

# Clinical Applications Unit

Applying research to improve care coordination

Autumn 2009

## *From the Director*

CAU's work is growing steadily as we take on more staff and expand the scope of our projects. A recent Perth-based study published in the *Medical Journal of Australia* (16 February 2009) indicated that people with mental illnesses face a considerably increased risk of cardiovascular disease (CVD).

The first step in developing risk reduction programs is the availability of high-quality, clinically relevant data. The Clinical Applications Unit and Graylands Pharmacy are collaborating with a Study of the Antipsychotic Effects on Metabolic Syndrome (SAEMS) to develop a routine, clinically feasible system for monitoring CVD risk factors in all NMAHS-MH patients treated with antipsychotic medications. We anticipate at this stage that it will take around 18 months to develop a working register of information.



Not the usual suspects: the **CVD Risk Register Reference Group**. L-R: Kevin Lau, Viki Kearns, Gordon Shymko, Maria Sheehan, Carole Harrison, Daniel Rock, Karolina Golebiewski, Daphine Ayonrinde, and Diana Mukasa.

## *New CVD Project: Optimising Physical Health Care*

The *Duty to Care Report* (Lawrence, Holman & Jablensky, 2001) clearly highlighted the disparity between individuals who suffer from serious mental illnesses and the general population of Western Australia, when reviewing incidences of cardio-vascular mortality. For example, the life expectancy of patients with schizophrenia is two to three decades shorter than that of the general population.

Lifestyle factors, such as a high smoking prevalence, in patients with serious mental illnesses are recognized to contribute to cardiovascular disease. In addition to this, second generation antipsychotic medications are also related to an increased risk in cardiovascular disease. Taking all these factors into consideration, it is clearly important for a mental health service to have an estimate of the risk for cardiovascular disease in its treatment population, given the frequent use of antipsychotics.

**Carole Harrison (above, centre)**, Senior Research Nurse at CAU, will be carrying out the project to develop a routine, clinically feasible system for monitoring metabolic and CVD risk factors in all NMAHS-MH patients treated with antipsychotic medications. This will also include the development of an electronic risk register which will be managed by State-wide pharmacy service and accessible to clinical staff.

## Congratulations to Dr Deb Faulkner

Deb Faulkner's PhD thesis on 'Asymmetries in unimanual and bimanual coordination: evidence from behavioural and transcranial magnetic stimulation studies' has been passed.

The thesis researched the laterality of motor control, which has both theoretical implications for understanding normal hand function and practical implications for the rehabilitation of arm function after stroke.

Deb Faulkner is continuing to develop a database for the CAMI (Childbirth and Mental Illness) clinic at King Edward Memorial Hospital, which will help to optimise care for clients attending the Clinic.

Deb has also been assisting with the Ante-Natal and Attachment Projects' presentation on 20 May 2009 to the **Family Friendly, Mental Health Friendly Project** forum. The presentation was given by Professor Yvonne Hauck, the project's coordinator.

In addition to this, Deb is continuing to meet with cancer care providers as part of CAU's ongoing project to develop a cancer care coordination package for people with a serious mental illness.

## DSH Project Moves Ahead

The Deliberate Self-Harm (DSH) Project has achieved a major outcome by introducing a change to PSOLIS, the mental health clinical information system.

PSOLIS is designed to collect demographic information and treatment related history from clients of public mental health services in order to provide optimum care and treatment.

Previously clinicians were limited in their ability to record DSH, because the Presenting Problem list only stated the more generic term "Risk of harm to self". With enhancements to the triage screen, Deliberate Self Harm (DSH) and Suicidal Ideation (SI) can now be recorded.

By using these enhancements, staff can begin collecting statistics on DSH. Additional enhancements are being discussed with community mental health clinicians, and the team will be able to report on these outcomes later.

Daniel Rock and Gayle Corbould have also been in discussion with the Counsel Assisting the State Coroner. The Coroner's Office annually reports on completed suicides in Western Australia, but does not include information about the clinical context of suicide, such as previous deliberate self-harm and suicide attempts. The NMAMHS has been invited to work with the Coroner on the 2009 Coronial Review of mental health-related deaths. This is an exciting opportunity to work across departmental boundaries. The Committee undertaking this work is entitled 2009 Mental Health Monitoring Program.

Gayle Corbould will be speaking at a Suicide Prevention Forum on 11 June, organized by the Perth Primary Care Network (PPCN), on the collaboration in service development between the PPCN, ALIVE program and the Emergency Department, Sir Charles Gardiner Hospital.

### Clinical Applications Unit

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CAU staff Deb Faulkner, Gayle Corbould, Carole Harrison and Yvonne Hauck outside Gascoyne House, Mount Claremont, where CAU is based.

### Other CAU News

You can also read about CAU in the following recent publications:

**Head2Head** Autumn 2009 (Mental Health Division, WA Health)  
<http://www.health.wa.gov.au/mentalhealth/publications/head2head.cfm>

**MeDeFacts** (Faculty of Medicine, Dentistry & Health Sciences, UWA)  
[http://www.meddent.uwa.edu.au/\\_nocache/?a=234026](http://www.meddent.uwa.edu.au/_nocache/?a=234026)

