Queensland Centre for
Mental Health Learning

ANNUAL
REPORT
2018

COURSE DELIVERY
AND TRAINING ANALYSIS

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Contents

A Message from the Director

Looking back over 2018, the team and I am proud of the accomplishments achieved at the Queensland Centre for Mental Health Learning (Learning Centre). Most importantly, the improvements in the quality and diversity of training we deliver to the Queensland mental health workforce.

These advances range from development of new education specific to Queensland Health; Mental Health Services for young people and courses for Youth Workers; through to the work for the Mental Health Alcohol and Other Drugs Branch Implementation Steering Committee for the 'When mental health care meets risk report'.

In addition to these program developments is the growing number of formal partnerships with Mental Health Services across Queensland. This increased collaboration enables a significant increase to the reach and potential impact of the Learning Centre's contemporary education to the mental health workforce. None of this could have been achieved without our dedicated team and support from you, our highly respected stakeholders.

This Annual Report provides an opportunity to reflect on achievements, training participation, and outcomes, measured via assessments and training evaluations. It's 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 continues to confirm the value placed on Learning Centre training by the workforce, e.g. positive and constructive feedback, increasing demand and attendance rates, and the efficacy of the learning as described by participants.

Before introducing the *2018 Annual Report – Course Delivery and Training Analysis*, I would like to sincerely thank all our stakeholders, advocates, collaborative partners, co-facilitators, and training participants. 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 skills training across Queensland.

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 2018. 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 2018, the Learning Centre:

- received **1784** enrolments for **face-to-face training**, **1656** enrolments for **blended learning training (eLearning training followed by a face-to-face component)**, and **3133** enrolments for **eLearning training**, for a total of **6573 enrolments**

- offered **12 face-to-face courses**, and delivered them **104** times across 14 HHSs

- offered **six blended learning courses**, and delivered them **80** times across 16 HHSs with enrolments from all 16 HHSs

- offered **11** eLearning courses; and

- had **1640** unique 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, 10120NAT Course in Observing and Documenting a Mental State Examination, and more in-depth coverage of specific therapeutic techniques and approaches**.

Three courses feature assessments which allow participants to demonstrate their ability to apply the skills learned in training. In 2018, the proportion of participants who successfully completed an assessment was high:

- 10120NAT Course in Observing and Documenting a Mental State Examination – **83% pass rate (competency-based assessment)**
- Critical Components of Risk Assessment and Management – **94% pass rate**
- Mental Health Assessment – **100% pass rate**.

Learning Centre courses were found to be completed by approximately half of the Queensland Health mental health staff in 2018, when compared to the Mental Health Establishments Collection data for 2017/18.

2018 Milestones

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

In **February**, QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People was launched to manage suicide risk in young people. This course utilises the Integrated Motivational Volitional model of suicidal behaviour to assess risk and create a safety and recovery plan.

Less Restrictive Way eLearning Course Development

In 2018, The Learning Centre began development of QC53, an eLearning course to train clinicians in delivering treatment according to the *Mental Health Act 2016*'s 'less restrictive way' principles. This program aims to improve health practitioners' skills in assessing children's capacity to make decisions, while encouraging parents and guardians to participate in said decision-making when the youth is unable to. An Advisory Committee have been supporting the content development and review of materials whilst providing advice and guidance. The eLearning is planned to be launched in May 2019.

Mental Health First Aid Training

In **February**, The Learning Centre started offering accredited Mental Health First Aid training for non-clinical staff. This two day course aims to improve their ability in supporting adults experiencing a mental issue until professional help is received or the crisis resolves. The Learning Centre continues to offer this training and Youth Mental Health First Aid.

SRAM-ED Cultural Strengthening Video Launched

In **March**, the Suicide Risk Assessment and Management in Emergency Departments (SRAM-ED): Cultural Strengthening Project was completed and launched. Commissioned by the Suicide Prevention Taskforce, this included production of a new video resource depicting a simulation in which culturally sensitive SRAM-ED techniques are used to treat an Aboriginal person.

Violence Risk Assessment and Management Launch

In **May**, the team completed the development of the QC30 blended learning course which provides a three-tiered approach to structured and standardised violence risk assessment and management, through principles of good clinical practice, supported by updated and newly developed clinical tools.

Supporting a Suicidal Young Person Launch

In **July**, the first deliveries of QC31 began. This one day course is geared towards non-clinical staff and is designed to provide participants with the skills to identify young people at risk of suicide and gain practical skills to ask directly about suicide and create a safety plan.

QC2 Zero Suicide Multisite Healthcare Collaborative Training

The Department of Health is emphasising the importance of suicide prevention. In line with this renewed focus, the Learning Centre was engaged to provide 12 deliveries of QC2 (Engage, Assess, Respond to, and Support Suicidal People) across Queensland in 2018, training a total of 135 participants.

Sensory Approaches Follow-up Study Published

In **August**, the **International Journal of Therapy and Rehabilitation** published a 3-month follow-up study which concluded that The Learning Centre's Sensory Approaches eLearning training lead to sustained and significant improvements in participant's confidence and knowledge. Participants also reported implementing more sensory approaches in their practice following the training.

68 Scholarships Offered

In 2018 a total of **68 scholarships** were offered, and over **$157,000** was awarded to Queensland Health clinicians as part of the **Queensland Mental Health Scholarship Scheme.** This scheme provides financial assistance for completion of approved post graduate level university studies in mental health clinical practice.

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 mission statement

The Learning Centre's mission statement is to continue to grow, develop, and nurture a skilled and sustainable mental health workforce to provide a quality recovery focused approach to mental health care.

1. PEOPLE
Ensure Learning Centre staff are valued, developed and empowered to deliver excellent public service.

2. PROFILE
Maximise collaborative partnerships, research and marketing to ensure the Learning Centre is recognised as a leader in mental health education.

3. PROCESSES
Build efficient and effective processes, systems and business strategies to provide a sustainable service.

4. PRODUCTS
Deliver contemporary best practice mental health education that adheres to a quality assurance framework and improves clinical practice.

Our Learners

For each course, and across _**all**_ modalities of training (face-to-face, blended learning, and 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.
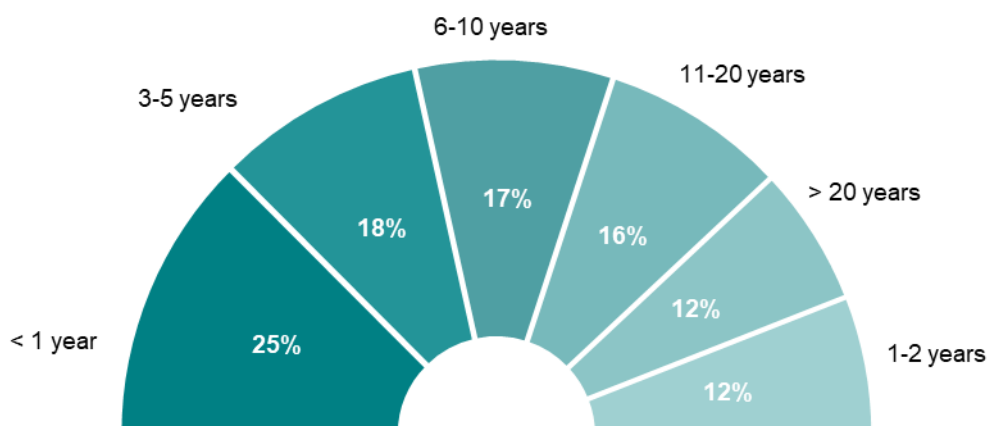

Figure 1. **Years of experience working in mental health (_n_ = 3769)**
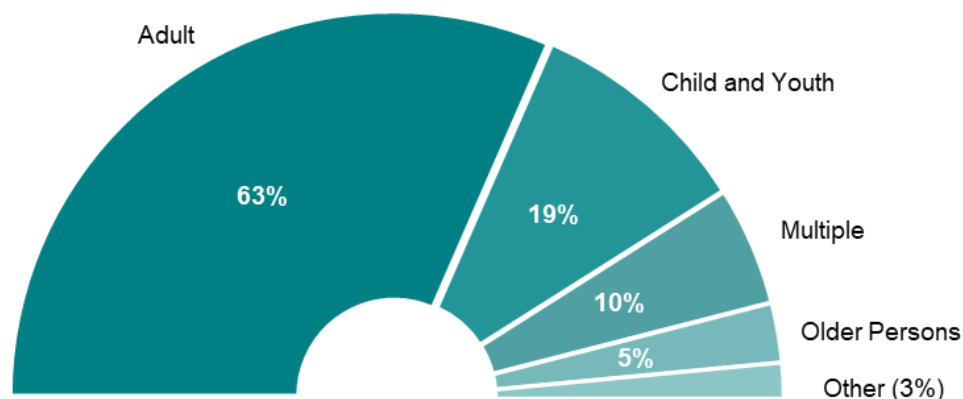

Figure 2. **Primary consumer target group (_n_ = 4221)**
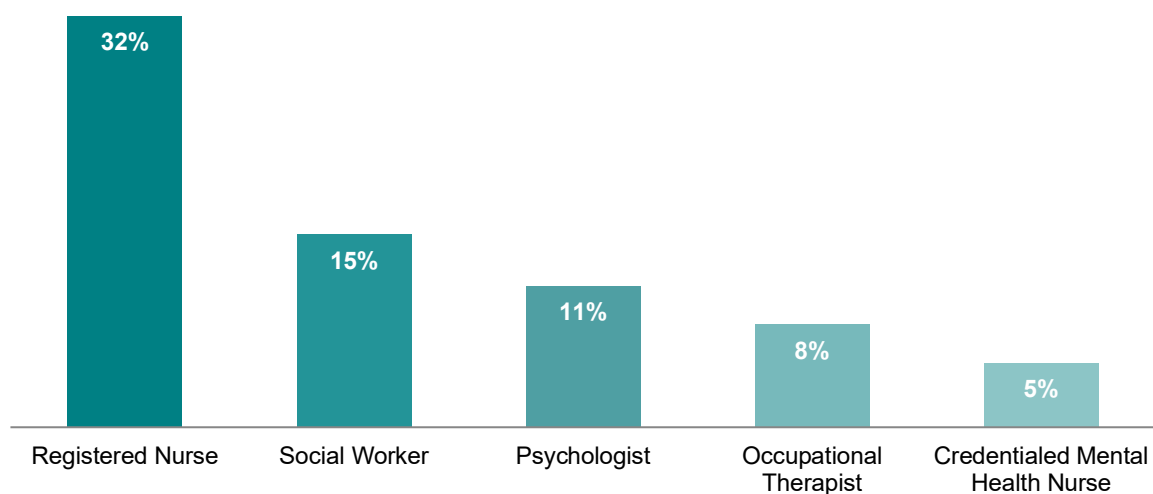
Figure 3. Top five professional backgrounds (*n* = 4360)
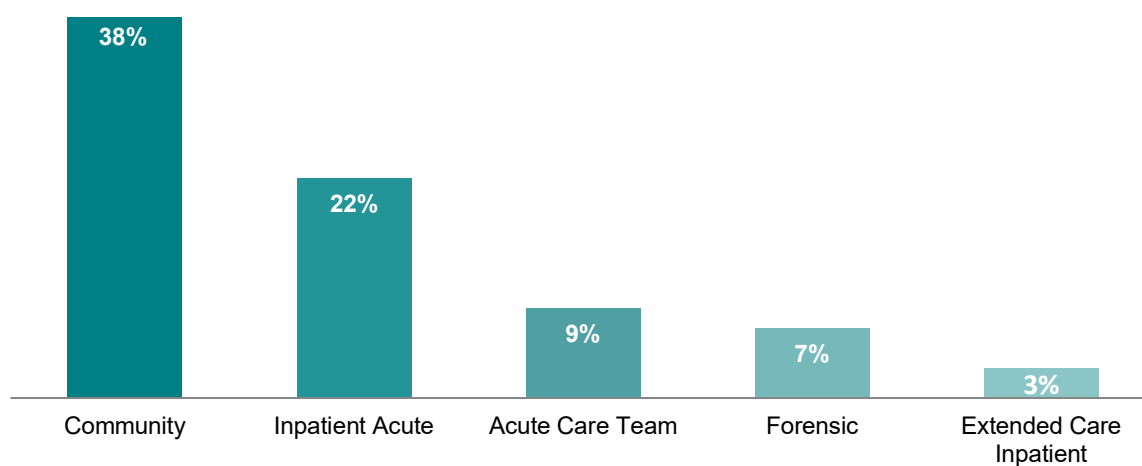

Figure 4. Top five areas of service (*n* = 3646)
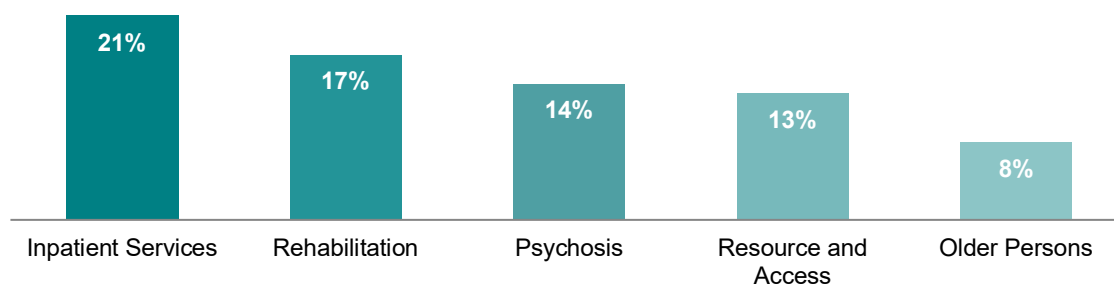

Figure 5. Top five streams (for participants employed in Metro South Health Service) (*n* = 536)

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 2018 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 30.

Face-to-face Training

14
Hospital and
Health Services

Encompassing
12
Courses

1244
Training
Places

104 Face-to-face deliveries

In 2018, the Learning Centre provided face-to-face training to Queensland Health employees through 104 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 2018*

Course	Deliveries
Best Practice Models of Supervision	14
Capacity Assessment	12
10120NAT Course in Observing and Documenting a Mental State Examination	23
Critical Components of Risk Assessment and Management	33
Critical Components of Risk Assessment and Management (refresher)	2
Forming the Therapeutic Alliance	6
Mental Health Assessment	5
Mental Health Educator Development	1
Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems	1
Supervising Supervisors	1
Supervisor	4
Supporting a Suicidal Young Person	2
Total	**104**

The Critical Components of Risk Assessment and Management and 10120NAT Course in Observing and Documenting a Mental State Examination courses had the highest rates of delivery in 2018. 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.

Enrolments
1784

Did not attend
540

Attendance
1244

Unique Attendance
862

South East
Queensland
Inset

181 | 53 | 128 | 77   Sunshine
Coast

198 | 47 | 151 | 118

429 | 143 | 286 | 196   West
Moreton   Metro
North   Children's
Health
Queensland

0 | 0 | 0 | 0   Metro
South

Torres
and Cape

14 | 2 | 12 | 12

75 | 25 | 50 | 36   Gold
Coast

Cairns and
Hinterland

95 | 30 | 65 | 49

134 | 47 | 87 | 67

North West   207 | 70 | 137 | 71

15 | 3 | 12 | 12   Townsville

Mackay

167 | 43 | 124 | 83

Central West   144 | 52 | 92 | 63   Central
Queensland

7 | 1 | 6 | 6   Wide
Bay

47 | 6 | 41 | 27

Darling
Downs   See
SEQ
Inset

0 | 0 | 0 | 0   South West
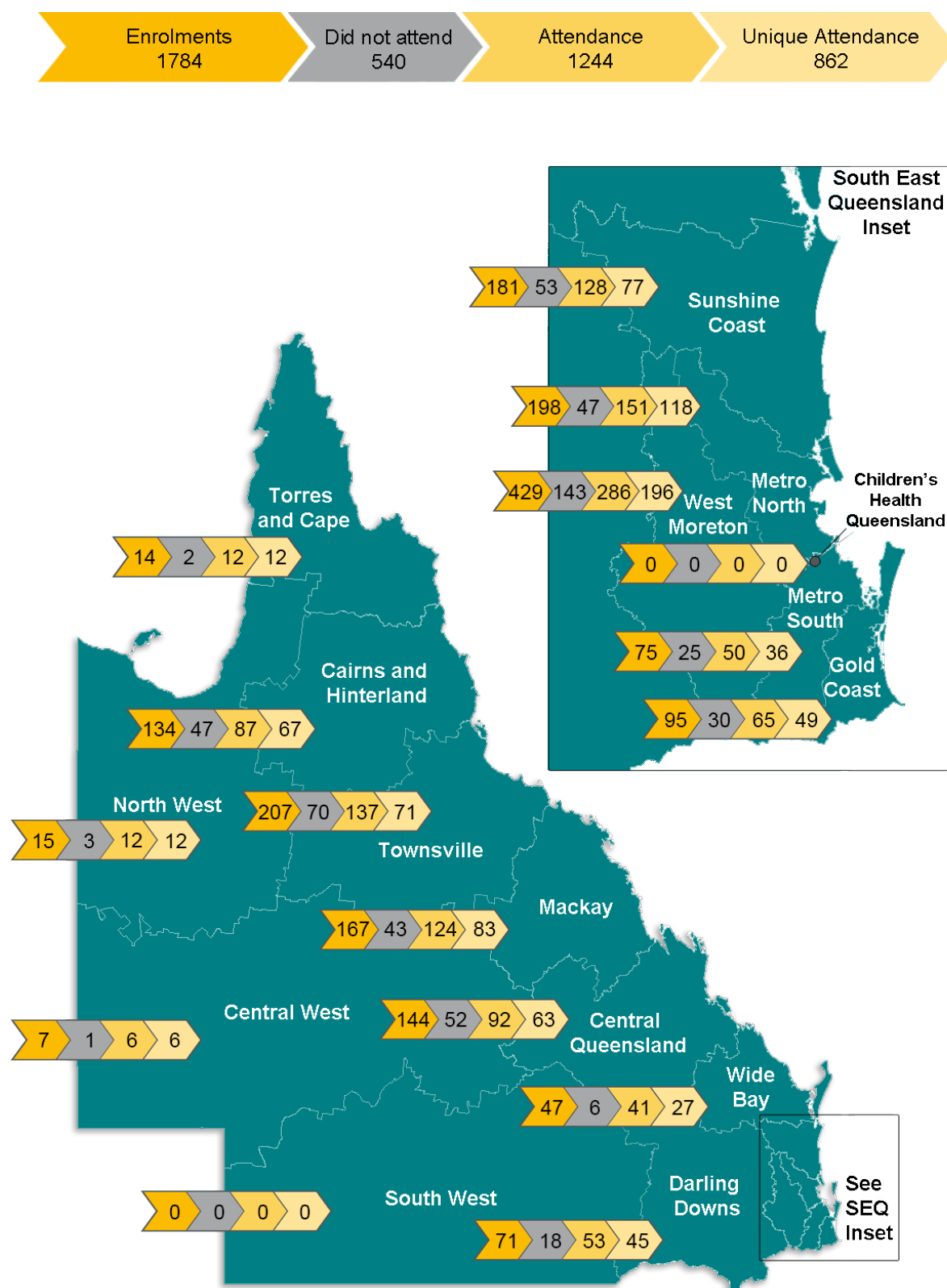
71 | 18 | 53 | 45

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

Knowledge and confidence

> *"I had seen Mental State Examinations (MSE) and had written some but this training has helped me to understand the components that go into an MSE, build my confidence in completing them and overall increased my knowledge of mental health practice!"*
>
> **Social Worker – participant of 10120NAT Course in Observing and Documenting a Mental State Examination**

Figure 7 presents the aggregated face-to-face knowledge scores (as a percentage of the scale totals) for all courses for 2018. Participant knowledge increased notably as a result of the training. Refer to Appendix B for inferential statistics relating to knowledge and confidence scales.

65%
Knowledge
before training

(n = 420)

78%
Knowledge
after training

(n = 408)

***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 2018. Participants reported markedly higher levels of self-rated confidence after training when compared to their confidence before the training.
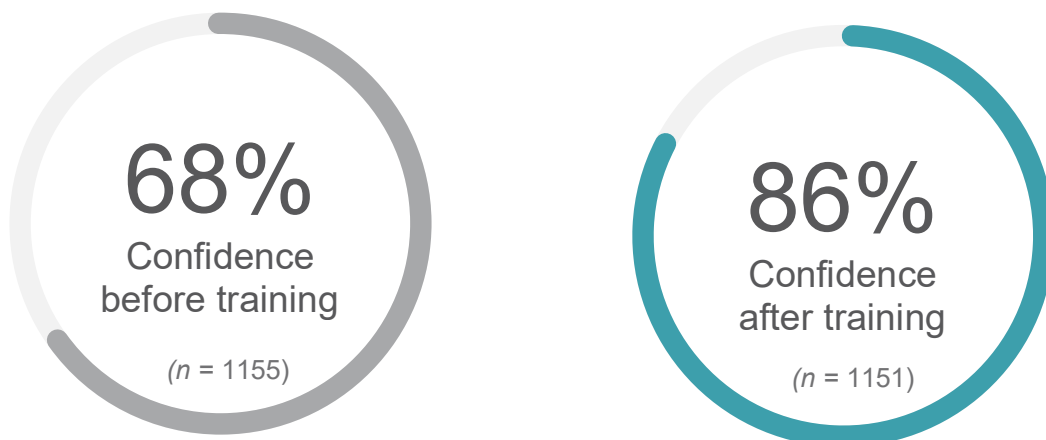

68%
Confidence
before training

(n = 1155)

86%
Confidence
after training

(n = 1151)

***Figur*e 8. Participant self-perceived confidence before and after training**

Confidence and commitment

> *"My expectations were met. It was really informative, practical and provided in a supportive environment. This has ignited my passion to improve the course delivery in my role and in pursuing this as a future career path."*
>
> **Nurse – Mental Health Educator Development course participant**

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.

80%
Confidence to apply learning

(n = 1845)

87%
Commitment to apply learning

(n = 1117)

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

Participants who 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 2018, 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. Compared to overall training numbers, participants reporting low confidence or commitment post-training represent an absolute minority.

Table 2. *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* = 36)
Not having the necessary knowledge and skills (*n* = 34)
Not having the necessary time (*n* = 24)

Application of training

> *"This training was practical and relevant and helped me develop a deeper understanding and a clear process for capacity assessment. This will assist in daily work practices, and is likely to be useful for exams!"*
>
> **Psychologist – Capacity Assessment course 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. A notably high proportion of participants reported applying the knowledge and skills they acquired at our training. This suggests that participants' knowledge and skills were not only preserved after three months, but they were practised in participants' work. Furthermore, most participants reported sharing their newly acquired knowledge and skills, implying that the Learning Centre's benefits extends beyond the thousands of employees we train directly.

90%
Applied knowledge and skills

(n = 244)

70%
Shared knowledge and skills

(n = 210)
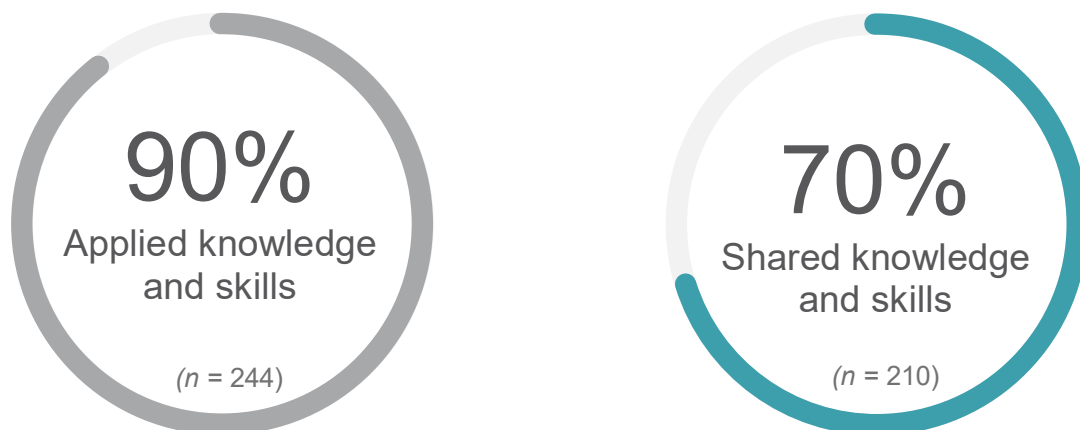
Figure 10. **Application and sharing of knowledge and skills in the workplace**

Training satisfaction and recommendation

A high level of training satisfaction was reported by participants immediately after the training, which was maintained at our 3-month follow-up. Participants were also very likely to recommend the training to others, as shown in Figure 11 below.

90%
Satisfaction after training

(n = 1138)

85%
Satisfaction three months after training

(n = 267)

95%
Recommend training to others

(n = 1139)

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. **A*ssessment 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	418	48
Participants who did not successfully complete an assessment	10	0
Participants who attended without completing an assessment	17	0
Total participants	**445**	**48**

Almost all (94%) Critical Components of Risk Assessment and Management participants completed an assessment successfully; while for the Mental Health Assessment course, 100% 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 our Nationally Accredited Course in Documenting and Observing a Mental State Examination. The majority (83%) of participants completed the course and achieved a result of 'competent'.

Table 4. **A*ssessment Completion Rates for the 10120NAT Course in Observing and Documenting a Mental State Examination***

	10120NAT Course in Observing and Documenting a Mental State Examination
Participants who completed an assessment and achieved a result of 'competent'	257
Participants who completed an assessment and who were deemed 'not yet competent'	50
Participants who attended without completing an assessment	4
Total participants	**311**

Blended Learning Training

16 Hospital and Health Services

Encompassing **6** Courses

974 Training Places

80 Blended Learning Deliveries
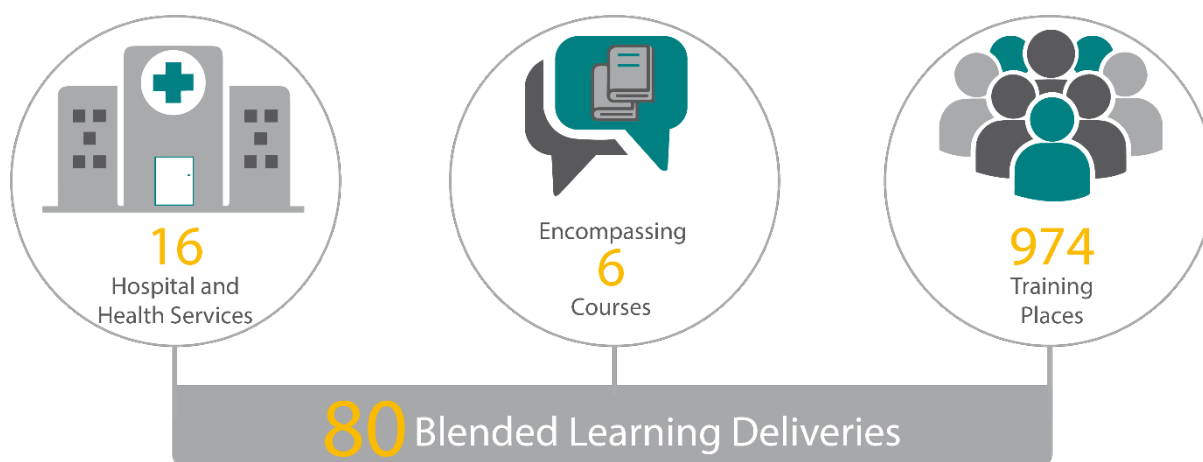
In 2018, the Learning Centre provided blended learning training to Queensland Health employees through 80 training deliveries, which is a 100% increase on the number of deliveries from 2017. This was in part due to the introduction of two new courses these being Violence Risk Assessment and Management and Youth: Engage, Assess, Respond to, and Support Suicidal People. The number of deliveries for each of our six blended learning courses is presented below in Table 5. Please note that this data includes nine partnership deliveries with Children's Health Queensland.

Table 5. *Learning Centre Blended Learning Course Deliveries in 2018*

Course	Deliveries
Engage, Assess, Respond to, and Support Suicidal People	36
Group Facilitation in Therapeutic Contexts	5
Suicide Risk Assessment and Management in Emergency Department Settings (Train the Trainer)	5
Violence Risk Assessment and Management	11
Working with Strengths in Recovery	6
Youth: Engage, Assess, Respond to, and Support Suicidal People	17
Total	**80**

Figure 12 (overleaf) provides a comparison of training enrolments, eLearning completions and attendance for each HHS.

Enrolments
1656

eLearning Completions
1248

Face-to-face Attendance
974

South East
Queensland
Inset

Sunshine
Coast

91 60 40

134 104 82

111 85 59 West
Moreton

Metro
North

Children's
Health
Queensland

191 158 135

Metro
South

240 173 163 Gold
Coast

47 35 32

Torres
and Cape

15 12 10

Cairns and
Hinterland

211 142 62

North West

16 7 11

152 113 94

Townsville

Mackay

129 111 97

Central West

5 5 4

154 119 94 Central
Queensland

Wide
Bay

39 30 18

See
SEQ
Inset

South West

Darling
Downs

21 16 9

100 78 64

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

Knowledge and confidence

Figure 13 presents the aggregated blended learning knowledge scores (as a percentage of the scale totals) for all courses for 2018. Participants demonstrated notably higher levels of knowledge after completing the training. Refer to Appendix C for inferential statistics relating to knowledge and confidence scales.

60%
Knowledge before training

(n = 1254)

74%
Knowledge after training

(n = 851)

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 2018. Participants reported markedly higher levels of self-rated confidence after training when compared to their confidence before training.

73%
Confidence before training

(n = 1321)

91%
Confidence after training

(n = 892)

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

Confidence and commitment

> *"This course has enhanced and strengthened my skill set and confidence in facilitating therapeutic groups within mental health. It was a good opportunity to reflect and hear/share experiences with other professionals from a range of different disciplines in how we can better meet the needs of consumers within a group context.*
>
> **Music Therapist – Group Facilitation in Therapeutic Contexts course 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.

77%
Confidence to apply learning

(n = 4193)

84%
Commitment to apply learning

(n = 1388)
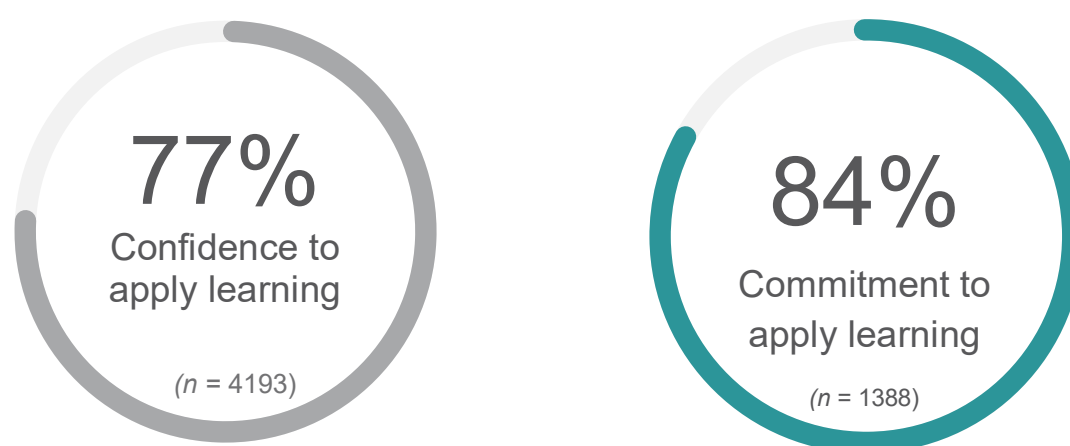
Figure 15. **Participant self-perceived confidence and commitment to apply what was learned at training back in the workplace**

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 2018, 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:
Not having the necessary knowledge and skills (*n* = 48)
Not having the necessary time (*n* = 47)
The training content was not relevant to the participant's current role (*n* = 25)

Application of training

"I believe this training will now change the way I gather, collect and collate information from patients and their families to develop more comprehensive risk assessments and develop goals and strategies."

Nurse – Violence Risk Assessment and Management course 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.

75%
Applied knowledge
and skills

(n = 122)

73%
Shared knowledge
and skills

(n = 119)
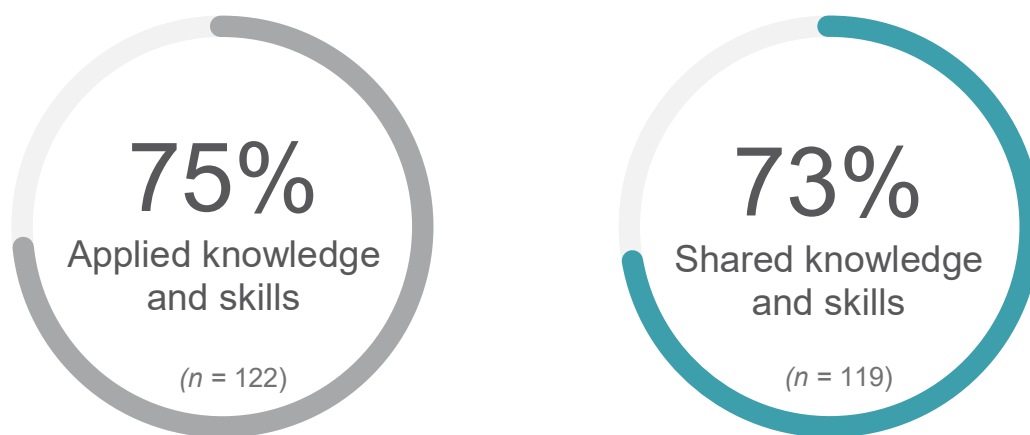
Figure 16. **Application and sharing of knowledge and skills in the workplace**

Blended

Training satisfaction and recommendation

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

89%
Satisfaction after training

(n = 887)

84%
Satisfaction three months after training

(n = 137)

92%
Recommend training to others

(n = 933)

Figure 17. **Participant satisfaction with training and recommendation to others**

Blended

Partnership Deliveries

The Learning Centre partnered with various HHSs to deliver a number of blended learning courses. With these deliveries, listed in Table 7, Queensland Health staff undertake the eLearning component via The Learning Centre's website, while the face-to-face component is delivered in the participant's own HHS by facilitators who have previously undertaken a Train-the-trainer workshop with the Learning Centre. In 2018 a total of **1,119** participants from **16 HHSs** attended these face-to-face workshops over **169** deliveries.

Table 7. *HHS Partnership Course Deliveries in 2018*

Course	Deliveries
Gold Coast Suicide Prevention Pathway Training	11
Suicide Risk Assessment and Management in Emergency Department Settings: Foundational	74
Suicide Risk Assessment and Management in Emergency Department Settings: Advanced	75
Children's Health Queensland – Youth: Engage, Assess, Respond to, and Support Suicidal People	9
Total	169

eLearning Training

2 Training Courses completed per User

11 eLearning Courses Offered

1640 Unique Users in 2018

2502 eLearning Course Completions

The Learning Centre hosts 11 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 evaluation 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
- 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 2018, there were a total of 3133 eLearning enrolments and a total of 2502 course completions by users in all HHSs. The distribution of course enrolments and completions across the 16 HHSs is presented in Figure 18 (overleaf).

The three most popular courses in 2018 were:

1. *Mental Health Act 2016:* Capacity Assessment and Advance Health Directives
2. Mental State Examination
3. An Introduction to the Use of Sensory Approaches in Mental Health Care.

eLearning Enrolments 3133 → eLearning Completions 2502

South East Queensland Inset

170 > 125 Sunshine Coast

436 > 355 Metro North

16 > 8 Torres and Cape

257 > 191 West Moreton

67 > 54 Metro South

Children's Health Queensland

163 > 129 Cairns and Hinterland

463 > 375 Gold Coast

385 > 320

61 > 50 North West

316 > 241 Townsville

178 > 132 Mackay

7 > 7 Central West

133 > 106 Central Queensland

194 > 174 Wide Bay

34 > 27 South West

253 > 208 Darling Downs

See SEQ Inset

Figure 18. **eLearning course enrolments and completions for each HHS**

eLearning

Knowledge and confidence

> *"The training is valuable in all aspects, even as a refresher. One has never learned it all."*
>
> **Nurse – Sensory Approaches in Mental Health Care eLearning participant**

Figure 19 shows the increase in correct responses after participants completed the eLearning courses. Data was aggregated from all eLearning courses. Refer to Appendix D for inferential statistics relating to knowledge and confidence.

62%
Knowledge
before training

(n = 1204)

73%
Knowledge
after training

(n = 751)

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

Figure 20 presents the aggregated eLearning confidence scores for 2018. Participants reported much higher levels of self-rated confidence at the completion of training when compared to levels prior to training.

66%
Confidence
before training

(n = 1585)

84%
Confidence
after training

(n = 1151)

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

Confidence and commitment

> *"I would thoroughly recommend this education session to any practitioner involved in In-Patient Mental Health Care. It has certainly opened my eyes to the real value of people power in obtaining the correct and most appropriate treatment and with the assistance where possible of the patient themselves. Capacity is a very real and important concept to embrace.*
>
> **Forensic Registered Nurse – Capacity Assessment eLearning participant**

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

83% Confidence to apply learning *(n = 2847)*

88% Commitment to apply learning *(n = 1160)*

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 those likely to recommend the training to others, were both high.

86% Satisfaction after training *(n = 1360)*

93% Recommend training to others *(n = 1378)*

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.

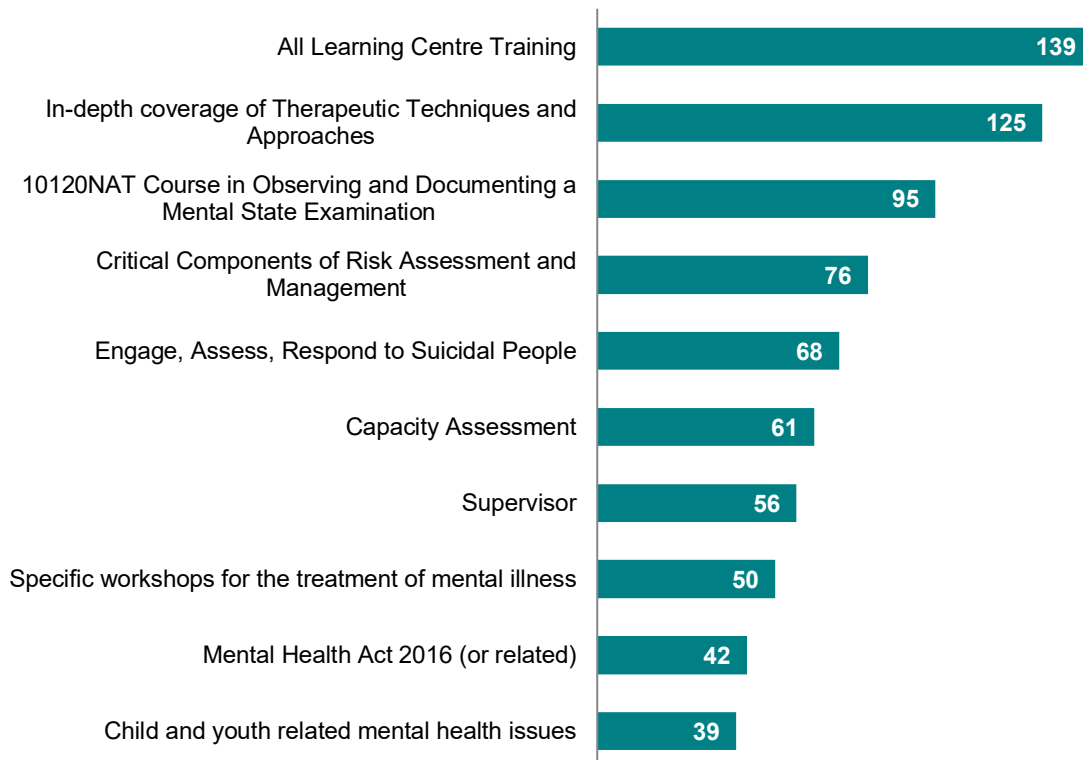| Response	Value
All Learning Centre Training	139
In-depth coverage of Therapeutic Techniques and Approaches	125
10120NAT Course in Observing and Documenting a Mental State Examination	95
Critical Components of Risk Assessment and Management	76
Engage, Assess, Respond to Suicidal People	68
Capacity Assessment	61
Supervisor	56
Specific workshops for the treatment of mental illness	50
Mental Health Act 2016 (or related)	42
Child and youth related mental health issues	39

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 2018, 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 total average paid full-time equivalent (FTE) staff by HHS for the 2017/2018 financial year. This data is presented for each HHS in Table 8.

Table 8. *Unique Learning Centre Training Participants in 2018 Compared to the FTE by HHS for the 2017/2018 Financial Year*

HHS	HHS FTE[a]	Unique Learning Centre Participants	Proportion of FTE Attending training[b]
Cairns and Hinterland	343	197	57%
Central Queensland	207	184	89%
Central West	7	11	149%
Children's Health Queensland	297	165	55%
Darling Downs	496	212	43%
Gold Coast	576	261	45%
Mackay	154	181	117%
Metro North	996	339	34%
Metro South	921	330	36%
North West	26	29	113%
South West	18	24	134%
Sunshine Coast	375	195	52%
Torres and Cape	30	29	98%
Townsville	433	212	49%
West Moreton	593	261	44%
Wide Bay	194	135	70%
Statewide Total	**5667**	**2765**	**49%**

[a]Data Source: Mental Health Establishments Collection: (excludes administrative, clerical staff, and domestic and other staff as defined in the data source). According to the source this data is preliminary and subject to change.
[b]Percentages greater than 100 may be due to multiple participants occupying one FTE, i.e. two participants at 0.5 FTE each or due to staff turnover. A fair approximation of the FTE/unique participants proportion can be inferred, however.

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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
10120NAT Course in Observing and Documenting a Mental State Examination (RTO Number 40745; ASQA)
Critical Components of Risk Assessment and Management (and refresher)
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
Supporting a Suicidal Young Person

Blended Learning Courses
Engage, Assess, Respond to, and Support Suicidal People
Group Facilitation in Therapeutic Contexts
Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED)
Violence Risk Assessment and Management
Working with Strengths in Recovery
Youth: Engage, Assess, Respond to, and Support Suicidal People

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
Mental Health Act 2016 – Capacity Assessment and Advance Health Directives
Mental State Examination
Police and Ambulance Intervention Plan

Appendix B: Face-to-face Training Inferential Statistics

Table 9. *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	139	3.14	3.76	5	Multiple Choice	6.56	<.001*
Capacity Assessment	101	7.20	7.79	10	True/False	3.85	<.001*
Forming the Therapeutic Alliance	28	2.96	3.71	5	Multiple Choice	3.14	.004*
	27	3.67	4.22	5	True/False	3.41	.002*
Supervisor	33	6.27	7.94	10	Multiple Choice	5.55	<.001*
Supporting a Suicidal Young Person	20	7.55	9.5	10	True/False	5.33	<.001*

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

Table 10. *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	128	52. 90	79.92	91	Likert	20.91	<.001*
Capacity Assessment	100	23.49	33.77	40	Likert	18.04	<.001*
10120NAT Course in Observing and Documenting a Mental State Examination	232	17.91	21.84	25	Likert	19.81	<.001*
Critical Components of Risk Assessment and Management	408	21.17	25.35	30	Likert	22.05	<.001*
Critical Components of Risk Assessment and Management (Refresher)	20	41.00	45.80	50	Likert	4.41	<.001*
Forming the Therapeutic Alliance	28	39.25	47.43	55	Likert	7.77	<.001*
Mental Health Assessment	57	34.25	43.35	50	Likert	11.52	<.001*
Supervisor	36	42.33	61.11	70	Likert	15.66	<.001*
Supporting a Suicidal Young Person	20	38.75	46.9	50	Likert	6.61	<.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 11. *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	349	3.02	3.65	5	Multiple Choice	9.01	<.001*
Group Facilitation in Therapeutic Contexts	29	2.79	3.28	5	Multiple Choice	1.89	.070
Violence Risk Assessment and Management	86	3.34	4.53	6	Multiple Choice	9.78	<.001*
Working with Strengths in Recovery	58	3.36	4.03	5	Multiple Choice	4.53	<.001*
Youth: Engage, Assess, Response to, and Support Suicidal People	150	3.40	3.97	5	Multiple Choice	5.21	<.001*

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

Table 12. *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	352	27.94	34.38	40	Likert	23.06	<.001*
Group Facilitation in Therapeutic Contexts	31	27.90	36.16	40	Likert	8.87	<.001*
Suicide Risk Assessment and Management in an Emergency Department Setting: Train-the-trainer	22	30.82	35.05	40	Likert	3.704	.001*
Violence Risk Assessment and Management	94	25.48	34.15	40	Likert	13.42	<.001*
Working with Strengths in Recovery	34	28.18	35.47	40	Likert	8.69	<.001*
Youth: Engage, Assess, Response to, and Support Suicidal People	152	35.61	43.73	50	Likert	17.00	<.001*

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

Appendix D: eLearning Training Inferential Statistics

Table 13. *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				
An Introduction to the Use of Sensory Approaches in Mental Health Care	96	8.54	9.51	13	Multiple Choice	5.99	<.001*
An Introduction to the Use of Sensory Approaches in Mental Health Care	57	3.58	4.07	6	Multiple Choice	3.14	.003*
Cognition in Mental Health and the Impact on Day-to-Day Functioning	159	3.40	3.99	5	Multiple Choice	6.75	<.001*
Dual Diagnosis	98	6.29	6.77	10	Multiple Choice	3.07	.003*
Employment for People with a Mental Illness: Understanding the Individual Placement and Support Model	33	2.49	4.00	5	Multiple Choice	6.24	<.001*
	33	4.69	5.61	7	True/False	3.79	.001*
Mental State Examination	188	4.51	5.44	8	Multiple Choice	8.09	<.001*

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

Table 14. *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	93	81.94	98.25	133	Likert	8.86	<.001*
An Introduction to the Use of Sensory Approaches in Mental Health Care	57	24.11	32.19	40	Likert	10.06	<.001*
Capacity Assessment Training and Advanced Health Directives	495	29.32	38.64	45	Likert	34.93	<.001*
Cognition in Mental Health and the Impact on Day-to-Day Functioning	161	17.83	21.68	25	Likert	13.41	<.001*
Cultural Capability for Mental Health	127	21.38	25.17	30	Likert	12.79	<.001*
Dual Diagnosis	98	15.61	20.47	25	Likert	12.56	<.001*
Employment for People with a Mental Illness: Understanding the Individual Placement and Support Model	33	13.70	16.64	20	Likert	5.46	<.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.