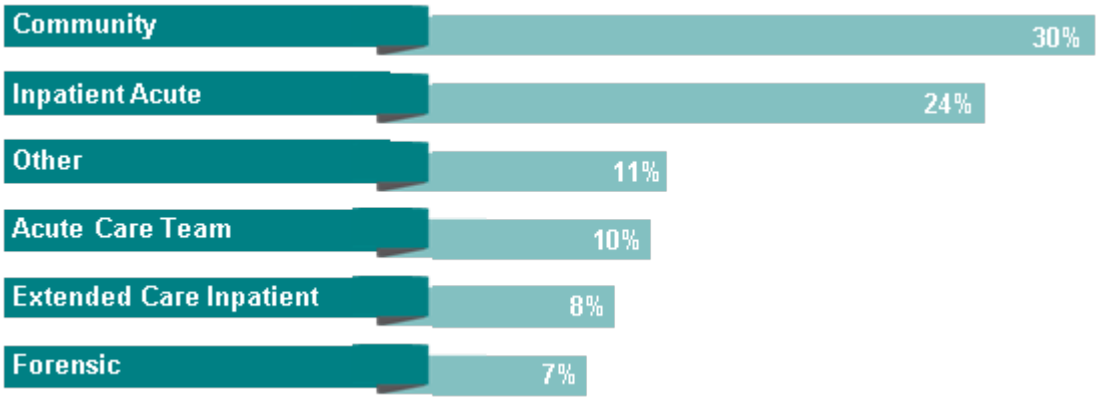


Figure 18. **Top six areas of service (*n* = 1282)**

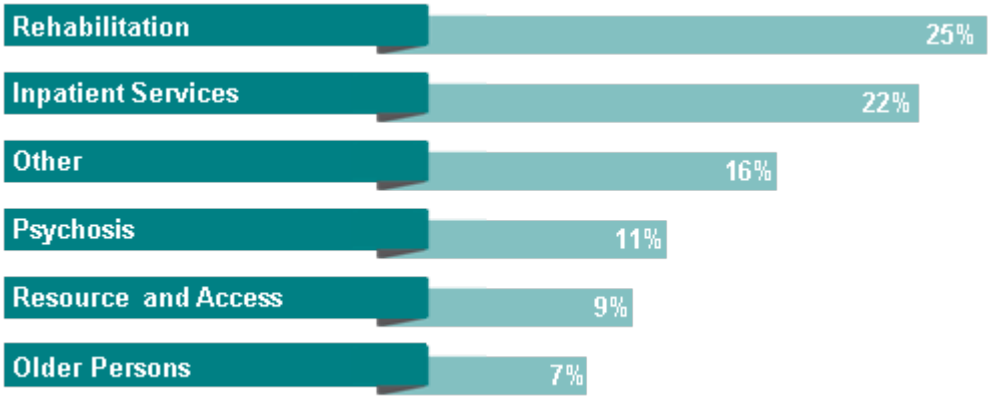


Figure 19. **Top six streams for training participants employed in Metro South (*n* = 295)**

eLearning training outcomes

Knowledge and confidence

For the six eLearning programs, knowledge outcomes are measured at pre- and post-training via multiple choice and true/false items. An aggregated total was calculated using data for the eLearning programs to assess changes from pre-training to post-training. The data is represented as a percentage of correct responses, with higher values indicative of a greater number of correct responses to knowledge items. Please refer to Appendix B for inferential statistics for knowledge and confidence. As shown in Figure 20, there was an increase in correct responses for aggregated knowledge scores at post-training when compared to pre-training.

Figure 20. **Percentage of correct responses to knowledge items at pre- and post-eLearning training**

Perceived confidence for training outcomes was also assessed at pre- and post-training for the six eLearning programs being evaluated. Likert-type scales were used to measure participants' self-rated agreement with statements relating to their perceived confidence. Higher percentages represent greater perceived confidence. Figure 21 presents the aggregated eLearning confidence scores for 2016. Participants reported higher levels of self-rated confidence at the completion of training when compared to pre-training.

Figure 21. **Participant self-perceived confidence at pre- and post-eLearning training**

Training satisfaction and recommendation to others

Participants' satisfaction and level of recommendation of the training was evaluated for the eLearning programs. As illustrated in Figure 22, the aggregated percentage of participants' self-rated satisfaction with the training, and their likelihood of recommending the training to others, were both high.

Figure 22. **Participant self-rated satisfaction with the eLearning training, and their likelihood of recommending the training to others**

Key contacts at the Learning Centre

Research Team (Report Authors)

e. qcmhlresearch@health.qld.gov.au

t. 3271 8830

Face-to-face Training Registration

e. qcmhltraining@health.qld.gov.au

t. 3271 8837

w. http://www.qcmhl.qld.edu.au/registration.html

eLearning Portal

e. qcmhlit@health.qld.gov.au

t. 3271 8828

w. http://www.qcmhl.qld.edu.au/

Appendix A: Face-to-face training inferential statistics

Table 5. Paired sample t-tests assessing knowledge-based pre- and post-training mean scale scores.

Training Program	*N*	Mean		Scale Maximum	Scale Type	*t*	*p*
		Pre-training	Post-training				
Best Practice Models of Supervision	509	2.92	3.76	5	Multiple Choice	9.65	<.001*
Capacity Assessment	113	6.38	7.45	10	Multiple Choice	6.10	<.001*
Forming the Therapeutic Alliance	134	2.98	3.80	5	Multiple Choice	8.10	<.001*
	129	4.01	4.26	5	True/False	4.17	<.001*
Mental Health Educator Development	13	1.15	6.58	12	Short Response	6.82	<.001*
Mental Health Assessment	170	2.98	3.92	5	Multiple Choice	10.10	<.001*
	163	3.15	3.69	4	True/False	6.92	<.001*
Suicide Risk Assessment and Management	489	3.24	3.71	5	Multiple Choice	9.14	<.001*
	453	4.28	4.56	5	True/False	6.41	<.001*
Supervisor	125	6.06	7.75	10	Multiple Choice	11.62	<.001*

*Significant increase from pre-to post-training, p = <.01

Table 6. Repeated measures ANOVAs assessing knowledge-based pre- and post-training mean scale scores.

Training Program	*N*	Mean			Scale Maximum	Scale Type	*F*	*p*
		Pre-eLearning	Post-eLearning	Post-face-to-face				
Suicide Risk Assessment and Management in Emergency Department Settings – Pre Review	98	2.76	3.15	2.45	5	Multiple Choice	20.17	<.001*
Suicide Risk Assessment and Management in Emergency Department Settings – Post Review	8	6.13	7.38	8.38	10	Multiple Choice	15.82	.<001*

*Significant change across all time points, p = <.01: Greenhouse-Geisser univariate ANOVA

Table 7. Paired sample t-tests assessing confidence-based pre- and post-training mean scale scores.

Training Program	*N*	Mean		Scale Maximum	Scale Type	*t*	*p*
		Pre-training	Post-training				
Best Practice Models of Supervision	839	49.96	79.90	91	Likert	26.07	<.001*
Capacity Assessment	404	11.21	15.78	20	Likert	14.15	<.001*
Course in Observing and Documenting a Mental State Examination	10	31.80	40.80	45	Likert	25.20	<.001*
Critical Components of Risk Assessment and Management (Refresher)	32	40.81	44.84	50	Likert	3.05	<.01*
Evaluation of Risk	24	34.75	45.06	50	Likert	2.79	<.05*
Forming the Therapeutic Alliance	131	36.28	45.58	55	Likert	10.35	<.001*
Mental Health Assessment	165	34.73	42.22	50	Likert	18.12	<.001*
Mental Health Educator Development	13	25.38	32.42	40	Likert	4.05	<.01*
Suicide Risk Assessment and Management	474	35.70	43.04	50	Likert	25.10	<.001*
Supervising Supervisors	10	31.80	40.80	45	Likert	7.38	<.001*
Supervisor	122	43.43	61.50	70	Likert	17.81	<.001*

*Significant increase from pre-to post-training, p = <.01

Table 8. Repeated measures ANOVAs assessing confidence-based pre- and post-training mean scale scores.

Training Program	*N*	Mean			Scale Maximum	Scale Type	*F*	*p*
		Pre-eLearning	Post-eLearning	Post-face-to-face				
Suicide Risk Assessment and Management in Emergency Department Settings – Pre Review	9	38.22	41.89	43.33	50	Likert	4.30	<.05*

*Significant change across all time points, p = <.01: Greenhouse-Geisser univariate ANOVA

Appendix B: eLearning training inferential statistics

Table 9. Paired sample t-tests assessing knowledge-based pre- and post-training mean scale scores.

Training Program	*N*	Mean		Scale Maximum	Scale Type	*t*	*p*
		Pre-training	Post-training				
Capacity Assessment in Mental Health	152	13.07	13.56	20	Multiple Choice	2.65	<.01*
Cognition in Mental Health	130	3.29	3.95	5	Multiple Choice	6.29	<.001*
Dual Diagnosis	79	6.64	6.87	10	Multiple Choice	2.50	<.05*
Individual Placement and Support	56	6.7	8.55	12	Multiple Choice	4.75	<.001*
Mental State Examination	507	4.56	5.45	8	Multiple Choice	11.57	<.001*
Sensory Approaches in Mental Health Care	194	8.5	9.93	14	Multiple Choice	9.29	<.001*

*Significant increase from pre-to post-training, p = <.01

Table 10. Paired sample t-tests assessing confidence-based pre- and post-training mean scale scores.

Training Program	*N*	Mean		Scale Maximum	Scale Type	*t*	*p*
		Pre-training	Post-training				
Capacity Assessment in Mental Health	151	13.04	15.88	20	Likert	12.74	<.001*
Cognition in Mental Health	131	12.84	15.83	20	Likert	12.27	<.001*
Dual Diagnosis	79	15.9	19.77	25	Likert	10.77	<.001*
Individual Placement and Support	50	13.34	16.5	20	Likert	9.10	<.001*
Sensory Approaches in Mental Health Care	190	87.38	101.16	133	Likert	13.29	<.001*

Note. Confidence was not measured on the Mental State Examination post-training evaluation.

*Significant increase from pre-to post-training, p = <.01