



Queensland Centre for
Mental Health Learning



ANNUAL REPORT 2017

COURSE DELIVERY AND TRAINING ANALYSIS

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A Message from the Director



Looking back over the year that was 2017, I am proud of the accomplishments achieved by the Queensland Centre for Mental Health Learning (Learning Centre) team; most importantly, the improvements in the quality of training we deliver to the mental health workforce.

These improvements range from launching a new and streamlined [Learning Management System](#) to manage our curriculum of courses and enhance access our products, through to introducing many new and reinvigorated face-to-face, blended, and eLearning courses.

For example, this year saw the development of the Engage, Assess, Respond to, and Support Suicidal People course, as well as a refreshed version of the Critical Components of Risk Assessment and Management course. None of these could have been achieved without our dedicated team and support from you, our valued stakeholders.

Our Annual Report provides an opportunity to reflect on achievements, training participation, and outcomes, which are measured via assessments and training evaluations. It is always reassuring to see such clear evidence that the Learning Centre makes a difference for clinicians in terms of skills, confidence, and knowledge transfer. Training participation and outcome data also confirms the value placed on Learning Centre training by the workforce, e.g. strong attendance rates, decreasing 'did not attend' rates, and the efficacy of the learning as described by participants.

Before introducing the *2017 Annual Report – Course Delivery and Training Analysis*, I would like to thank all of our advocates, collaborative partners, co-facilitators, and training participants with genuine gratitude. We hope you find value in the following report, and look forward to continuing to work with you in the provision of core mental health training across Queensland.

A handwritten signature in black ink, appearing to read 'Anthony Milverton'. The signature is fluid and cursive, written over a horizontal line.

Anthony Milverton

Director

Queensland Centre for Mental Health Learning
West Moreton Hospital and Health Service

Executive Summary

This report provides an overview of the Learning Centre's training activity for Queensland Health staff from 1 January to 31 December 2017. Training outcome measures are also presented, and provide an indication as to the efficacy of training delivered to Queensland Health staff in this reporting period.

In 2017, the Learning Centre:

- received **1844** enrolments for **face-to-face training**, **1849** enrolments for **blended learning training (eLearning training followed by a face-to-face component)**, and **3987** enrolments for **eLearning training**, for a total of **7680** enrolments
- offered **14 face-to-face courses**, and delivered them **140** times across 14 HHSs
- offered **four blended learning courses**, and delivered them **40** times across 14 HHSs, with enrolments from all 16 HHSs
- offered **13** eLearning courses; and
- had **2892** active eLearning users.

The Learning Centre continues to set a high benchmark for the evaluation and assessment of training. For all modalities of training, and across all courses, there were significant **increases** in participant **knowledge and confidence**. Participants also showed uniformly **high levels** of **confidence** and **commitment** to apply what was learned back on the job, along with **high levels** of **training satisfaction**. Our participants believe Learning Centre training to be of a **high standard** and would **recommend** the training to others.

When considering what further mental health-related training they would like to receive, the most commonly chosen responses selected by participants were: **all Learning Centre training, Course in Observing and Documenting a Mental State Examination, and more in-depth coverage of specific therapeutic techniques and approaches**. In addition, Learning Centre training courses were found to reach an estimated **63%** of Queensland Health mental health staff.

Three courses feature assessments which allow participants to demonstrate their ability to apply the skills learned in training. In 2017, the proportion of participants who successfully completed an assessment was high:

- Course in Observing and Documenting a Mental State Examination – **84% pass rate (competency-based assessment)**
- Critical Components of Risk Assessment and Management – **93% pass rate**
- Mental Health Assessment – **91% pass rate**.

2017 Milestones

Working with Strengths in Recovery launch

Utilising group activities and simulations, this course provides an introduction to the Strengths Model philosophy. The first delivery of this blended learning course was attended by representatives from Metro South Health Recovery Services.

Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems launch

Using train-the-trainer methodology, this CBT-based course was delivered to staff in Townsville to allow them to teach consumers in their service interpersonal skills; prosocial self-efficacy; and active listening.



Video conferencing training options

In response to an identified gap in service provision for more rural and remote training opportunities in risk assessment, a video conference half-day risk refresher program: Critical Components of Risk Assessment and Management, was developed and delivered to six regional sites. The course provides mental health practitioners with a condensed snapshot of risk assessment and management skills.

Jan

Jun

Group Facilitation in Therapeutic Contexts launch

A collaboration with the Statewide Allied Health Mental Health Steering Group and Griffith University, this course aims to develop knowledge and skills to deliver safe group-based therapeutic interventions.



Engage, Assess, Respond to, and Support Suicidal People launch

This experiential and practical course was designed to highlight recent theoretical developments in the understanding of suicide risk, and the new models developed to effectively manage this risk.

Adapted risk for youth course

The Youth Justice Learning and Development Unit identified a need to support staff with training in suicide risk assessment and management. Five tailored training courses for non-clinical risk for youth training were delivered to Department of Justice in 2017.

Mental Health Educator Development re-launch

This re-developed course includes concepts from the ADDIE model, a strong focus on facilitation, and a greater emphasis on participants gaining practical experience and feedback.

Engaging and collaborating

Continuous collaboration throughout the year by seeking input from reference groups and consumer carer representatives for course reviews and new developments. The Learning Centre values the importance of engaging with all stakeholders, and ensuring those affected by mental illness have a voice.

Cultural Capability eLearning course launch

This eLearning module was developed in collaboration with the Aboriginal and Torres Strait Islander Mental Health Branch to assist non-indigenous clinicians to better understand cultural needs, values, and social and emotional wellbeing.



Youth: Engage, Assess, Respond to, and Support Suicidal People development

This blended learning course provides participants with the skills to engage young people and their caregivers in the assessment of, and response to, suicidal behaviour. To be delivered in first semester 2018.



Suicide Risk Assessment and Management Cultural Strengthening

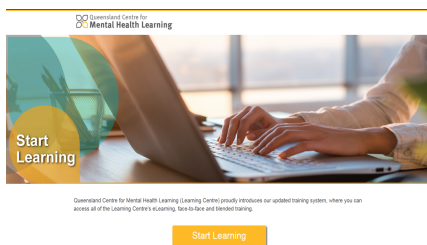
Intended to improve cultural safety, promote delivery of culturally-sensitive care, and develop state-wide resources to assist care delivery; video scenarios were developed and produced to support skills demonstrations within an emergency department setting.

Jul

Dec

Updated Learning Management System (LMS)

Updates to our LMS to enable clinicians and mental health staff to access online mental health training and sign up for face-to-face workshops all in one place, creating a more user-friendly process.



SRAM-ED Train-the-trainer

Four sessions were delivered to 33 state-wide clinicians to enable the localised delivery of the Suicide Risk Assessment and Management in Emergency Department settings (SRAM-ED) foundational and advanced courses.

SRAM-ED Masterclass

A special masterclass, delivered by a simulation expert, was conducted for 25 SRAM-ED trainers from most HHSs. Trainers were invited to attend via video conference to further refine their facilitation skills in simulation.

Sexual Health and Safety Training needs analysis

Commissioned by the Mental Health, Alcohol and Other Drugs Branch, this state-wide questionnaire examined skill and knowledge gaps in the assessment and management of the sexual health and safety needs of consumers. Results will inform future education and training of QH staff.



Sentinel Events Review

In collaboration with the Mental Health, Alcohol and Other Drugs Clinical Network and Queensland Health Mental Health Sentinel Events Review Implementation Team, five core training courses were reviewed, updated, and rolled out in the second semester of 2017. A new course, Tier 2 Violence Risk Assessment and Management, will be piloted across the state in 2018.

Our Service

The Learning Centre specialises in the development and delivery of mental health training for mental health professionals and other health professionals in Queensland. In addition, the Learning Centre works collaboratively with mental health educators and individual health services across the state to strengthen the educational resources available to Queensland Health staff.

Our training is delivered via multiple modalities including: face-to-face, blended learning, eLearning, and video-conferencing. Training courses are informed by evidence-based demand and are responsive to the evolving needs of professionals working with people experiencing mental illness (see Appendix A for a full list of Learning Centre courses).

The four 'petals' of the Learning Centre graphic, below, represent the four key pillars under which the Learning Centre's strategic and operational plans are developed, and to which all of our core activities align.



Our Learners

For each course, and across all modalities of training (face-to-face, blended learning, or eLearning), the Learning Centre collects demographic information from participants. This information enables the Learning Centre to determine the profile of Queensland Health staff accessing the training, and guides the future provision of service. A snapshot of relevant demographic characteristics of all participants is presented below in Figures 1 through 5.

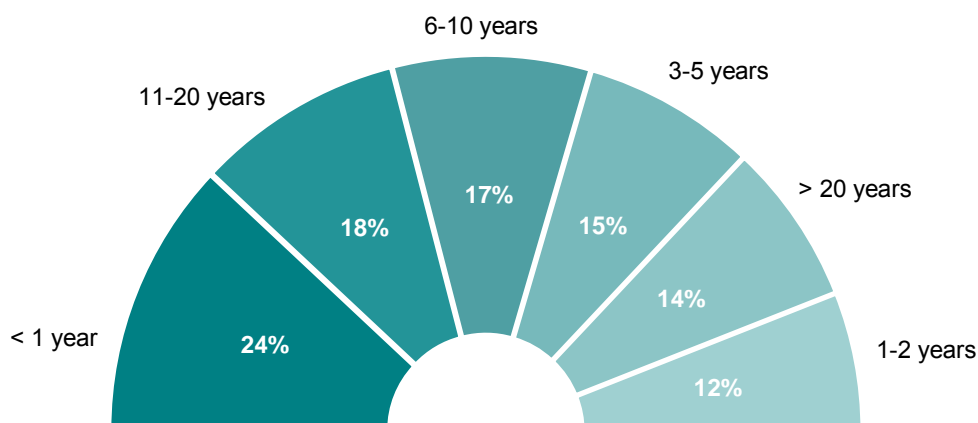


Figure 1. Years of experience working in mental health (n = 3970)

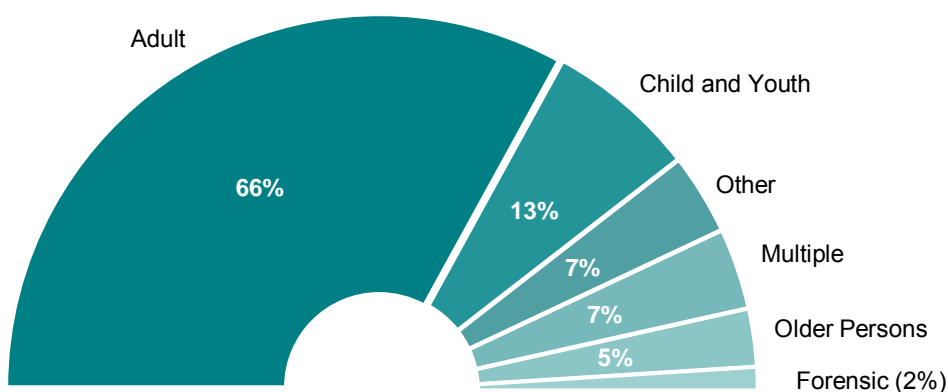


Figure 2. Primary consumer target group (n = 5681)

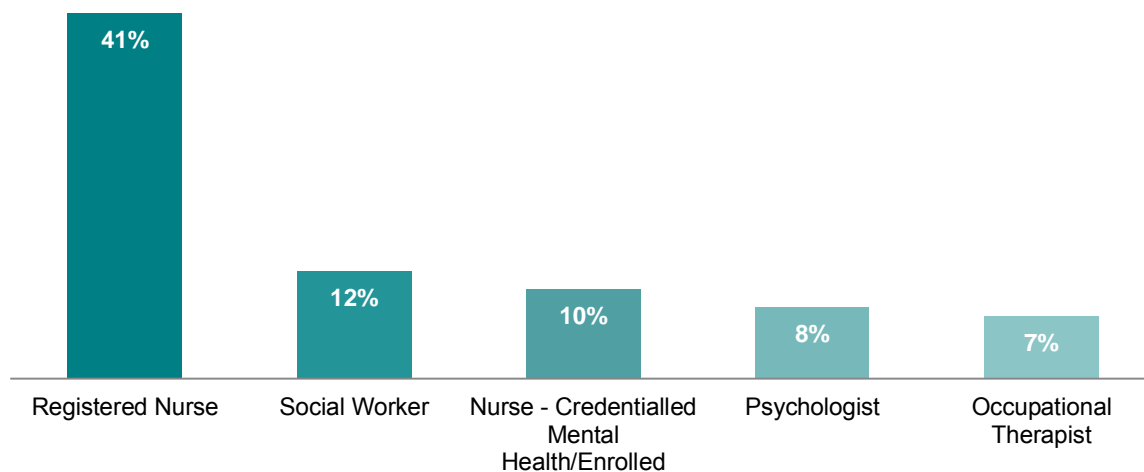


Figure 3. Top five professional backgrounds ($n = 5672$)

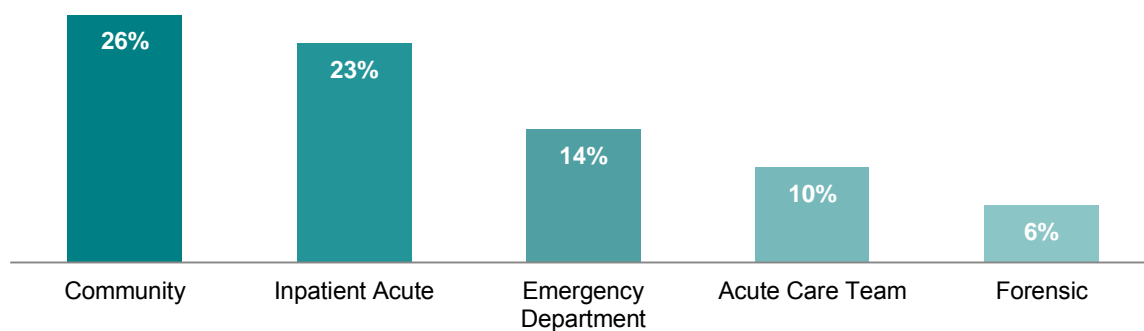


Figure 4. Top five areas of service ($n = 4949$)

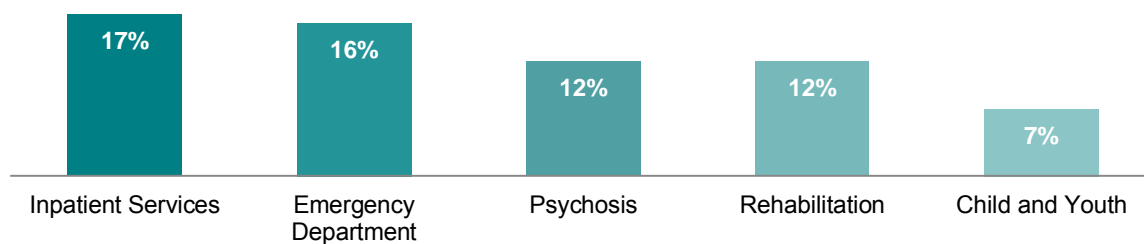


Figure 5. Top five streams (for participants employed in Metro South Health Service) ($n = 643$)

Training Outcomes

The systematic evaluation of Learning Centre training courses provides an indication as to their efficacy, as well as acting as a valuable source of information to guide our continual quality improvement. Training evaluations are administered for the majority of the Learning Centre's courses before and after training, and again three months after the training. Evaluations are individually tailored to each course 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 training outcomes for courses delivered in 2017 is provided in the following sections. Outcomes are broken down by training modality, namely: **face-to-face learning**, **blended learning**, and **eLearning**.

- **Knowledge outcomes** for courses are assessed in a variety of ways, including: multiple choice, true/false, and/or short answer items. To determine changes in participant knowledge as a result of training, an aggregated total for knowledge items was derived from data for **all** courses. The data is represented as a percentage of correct responses to knowledge scales; with higher values indicative of a greater number of correct responses, and thus a greater knowledge of course content.
- To assess participant **confidence**, Likert-type scales, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), are used to measure participants' self-rated agreement with statements relating to their perceived confidence for training outcomes. Higher scores represent greater perceived confidence with respect to the **learning objectives** of the course.
- Participants' self-rated **confidence and commitment to apply** the concepts and principles taught in the courses are assessed after the training. Participants are asked to rate on scales ranging from 0 (*not at all confident/committed*) to 10 (*extremely confident/committed*) their perceived ability to apply what was learned at the training back in their workplace.
- Three months after training, participants are asked to indicate if they had **applied the knowledge and skills learned and/or shared their learning** with their colleagues.
- **Participant satisfaction with the training, and recommendation of the training to others**, is assessed using 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*).

Further information relating to the outcomes of a course, in a particular HHS, can be obtained by contacting the Learning Centre with the specifics of your request via the details listed on page 29.

Face-to-face Training



In 2017, the Learning Centre provided face-to-face training to Queensland Health employees through 140 training deliveries. The number of deliveries for each of our face-to-face training courses is presented below in Table 1.

Table 1. Learning Centre Face-to-face Course Deliveries in 2017

Course	Deliveries
Best Practice Models of Supervision	16
Capacity Assessment	11
Course in Observing and Documenting a Mental State Examination	20
Critical Components of Risk Assessment and Management	33
Critical Components of Risk Assessment and Management (refresher)	8
Evaluation of Risk	2
Forming the Therapeutic Alliance	9
Mental Health Assessment	8
Mental Health Educator Development	1
Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems	1
Risk for Youth (Tailored)	5
Suicide Risk Assessment and Management (discontinued as at September 2017)	19
Supervising Supervisors	3
Supervisor	4
Total	140

The Critical Components of Risk Assessment and Management and Course in Observing and Documenting a Mental State Examination courses had the highest rates of delivery in 2017. Figure 6 (overleaf) provides a comparison of training enrolments, training attendance, non-attendance, and unique attendance numbers within each HHS. Unique attendance refers to the number of participants who have attended any face-to-face course, excluding instances of participant enrolment in more than one course.

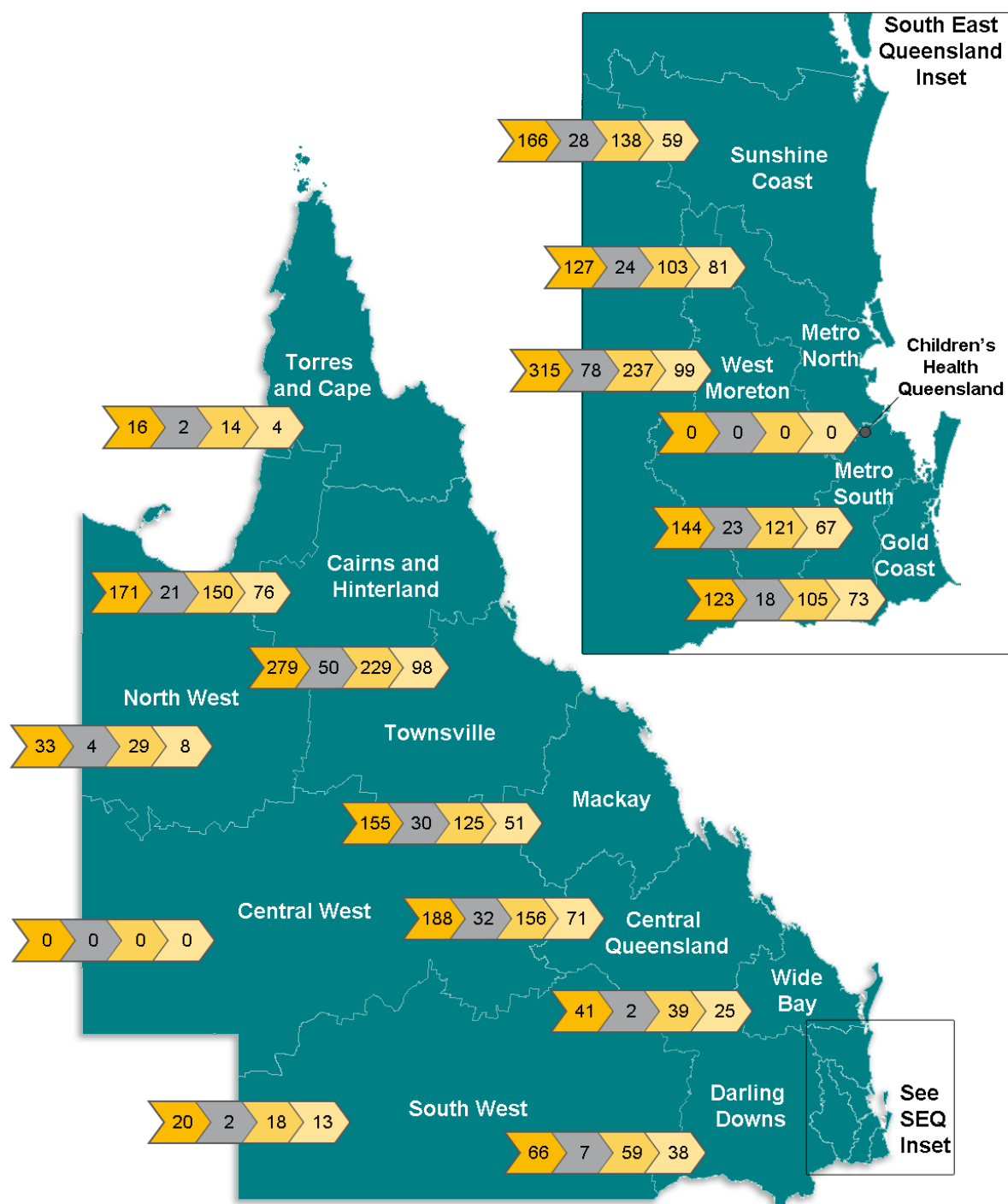


Figure 6. Face-to-face training enrolments and attendance for each HHS

Knowledge and confidence

"Great training day, improved my assessment skills, improved knowledge, updated my skills and understanding...makes me more confident to undertake risk assessments...yes I would recommend this course!"

Clinical Nurse - Critical Components of Risk Assessment and Management participant

Figure 7 presents the aggregated face-to-face knowledge scores (as a percentage of the scale totals) for all courses for 2017. Participant knowledge increased notably as a result of the training. Refer to Appendix B for inferential statistics relating to knowledge and confidence scales.



Figure 7. Correct responses to knowledge items before and after training

Figure 8 outlines the aggregated face-to-face confidence scores (as a percentage of the scale totals) for all courses for 2017. Participants reported markedly higher levels of self-rated confidence after training when compared to their confidence before the training.



Figure 8. Participant self-perceived confidence before and after training

Confidence and commitment

"I love coming to [Learning Centre] courses. I always find the content interesting and I walk out feeling positive and motivated about applying these skills in the workplace. I absolutely love listening to [the facilitator] teach, and find myself riveted by his wealth of knowledge. Thank you for a fantastic day!"

Occupational Therapist - Forming the Therapeutic Alliance course participant

Face-to-face

Figure 9 depicts self-rated participant confidence and commitment to apply what was learned, aggregated across all courses; these levels were uniformly high across all face-to-face courses.

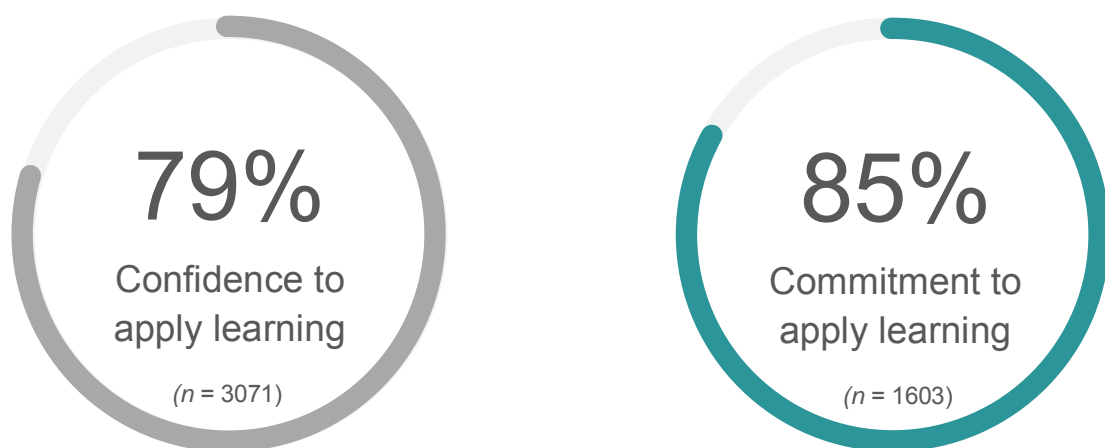


Figure 9. Participant self-perceived confidence and commitment to apply what was learned at training back in the workplace

Participants that reported their levels of confidence or commitment as six or below (out of 10) on the rating scales were then asked to specify the reasons that contributed to their lower rating. For 2017, 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 shown in Table 2. It is evident that participants reporting low confidence or commitment after training represent an absolute minority when compared to overall training numbers.

Table 2. Most Frequent Reasons Reported After Training for Lack of Confidence and Commitment

Reasons identified:
Not having the necessary knowledge and skills (n = 67)
The training content was not relevant to the participant's current role (n = 62)
Not having the necessary time (n = 32)

Application of training

"I really enjoyed this training. Fantastic use of resources and teaching material. Very interactive and informative. The skills and knowledge that I've gained from today were very applicable and will definitely help to improve my clinical practice and effectiveness as a clinician. Thank you for organising this. I highly recommend this [course] to other clinicians"

Psychologist - Suicide Risk Assessment and Management participant

Figure 10 outlines the percentage of participants reporting they had applied and/or shared the knowledge and skills learned at training, when asked at three months after training. The level of application of skills learned in training was high; the sharing of skills with co-workers was evident also, but at a more moderate level.

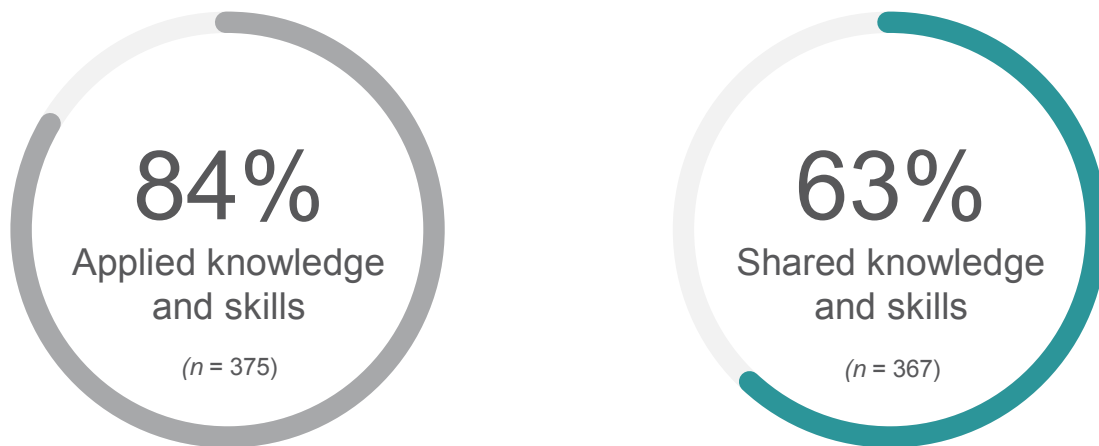


Figure 10. Application and sharing of knowledge and skills in the workplace

Training satisfaction and recommendation

"This training has really increased my knowledge on capacity and the processes involved in making discussions for treatment and care of consumers in the mental health setting. Would highly recommend this training course... Will really help my future practice!"

Nurse - Capacity Assessment participant

Face-to-face

A high level of training satisfaction was reported by participants immediately after the training, and a relatively high degree of satisfaction was maintained at three months after the training. Participants were also very likely to recommend the training to others, see Figure 11 below.



Figure 11. Participant satisfaction with training and recommendation to others

Skills

Three face-to-face courses include assessments to allow participants to demonstrate their ability to implement the skills learned in training: Critical Components of Risk Assessment and Management, Mental Health Assessment, and Course in Documenting and Observing a Mental State Examination. Successful completion rates are provided below in Tables 3 and 4.

Table 3. Assessment Completion Rates for the Critical Components of Risk Assessment and Management, and Mental Health Assessment Courses

	Critical Components of Risk Assessment and Management	Mental Health Assessment
Participants who successfully completed an assessment	516	133
Participants who did not successfully complete an assessment	14	4
Participants who attended without completing an assessment	22	9
Total participants	552	146

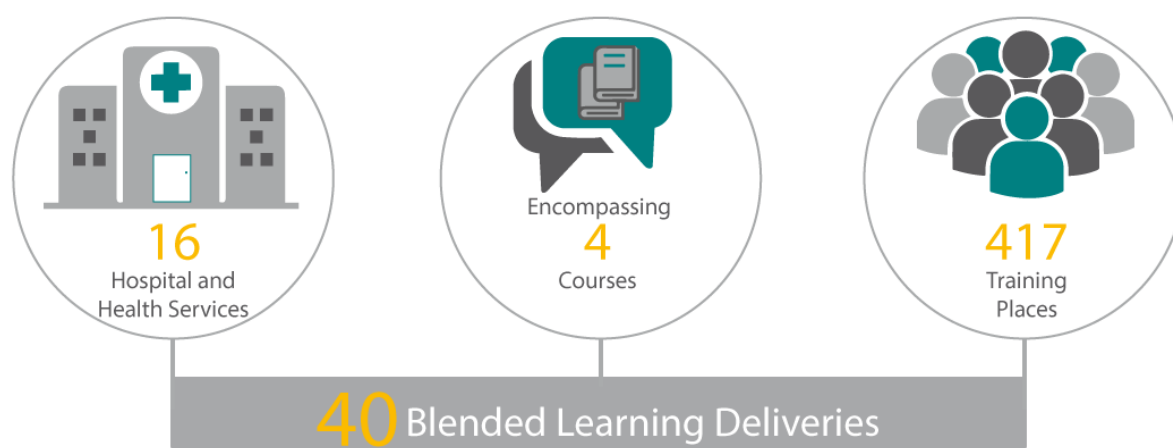
Almost all (93%) Critical Components of Risk Assessment and Management participants completed an assessment successfully; while for the Mental Health Assessment course, 91% of participants successfully completed an assessment. Participants who do not successfully complete an assessment are offered the opportunity to re-enrol in the courses to consolidate their learning and may subsequently re-sit the assessment.

Table 4 outlines the successful completion rates for Course in Documenting and Observing a Mental State Examination. The majority (84%) of participants completed the course and achieved a result of 'competent'.

Table 4. Assessment Completion Rates for the Course in Observing and Documenting a Mental State Examination

	Course in Observing and Documenting a Mental State Examination
Participants who completed an assessment and achieved a result of 'competent'	291
Participants who completed an assessment and who were deemed 'not yet competent'	47
Participants who attended without completing an assessment	10
Total participants	348

Blended Learning Training



In 2017, the Learning Centre provided blended learning training to Queensland Health employees through 40 training deliveries. The number of deliveries for each of our four blended learning courses is presented below in Table 5.

Table 5. Learning Centre Blended Learning Course Deliveries in 2017

Course	Deliveries
Engage, Assess, Respond to, and Support Suicidal People	9
Group Facilitation Skills	14
Suicide Risk Assessment and Management in Emergency Department Settings	4
Working with Strengths in Recovery	13
Total	40

Figure 12 (overleaf) provides a comparison of training enrolments and attendance for each HHS. Note that some HHSs have zero attendance for blended learning courses despite having enrolments for a course; this may be due to the face-to-face component of the course not being offered in a particular HHS.

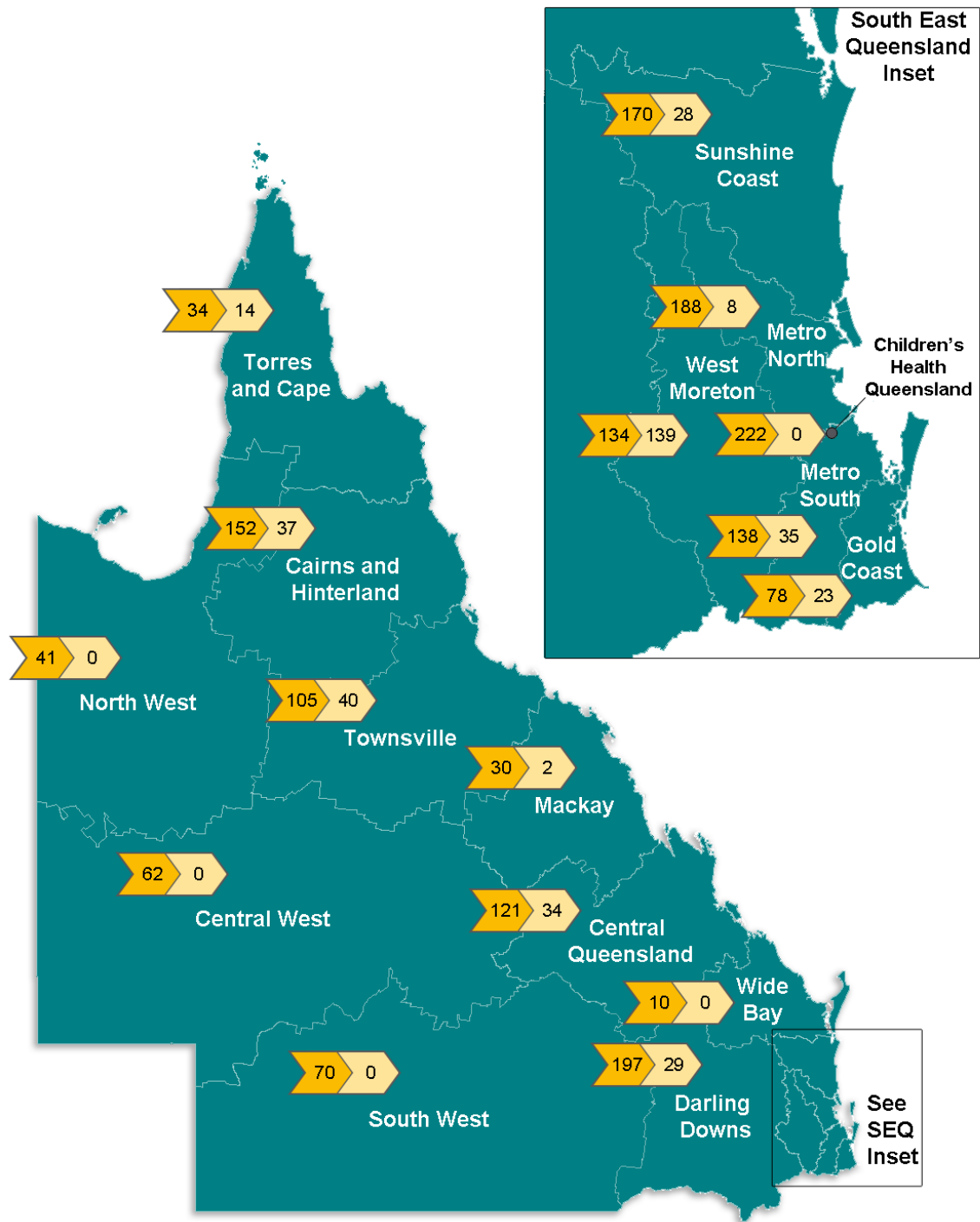


Figure 12. Blended learning training enrolments and attendance for each HHS

Knowledge and confidence

"Training exceeded my expectations - I was expecting a refresher course, but it was much more than that. I have increased my knowledge and skills in relation to engaging, assessing and supporting suicidal people. The ...framework was very useful and I will apply to my clinical practice. Great training!"

Psychologist - Engage, Assess, Respond to, and Support Suicidal People participant

Figure 13 presents the aggregated blended learning knowledge scores (as a percentage of the scale totals) for all courses for 2017. Participants demonstrated notably higher levels of knowledge after completing the training. Refer to Appendix C for inferential statistics relating to knowledge and confidence scales.



Figure 13. Correct responses to knowledge items before and after training

Figure 14 outlines the aggregated face-to-face confidence scores (as a percentage of the scale totals) for all courses for 2017. Participants reported markedly higher levels of self-rated confidence after training when compared to their confidence before training.



Figure 14. Participant self-perceived confidence before and after training

Confidence and commitment

"I feel more confident in talking to people about their thoughts on suicide, and getting a relationship started [with them] to gain insight into their risk and safety"

Nurse - Suicide Risk Assessment and Management in Emergency Department Settings participant

Figure 15 depicts self-rated participant confidence and commitment to applying what was learned, aggregated across all courses. Confidence and commitment to apply what was learned was consistently high for all blended learning courses.

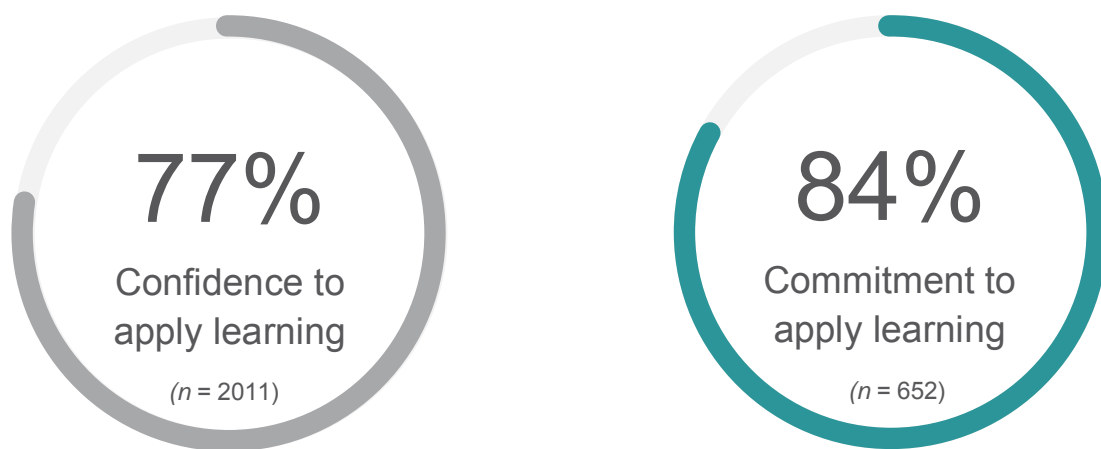


Figure 15. Participant self-perceived confidence and commitment to apply what was learned at training back in the workplace

Participants that reported their levels of confidence and commitment as six or below (out of 10) on the rating scales were then asked to specify the reasons that contributed to their low rating. For 2017, 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 6. It is evident that participants reporting low confidence or commitment represent an absolute minority when compared to overall training numbers, indicating that the training is adequately preparing participants to apply their learning in practice.

Table 6. Most Frequent Reasons Reported After Training for Lack of Confidence and Commitment

Reasons identified:
The training content was not relevant to the participant's current role (n = 31)
Not having the necessary time (n = 19)
Not having the necessary knowledge and time (n = 14)

Application of training

"I found the content of the training very helpful and [it] marries in with my day to day work in conducting risk assessment and completing clinical formulations. This training will allow me to increase the depth of my assessment"

Psychologist - Engage, Assess, Respond to, and Support Suicidal People participant

Figure 16 outlines the percentage of participants reporting they had applied and/or shared knowledge and skills learned at training in their workplace when asked at three months after training.

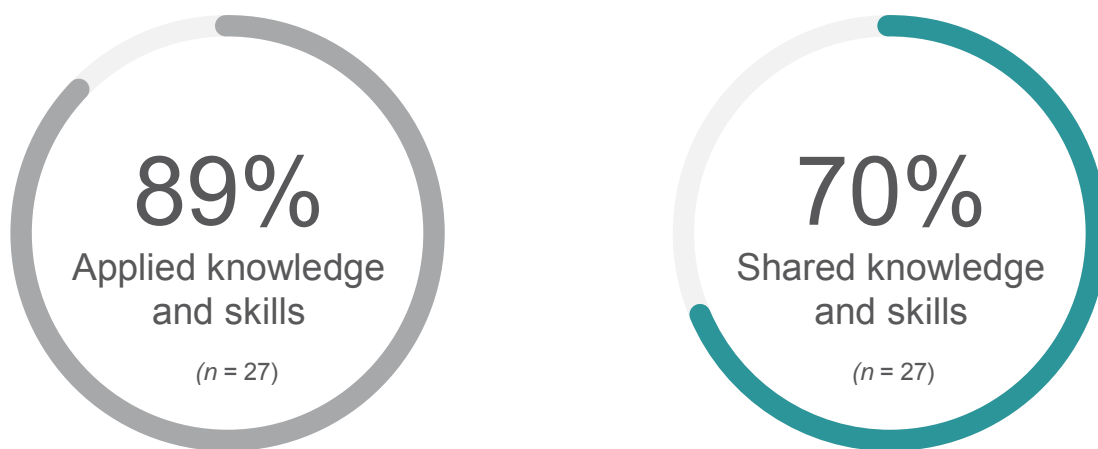


Figure 16. Application and sharing of knowledge and skills in the workplace

Training satisfaction and recommendation

"Prior to training, it had been a long time since covering this topic. I feel much more confident in running groups and how to cope with situations that may arise. As it is relevant in my current practice and future practice, I will be more prepared to facilitate a group. I will definitely recommend to my colleagues"

Nurse - Group Facilitation in Therapeutic Contexts participant

A high level of training satisfaction was reported by participants immediately after the training and was maintained by participants three months after the training. Participants were also very likely to recommend the training to others, see Figure 17 below.



Figure 17. Participant satisfaction with training and recommendation to others

eLearning Training



The Learning Centre hosts 13 eLearning courses for mental health clinicians. These eLearning resources are available to all Queensland Health staff and can be accessed through the Learning Centre's Learning Management System (access details are provided in the contacts section on page 29).

The data presented below is derived from the following eLearning courses which are comprehensively evaluated:

- An Introduction to the Use of Sensory Approaches in Mental Health Care
- Capacity Assessment (discontinued as of March 2017)
- Cognition and Mental Health and the Impact on Day-to-Day Functioning
- Cultural Capability for Mental Health
- Dual Diagnosis
- Employment for People with Mental Illness: Understanding the Individual Placement and Support Model
- *Mental Health Act 2016*: Capacity Assessment and Advance Health Directives
- Mental State Examination.

In 2017, there were a total of 3987 eLearning enrolments for users in all HHSs. The distribution of enrolments across the 16 HHSs is presented in Figure 18 (overleaf).

eLearning Enrolments
3987

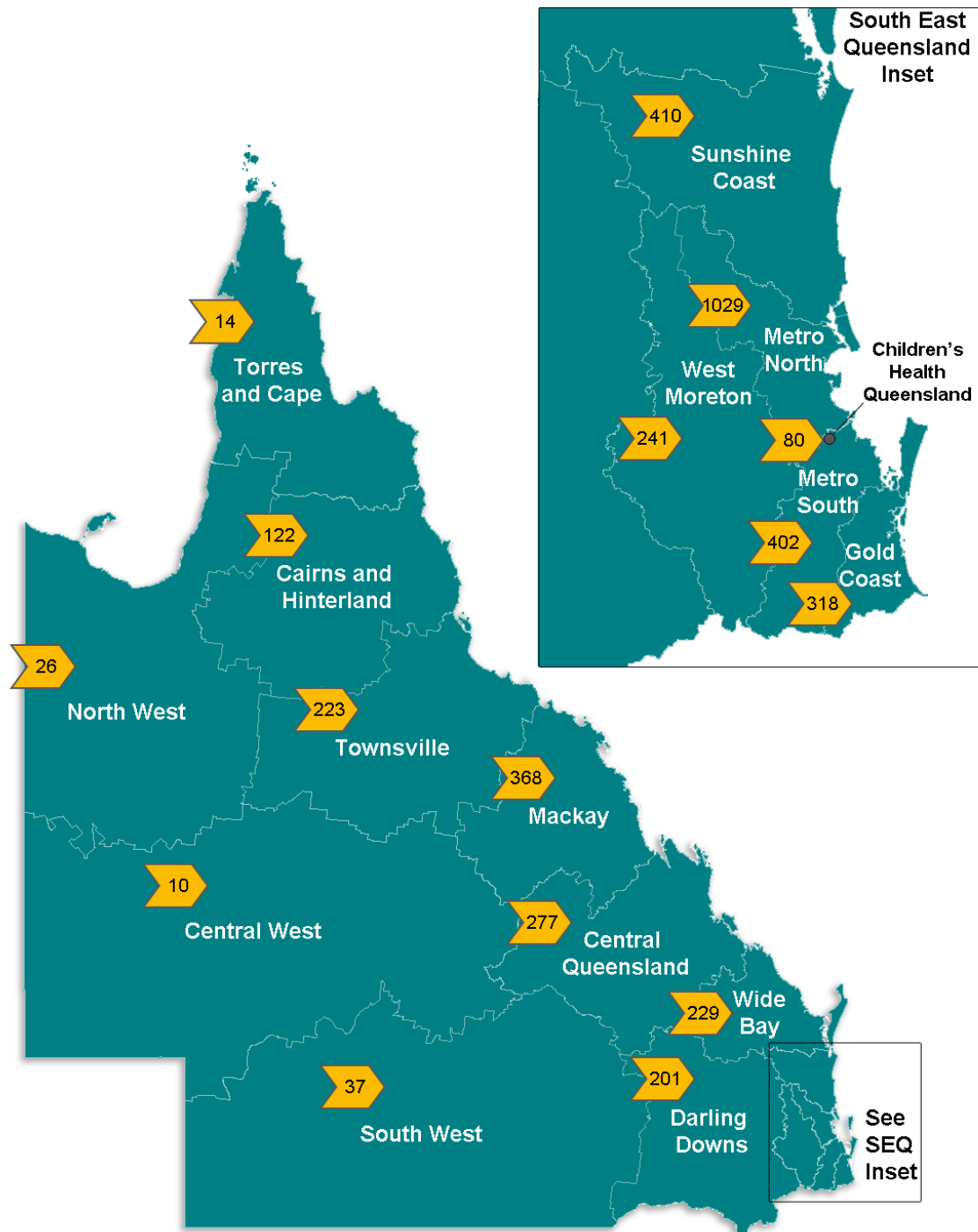


Figure 18. eLearning enrolments for each HHS

Knowledge and confidence

"This training has given me an opportunity to continue gaining knowledge and skills in order to conduct comprehensive, objective, and thorough mental state examinations"

Occupational Therapist - Mental State Examination eLearning participant

As shown in Figure 19, there was an increase in correct responses for aggregated knowledge for all eLearning courses after training when compared to those before training. Refer to Appendix D for inferential statistics relating to knowledge and confidence.



Figure 19. Correct responses to knowledge items before and after training

Figure 20 presents the aggregated eLearning confidence scores for 2017. Participants reported much higher levels of self-rated confidence at the completion of training when compared to levels prior to training.



Figure 20. Participant self-perceived confidence before and after training

Confidence and commitment

"This training improved my knowledge and understanding of sensory processing, and how dysfunction in sensory processing impacts on people with mental health conditions in recovery and daily functioning. I feel I am now equipped with the knowledge to be able to identify the sensory processing needs of others"

Occupational Therapist - Sensory Approaches in Mental Health Care participant

Figure 21 depicts self-rated participant confidence and commitment to applying what was learned, aggregated across all courses.



Figure 21. Participant self-perceived confidence and commitment to apply what was learned at training back in the workplace

Training satisfaction and recommendation

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.

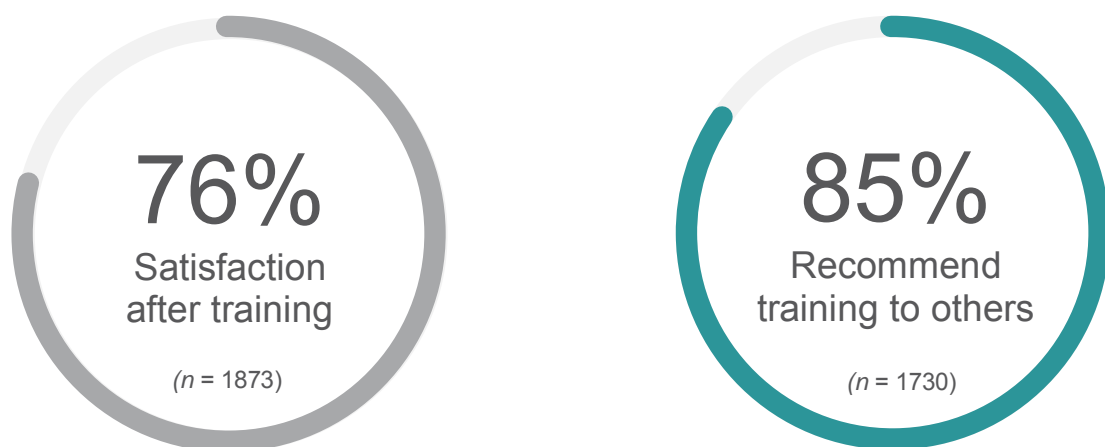


Figure 22. Participant self-rated satisfaction with the eLearning training, and their likelihood of recommending the training to others

Staff Training Needs

To better understand their prospective training needs, participants were asked what additional mental health training they would like to receive. This information may be of interest to local HHS education staff, and for planning purposes. Figure 23 outlines the top 10 responses to this item. The highest frequency response to this item was *All Learning Centre Training*. Values are indicative of the number of times a response was mentioned by participants.

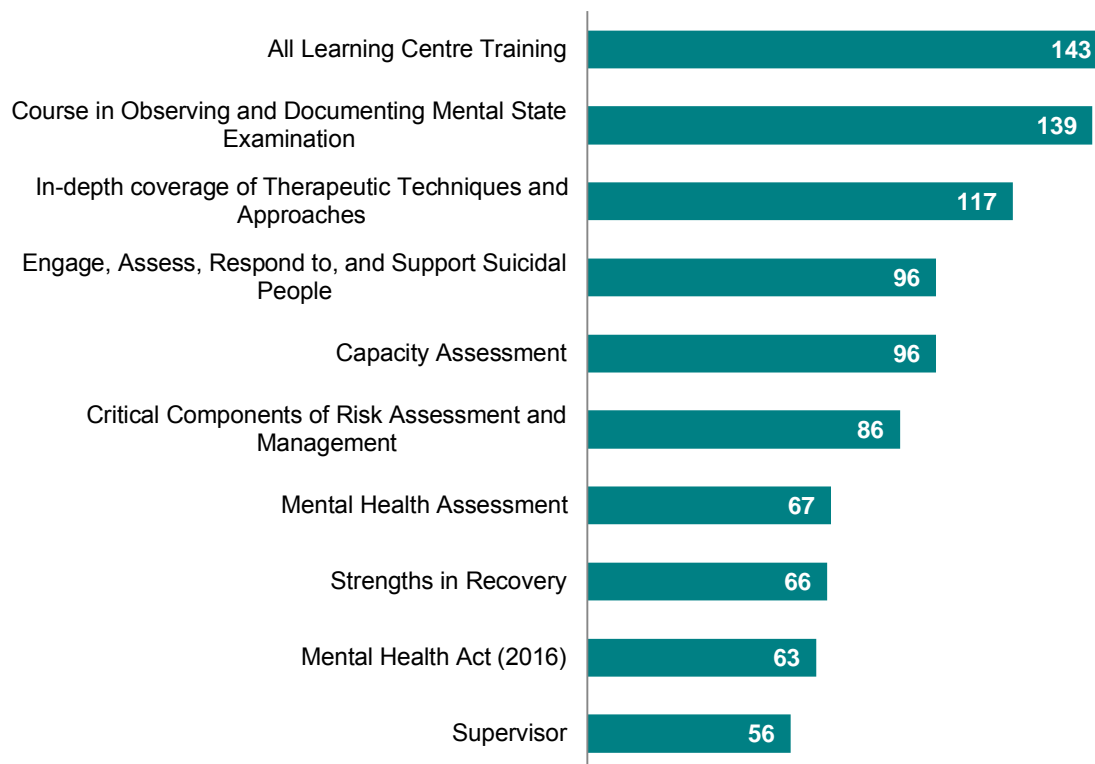


Figure 23. Top ten responses to the item 'What further mental health training would you like to receive?'

Extent of Learning Centre Training

To determine the proportion of Queensland Health mental health staff accessing *any* modality of Learning Centre training in 2017, attendance data was filtered to exclude instances where a staff member completed multiple Learning Centre courses, i.e. a single participant was only counted once. The HHS is based on the information provided by the participant upon training enrolment. These unique participant numbers were then compared with the full-time equivalent (FTE) Mental Health Service Organisation data for the 2014/2015 financial year (the most recent time at which this data was made available). This data is presented for each HHS in Table 7.

Table 7. Unique Learning Centre Training Participants in 2017 Compared to Mental Health Service Organisation FTE for the Financial Year 2014/2015

HHS	Mental Health Service Organisation FTE ^a	Unique Learning Centre Participants	Proportion of FTE Attending training ^b
Cairns and Hinterland	302	148	49%
Central Queensland	135	170	126%
Central West	6	9	150%
Children's Health Queensland	164	72	44%
Darling Downs	467	157	34%
Gold Coast	484	260	54%
Mackay	118	246	209%
Metro North	867	628	72%
Metro South	864	313	36%
North West	24	27	111%
South West	15	26	170%
Sunshine Coast	291	344	118%
Torres and Cape	11	23	216%
Townsville	386	214	55%
West Moreton	508	189	37%
Wide Bay	150	203	135%
Statewide Total	4791	3029	63%

^aData Source: Mental Health Establishments Collection: (excludes administrative, clerical staff, and domestic and other staff as defined in the data source).

^bPercentages greater than 100 may be due to outdated Mental Health Service Organisation figures and/or multiple participants occupying one FTE, i.e. two participants at 0.5 FTE each. A fair approximation of the FTE/unique participants proportion can be inferred, however.

Key Contacts

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Face-to-face Training Enrolment

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eLearning Enquiries

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To view our available courses, or to enrol in one of our training options, please visit our [website](#) or our [Course Catalogue](#).

Appendix A: Suite of courses offered by the Learning Centre

Face to-face Courses
Best Practice Models of Supervision
Capacity Assessment
Course in Observing and Documenting a Mental State Examination (RTO Number 40745; ASQA)
Critical Components of Risk Assessment and Management (and refresher)
Evaluation of Risk
Forming the Therapeutic Alliance
Mental Health Assessment
Mental Health Educator Development
Reasoning and Rehabilitation for Youth and Adults with Mental Health Problems: Train-the-trainer
Supervising Supervisors
Supervisor
Blended Learning Courses
Engage, Assess, Respond to, and Support Suicidal People
Group Facilitation Skills in Therapeutic Contexts
Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED): Train-the-trainer
Working with Strengths in Recovery
eLearning Courses
Acute Management Plan
An Introduction to the Use of Sensory Approaches in Mental Health Care
CBTp Awareness – An Introductory Course in Positive Symptom Management for Psychosis
Cognition in Mental Health and the Impact on Day-to-Day Functioning
Cognitive Remediation Therapy
Cultural Capability in Mental Health
Dual Diagnosis
Employment for People with Mental Illness: Understanding the Individual Placement and Support Model
<i>Mental Health Act 2016</i> – Capacity Assessment and Advance Health Directives
Mental State Examination
Police and Ambulance Intervention Plan
SRAM-ED: Foundational
SRAM-ED: Advanced

Appendix B: Face-to-face Training Inferential Statistics

Table 8. Paired Sample T-test Comparisons of Knowledge-based Mean Scale Scores

Training Course	n	Mean		Scale Maximum	Scale Type	t	p (2-tailed)
		Before training	After training				
Best Practice Models of Supervision	182	2.76	3.85	5	Multiple Choice	11.39	<.001*
Capacity Assessment	94	7.05	7.34	10	True/False	1.66	.101
Forming the Therapeutic Alliance	99	2.93	3.93	5	Multiple Choice	8.21	<.001*
	99	3.81	4.17	5	True/False	4.20	<.001*
Mental Health Educator Development	11	1.18	6.64	14	Short Response	4.76	.001*
Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems: Train-the-trainer	15	3.07	3.87	5	Multiple Choice	2.35	.034*
Suicide Risk Assessment and Management	220	3.41	3.98	5	Multiple Choice	7.64	<.001*
	240	4.26	4.57	5	True/False	5.93	<.001*
Supervisor	28	6.18	8.18	10	Multiple Choice	6.87	<.001*

* Significant increase observed in measures of knowledge after training, in comparison to measures of knowledge prior to training.

Table 9. Paired Sample T-test Comparisons of Confidence-based Mean Scale Scores

Training Course	n	Mean		Scale Maximum	Scale Type	t	p (2-tailed)
		Before-training	After-training				
Best Practice Models of Supervision	169	46.09	80.37	91	Likert	26.52	<.001*
Capacity Assessment	91	25.11	34.30	40	Likert	17.07	<.001*
Course in Observing and Documenting a Mental State Examination	300	17.23	21.63	25	Likert	22.28	<.001*
Critical Components of Risk Assessment and Management	154	21.82	25.77	30	Likert	14.40	<.001*
Critical Components of Risk Assessment and Management (Refresher)	34	39.74	45.09	50	Likert	6.20	<.001*
Evaluation of Risk	6	23.00	26.67	30	Likert	3.29	.022*
Forming the Therapeutic Alliance	98	40.97	48.71	55	Likert	17.13	<.001*
Mental Health Assessment	98	34.04	42.28	50	Likert	11.79	<.001*
Mental Health Educator Development	11	22.64	35.55	40	Likert	9.28	<.001*
Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems: Train-the-trainer	15	27.20	42.27	50	Likert	8.97	<.001*
Suicide Risk Assessment and Management	240	34.91	43.25	50	Likert	23.11	<.001*
Supervising Supervisors	11	35.00	36.82	45	Likert	1.07	.311
Supervisor	36	42.47	62.19	70	Likert	11.87	<.001*

*Significant increase observed in measures of confidence after training, in comparison to measures of confidence prior to training.

Appendix C: Blended Learning Training Inferential Statistics

Table 10. Paired Sample T-test Comparisons of Knowledge-based Mean Scale Scores

Training Course	n	Mean		Scale Maximum	Scale Type	t	p (2-tailed)
		Before-training	After-training				
Engage, Assess, Respond to, and Support Suicidal People	92	3.12	3.88	5	Multiple Choice	5.27	<.001*
Group Facilitation in Therapeutic Contexts	57	3.12	3.47	5	Multiple Choice	3.10	.003*
Working with Strengths in Recovery	147	3.05	3.52	4	Multiple Choice	6.97	<.001*

* Significant increase observed in measures of knowledge after training, in comparison to measures of knowledge prior to training.

Table 11. Paired Sample T-test Comparisons of Confidence-based Mean Scale Scores

Training Course	n	Mean		Scale Maximum	Scale Type	t	p (2-tailed)
		Before-training	After-training				
Engage, Assess, Respond to, and Support Suicidal People	94	26.18	33.74	40	Likert	13.68	<.001*
Group Facilitation in Therapeutic Contexts	103	28.53	34.67	40	Likert	10.15	<.001*
Suicide Risk Assessment and Management in an Emergency Department Setting: Train-the-trainer	14	28.14	32.29	40	Likert	2.36	.035*
Working with Strengths in Recovery	94	29.41	34.98	40	Likert	12.03	<.001*

* Significant increase observed in measures of confidence after training, in comparison to measures confidence prior to training.

Appendix D: eLearning Training Inferential Statistics

Table 12. Paired Sample T-test Comparisons of Knowledge-based Mean Scale Scores

Training Course	<i>n</i>	Mean		Scale Maximum	Scale Type	<i>t</i>	<i>p</i> (2-tailed)
		Before-training	After-training				
An Introduction to the Use of Sensory Approaches in Mental Health Care	136	8.80	9.93	13	Multiple Choice	5.69	<.001*
Capacity Assessment for Mental Health	35	13.86	14.09	20	True/False	.64	.527
Cognition in Mental Health and the Impact on Day-to-Day Functioning	136	3.5	3.95	5	Multiple Choice	5.38	<.001*
Dual Diagnosis	56	6.75	7.05	10	Multiple Choice	1.41	.166
Employment for People with a Mental Illness:	31	2.48	3.87	5	Multiple Choice	4.69	<.001*
Understanding the Individual Placement and Support Model	31	4.90	6.00	7	True/False	4.79	<.001*
Mental State Examination	119	4.19	5.35	8	Multiple Choice	7.30	<.001*

* Significant increase observed in measures of knowledge after training, in comparison to measures of knowledge prior to training.

Table 13. Paired Sample T-test Comparisons of Confidence-based Mean Scale Scores

Training Course	n	Mean		Scale Maximum	Scale Type	t	p (2-tailed)
		Before-training	After-training				
An Introduction to the Use of Sensory Approaches in Mental Health Care	131	83.33	95.67	133	Likert	9.13	<.001*
Capacity Assessment for Mental Health	35	13.94	16.17	20	Likert	5.67	<.001*
Capacity Assessment Training and Advanced Health Directives	1163	28.98	37.55	45	Likert	48.15	<.001*
Cognition in Mental Health and the Impact on Day-to-Day Functioning	140	18.14	21.93	25	Likert	13.80	<.001*
Cultural Capability for Mental Health	29	20.41	25.34	30	Likert	6.75	<.001*
Dual Diagnosis	56	16.38	20.39	25	Likert	8.32	<.001*
Employment for People with a Mental Illness: Understanding the Individual Placement and Support Model	31	13.32	16.71	20	Likert	5.57	<.001*

Note. Confidence was not measured on the Mental State Examination (MSE) evaluation that followed training. Therefore, MSE measures of confidence have not been included in this report.

* Significant increase observed in measures of confidence after training, in comparison to measures confidence prior to training.