



Queensland Centre for
Mental Health Learning



ANNUAL REPORT 2019

COURSE DELIVERY
AND TRAINING ANALYSIS



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Contents

A message from the Director.....	2
Executive Summary.....	3
2019 Milestones.....	4
Our Service.....	6
Our Learners.....	7
Training Outcomes.....	9
Face-to-face Training	10
Blended Learning Training.....	17
Partnership Deliveries.....	23
Suicide Risk Assessment and Management in Emergency Department Settings.....	25
eLearning Training.....	26
Staff Training Needs	30
Extent of Learning Centre Training.....	31
External Organisations.....	32
Queensland Mental Health Scholarship Scheme.....	35
Key Contacts at the Learning Centre.....	36
Appendix A: Suite of courses offered by the Learning Centre.....	37
Appendix B: Face-to-face Training Inferential Statistics.....	39
Appendix C: Blended Learning Training Inferential Statistics.....	41
Appendix D: eLearning Training Inferential Statistics.....	43

A message from the Director



The Queensland Centre for Mental Health Learning (Registered Training Organisation: 40745) has continued its mission to become the centre of excellence for clinical skills development for the state's mental health workforce. The organisation is progressing a hub and spoke model for workforce development with formal partnerships between this service and Hospital and Health, mental health services (MHS), enabling the upskilling of educators. This increases the reach, volume, and influence on clinician capability from the service's contemporary education. This is achieved with our dedicated team and support from our highly respected stakeholders.

The Learning Centre team has effectively increased the suite of education resources made available to the workforce from 31 in 2018 to 33 courses by December 2019. Additional education programs include QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors and QC54 Foundations of Risk Assessment and Management. Existing courses have undergone major re-development, for example, QC9 Critical Components of Risk Assessment and Management.

Learning Centre courses are evaluated by learners before and after eLearning and/or workshop attendance. The team utilises evaluation data to improve courses and training materials. Evaluation data consistently demonstrates positive and tangible improvements in knowledge, confidence and commitment to apply new knowledge and skills following Learning Centre training.

This Annual Report provides an opportunity to reflect on the strategic and operational investment to improve clinical skills for the mental health, alcohol and other drugs workforce. Training participation and training delivery outcome data continues to validate the confidence in Learning Centre education by the Department of Health and Queensland workforce. This confidence is further evidenced by growing demand from other jurisdictions, for example, Victoria, and the Northern Territory.

Before introducing the *2019 Annual Report – Course Delivery and Training Analysis*, I would like to thank sincerely 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 clinical skills training across Queensland.

A handwritten signature in black ink, appearing to read 'Anthony Milverton'. The signature is fluid and cursive, written on a white background.

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 2019. Training outcome measures are also presented and provide an indication of the efficacy of training delivered to Queensland Health staff in this reporting period.

In 2019, the Learning Centre ...

- provided **face-to-face and blended learning training to 3382** participants from Queensland Health and external organisations
- offered **11 face-to-face courses**, and delivered them **106** times across **14** HHSs
- offered **6 blended learning courses**, and delivered them **91** times across **16** HHSs
- offered **11** eLearning courses; and had **3235 eLearning course completions** from staff working within and outside of Queensland Health
- provided **8 private deliveries to external organisations** including non-government organisations (NGOs), private hospitals, and other government departments both in Queensland and Interstate
- delivered **32 face-to-face and blended training programs in partnership** with Queensland Health Hospital and Health Services.

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, more in-depth coverage of specific therapeutic techniques and approaches** and **QC2 Engage, Assess, Respond to, and Support Suicidal People**.

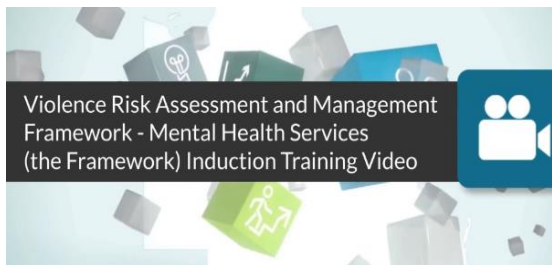
Three courses feature assessments which allow participants to demonstrate their ability to apply the skills learned in training. In 2019, the proportion of participants who successfully completed an assessment was high:

- 10120NAT Course in Observing and Documenting a Mental State Examination– **86% pass rate (competency-based assessment)**
- QC9 Critical Components of Risk Assessment and Management – **82.8% pass rate**
- QC14 Mental Health Assessment – **93.3% pass rate**.

MILESTONES

2019

FEBRUARY



QC30 Violence Risk Assessment and Management Induction Video

The Learning Centre in collaboration with the Mental Health Alcohol and Other Drugs Branch Clinical Excellence Queensland developed an induction training video to support the roll out of the Violence risk assessment and management framework – mental health services (the Framework).

JUNE

State-wide Implementation of QC30 Violence Risk Assessment and Management training

The Mental Health Alcohol and Other Drugs Branch funded delivery of 34 sessions of the QC30 Violence Risk Assessment and Management course, with 601 staff trained between March and June 2019. This training was part of the state-wide implementation of the Violence risk assessment and management framework - mental health services (the Framework).



MARCH

Established a 'Lived experience' advisory group'

A 'Lived experience advisory group' was formed to establish a model for the Learning Centre's engagement with people with lived experience. This investment helps ensure our training is recovery-focussed, and person-centred.



JULY



QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors launch

QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors was launched to support mental health clinicians working with children and young people to understand what the 'less restrictive way' means within the context of the *Mental Health Act 2016*. It strengthens the ability of clinicians to assess a child or young person's capacity to consent to mental health treatment to determine 'Gillick competence'.

AUGUST - SEPTEMBER

Learning Centre training redevelopment

In August and September, the Learning Centre launched the redeveloped programs: QC4 Supervisor, QC40 Capacity Assessment Training and Advance Health Directives and QC45 Cognition in Mental Health and the Impact on Day-to-Day functioning. A variety of upgrades were implemented in the new programs, including the addition of an introductory eLearning module on capacity assessment for the QC40 program.



The Mental Health Service (TheMHS) Learning Network International Conference

Two presentations were provided by Learning Centre staff at the MHS conference in August 2019 and accepted for online publication in 2020.



NOVEMBER

QC9: Risk Assessment and Management and Mental Health Assessment Training redevelopment

Our most popular course, QC9 Critical Components of Risk Assessment and Management underwent a major redesign. Developed in partnership with the Mental Health Alcohol and Other Drugs Branch, and in collaboration with an expert reference group from around the state, the course includes a whole range of new and dynamic content.



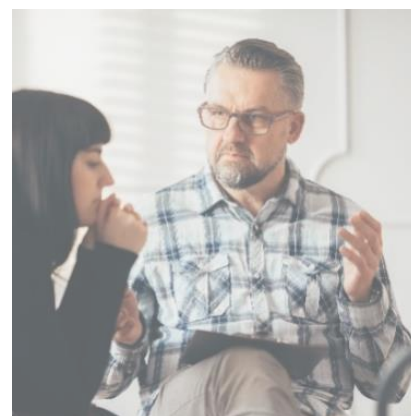
QC54 Foundations of Risk Assessment and Management launch

A new eLearning course was launched to support our existing Risk Assessment training packages. QC54 Foundations of Risk Assessment and Management supports a clinicians' understanding of the principles of risk assessment and management planning by stepping through topics such as how triggers and warning signs inform risk management and identifying what makes an effective risk summary.

Introduction of online assessment

Online assessments were introduced for QC9 Critical Components of Risk Assessment and Management. This change enables more time to cover course content on the day of training and will be rolled out for our two other assessable face-to-face courses (QC14 Mental Health Assessment and 10120NAT Course in Observing and documenting a Mental State Examination) when they are redeveloped in 2020/21.

OCTOBER



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, Insight (alcohol and drug education provider) and individual health services across the state to strengthen the educational resources available to Queensland Health staff. The Learning Centre also supports mental health learning of the non-government workforce, and other government departments both in Queensland and interstate.

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 Learning Centre is guided by the four pillars of People, Profile, Process, and Product shown below.

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 quality recovery focused approach to mental health care.

PEOPLE

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

PROFILE

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

PROCESS

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

PRODUCT

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 2019 participants (excluding partnership delivery participants) is presented in Figures 1 through 5.

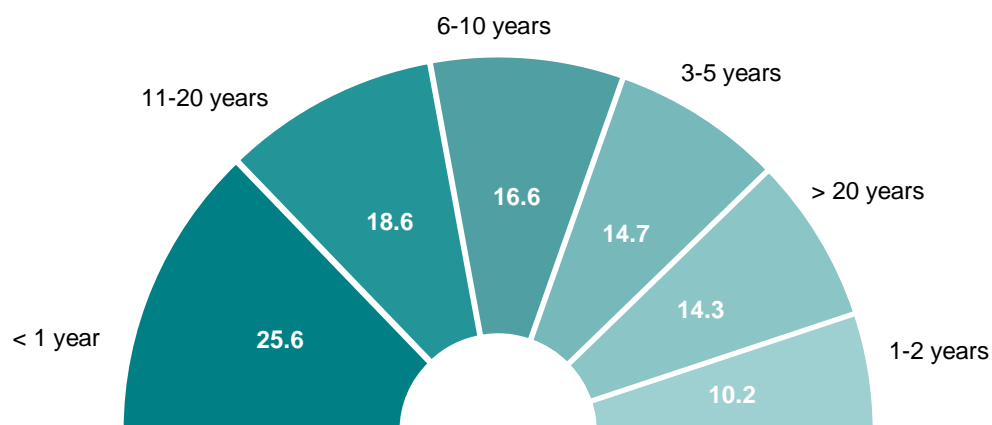


Figure 1. Years of experience working in mental health ($n = 5030$)

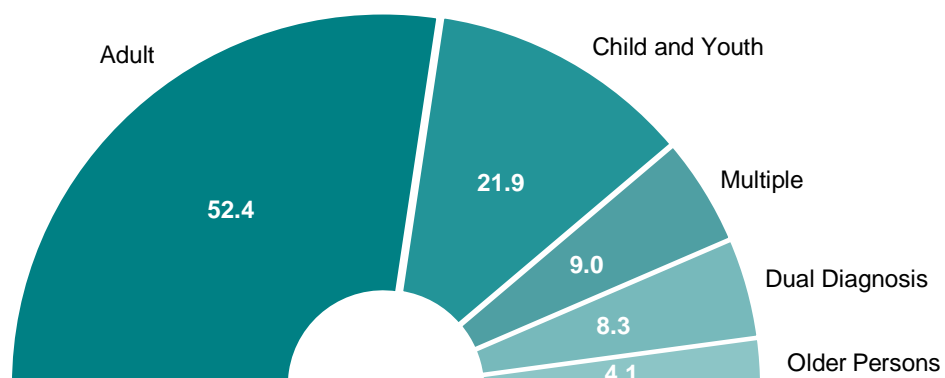


Figure 2. Primary consumer target group ($n = 5513$)



Figure 3. Top five professional backgrounds ($n = 5516$)

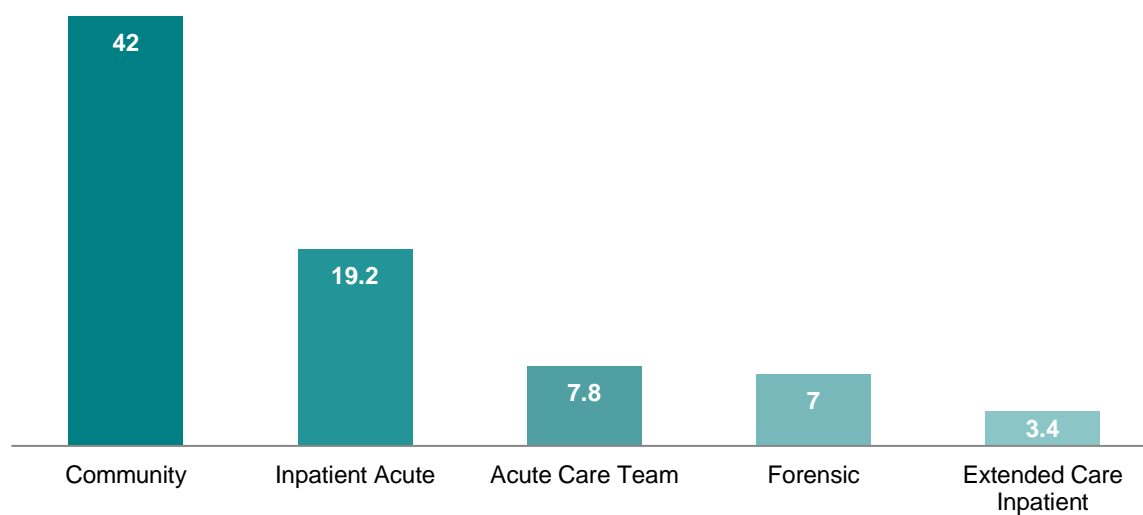


Figure 4. Top five areas of service ($n = 4972$)

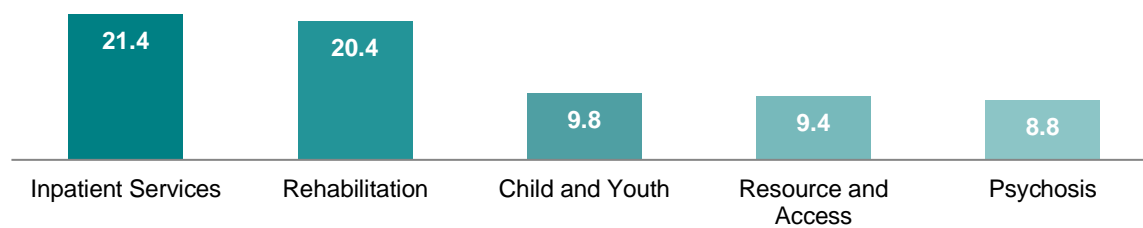


Figure 5. Top five streams (for participants employed in Metro South Health Service) ($n = 510$)

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. In 2019, the Learning Centre rolled out online evaluations for most of our courses to allow participants more time spent on training content on the day. 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 2019 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 via the details listed on page 31.

Face-to-face Training



In 2019, the Learning Centre provided face-to-face training to Queensland Health employees through 106 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 2019

Course	Deliveries
QC8 Best Practice Models of Supervision	18
QC13 Capacity Assessment	5
10120NAT Course in Observing and Documenting a Mental State Examination	23
QC9 Critical Components of Risk Assessment and Management	29
QC19 Critical Components of Risk Assessment and Management (refresher)	2
QC23 Forming the Therapeutic Alliance	2
QC14 Mental Health Assessment	4
QC29 Reasoning and Rehabilitation for Youths and Adults with Mental Health Problems	1
QC12 Supervising Supervisors	2
QC4 Supervisor	9
QC31 Supporting a Suicidal Young Person	11
Total	106

The QC9 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 2019. 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 within each HHS, excluding instances of participant enrolment in more than one course.

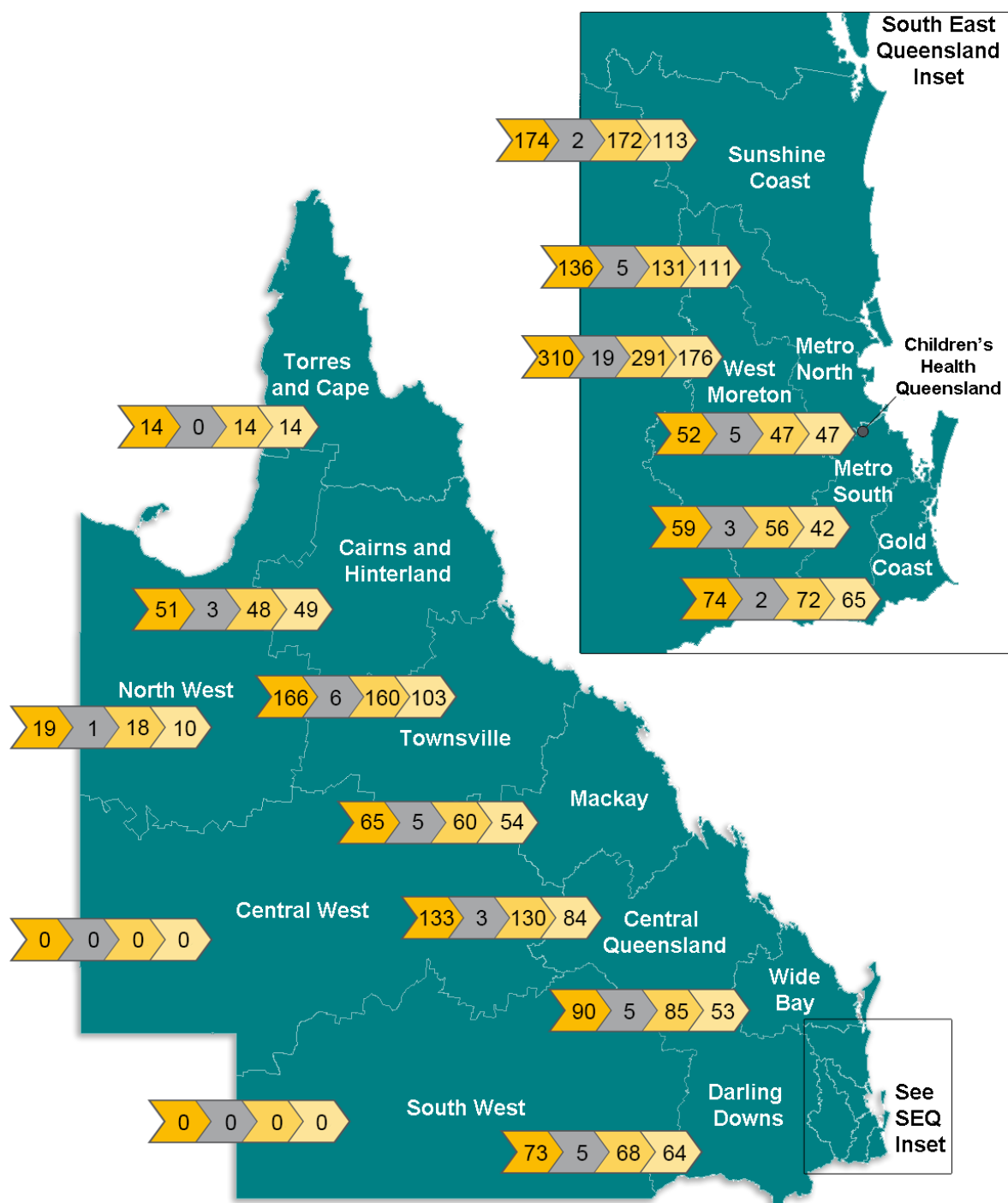


Figure 6. Face-to-face training enrolments and attendance for each HHS

Knowledge and confidence



My expectations were to receive advancement of my current knowledge, skills and experiences with self-harming and suicidal adolescents. My expectations were met very well. The training addressed my learning needs perfectly.

Clinical Nurse, QC31 Supporting a Suicidal Young Person course participant



Face-to-face

Figure 7 presents the aggregated face-to-face knowledge scores (as a percentage of the scale totals) for all courses for 2019. 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 2019. 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



The content and the manner of delivery enables a building of confidence to consult with young people having thoughts of suicide. The impact within my workplace is that I now feel more capable when in consultation with a young person expressing suicidal ideation, expressing self-harm, and expressing thoughts of thwarted belongingness or perceived burdensomeness. I definitely recommend this training.

Clinical Nurse, QC31 Supporting a Suicidal Young Person 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.



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 2019, 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:
Not having the necessary knowledge and skills (n = 15)
The training content was not relevant to the participant's current role (n = 12)
Not having the necessary time (n = 8)

Application of training

“ Training was informative, structured, interactive, flexible and future orientated. Identified where we are now and where Queensland is moving to. The importance of having a formal agreement. Definitely a training to attend. It addressed training, learning needs and requirements. Would definitely recommend this course and already have to a colleague.

Nurse, QC8 Best Practice Models of Supervision 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 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 extend beyond the thousands of employees we train directly.

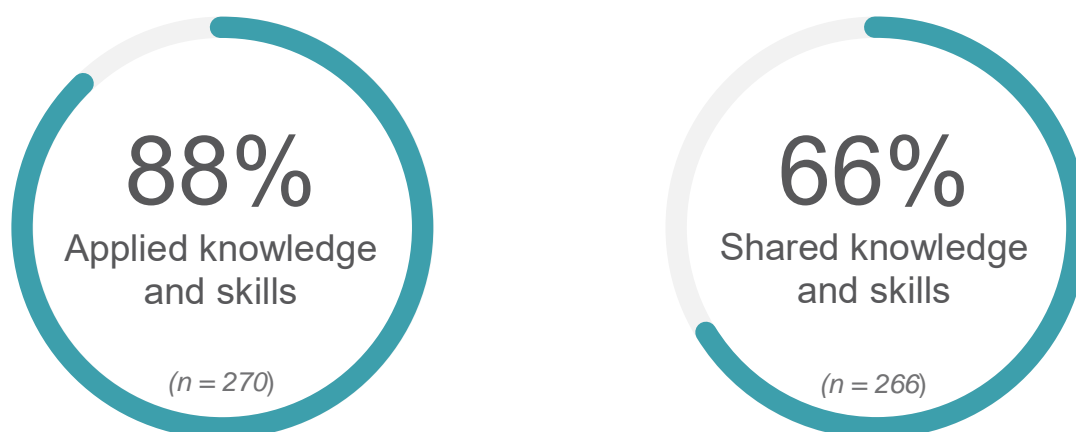


Figure 10. Application and sharing of knowledge and skills in the workplace

Training satisfaction and recommendation



I was not sure what would be covered in the training, but once I was there it was very clear what I needed to do and how it could be applied to my job. In fact, I am using the knowledge and resources to prepare a risk assessment and plan the day after the workshop. I would recommend this to anyone working in mental health, as it provides a clear way to structure the knowledge we already have to provide clear communication about what may help our patient/clients and why.

Psychologist, QC9 Critical Components of Risk Assessment and Management course participant



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.



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: QC9 Critical Components of Risk Assessment and Management, QC14 Mental Health Assessment, and 10120NAT 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 QC9 Critical Components of Risk Assessment and Management and QC14 Mental Health Assessment Courses

	QC9 Critical Components of Risk Assessment and Management	QC14 Mental Health Assessment
Participants who successfully completed an assessment	338	42
Participants who did not successfully complete an assessment	34	3
Participants who attended without completing an assessment	36	0
Total participants	408	45

Almost all (82.8%) QC9 Critical Components of Risk Assessment and Management participants completed an assessment successfully; while for the QC14 Mental Health Assessment course, 93.3% 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 10120NAT Course in Documenting and Observing a Mental State Examination. The majority (86%) of participants completed the course and achieved a result of 'competent'.

Table 4. Assessment 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'	290
Participants who completed an assessment and who were deemed 'not yet competent'	46
Participants who attended without completing an assessment	0
Participants with results pending	1
Total participants	337

Blended Learning Training



Blended

In 2019, the Learning Centre provided blended learning training to Queensland Health employees through 92 training deliveries, which is a 15% increase on the number of deliveries from 2018. The number of deliveries for each of our six blended learning courses is presented below in Table 5. Figure 12 (overleaf) provides a comparison of training enrolments, eLearning completions and attendance for each HHS.

Table 5. Learning Centre Blended Learning Course Deliveries in 2018

Course	Deliveries
QC2 Engage, Assess, Respond to, and Support Suicidal People	31
QC24 Working with Strengths in Recovery (QC24)	2
QC25 Suicide Risk Assessment and Management in an Emergency Department Setting	3
QC27 Group Facilitation in Therapeutic Contexts	4
QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People	12
QC30 Violence Risk Assessment and Management	39
Total	91

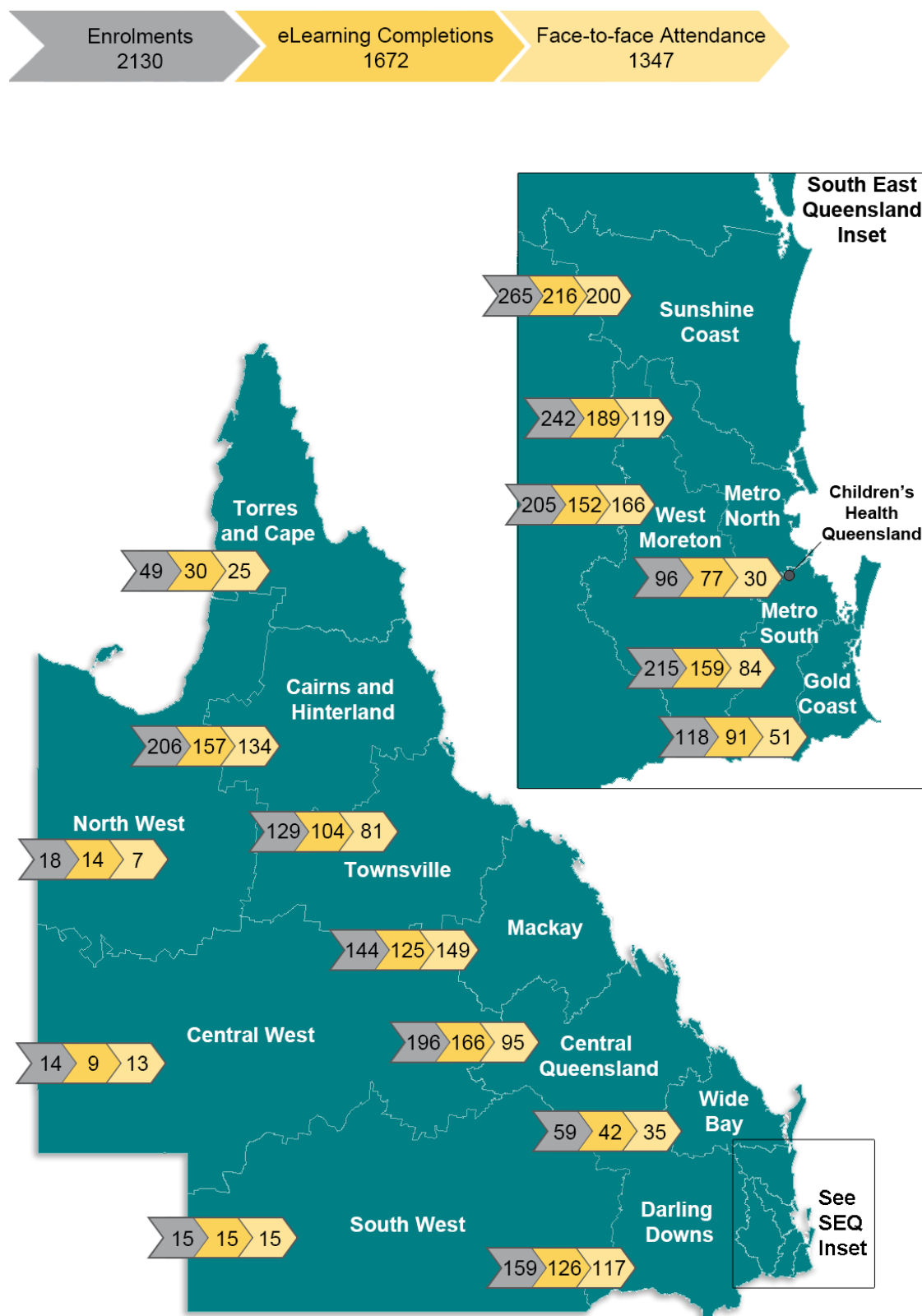


Figure 12. Blended learning training enrolments and attendance for each HHS

Knowledge and confidence



It was very informative session . . . which provided a great sense of knowledge, skills to effectively assess, manage and document suicidality. The skills gathered are invaluable.” patient/clients and why.

Social Worker, QC25 Suicide Risk Assessment and Management in an Emergency Department Setting (SRAM-ED) course participant



Figure 13 presents the aggregated blended learning knowledge scores (as a percentage of the scale totals) for all courses for 2019. 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 2019. Participants reported markedly higher levels of self-rated confidence after training when compared to their confidence before training.

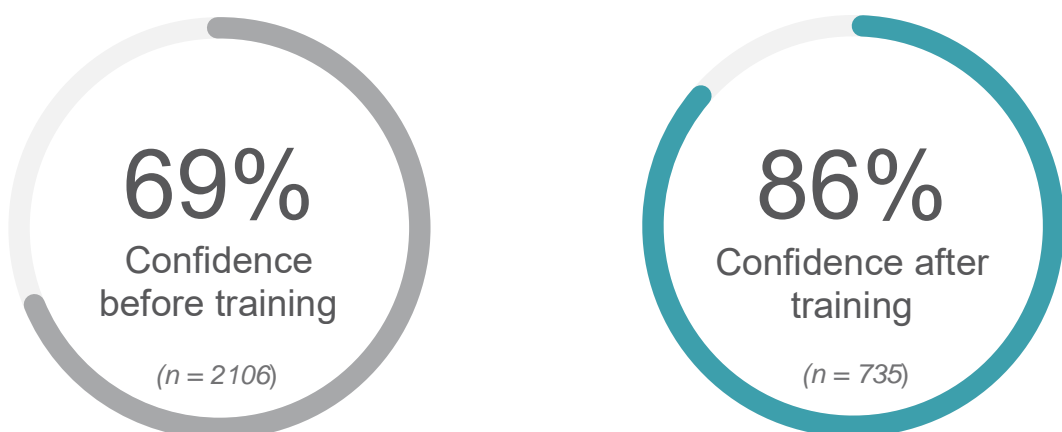


Figure 14. Participant self-perceived confidence before and after training

Confidence and commitment



It was a really enjoyable day where I felt I was able to increase my clinical knowledge and I felt that I understood the topic and would be able to use the models in my current workplace.

QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People (YEARS)
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.



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 2019, 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 time (n = 38)
Not having support from workplace systems (n = 18)
Not having the necessary knowledge and skills (n = 13)

Application of training



I would recommend this training. You question your values and it makes you think about your patients' thoughts.

Nurse, QC25 Suicide Risk Assessment and Management in an Emergency Department Setting (SRAM-ED) 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.

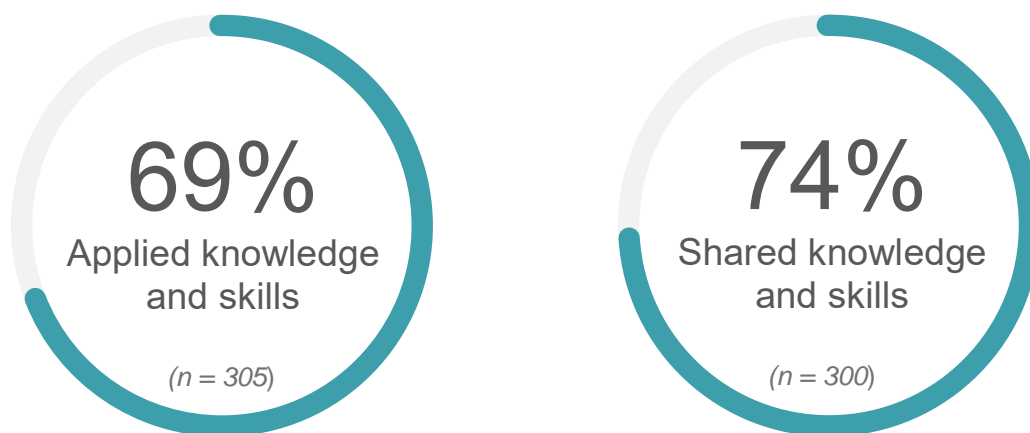


Figure 16. Application and sharing of knowledge and skills in the workplace

Training satisfaction and recommendation



I would recommend this training to other Allied Health Assistants where it is relevant to their role. It was very informative and easy to follow. I was the only non-professional in the room and [the course facilitator] made me feel very included and made sure I understood everything.

Allied Health Assistant, QC2 Engage, Assess, Respond to, and Support Suicidal People (EARS)
course 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. Many 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

Partnership Deliveries

Hospital and Health Service Partnerships

In recent years the Learning Centre has progressed toward a hub and spoke model of training delivery to increase the reach and volume of mental health training within Queensland Health. In 2019, the Learning Centre established formal partnerships with Cairns and Hinterland, Children's Health Queensland, Sunshine Coast and Townsville Hospital and Health Services to deliver blended and face-to-face Learning Centre training. The Learning Centre upskilled educators from these services enabling the independent delivery of face-to-face training (including the face-to-face components of blended learning programs) within their health service. Table 7 lists the number of deliveries and number of staff who attended this training in 2019. The number of deliveries through formal partnerships increased from 9, in 2018 to 32, in 2019.

Table 7. HHS Partnership Course Deliveries in 2019

Partnership HHS	Course	Deliveries	Attended
Children's Health Queensland	QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People	14	186
Cairns and Hinterland	QC2 Engage, Assess, Respond to, and Support Suicidal People	6	78
Cairns and Hinterland	QC9 Critical Components of Risk Assessment and Management	9	157
Sunshine Coast	QC9 Critical Components of Risk Assessment and Management	2	20
Townsville	QC8 Best Practice Models of Supervision	1	12
Total		32	453

Skills

Cairns and Hinterland and Sunshine Coast HHSs had formal partnerships to deliver QC9 Critical Components of Risk Assessment and Management course in 2019. This training program includes an assessment to allow participants to demonstrate their ability to implement the skills learned in training. The successful completion rates of the assessment are provided for Cairns and Hinterland (Table 8) and Sunshine Coast (Table 9) partnership deliveries.

Table 8. Assessment Completion Rates for the QC9 Critical Components of Risk Assessment and Management delivered in partnership with the Cairns and Hinterland HHS

QC9 Critical Components of Risk Assessment and Management	
Participants who successfully completed an assessment	20
Participants who did not successfully complete an assessment	0
Participants who attended without completing an assessment	0
Total participants	20

Table 9. Assessment Completion Rates for the QC9 Critical Components of Risk Assessment and Management delivered in partnership with the Sunshine Coast HHS

QC9 Critical Components of Risk Assessment and Management	
Participants who successfully completed an assessment	148
Participants who did not successfully complete an assessment	2
Participants who attended without completing an assessment	5
Total participants	155

Suicide Risk Assessment and Management for Emergency Department settings (SRAM-ED)

The Learning Centre developed the Suicide Risk Assessment and Management in Emergency Department settings (SRAM-ED) training package as part of an overarching Suicide Prevention Project and in response to a 2015 Ministerial commitment. SRAM-ED is a blended learning program designed to enhance the knowledge and skills of clinicians' working in emergency department settings with consumers who are at risk of suicide. The training package consists of Foundational (QC50) and Advanced (QC51) programs that can be completed separately or together as well as a Train-the-trainer (QC25) program.

The foundational (QC50) and advanced (QC51) SRAM-ED programs are delivered in partnership with all HHSs. 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 the Train-the-trainer workshop (QC25) with the Learning Centre. The Learning Centre delivered three Train-the-trainer workshops in 2019 (see Table 5) with a total of 28 attendees. The Gold Coast Health Service delivers their own suicide prevention training in combination with some of the Learning Centre's SRAM-ED eLearning modules. In 2019, a total of **851** participants attended these face-to-face workshops over **153** deliveries (see Table 10).

Table 10. Suicide Prevention Project Partnership Course Deliveries in 2019

Course	Deliveries	Attendees
QC80 Gold Coast Suicide Prevention Pathway Training	11	118
QC50 Suicide Risk Assessment and Management in Emergency Department Settings: Foundational	88	532
QC51 Suicide Risk Assessment and Management in Emergency Department Settings: Advanced	54	201
Total	153	851

eLearning Training



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:

- QC40 Capacity Assessment Training and Advance Health Directives
- QC42 An Introduction to the use of Sensory Approaches in Mental Health Care
- QC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning
- QC46 Dual Diagnosis
- QC47 Employment for People with a Mental Illness: Understanding the IPS Model
- QC48 Mental State Examination
- QC52 Cultural Capability in Mental Health
- QC53 Capacity Assessment and the "Less Restrictive Way" for Minors
- QC54 Foundations of Risk Assessment and Management

In 2019, there were a total of 3293 eLearning enrolments and a total of 2206 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 eLearning courses in 2019 were:

1. QC40 Capacity Assessment Training and Advance Health Directives
2. QC48 Mental State Examination
3. QC53 Capacity Assessments and the "Less Restrictive Way" for Minors

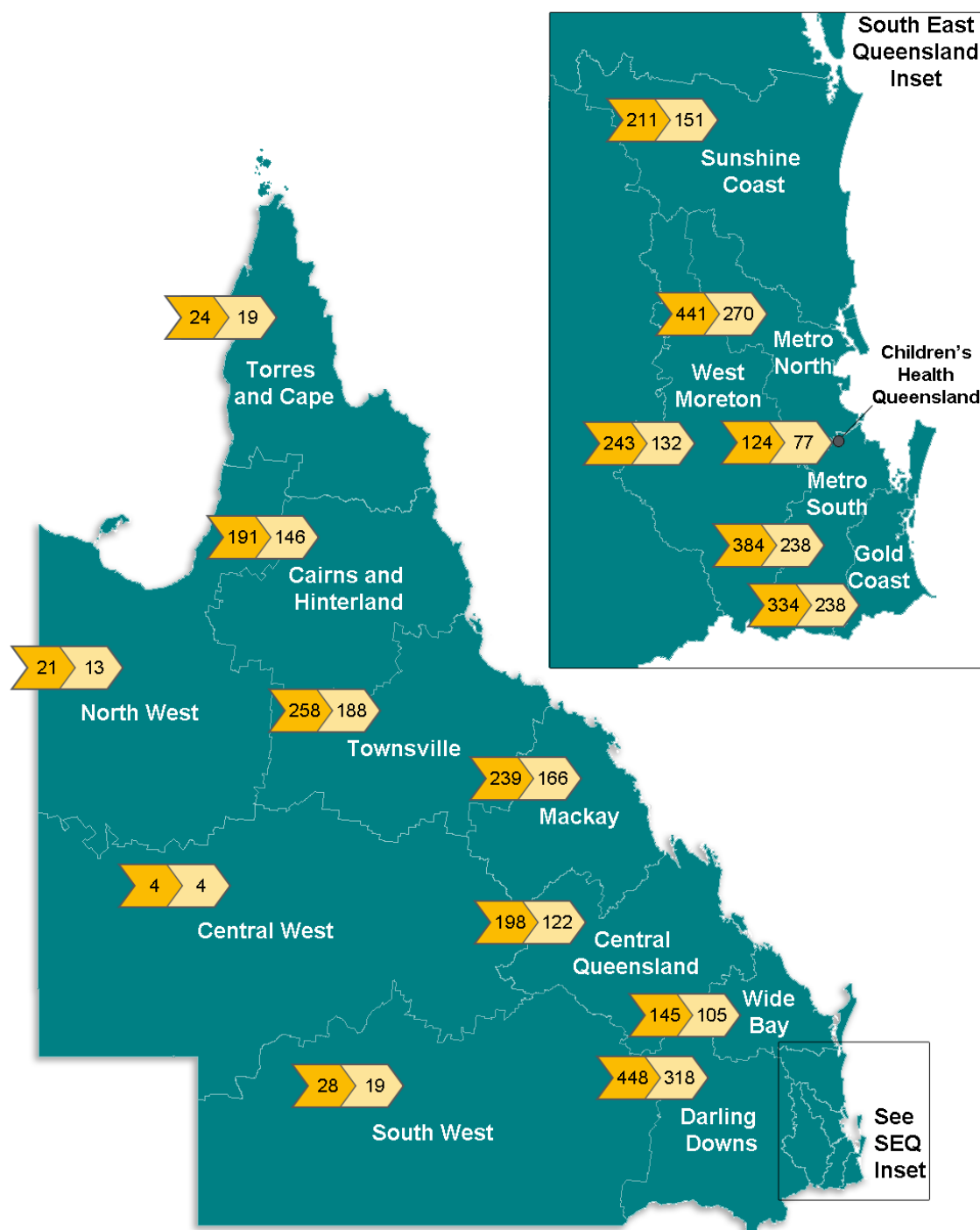


Figure 18. eLearning course enrolments and completions for each HHS

Knowledge and confidence

“ The program was well organised and had an appropriate balance of engaging activities such as knowledge check-ups. The video examples were extremely well produced and highly relevant to the learning. Notwithstanding my own learning I think this is the best resource for capacity assessment I've seen in terms of ease of use and relevance.

Mental Health, Alcohol and Other Drugs Senior Clinician, QC53 Capacity assessments and the 'less restrictive way' for minors course 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.



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

Figure 20 presents the aggregated eLearning confidence scores for 2019. 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



It is a good way to keep competencies at an appropriate level without having to travel to attend lectures at tertiary institutions or other sites.

Registered Nurse, QC48 Mental State Examination (MSE) eLearning course 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 those likely to recommend 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*. Responses were grouped into similar themes and values are indicative of the number of times a response was mentioned by participants.

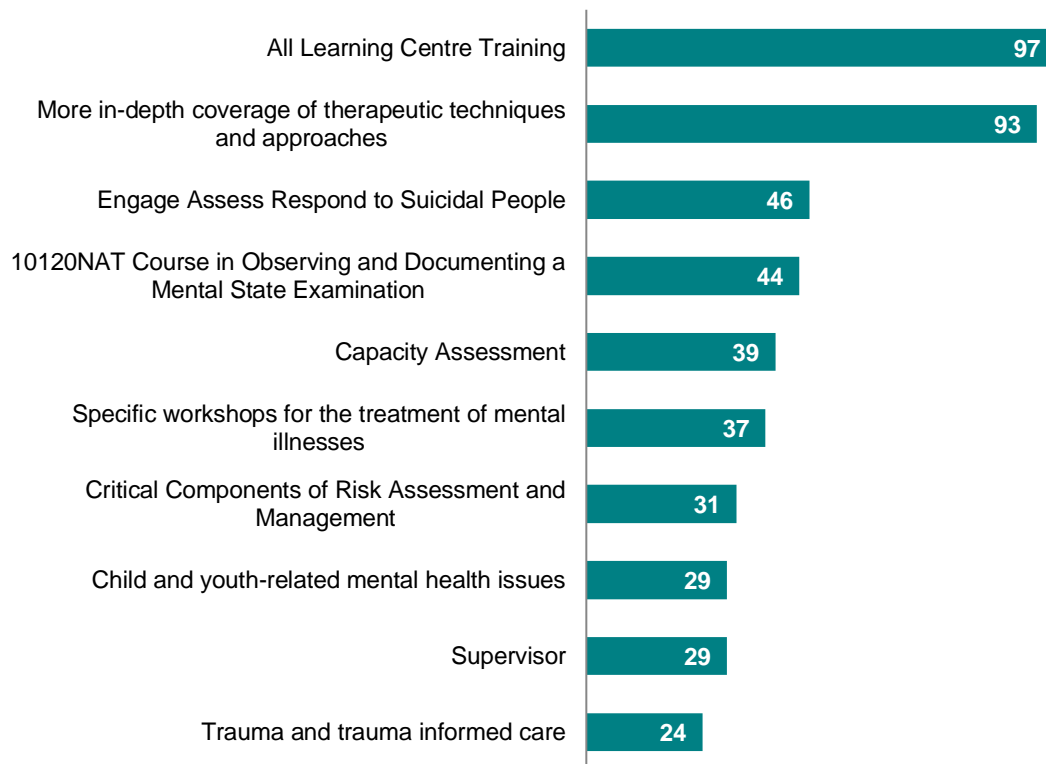


Figure 23. Top ten responses to the item ‘What further mental health training would you like to receive?’

Extent of Learning Centre Training

To estimate the proportion of Queensland Health mental health staff accessing *any* modality of Learning Centre training in 2019, 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 frequencies of Learning Centre unique participants within each HHS was based on the HHS 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 2018/2019 financial year. This data is presented in Table 8.

Table 11. Unique Learning Centre Training Participants in 2019 Compared to the FTE by HHS for the 2018/2019 Financial Year

HHS	HHS FTE ^a	Unique Learning Centre Participants ^b
Cairns and Hinterland	349	301
Central Queensland	228	210
Central West	7	12
Children's Health Queensland	331	276
Darling Downs	482	320
Gold Coast	593	292
Mackay	177	181
Metro North	1028	403
Metro South	984	312
North West	28	23
South West	11	22
Sunshine Coast	394	296
Torres and Cape	46	32
Townsville	459	208
West Moreton	614	251
Wide Bay	214	131
Statewide Total	5945	3270

^aData 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.

^bComparative values cannot be converted to percentages as while Unique Learning Centre participants are predominantly employed by MHSS, it cannot reliably exclude workers from services outside of Queensland Mental Health Services.

External Organisations

The Learning Centre supports external organisations through private group training delivered on request and clinicians working outside of Queensland Health can access Learning Centre training independently. In 2019, a total of 230 staff from external organisations attended Learning Centre training.

Private Deliveries

The Learning Centre provided 8 private training deliveries to 109 staff from four external organisations in 2019. Table 12 displays the number of deliveries and attendees by organisation type and course.

Table 12. Private delivery numbers by organisation and Learning Centre course

Organisation	Course	Deliveries	Attendees
Interstate Government Department	QC9 Critical Components of Risk Assessment and Management	1	10
	QC2 Engage, Assess, Respond to, and Support Suicidal People	1	17
	QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People	1	17
Non-government Organisation (NGO)	QC27 Group Facilitation in Therapeutic Contexts	2	23
Other Queensland Government Department	Youth Mental Health First Aid (YMHFA)	2	32
Private Hospital	QC27 Group Facilitation in Therapeutic Contexts	1	10
Total		8	109

Individual External Staff Participation

Learning Centre training was attended by an additional 121 workers from organisations outside of Queensland Health in 2019, with NGOs having the highest representation (see Table 13).

Table 13. External staff participation by organisation for 2019

Organisation	Attendees
Non-government Organisation	42
Other Queensland Government Department	30
Interstate Government Department	3
Federal Government Department	4
University	24
Queensland Private School Sector	3
Private Hospital	15
Total	121

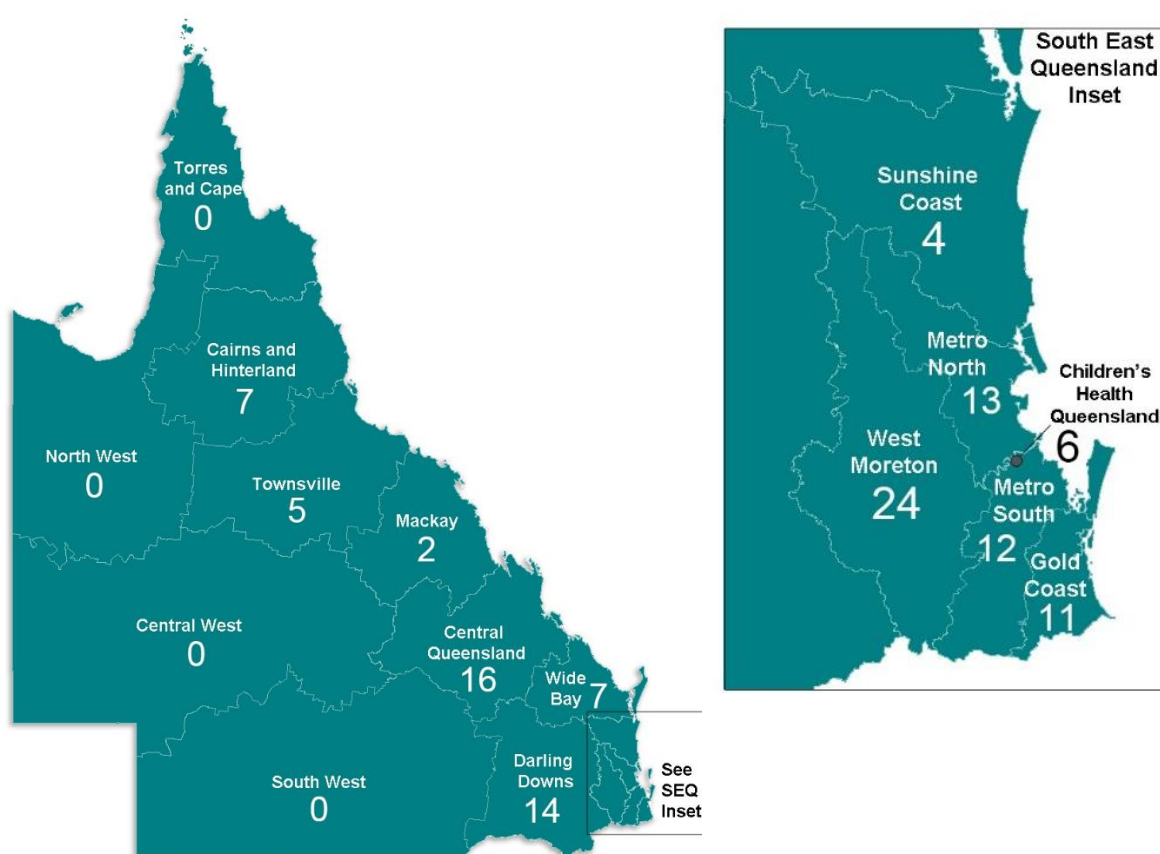


Figure 24. External participation in Learning Centre training by HHS for 2019

Figure 24 depicts the breakdown of external staff attending training independently by the HHS where the training occurred. Tables 14 and 15 show external staff participation by course for face-to-face and blended learning with QC31 Supporting a Suicidal Young Person and QC2 Engage, Assess, Respond to, and Support Suicidal People the courses with the most uptake, respectively.

Table 14. External staff participation by Face-to-Face course for 2019

Face-to-Face Course	Attendees
10120NAT Course in Observing and Documenting a Mental State Examination	13
QC13 Capacity Assessment	1
QC14 Mental Health Assessment	1
QC31 Supporting a Suicidal Young Person	34
QC4 Supervisor	3
QC8 Best Practice Models of Supervision	6
QC9 Critical Components of Risk Assessment and Management	14
Total	72

Table 15. External staff participation by Blended Learning course for 2019

Blended Learning Course	Attendees
QC24 Working with Strengths in Recovery	1
QC27 Group Facilitation in Therapeutic Contexts	7
QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People	7
QC30 Violence Risk Assessment and Management	3
QC50 Suicide Risk Assessment and Management in Emergency Department Settings: Foundational	6
QC51 Suicide Risk Assessment and Management in Emergency Department Settings: Advanced	4
QC80 Gold Coast Suicide Prevention Pathway Training	4
QC2 Engage, Assess, Respond to, and Support Suicidal People	17
Total	49

In addition, 1029 external staff completed Learning Centre eLearning programs in 2019. The breakdown of participation by course is presented in Table 16. QC48 Mental State Examination had the highest rate of completion by staff external to Queensland Health in 2019.

Table 16. External staff participation in Learning Centre eLearning courses for 2019

eLearning Course	Completions
QC48 Mental State Examination	300
QC42 An Intro to the use of Sensory Approaches in Mental Health Care	145
QC46 Dual Diagnosis	113
DQC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning (retired)	98
QC52 Cultural Capability in Mental Health	75
DQC81 CBTp Awareness (retired)	55
DQC82 Cognitive Remediation Therapy (retired)	51
QC40 Capacity Assessment Training and Advance Health Directives	50
QC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning	41
QC41 Acute Management Plan	36
QC49 Police and Ambulance Intervention Plan	21
QC47 Employment for People with a Mental Health Illness: Understanding the IPS Model	21
QC53 Capacity Assessment and the "Less Restrictive Way" for Minors	17
QC54 Foundations of Risk Assessments and Management	6
Total	1029

Queensland Mental Health Scholarship Scheme

The Queensland Mental Health Scholarship Scheme (MHSS) is a Queensland Health initiative designed to enhance the capability of the mental health workforce by increasing skill mix and strengthening recruitment and retention outcomes in mental health services. Established in the 1999 to 2000 financial year, the MHSS is awarded annually and provides funding to Nursing and Allied Health professionals towards the completion of approved postgraduate mental health related qualifications. The Learning Centre oversees the strategic management, administration, and funding of the MHSS.

In 2019, a total of 83 scholarships were offered, and \$180,381 was awarded to Queensland Health clinicians as part of the MHSS. Table 17 presents the number of scholarships awarded in the 2019 funding round for Nursing and Allied Health staff.

Table 17. Number of Scholarships awarded in the 2019 funding round

Professional Background	Scholarships Awarded
Nursing	66
Allied Health	17
Total	83

Key Contacts

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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
QC8 Best Practice Models of Supervision
QC13 Capacity Assessment
10120NAT Course in Observing and Documenting a Mental State Examination (RTO Number 40745; ASQA)
QC9 Critical Components of Risk Assessment and Management
QC19 Critical Components of Risk Assessment and Management (Refresher)
QC23 Forming the Therapeutic Alliance
QC14 Mental Health Assessment
QC3 Mental Health Educator Development
QC29 Reasoning and Rehabilitation for Youth and Adults with Mental Health Problems: Train-the-trainer
QC12 Supervising Supervisors
QC4 Supervisor
QC31 Supporting a Suicidal Young Person
Mental Health First Aid (MHFA)
Youth Mental Health First Aid (YMHFA)
Blended Learning Courses
QC2 Engage, Assess, Respond to, and Support Suicidal People
QC27 Group Facilitation in Therapeutic Contexts
QC50, QC51, QC25 Suicide Risk Assessment and Management in Emergency Department Settings (SRAM-ED)
QC30 Violence Risk Assessment and Management
QC24 Working with Strengths in Recovery
QC28 Youth: Engage, Assess, Respond to, and Support Suicidal People
eLearning Courses
QC41 Acute Management Plan
QC42 An Introduction to the Use of Sensory Approaches in Mental Health Care
QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors
QC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning
QC52 Cultural Capability in Mental Health
QC46 Dual Diagnosis
QC47 Employment for People with Mental Illness: Understanding the Individual Placement and Support Model
QC54 Foundations of Risk Assessment and Management

QC40 *Mental Health Act 2016* – Capacity Assessment and Advance Health Directives

QC48 Mental State Examination

QC49 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
		Before training	After training			
QC8 Best Practice Models of Supervision	82	3.49	3.81	5	Multiple Choice	2.38*
QC13 Capacity Assessment	19	6.50	7.40	10	True/False	2.35*
QC23 Forming the Therapeutic Alliance	9	3.11	3.22	5	Multiple Choice	<1
	9	4.11	4.22	5	True/False	<1
QC4 Supervisor (Overall)	6	5.86	7.14	10	Multiple Choice	1.89
QC4 Supervisor (Implementation)	45	4.82	6.76	10	Multiple Choice	6.40**
QC29 Reasoning and Rehabilitation for Youth and Adults with Mental Health Problems	6	3.17	3.5	5	Multiple Choice	<1
QC31 Supporting a Suicidal Young Person	43	6.98	8.74	10	True/False	6.60**

* p < .05; ** p < .001 (indicating a significant increase observed in measures of knowledge after training, in comparison to measures of knowledge prior to training)

Please note: The total sample sizes reported in the body of this report are larger than those reported in the appendices. This occurs because the data in the body of the report is based on unmatched data, while data in appendices is based on matched data. Matched data refers to when the same individual has completed an evaluation for two time points and thus the data can be directly compared, which is required to conduct inferential statistics. Unmatched data refers to data which is included regardless of whether the individual completed an evaluation at one or two time points. This means every evaluation completed is included, providing a larger sample size. The pattern of results obtained from matched and unmatched data is consistent throughout this report.

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

Training Course	n	Mean		Scale Maximum	Scale Type	t
		Before-training	After-training			
QC8 Best Practice Models of Supervision	81	51.63	81.20	91	Likert	20.12**
QC13 Capacity Assessment	20	24.33	34.10	40	Likert	6.69**
10120NAT Course in Observing and Documenting a Mental State Examination	146	17.98	21.85	25	Likert	12.91**
QC9 Critical Components of Risk Assessment and Management (Overall)	187	22.46	25.73	30	Likert	11.16**
QC9 Critical Components of Risk Assessment and Management (Implementation)	94	22.66	26.44	30	Likert	10.58**
QC23 Forming the Therapeutic Alliance	8	44.67	49.78	55	Likert	2.74*
QC14 Mental Health Assessment	13	34.30	42.77	50	Likert	4.98**
QC29 Reasoning and Rehabilitation for Youth and Adults with Mental Health Problems	6	33.33	45.00	50	Likert	5.16*
QC12 Supervising Supervisors	8	33.87	40.63	45	Likert	3.90*
QC4 Supervisor (Overall)	6	46.71	61.71	70	Likert	5.34*
QC4 Supervisor (Implementation)	54	43.30	59.48	70	Likert	12.93**
QC31 Supporting a Suicidal Young Person	43	40.13	45.93	50	Likert	5.23**

* p < .05; ** p < .001 (indicating a significant increase observed in measures of knowledge after training, in comparison to measures of knowledge 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
		Before-training	After-training			
QC2 Engage, Assess, Respond to, and Support Suicidal People	193	2.98	3.51	5	Multiple Choice	9.01**
QC27 Group Facilitation in Therapeutic Contexts	17	2.71	3.18	5	Multiple Choice	2.22*
QC30 Violence Risk Assessment and Management	271	3.14	4.16	6	Multiple Choice	12.53**
QC24 Working with Strengths in Recovery	26	3.15	3.92	5	Multiple Choice	3.08*
QC28 Youth: Engage, Assess, Response to, and Support Suicidal People	124	3.23	3.83	5	Multiple Choice	4.76**

* p < .05; ** p < .001 (indicating a 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
		Before-training	After-training			
QC2 Engage, Assess, Respond to, and Support Suicidal People	202	28.08	33.91	40	Likert	16.28*
QC27 Group Facilitation in Therapeutic Contexts	19	28.47	35.84	40	Likert	5.72**
QC30 Violence Risk Assessment and Management	293	26.11	34.59	40	Likert	25.56**
QC24 Working with Strengths in Recovery	2	31.50	33.50	40	Likert	2.00
QC28 Youth: Engage, Assess, Response to, and Support Suicidal People	129	36.11	43.18	50	Likert	14.10**

* p < .05; ** p < .001 (indicating a significant increase observed in measures of knowledge after training, in comparison to measures of knowledge 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
		Before-training	After-training			
QC42 An Introduction to the Use of Sensory Approaches in Mental Health Care	96	4.15	4.38	6	Multiple Choice	2.16*
QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors	155	4.18	5.34	6	Multiple Choice	12.24**
QC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning	31	2.55	3.29	5	Multiple Choice	4.00**
DQC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning (Retired)	124	3.25	3.77	5	Multiple Choice	5.84**
QC46 Dual Diagnosis	98	6.27	6.58	10	Multiple Choice	1.87
QC47 Employment for People with a Mental Illness: Understanding the Individual Placement and Support Model	26	2.46	3.85	5	Multiple Choice	4.63**
	25	4.68	5.28	7	True/False	2.04*
QC48 Mental State Examination	209	4.49	5.31	8	Multiple Choice	7.26**

* p < .05; ** p < .001 (indicating a 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
		Before-training	After-training			
QC42 An Introduction to the Use of Sensory Approaches in Mental Health Care	159	23.89	32.09	40	Likert	16.52**
QC53 Capacity Assessments and the 'Less Restrictive Way' for Minors	155	20.88	25.45	30	Likert	13.16**
QC40 Capacity Assessment Training and Advanced Health Directives	220	30.56	37.52	45	Likert	16.32**
QC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning	35	9.54	12.11	15	Likert	5.84**
DQC45 Cognition in Mental Health and the Impact on Day-to-Day Functioning (Retired)	124	17.70	21.29	25	Likert	11.96
QC52 Cultural Capability for Mental Health	104	21.83	25.43	30	Likert	11.04
QC46 Dual Diagnosis	98	16.31	19.58	25	Likert	11.63**
QC47 Employment for People with a Mental Illness: Understanding the Individual Placement and Support Model	25	13.68	16.28	20	Likert	4.40**
QC54 Foundations of Risk Assessment and Management	26	21.62	30.12	35	Likert	8.73**

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.

* $p < .05$; ** $p < .001$ (indicating a significant increase observed in measures of knowledge after training, in comparison to measures of knowledge prior to training)

