WITNESS STATEMENT OF DAN JONATHAN SISKIND

I, Dan Jonathan Siskind, MBBS (UQ), MPH (Harvard), PhD (UQ), FRANZCP, Clinical Academic Psychiatrist, of Princess Alexandra Hospital, 199 Ipswich Rd, Woolloongabba, Queensland, 4102, Australia, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

2 I am providing evidence to the Royal Commission in my personal capacity.

Background

Qualifications

3 I graduated with a Bachelor of Medicine, Bachelor of Surgery from the University of Queensland ("**UQ**") in 1998.

4 I obtained a Master of Public Health – International Health from Harvard University in 2005. I spent two years undertaking research at the Harvard School of Public Health evaluating cost effective treatments for mental illness in developing countries.

5 In 2006, I completed my psychiatry residency training at Boston University and was admitted as a Fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP). I was admitted as a Fellow of the American Psychiatric Association in 2011.

6 In 2014, I received my Ph.D from UQ, having completed my thesis on supported accommodation for people with severe and persistent mental illness.

7 Attached to this statement and marked 'DS-1' is a copy of my CV.

Overview of clinical and academic experience

8 I have more than 19 years of clinical mental health experience. I take a collaborative approach to both clinical consumer care and academic research.

9 My academic goal is to undertake research that makes a positive difference to the lives of people living with severe and persistent mental illness. This research is guided by my belief that mental health research should exist to reduce consumers' burden of mental illness and improve service quality and safety.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

10 I have over 135 peer-reviewed publications and have received over AU$9 million in research grants. I was awarded a National Health and Medical Research Council Early Career Fellowship (2016-2019), looking at the cardio-metabolic health of people with severe and persistent mental illness.

Overview of current roles and responsibilities

11 After completing my studies overseas, I returned to Brisbane in June 2008 to take on my current role as a Clinical Academic Psychiatrist at Metro South Mental Health Service, working with the Princess Alexandra Hospital ("**PAH**") Mobile Intensive Rehabilitation Team ("**MIRT**"). I am also an Eminent Senior Staff Specialist at PAH. I discuss the work of the MIRT further from paragraph 14 below.

12 In addition to my work at PAH, I also hold a number of other professional appointments:

a) I have been involved with the UQ School of Medicine since 2008, initially as a Senior Lecturer and, since 2014, as an Associate Professor. In this role, I am involved in psychiatry teaching and examination for medical students.

b) Since 2016, I have been Chair of the Royal Australian and New Zealand College of Psychiatrists ("**RANZCP**") Committee for Research, advising RANZCP on research issues and awarding of research grants.

c) Since 2017, I have been a member of the Metro South Addiction and Mental Health, Physical Health Reference Group, as well as a Conjoint Principal Research Fellow with UQ's Queensland Brain Institute.

d) Since 2019, I have been a Visiting Scientist at the QIMR Berghofer Medical Research Institute.

13 I have held many other professional appointments and memberships, as detailed in my CV. For example:

a) From 2008 to 2009, I was a Committee Member with the Princess Alexandra Hospital Mental Health Service Integration Committee, an inter-sectoral committee for mental health, which brings together the non-government sector and public clinical mental health services.

b) From 2009 to 2013, I was a Clinical Senator with the Queensland Health Clinical Senate, a representative body which provides strategic advice to the Queensland Minister for Health.

c) From 2012 to 2013 I was Chair of the Queensland Committee of Medical Specialist Colleges and from 2012 to 2015, I was Chair of the RANZCP Queensland Branch. Both of these roles involved advocacy to the Queensland State Government and Minister of Health on mental health policy, registrar

training, research, clinical quality and staff retention issues. As Chair of the RANZCP Queensland Branch, I was also involved in co-ordinating Continuing Medical Education, community liaison and outreach activities.

Mobile Intensive Rehabilitation Team (MIRT)

14 The MIRT provides intensive case management based on the Assertive Community Treatment ("**ACT**") model. ACT is an evidence-based service delivery and treatment model that was developed in the United States in the 1970s to help people exit from long term psychiatric institutions.[1] This model has since been adapted globally, including here in Australia.

15 The ACT model is "designed to provide an integrated approach to care for the chronically and severely mentally ill… and has been shown to decrease inpatient hospitalization, improve housing stability and improve patient satisfaction when compared to other forms of case management".[2] As Elizabeth Wile-Exley and I have written elsewhere:

> "Key elements of the ACT model include multidisciplinary staffing (including nurses, social workers, psychiatrists, and substance abuse & vocational rehabilitation specialists), team approach, low patient to staff ratios, integration of services, assertive outreach, rapid access, 24 [hour] availability, locus of contact in the community, medication management, focus on everyday living, individualized services and time unlimited care."[3]

16 In our team, we have around a 12 to 1 ratio of consumers to case managers. In contrast, many other mental health services have around a 30 to 1 ratio of consumers to case managers. By case managers, I mean clinically skilled case managers who have university based higher degrees, as opposed to support workers who engage in case management (and who may have vocational qualifications).

---

[1] Stein, L. I., & Test, M. A. (1980). Alternative to mental hospital treatment. I. Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry*, 37(4), 392–397.

[2] Siskind, D. & Wiley-Exley (2009). Comparison of Assertive Community Treatment Programs in Urban Massachusetts and Rural North Carolina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 236-246 at 236, citing Bond, G., Drake, R., Mueser, K., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Disease Management & Health Outcomes*, 9(3), 141–159; Burns, B., & Santos, A. (1995). Assertive community treatment: An update of randomized trials. *Psychiatric Services* (Washington, DC), 46(7), 669–675; Marshall, M., & Lockwood, A. (2000). Assertive community treatment for people with severe mental disorders. *Cochrane Database of Systematic Reviews (Online: Update Software),* (2), CD001089.

[3] Siskind, D. & Wiley-Exley (2009). Comparison of Assertive Community Treatment Programs in Urban Massachusetts and Rural North Carolina. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 236-246 at 236, citing Bond, G., Drake, R., Mueser, K., & Latimer, E. (2001).

17 The specific consumers I serve are people with severe and persistent mental illness and complex multi-agency needs. Almost exclusively, these are people with treatment refractory Schizophrenia. My evidence in this statement focuses on this cohort of people.

Mental Health, housing and homelessness

Defining homelessness and housing insecurity

18 Homelessness may refer to: inadequacy of dwelling; lack of tenure; or lack of control of, or access to, space in a living environment.

19 Drawing upon what is known as the "cultural definition", I conceptualise homelessness as falling within one of the following four domains:

a) **Marginally housed:** Experienced by people in housing which is not adequate for reasons such as no security of tenure, over-crowdedness, or a dwelling that does not meet 'minimum expectations' in that it does not have basic, or adequate, facilities.

b) **Tertiary homelessness:** Experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

c) **Secondary homelessness:** Experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, "couch surfing").

d) **Primary Homelessness**: Experienced by people who do not have a regular place to sleep or are sleeping in unconventional accommodation such as a caravan park or a car.

20 Housing insecurity is closely linked to homelessness and particularly to primary homelessness. Where a person is experiencing housing insecurity, they are unsure whether they will have anywhere to live—or anywhere safe and reliable to live—in the coming days, weeks or months.

The role of intensive support services in assisting people with mental illness to maintain community housing

21 A substantial proportion of the work my team and I do involves assisting consumers to maintain community housing. Indeed, I would estimate that:

a) around a quarter of the consumers I serve struggle to maintain secure housing without *intensive* support (such as daily visits by support workers); and

b) around another half of the consumers I serve struggle to maintain secure housing without *mild* support (such as weekly visits by support workers).

That is, around 75% of the consumers I serve struggle to maintain secure housing without some support.

22 A core role of intensive support services such as mine is to engage in complex multi-agency negotiations on behalf of consumers, support consumers to link up with appropriate service providers, and navigate the complexities of the National Disability Insurance Scheme ("**NDIS**") system. These engagements can be critical to helping consumers to secure and maintain community housing.

23 By way of example, my team often negotiates with a consumer's housing provider, psychiatrist, support worker, case manager, and other agencies such as the adult guardian or public trustee, to ensure rent and bills are paid on time and the consumer's finances are being properly managed. These negotiations could also involve assistance with financial planning and cashflow (such as arranging for funds to be provided to the consumer in smaller amounts on a more frequent basis, as this can be easier to manage than less regular, large lump sums). As discussed further below, financial management is critical to securing and maintaining housing.

24 We also help consumers obtain assistance from support agencies with tasks such as shopping, meal selection or meal preparation. We provide a lot of cooking training, so that people have the skills and knowledge to prepare reasonably healthy and affordable meals. We also liaise with housing providers when a consumer is too unwell to do so themselves. For example, during periods of acute psychiatric hospitalisation we might, if required, inform the housing provider that the consumer will not be in their tenancy for a period of time.

The link between mental health and housing and homelessness

25 As noted above, I work with people with severe and persistent mental illness, and primarily with people with Schizophrenia. The three core elements of Schizophrenia are:

a) Positive symptoms, which may involve persecutory delusions (for example, an internal voice that says: *"If I leave the house to go to the grocery store I will be attacked therefore I ought not leave the house"*) and/or auditory hallucinations which are distracting from maintaining focus on a task.

b) Negative symptoms, which manifest as a lack of motivation and a perception that the effort involved in a task is much greater, and the value or reward is much lower.

c) Functional deficits, whereby executive cognitive functions such as planning and sequencing of tasks are impaired as a result of the illness.

26 Thinking specifically about this cohort of people, there is a strong link between mental health, housing and homelessness. To understand this link, we need to recognise that, for a person to find and maintain housing, they must complete many complex tasks. These tasks include: identifying a suitable housing; securing sufficient income to pay rent and utilities; financial management skills (including the ability to transfer that income to a bank, and from the bank to the landlord or agent, and the utility providers, in the required amounts and by the due dates). These tasks are in addition to the daily tasks required to maintain a clean house and ensure self-care, from owning and stocking a fridge and larder to caring for one's own health and hygiene, including by showering and having clean clothes.

27 Because of the nature and impacts of their illness, people with severe and persistent mental illness often have a number of impairments which limit their ability to perform the tasks required to find and maintain stable and secure housing. Specifically for people with Schizophrenia, these impairments include:

a) **Auditory hallucinations:** These voices can be critical and distract people with Schizophrenia from being able to successfully attend to daily tasks.

b) **Cognitive decline:** The tasks described above are complex and require significant frontal lobe, executive function. We know that Schizophrenia is associated with cognitive decline, when comparing a person's premorbid cognitive function with their function once they have developed the illness.

c) **Motivation and the effort-value equation:** Schizophrenia also has a negative impact on a person's motivation to plan and execute day-to-day tasks. The effort-value equation is different for a person with Schizophrenia than it is for the general adult population. By that I mean that, when compared with the general adult population, the tasks required to find and maintain housing generally require considerably more *effort* for people Schizophrenia or may be *valued* less by this cohort of people than the benefit of maintaining housing over the long term.

28 These impairments can limit a person's ability to maintain housing in a number of direct and indirect ways. For example, many of the consumers I serve have been issued with breach notices from their community housing provider for not keeping their house sufficiently clean and tidy. To help prevent this, where appropriate, my team and I will support a consumer to work with their NDIS provider to commission a forensic cleaner.

29 In addition, many people with severe and persistent mental illness experience loneliness and a strong, but unmet need for social connectedness. This can also impact their ability to maintain stable and secure housing.

30 By way of example, I have worked with some consumers for whom the 'price' of social interaction is that their house becomes a place for illegal drug activity and prostitution. For a person with severe and persistent mental illness, the 'price' of this arrangement or exploitation (which may include the consumer being issued with breach notices or being evicted) may not be valued as highly as the chance to fulfil their need for social connectedness. My team and I spend a lot of time working with consumers to provide them with the tools to deal with these situations so that their tenancy is not put in jeopardy.

The drivers behind the problem of people living with mental illness exiting mental health services into homelessness in Victoria

31 Around a decade ago, Victoria was the exemplar Australian state for an adequately resourced mental health system. Victoria was the pioneer in Australia of intensive support services modelled on the ACT model. Until relatively recently, there were many well-run teams in Victoria providing intensive asserted outreach for vulnerable consumers with severe and persistent mental illness.

32 However, six to ten years ago, many of these services were closed during a period of financial contraction of mental health services in Victoria. I think the closure of these services has:

a) made it more difficult for consumers with the symptoms and functional deficits associated with severe and persistent mental health to maintain community tenure; and

b) in turn, been one of the key drivers behind people with severe and persistent mental illness exiting into homelessness in Victoria in recent years.

Changes required to reduce the rate of people with severe and persistent mental illness being discharged from mental health services into homelessness

33 The key changes required to reduce the rates of people with severe and persistent mental illness being discharged from mental health services into homeless are:

a) an increase in the number of acute psychiatric beds, to avoid premature discharge where possible. Across Australia there is a deficit of acute psychiatric beds, which is leading to abbreviated admissions so that people are discharged from hospital before they are adequately stabilised. This is through no fault of the clinicians, but as a result of bed pressure;

b) an adequately functioning post-hospitalisation care and rehabilitation system, to ensure people are discharged into an appropriate, supportive environment. This system should provide a range of residential rehabilitation options, from intensive Prevention and Recovery Care ("**PARC**") services to less intensive models such as Step up and Step Down units. Currently, there is an inadequate number of both PARC and Step Up and Step Down units in Victoria, and across Australia. There should be an increase in the number of these services. I describe the key elements of these services further below; and

c) appropriate supports to help people stabilise and integrate in the community. The three essential components of this support are:

   i. adequately resourced public housing and community housing – that is, enough available beds to meet demand. It is critical that there is sufficient public housing (provided by the Victorian government) and/or community housing (provided by community housing providers) for people with severe and persistent mental illness;

   ii. an intense community-based clinical support team such as an ACT team, which I discuss further below; and

   iii. an NDIS package, and assistance to navigate the NDIS system because it is incredibly complex and hard to navigate, particularly for people with a severe and persistent mental illness.

These are the essential elements of an effective service model for supporting people living with severe mental illness to maintain secure housing in the community. Each of these elements is interrelated. It is necessary to address the whole journey from acute psychiatric hospitalisation to stable housing in order to achieve meaningful change.

34 In addition to these core elements, it is necessary to consider the structure, levers and funding mechanisms which underpin the service model. The Australian healthcare system is fragmented and difficult to navigate. In particular, the funding arrangements for case management are incredibly complex. In most Australian jurisdictions, there are multiple sources for case management.

35 For example, a consumer may receive support from a public psychiatrist (funded by the state public mental health service), clinical case management from a clinically trained and educated person such as a nurse, social worker, psychologist and/or occupational therapist (also funded by the state), and non-clinical case management from a support worker who may have vocational qualifications (funded by the Federal government, through an NDIS provider).

36 The system should be reformed so that there is one agency that pulls these elements together and takes overall ownership. This care coordination role is generally assumed

by the clinical service through the clinical case manager. The Federal government previously provided funding for care coordination, however, that funding was inadequate to attract appropriately skilled staff. It is essential that the coordinating agency is adequately resourced to attract good staff and take carriage of drawing together the full suite of services for people living with severe mental illness.

37 Prior to the introduction of the NDIS, most state governments were responsible for funding and overseeing the three core levers of the mental healthcare system, namely: 1) housing; 2) clinical services; and 3) non-clinical support workers. With the advent of the NDIS, the states no longer have much, if any, control over support workers because those services are funded by the Federal government as part of NDIS support packages.

38 I can see a real benefit in changing the system so that the states oversee the operation and integration of these three levers (housing; clinical services and support workers), irrespective of where the funding comes from. I think the states are in the best position to undertake this coordination role because: *first,* the states control the two most expensive levers – housing and clinical support; and *second,* the states have the best visibility over where the areas of need are, and who the most vulnerable populations are.

39 At the very least, states should look to integrate funding, resourcing and service coordination for housing support and clinical services, being the two elements which are funded by the state. States could pool the resources which are currently separately allocated to these two areas and instead create an integrated package of care.

40 I recall that, prior to the introduction of the NDIS, several Australian states funded and provided a set number of packages with guaranteed housing, clinical services and non-clinical support workers (e.g. the Housing and Support Packages (HASPs) in Queensland). This was a very effective way of drawing these services together for people with the highest level of need, being people with severe and persistent mental illness and complex multiagency needs.[4]

41 State jurisdictions should also negotiate with the Federal government to integrate NDIS services into these packages. This would require greater coordination between the state health ministers and social services ministers with the Federal health minister responsible for the NDIS. Because the states control the public housing stock, they are in the best position to oversee an appropriate, integrated response to people with severe and persistent mental illness, and to negotiate the agreements required to meet the housing and support needs of that cohort. Such negotiations would likely be most effective if

[4] See, for example, Meehan, T., Stedman, T., Robertson, S., Drake, S. & King, R. (2011) Does supported accommodation improve the clinical and social outcomes for people with severe psychiatric disability? The Project 300 experience. *Australian and New Zealand Journal of Psychiatry* 45(7), 586-92.

conducted on a multi-jurisdictional basis, rather than between only one state and the Federal government.

Effective housing and support models for people living with severe mental illness

Residential rehabilitation services

42 Mental illnesses tend to be relapsing and remitting illnesses. Inpatient psychiatric units play an important role in helping to manage the symptoms of people who are acutely unwell. By "acutely unwell", I mean people who are placing themselves at risk (including through misadventure or self-harm) or placing others at risk (including because they are experiencing persecutory delusions that make them fearful of others and aggressive). This period of acute risk and illness tends to be very brief, at times less than three weeks. In contrast, the recovery and rehabilitation period is a long and slow process.

43 The PARC system in Victoria is an exemplar model of post-hospitalisation community care and rehabilitation for people with severe mental illness who are at risk of housing insecurity and homelessness. The PARC system can be very useful in helping to support people to manage longer term recovery issues such as managing the distraction of ongoing auditory hallucinations and improving executive function, psychosocial functions and decision-making abilities.

44 In Queensland (where I work), we have group facilities called Community Care Units ("**CCUs**") which are in many ways analogous to PARC units. CCUs offer residential intensive support for a medium to long term period, usually between six months to two years. They provide a stable bridge between hospitalisation and community tenure. While people in PARC or CCU facilities may not pose an acute risk to themselves or others, they might be at risk of misadventure or be unable to undertake the tasks necessary to maintain community tenure.

45 CCUs tend to be located in residential suburbs and look like an apartment building, meaning they have less stigma attached to them than acute hospital settings. Residents of CCUs receive their own apartment, with its own kitchen, bedroom, bathroom and living space. The apartment is usually partially furnished and community agencies provide support to obtain essential items such as pots, pans, linen and toilet paper.

46 Importantly, a range of wrap-around services are offered on-site at CCUs. These services are critical to providing a period of extended stabilisation and helping consumers to identify and transition into independent housing. For example, on-site staff at CCUs can support residents to prepare meals (or provide links to groups such as Meals on Wheels) and provide assistance with managing and monitoring medication and symptoms.

47 CCUs also have on-site exercise programs and therapeutic groups focused on cognitive remediation and social cognition/interaction. Residents are also offered on-site cognitive behavioural therapy (CBT) or cognitive behavioural therapy for psychosis (CBTP), to help manage the distress associated with symptoms of mental illness.

48 I have been involved in the evaluation of the CCU model in Queensland, and community based residential mental health services more broadly.[5] Importantly:

> "community based residential alternatives to acute psychiatric care suggests that these services are not alternatives for all patients, and as such are not completely substitutable for acute care. These services are best classified as 'sub-acute' and appear to only be able to service the needs of a select sub-group of patients."[6]

Step Up and Step Down units

49 Step Up and Step Down units are community based dwellings for people who need additional support for a short period of time prior to returning home after a period of hospitalisation. They are less intensively staffed than CCUs or PARC services, but do have some 24 hour staffing available. People tend to stay in a Step Up and Step Down unit for around two weeks.

50 Step Up and Step Down units provide a stable environment where people can stay and continue their post-hospitalisation rehabilitation with supports and services such as medication management and assistance with managing symptoms and stress. These units tend to look and feel like a house, which can reduce stigma and further assist with reintegration into the community.

51 Research on Step Up and Step Down units shows that they can assist people with severe and persistent mental illness to get out of hospital faster, but they are not a one-for-one

---

[5] Parker, S., Arnautovska, U., Siskind, D. et al. (2020) Community-care unit model of residential mental health rehabilitation services in Queensland, Australia: predicting outcomes of consumers 1-year post discharge. *Epidemiology and Psychiatric Sciences,* 29, e109, 1-11; Parker, S., Arnautovska, U., Siskind, D. et al. (2019) A comprehensive cohort description and statistical grouping of community-based residential rehabilitation service users in Australia *Frontiers in psychiatry* 10, 798; Parker, S., Siskind, D. and Park, F. (2017) Thoughts on 'Redefining residential rehabilitation in Australia'. *Australian Psychiatry,* 25(4), 414; Parker, S. et al. (2016) Longitudinal comparative evaluation of the equivalence of an integrated peer-support and clinical staffing model for residential mental health rehabilitation: a mixed methods protocol incorporating multiple stakeholder perspectives. *BMC Psychiatry*, 16, 179; Parker, S, et al. (2019) A systematic review of service models and evidence relating to the clinically operated community-based residential mental health rehabilitation for adults with severe and persisting mental illness in Australia. *BMC Psychiatry* 19, 55.

[6] Parker, S., Siskind, S., & Harris, M. (2015). Community based residential mental health services: What do we need to know? *Australian & New Zealand Journal of Psychiatry,* 49(1), 86-87, at 87. My colleagues and I reached this conclusion on the basis of a brief literature review of "the findings from randomised controlled trials comparing sub-acute residential services to acute inpatient services" (at 86).

substitution or replacement for an acute bed in the public psychiatric system. Part of the reason for this is that consumers who enter Step Up and Step Down units do not necessarily require immediate acute hospitalisation.[7]

Intensive community support

52 People with severe and persistent mental illness can transition to living in the community, if they have sufficient support around them. The availability of sufficient intensive support services like MIRTs or other ACT-style teams is essential to assist people with severe and persistent mental illness to maintain safe and secure housing in the community. While not all people with severe and persistent mental illness will require these services, they play a critical role for individuals within that cohort who are vulnerable to homelessness or housing insecurity.

53 The absence of services like these in Victoria (following their closure six to ten years ago) presents a significant barrier to people with severe and persistent mental illness transitioning successfully from hospitalisation to community tenure.

54 I think there has been a perception that the changes introduced as part of NDIS would fill the gap left by the withdrawal of services such as those I described at paragraph 31 above in relation to Victoria. While the NDIS offers excellent services provided by support workers, those non-clinical services need to be complemented by intensive support services delivered by clinically trained staff. As a consumer becomes more comfortable and confident with community living, the intensive support services tend to fade away, and the consumer can continue with the non-clinical case management offered by the NDIS.

Integrated supported accommodation models

55 Based on my research, integrated supported accommodation models offer one of the most effective housing and support models for people with severe and persistent mental illness. Such models could involve having support workers on site or closely linked with a public or community housing provider.[8]

---

[7] Siskind, D., et al. (2013). A retrospective quasi-experimental study of a community crisis house for patients with severe and persistent mental illness. *Australian and New Zealand Journal of Psychiatry,* 47(7), 667-675.

[8] Siskind, D., Harris, M., Pirkis, J., & Whiteford, H. (2012). Personalised support delivered by support workers for people with severe and persistent mental illness: a systematic review of patient outcomes. *Epidemiology and Psychiatric Sciences*, 21, 97–110; Siskind, D., Harris, M., Pirkis, J., & Whiteford, H. (2013). A domains-based taxonomy of supported accommodation for people with severe and persistent mental illness. *Social Psychiatry and Psychiatric Epidemiology,* 48(6), 875-894; Siskind, D., et al. (2013). A retrospective quasi-experimental study of a community crisis house for patients with severe and persistent mental illness. *Australian and New Zealand Journal of Psychiatry,* 47(7), 667-675; Siskind, D., et al. (2014). A Retrospective Quasi-

Housing availability and supports for people living with severe mental illness

Priority cohorts

56 Housing and support services for people experiencing housing insecurity and homelessness should prioritise people with severe and persistent mental illness and complex multi-agency needs. This cohort should be prioritised because they are the most vulnerable to housing insecurity and homelessness. With intensive wraparound services they are likely to maintain community tenure, leading to improved personal outcomes, and reduced costs to the health and welfare systems.

57 Research on the prevalence of mental illness in Queensland in 2009 estimated that 0.9% of the overall adult population was affected by a severe and persistent mental illness.[9] Around 44% of people with severe and persistent mental illness (being 0.4% of the adult population) were estimated to have complex, multi-agency needs, in that they "have lost their social connections and require ongoing, comprehensive services from multiple agencies to maintain their lives in the community."[10] Without intensive support from multiple wraparound services, these people would struggle to navigate the community. While this research focuses on Queensland, it is equally adaptable to Victoria or other jurisdictions in Australia.

58 In considering the key characteristics of this cohort of people, it is important to disaggregate their mental illness and characterise people in terms of their symptoms and functional capacity, rather than simply their diagnosis. While most people in this cohort will have Schizophrenia, just because a person has Schizophrenia doesn't mean they fall within this group. People in this cohort will have impaired abilities in terms of executive function, decision-making and planning. These impairments may be caused by their chronic illness, acute symptoms or other features.

59 For example, people with Schizophrenia may never have acquired the skills required to live autonomously because Schizophrenia usually starts between the ages of 16 and 25, which are the years when most people achieve the key tasks of social autonomy – moving out of our parents' homes, learning how to shop for and prepare meals, and getting a job.

Experimental Study of a Transitional Housing Program for Patients with Severe and Persistent Mental Illness. *Community Mental Health Journal,* 50(5), 538-547.

[9] Siskind, D., Harris, M., Buckingham, B., Pirkis, J. & Whiteford, H. (2012) Planning estimates for the mental health community support sector. *Australian and New Zealand Journal of Psychiatry,* 46, 569-580 at 571-572. More broadly, this research found that 17.8% of the adult population (aged 18-65) in Queensland were estimated to have experienced mild (10.8%), moderate (4.2%) or severe (2.8%) mental illness in 2009.

[10] Ibid at 572.

Exemplar models of support for people living with severe and persistent mental illness and experiencing housing insecurity or homelessness

60 In addition to the PARC system and CCUs discussed above, there are two models which I think Victoria could learn from to better support people living with severe mental illness and housing insecurity or homelessness: (a) the Housing First model and (b) Homeless Health Outreach Teams.

The Housing First model

61 Housing First is an evidence-based model that grew out of the Pathways to Housing model which was developed in the United States. The four key principles of the Housing First / Pathways model have been described in the literature as:

> "1) Immediate provision of housing and consumer-driven services.
>
> 2) Separation of housing and clinical services.
>
> 3) Providing supports and treatment with a recovery orientation.
>
> 4) Facilitation of community integration."[11]

62 The Housing First model has been implemented outside of United States, including in Canada. A Canadian-led review of research literature evaluating the effectiveness of the Housing First model for people with severe mental illness who are homeless concludes: "Initial research conducted in the United States shows [Housing First] to be a promising approach, yielding superior outcomes in helping people to rapidly exit homelessness and establish stable housing."[12] The same paper also discusses the results of a "research demonstration project" conducted in five Canadian cities to test "the effectiveness of [Housing First] as an approach to address homelessness among people with [severe mental illness] and a history of homelessness."[13] According to the researchers, the findings from this multi-city project:

---

[11] Aubry, T., Nelson, G., & Tsemberis, S. (2015) Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home–Chez soi Demonstration Project. *Canadian Journal of Psychiatry,* 60(11), 467-474 at 469, citing Nelson G, Goering P, Tsemberis S. Housing for people with lived experience of mental health issues: Housing First as a strategy to improve quality of life. In: Walker CJ, Johnson K, Cunningham E, editors. Community psychology and the socio-economics of mental distress: international perspectives. Basingstoke (GB): Palgrave MacMillan; 2012. p 191–205.

[12] Aubry, T., Nelson, G., & Tsemberis, S. (2015) Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home–Chez soi Demonstration Project. *Canadian Journal of Psychiatry,* 60(11), 467-474 at 467 and see also the discussion at 470.

[13] Ibid at 470.

> "reveal that [Housing First] can be successfully adapted to different contexts and for different populations without losing its fidelity. People receiving [Housing First] achieved superior housing outcomes and showed more rapid improvements in community functioning and quality of life than those receiving treatment as usual."[14]

63 Subsequent research published by Aubry and colleagues provides further support for the promise of the Housing First model, with ACT, for assisting people with mental illness "to exit homelessness as well as experience rapid gains in community functioning and quality of life".[15] According to the authors:

> "In comparison, individuals receiving treatment as usual experienced poorer housing outcomes but similar non-housing outcomes. From a policy perspective, the choice becomes to either implement Housing First and significantly reduce homelessness while having a modest effect on mental health and addiction or to provide treatment first, then housing, with similar clinical outcomes but inferior housing outcomes."

64 In considering the appropriateness of the Housing First model for Victoria, it is important to recognise that the United States has a much more fragmented health service than we do in Australia. The presence of a safety net in Australia may dilute the need for a service like Housing First. However, the success of the Housing First model (combined with ACT or other intensive case management) in Canada offers relevant insights for the Australian context.

65 In my opinion, the Housing First model can also help to address the issue of people with mental illness not engaging with mental health services. My understanding of the Housing First model is that it provides people with severe and persistent mental illness, who would otherwise be homeless, with stable housing *irrespective of whether or not they engage with mental health services*. This is important because, in my experience, stable housing tends to lead to increased engagement with mental health services.

Homeless Health Outreach Teams

66 Homeless Health Outreach Teams ("**HHOTs**") provide advice and assistance to people who are homeless and are experiencing mental ill health or drug and alcohol issues. I am

---

[14] Ibid at 470.

[15] Aubrey, T. et al., (2016) A Multiple-City RCT of Housing First With Assertive Community Treatment for Homeless Canadians With Serious Mental Illness. *Psychiatric Services,* 67(3), 275-281.

aware of HHOTs operating in Queensland, however I do not know whether there are any HHOTs currently operating in Victoria.

67 HHOTs are generally multidisciplinary teams and may comprise psychiatrists, social workers, general practitioners, nurses, psychologists and occupational therapists. These teams are entirely mobile – they walk the streets and visit places such as crisis shelters or hostels to find and connect with consumers with mental illness. In this way, HHOTs meet the need or preference of many homeless consumers to be seen where they are. The outreach services provided by HHOTs include mental health services, such as helping to administer medication, manage symptoms and improve functions. HHOTs also seek to assist consumers who are homeless to obtain stable housing, by connecting them with appropriate housing support services.

68 Some of the services provided by HHOTs are similar to those provided by MIRTs and ACT teams. However, by way of example, consumers can only access the services of the MIRT where I work if they have an address (which is a proxy for stable housing). This may also be a barrier for accessing other ACT teams in Australia. HHOTs can therefore fill an important gap in service provision and support for people with severe and persistent mental illness.

Service provision and design

Ensuring the physical health needs of people living with severe and persistent mental illness are understood and treated, alongside their mental health needs

The interrelationship between physical and mental health

69 People with severe and persistent mental illness die 16 years or more earlier than the general population. This significant mortality gap is mostly due to avertable illnesses such as cardio-metabolic illness, diabetes, heart disease, metabolic syndrome and stroke. The causes of this premature mortality are multi-factorial and include the following factors:[16]

a) **Genetic predisposition:** People with Schizophrenia have greater difficulty regulating glucose, even before they start taking any medication for their mental illness.

b) **Medications:** The medications used for treating Schizophrenia alter glucose metabolism and food preferences. The main antipsychotics (clozapine, olanzapine and quetiapine) impact the glucagon-like peptide (GLP-1) system,

[16] For a detailed discussion of the need for integrated physical health care for people with mental illness, see Firth, J. et al. (2019) The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness *Lancet Psychiatry* 6, 675-712. A copy of this article is available for download online from ResearchGate, <https://www.researchgate.net/publication/334500694_The_Lancet_Psychiatry_Commission_a_blueprint_for_protecting_physical_health_in_people_with_mental_illness>.

which regulates glucose and satiety. One impact is that consumers taking these medications will not necessarily realise they are full after eating a meal. Because the homeostasis system is not functioning effectively, sugar is more readily converted into fat, which increases the likelihood of people on these medications becoming obese and/or developing diabetes.

c) **Impaired executive function and the effort-value imbalance:** People with severe and persistent mental illness often make meal choices that are less nutritious, higher in fat and often are convenience or fast foods. This is partly a result of the cognitive functional deficits associated with the mental illness (which make the tasks required to prepare healthy meals more difficult), and partly because of the effort-value imbalance discussed in paragraph 27c) above – that is, the value placed upon a healthy meal is lower than the expected effort to prepare it.

d) **Sedentary lifestyle:** Lifestyles factors associated with mental illness, and particularly among people with Schizophrenia, also contribute to poor physical health and premature mortality. Whereas the average adult population sits for around eight and a half hours a day, the average person with Schizophrenia sits for around eleven and a half hours a day. Compounding the detrimental effects of this additional three hours of sedentary behaviour, studies using accelerometers have shown that when people with Schizophrenia are sitting, they are completely still. In contrast, the general population tends to move a lot, even during sedentary periods of sitting (for example, by fidgeting, getting up regularly to interact with others or get a drink of water).

70 In addition, there should be a concerted effort to reduce the stigma associated with mental illness, and provide more accessible healthcare options for people with severe and persistent mental illness. For example, people with Schizophrenia are no more or less likely to develop cancer, but are much more likely to die of it; they are less likely to be investigated for cancer and, even if they are investigated for cancer, they are less likely to get evidence-based care. I think there are two main drivers of this inequality:

a) *First,* the cognitive impairments and reduced motivation that characterise Schizophrenia may make it difficult for a consumer to clearly and effectively convey their physical health needs and concerns to a primary healthcare provider, particularly during a brief 10-minute appointment with a General Practitioner ("**GP**s").

b) *Second,* the stigma associated with mental illness may make it harder for healthcare professionals like GPs to hear the physical health issues above the mental health issues.

Integration of physical and mental health services

71 There needs to be greater integration between physical and mental health services. To achieve this integration:

a) primary care doctors (ie GPs) should be co-located within community mental health services; and

b) tertiary specialists, including endocrinologists and cardiologists, should be co-located within primary or community mental health services.

72 There is evidentiary support for the benefits of this integration. For example, a recent evaluation of the effectiveness of an endocrinologist spending half-a-day a week on-site at a community mental health service in Queensland found that, over and above improvements in consumers' metabolic glucose and cholesterol levels, other benefits include:

a) the attending psychiatrists felt more comfortable about addressing physical health issues, because of the presence of a specialist on-site who the psychiatrist can ask for advice;

b) very low "do not attend" rates. In public hospitals, very high rates of people with severe and persistent mental illness do not attend their specialist appointment with an endocrinologist. In contrast, the non-attendance rates at this community clinic are very low. This indicates that, by having the specialist co-located at the mental health service, consumers are more likely to attend their specialist appointment.

73 There also needs to be improved access to exercise programs and to dieticians who are skilled in delivering information to consumers in an understandable and impactful way. An example of the former was the exercise program that existed as part of the ACT program in Coburg, Victoria (before that program was shut down). Group-based exercise programs have been shown to be very effective in reducing psychiatric symptoms, as well as improving physical health outcomes. Such activities not only provide physical activity, but also offer socialisation and community connectedness with other people with mental illness.[17]

74 In addition to integrating these services, they need to be adequately resourced and prioritised.

[17] Ibid.

sign here ►

print name Dan Jonathan Siskind

date 27 April 2020

Royal Commission into
Victoria's Mental Health System

ATTACHMENT DS-1

This is the attachment marked 'DS-1' referred to in the witness statement of Dan Siskind dated 27 April 2020.

Curriculum Vitae

Dan Siskind

MBBS (1998 UQ), MPH, (2005 Harvard), PhD (2014 UQ)

FRANZCP, FAPA

Table of Contents

Part A: Executive summary

A/Prof Siskind has over 19 years of clinical mental health experience. He trained as a psychiatrist in Australia and the United States. He graduated MBBS from the University of Queensland in 1998, and worked with Chechen refugees in the Republic of Georgia with Médecins Sans Frontières in 2000. He moved to Boston in 2002, where he did his psychiatry training at Boston University and a Master of Public Health program at Harvard University. He spent two years undertaking research at the Harvard School of Public Health evaluating cost effective treatments for mental illness in developing countries. He returned to Brisbane in June 2008 to take a position as a clinical academic psychiatrist at Metro South Mental Health Service, working with the PAH Mobile Intensive Rehabilitation Team.

His Ph.D thesis with the UQ Queensland Centre for Mental Health Research on "Supported Accommodation for People with Severe and Persistent Mental Illness" was conferred in Feb 2014. His research interests include treatment refractory schizophrenia, physical health of people living with mental illness, psychiatric epidemiology, clinical trials, clozapine, and mental health services research. He has authored over 115 peer reviewed manuscripts (27 first author) and attracted over $8.5 million in competitive grant funding as a named investigator.

A/Prof Siskind's academic goal is to undertake research that makes a positive difference to the lives of people living with severe and persistent mental illness. This research is guided by the belief that mental health research should exist to reduce consumers burden of mental illness and improve service quality and safety. He takes a collaborative approach to both clinical consumer care and academic research

Key Skills, and Attributes

Rehabilitation Oriented Clinical Psychiatrist

- Thirteen years post-Fellowship experience working in rehabilitation oriented multidisciplinary intensive treatment teams.
- Consumer-oriented focus of care that believes in the importance of *Hope* and the need for consumers to have choices of services to facilitate their personal recovery.
- Collaborative style that prioritises strong and respectful working relationships with colleagues across all disciplines.
- Belief that evidence based consumer focused services should be provided cost effectively to minimise unnecessary service costs and maximise own source revenue where practical.
- Worked with consumers to help them achieve *their* goals around employment and education, relationships, maintaining community tenure and reducing their need for interaction with mental health services.
- Experience in leading clinical staff in quality and safety improvement to improve consumer care

Clinical Academic Psychiatric Researcher

- Belief that mental health consumers deserve access to the latest evidence based clinical treatments and clinical trials
- Driven by the idea that mental health research should exist to improve service quality and safety for consumers and reduce their burden of mental illness.
- Collaborative style that aims to share research skills with clinical colleagues through formal and informal teaching and collaboration on research projects relevant to clinicians and consumers.
- Commitment to identifying relevant research funding sources
- Completed research that has positively influenced international, national, state and local mental health policy and improved quality of service delivery for people with severe and persistent mental illness.
- Highly successful track record of publications, grants and conference presentations relative to opportunity on a steep trajectory.

Part B: Demographic details, qualifications and appointments

Current Appointments

2008 - Clinical Academic Psychiatrist
Eminent Senior Staff Specialist
MIRT (Mobile Intensive Rehabilitation Team)
Metro South Addiction and Mental Health Services, Princess Alexandra Hospital.
0.6 FTE Clinical, 0.4 FTE Academic

2008 - 2014 Senior Lecturer
2014 - Associate Professor
University of Queensland School of Medicine

2017 - Conjoint Principal Research Fellow
Queensland Brain Institute

2019 - Visiting Scientist
QIMR Berghofer Medical Research Institute

Contact Details

Clinical: *Mobile Intensive Rehabilitation Team*
Woolloongabba Community Health Center
Level 2 Mental Health
228 Logan Rd
Woolloongabba Qld 4102

Work: *+61-3317-1040*
Email: d.siskind@uq.edu.au

Qualifications

1998	Bachelor or Medicine and Bachelor of Surgery (MBBS) The University of Queensland
2002	Foreign Medical Graduate Examination in the Medical Sciences (ECFMG)
2005	Master of Public Health (MPH) – International Health Harvard University
2006	Fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP)
2006	Completion of Residency and Board Eligibility Boston University Medical Center Psychiatry Residency Training Program
2008	Board Certification American Board of Psychiatrists and Neurologists (ABPN) Recertified 2018
2011	Fellow of the American Psychiatric Association
2014	Doctor of Philosophy (PhD) The University of Queensland Topic: Supported Accommodation for People with Severe and Persistent Mental Illness

Awards And Honors:

2003	Menzies Scholar to Harvard (US$30,000 for tuition for Master of Public Health at Harvard University)
2003	American Australian Association Scholarship (US$25,0000 for tuition and living expenses during Master of Public Health at Harvard University)
2003	Young Minds in Psychiatry Award ($3000 scholarship for tuition and living expenses during Master of Public Health at Harvard University)
2006	Murray Award for Research (Awarded to most outstanding researcher from the Boston University Medical Center Psychiatry Residency Training Program)
2007	Scholarship to American Psychiatric Association Research Colloquium for Junior Investigators
2010	Best Poster Metro South Division of Mental Health Research Showcase
2011	Finalist, Early Career Research Awards Princess Alexandra Hospital Research Week
2011	Young Psychiatrist Award

	Royal Australian and New Zealand College of Psychiatrists (for most outstanding publication by an early career researcher)
2012	Finalist, Early Career Research Awards Princess Alexandra Hospital Research Week
2012	Young Presentation Award Pacific Rim College of Psychiatrists (Declined because of need to chair conflicting conference)
2013	International Young Psychiatrist Award Indian Psychiatric Society (Awarded to international early career psychiatrists)
2014	West Moreton Hospital and Health Service Australia Day Achievement Award –shared with QCMHR Policy and Epidemiology group (Awarded for excellence in mental health policy and epidemiology research)
2015	Metro South Addiction and Mental Health Service Clinical Excellence Award for consultant psychiatrist with most outstanding record of teaching and training of psychiatry registrars and senior house officers.
2016	National Health and Medical Research Council Early Career Fellowship 2016-2019, “Improving the Cardio-metabolic Health of People with Schizophrenia”, APP1111136, $187,322

2017	Young Investigator Travel Award Recipient, 16th International Congress on Schizophrenia Research, San Diego, CA
2017	Best Poster, (Professional, Therapies Category), Translational Research Institute Translational Poster Symposium, TRI, Brisbane, Qld, Australia
2017	PAH Health Symposium Research Excellence Awards, Researcher of the Year, Clinical Science—Early-Career Researcher category, Brisbane, Qld, Australia
2018	Metro South Board Chair's Awards 2018 Person Centred Care Team Award Special Mention: Integrated Mental Health Metabolic Clinic, PAH
2019	Australian Society for Medical Research Finalist - Clinical Researcher Awards
2019	Qld Mental Health Week Achievement Awards Finalist for Mobile Intensive Rehabilitation Team
2019	Best Publication in the field of Pharmacoepidemiology, Pharmacovigilance and Pharmacoeconomics, UQ School of Pharmacy (Hollingworth SA, Winckel K, Saiepour N, Wheeler AJ, Myles N, Siskind D. Clozapine-related neutropenia, myocarditis and cardiomyopathy adverse event reports in Australia 1993-2014. Psychopharmacology (Berl). 2018;235:1915-1921.)

Recent Professional Activities

2008-2009	Committee Member Princess Alexandra Hospital Mental Health Service Integration Committee (Inter-sectoral committee for mental health non-government sector and public clinical mental health services)
2009 -	Accredited Examiner Royal Australian and New Zealand College of Psychiatrists (RANZCP) Examiner for RANZCP Training Registrars
2009-2011	Committee Member Metro South Human Research Ethics Committee (HREC) (Reviewed and advised on ethics applications)
2008-2010	Assistant Secretary
2010-2012	Honorary Secretary
2012-2015	Chair Queensland Branch Royal Australian and New Zealand College of Psychiatrists (RANZCP) (Advocacy on mental health policy, registrar training, research, clinical quality and staff retention issues to Queensland State Government and Minister of Health, co-ordination of state Continuing Medical Education activities, community liaison and outreach)
2009-2013	Clinical Senator Queensland Health Clinical Senate (Advisory body for Minister of Health)
2009-2010	Member

	Queensland Health Mental Health Research Network (peak body within Queensland Health for mental health research)
2010-2012	RANZCP Representative
2012-2013	Chair Queensland Committee of Medical Specialist Colleges (Liaised with the state government and Minister of Health on issues relating to health policy, registrar training, research, clinical quality and staff retention)
2012	Committee Member Metro South Addiction and Mental Health Service Clinical Stream Development Committee (Assisted in redesign of mental health clinical services with orientation towards Academic Clinical Units)
2012-2013	Expert Panel Member National Mental Health Service Planning Framework (Advised Federal Government on packages of care required to meet needs of people living with mental illness)
2012-2016	Committee Member
2016 to current	Chair Royal Australian and New Zealand College of Psychiatrists (RANZCP) Committee for Research (Advising RANZCP on research issues and awarding of research grants)
2013-2014	Committee Member Diamantina Health Partners, Centre for Neuroscience, Recovery and Mental Health (Oversight of collaborative mental health research centre)

2013- 2015	Committee Member Royal Australian and New Zealand College of Psychiatrists (RANZCP) Members Advisory Committee (Peak policy, coordination and oversight body for RANZCP)
2013 - 2015	Member Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2015 Congress Scientific Advisory Committee (Advise RANZCP Congress on academic program and speakers)
2015	Member Conference Organising Committee for Society of Mental Health Research 2015 Annual Conference
2015	Chair Royal Australian and New Zealand College of Psychiatrists (RANZCP) Australian Branch and NZ National Committee Chairs Forum
2015 to current	Member MSAMHS Research Advisory Committee
2016-2018	Co-Chair Brain and Mental Health Theme Brisbane Diamantina Health Partners
2017-2018	Member Metro South Addiction and Mental Health Medication Safety Committee

2017 to current	Member Metro South Addiction and Mental Health Physical Health Reference Group
2018	Co-Chair & Abstract Reviewer PAH Symposium Research Excellence Awards 2018
2018	Expert Advisory Group Member Trajectories: The interplay between mental health and housing pathways project
2018	Member Scientific Committee for Society of Mental Health Research 2018 Annual Conference
2018	Member Organising Committee for 2018 Australian Psychosis Conference
2018	Chair and Member of Organising Committee Brisbane Diamantina Health Partners Brain and Mental Health Translational Research Symposium
2018 to current	Member Million Minds Mission Medical Research Future Fund Advisory Panel
2020 to current	Member Schizophrenia International Research Society 2022 Conference Program Committee

Recent Appointments

2008 to current	Clinical Academic Psychiatrist MIRT (Mobile Intensive Rehabilitation Team) Metro South Addiction and Mental Health Services, Princess Alexandra Hospital. 0.5 FTE Clinical, 0.5 FTE Academic
2008 - 2014	Senior Lecturer
2014 to current	Associate Professor University of Queensland School of Medicine

Professional Membership

1999 to current	Together (formerly Queensland Public Sector Union)
2001 to current	Royal Australian and New Zealand College of Psychiatrists
2002 to current	American Psychiatric Association Global Mental Health and Psychiatry Caucus
2008 to current	Society for Mental Health Research (formerly Australasian Society for Psychiatric Research)
2013 - 2017	Health Services Research Association of Australia and New Zealand
2014	Australian Medical Association
2015 to current	Schizophrenia International Research Society
2018 to current	Australian Society for Medical Research
2018 to current	Treatment Response and Resistance in Psychosis (TRRIP) international working group
2019 to current	World Association for Psychosocial Rehabilitation – Australia
2020 to current	Member of the Psychosis Australia Research Advisory Council

Professional Development

2008 - current	Participation in the RANZCP Continuing Professional Development Programme (This involves a range of peer review and ongoing educational activities to ensure my practice in psychiatry remains current).
2008 - current	Attended Queensland Health Mandatory Trainings in Fire Safety, Driver Training, Fatigue Management, ABM, Code of Conduct, CPR, Workplace Harassment, A&TSI Awareness, Manual Handling and Child Safety
2009 & 2018	Recruitment and Selection training program (Training in Queensland Health protocols for recruitment and selection)
2009 – 2010	Queensland Health Emerging Clinical Leaders Program (Training Program in clinical leadership for clinicians identified as potential clinical leaders)
2015	ECT accreditation Training (Training to be an accredited ECT administering psychiatrist in Queensland)
2012	Queensland Health “Top 500” Training Day (Training program for clinical staff in leadership roles)
2012	Queensland Health Medical Managers Training (Training program for medical staff in leadership roles)

Part C: Teaching, Supervision, Reviewing

Selected Current Research Projects:

- *Improving Quality of Life for People with Treatment Refractory Schizophrenia*
    - ENHANCE – a multi-center randomised controlled trial of NAC versus placebo for clozapine refractory schizophrenia (NMRHC Project Grant APP1098442)
    - Building the evidence base for augmentation strategies for treatment refractory schizophrenia. This has entailed multiple systematic reviews and meta-analyses, and meta-reviews of the evidence for augmentation strategies for treatment refractory schizophrenia
- *Management of Physical Health for People with Severe and Persistent Mental Illness (SPMI)*
    - CoMET - A randomised controlled trial of metformin versus placebo at time of clozapine commencement to ameliorate weight gain
    - CODEX2 – 12-month follow up study of CODEX, a randomised controlled trial of exenatide for clozapine obesity
    - What is the impact of the National Bowel Cancer Screening Program on colorectal cancer outcomes for people over the age of 50 with severe mental illness? (Cancer Council of Australia APP1157870)
    - Priorities in physical health monitoring for people SPMI: review of Australian research
    - Building the evidence base for management of physical health comorbidities with treatment refractory schizophrenia. This has entailed multiple systematic reviews and meta-analyses, and meta-reviews of the evidence for management of physical health comorbidity
    - Physical activity interventions for people with SPMI

Clinical Teaching

- *UQ School of Medicine* – Medical student psychiatry teaching and examining – 2008 onwards
- *The Prince Charles Hospital, Brisbane* – Grand Rounds on managing metabolic adverse events associated with antipsychotics – February 2019
- *Harborview Medical Center, Seattle* – Grand Rounds on quality and safe use of clozapine – January 2019
- *Health Education and Training Institute, Sydney* – Education program for CMOs on quality and safe use of clozapine – October 2018
- *Caboolture Hospital, Brisbane* – Grand Rounds on managing metabolic adverse events associated with antipsychotics – September 2018
- *Institute of Psychiatry, London* – Grand Rounds on managing antipsychotic associated obesity and metabolic syndrome – October 2017
- *Glostrup Hospital, Copenhagen* – Clinical Workshop on management of treatment refractory schizophrenia – September 2017
- *Royal Brisbane and Women's Hospital, Brisbane* – Grand Rounds on managing metabolic adverse events associated with antipsychotics – July 2017
- *Massachusetts General Hospital* – Guest lecturer on quality and safe use of clozapine – November 2014
- *Boston University Medical Centre* – Invited Psychiatric Grand Rounds – November 2014
- *Harvard School of Population Health* – guest lecturer in mental health for "Ethical Issues in International Health Research" course 2012.
- *RANZCP Qld Psychiatry Registrar Training* – Mental Health Policy, PTSD, Research Methods, Clozapine – 2008 onwards
- *RANZCP Accredited Examiner* – examination of psychiatry registrars and overseas trained psychiatrists – 2011 onwards
- *UQ PUBH2008: Major Diseases and their Control* – Lecture on "The Burden of Neuropsychiatric Disorders" – 2009 -2014

- *UQ PUBH7026: Mental Health Policy & Services* – Section on "Supported Accommodation for People with Severe and Persistent Mental Illness" – 2009-2014
- *UQ MEDI 2043 – Global and Community Medicine* – lecture on "Stigma and Public Health -2014 - 2016
- *Psychodynamic Film nights* – founded, organised and chaired film based discussions of psychodynamics for psychiatry trainees and medical students in Cairns, Boston and Brisbane since 2001.

PhD Supervison

Primary Supervisor

Nicola Warren

Commenced: 2017

Co-supervisors :Steve Kisely, Alex Lehn

Topic: Dopamine dysregulation and substance abuse among people with Parkinson's Disease

Nicholas Myles

Commenced: 2017

Co-Supervisors: Steve Kisely, Robert Bird

Topic: Investigating the possibility of clozapine rechallenge using granulocyte-colony simulating factor (G-CSF) in people previously experiencing clozapine-induced neutropenia

Associate Advisor

Stephen Parker

Commenced: 2014

Primary Supervisor: Harvey Whiteford

Co-Supervisors: Meredith Harris, Dan Siskind, Carla Meurck

Topic: What works for whom in residential psychiatric treatment: defining and comparing models of residential psychiatric rehabilitation.

Sandra Diminic

Commenced: 2014

Primary Supervisor:

Co-Supervisors: Meredith Harris, Dan Siskind, Jane Pirkis

Topic: Exploring the characteristics and service needs of carers and families of people with mental illness to inform mental health service planning.

Part D: Research Grants

Grants

- 2020 – 2025 Semaglutide in comorbid obesity and schizophrenia-spectrum disorders for metformin non-responders: a double-blind randomized control trial, Canadian Institutes of Health Research, CA$860,625 (A$961,372), Hahn, Agrawal, Chavez, Graff-Guerrero, Jarskog, Lovshin, Mueller, Remington, Retnakaran, Selby, Siskind, Steiner, de Oliveira.
- 2019 - 2022 Bridging the life expectancy gap: A multidisciplinary research program to reduce physical co morbidity among people living with schizophrenia by the MH-PHIT (Mental Health Physical Health Interventions Team), Metro South Health Research Support Scheme Program grant, $300,000, Siskind, Russell, Kisely, Suetani, Lau, Locke
- 2019 Using microbiome associated inflammatory biomarkers to predict and enhance treatment response among people with schizophrenia ,Metro South Health Research Support Scheme Project grant, $100,000, Siskind, Shah, Morrison, Warren, Eyles, Gratten
- 2019 The Queensland Natural Disasters 2010-11 and 2019 did they influence the rate of suicide?, Metro South Health Research Support Scheme TRADIM grant. $75,000. Crompton, Leske, Kohleis, Fitzgerald, Siskind
- 2019 – 2021 What is the impact of the National Bowel Cancer Screening Program on colorectal cancer outcomes for people over the age of 50 with severe mental illness? Cancer Council of Australia (NHMRC reviewed), $591,841.60, Kisely, Jordan, Lawrence, Sara, Kendall, Brophy, Siskind, Protani
- 2019 – 2020 The Efficacy of Sodium Benzoate as an Adjunctive Treatment in Treatment Refractory Schizophrenia, Metro South Health Centre for Health Research, Research Support Scheme, $100,000 Siskind, Warren, Suetani, McKeon, Locke, Scott, Baker (Awarded but Declined)
- 2019 – 2021 Identifying and treating patients with psychosis who are positive to anti-neuronal antibodies, NHMRC Project Grant APP1161407,

$810,745.40, Scott, Blum, Lennox, Greer, O'Donoghue, Benros, Siskind, Suetani.

- 2018 – 2022 CREDIT: The CRE for the Development of Innovative Therapies for Psychiatric Disorders, NHMRC Centre for Research Excellence Grant, $2,497,157.50, Berk, McGrath, McGorry, McNeil, Malhi, Jacka, Cotton, Walder, Dean, Williams, Amminger, McKetin, Hopwood, Ng, Dodd, Tye, Sarris, McGee, Siskind, Turner,
- 2018 The efficacy of adjunctive metformin to attenuate weight gain and visceral adiposity, and prevent conversion to diabetes in people with schizophrenia newly commenced on clozapine. Australian Diabetes Society Barry Young Diabetes Grant $25,000 A Russel, D Siskind
- 2018 The efficacy of adjunctive metformin to attenuate weight gain and visceral adiposity, and prevent conversion to diabetes in people with schizophrenia newly commenced on clozapine, Society for Mental Health Research Early Career Researcher Project Grant Scheme, $20,000, D Siskind
- 2018 Physical activity behaviour change interventions for adults with mental illness, Metro South Health Research Support Scheme, $75,000, J Chapman, S Suetani, D Siskind, G Lau, S Kisely, S Patterson, S Bartlett
- 2018 Leveraging record linkage for single-indication medications to boost recruitment in Psychiatric and Pharmaco-Genetics, NHMRC Project Grant, $1,840,594.70, Medland, Martin, Hickie, Sullivan, Siskind, McGrath, Kirk
- 2017 A comparison study of three physical activity measurement tools examining acceptability in people with psychotic disorders. Avant Doctor in Training Research Scholarship Grant from AVANT, $12,500.00, Suetani, S and Siskind, D.
- 2017 The Evaluation of Rehabilitation Oriented Language in the Documentation of Case Managers in a Mental Health Mobile Intensive Rehabilitation Team; Metro South Health Research Support Scheme Small Grant; $25,000, De Monte, Wyder, Siskind, Dark, Kisely.

- 2017 Use of cancer screening services in Australians with severe mental illness; QIMR Berghofer-Clinician Research Collaboration Award; $21,549; Kisely, Jordan, Siskind, Kendall
- 2017 Improving the utility of submaximal fitness in patients with severe mental illness; Rebecca L Cooper Foundation; $25,000, Breakspear M, Naumann F, Scott J, Siskind D, Chapman J, Kendall K, Mullins R.
- 2017 A pilot randomised cross-over placebo control trial of Metformin for reducing weight gain and metabolic syndrome among people initiated on clozapine; RBWH Foundation Research Project Grant, $39,997.60 Siskind D, Flaws D, Patterson D, Moudgil V
- 2016 A comparison study of three physical activity measurement tools examining acceptability in people with psychotic disorders; New Investigator Grant from Royal Australian and New Zealand College of Psychiatrists; $6,000.00; Suetani, S and Siskind, D.
- 2016 A comparison study of three physical activity measurement tools examining acceptability in people with psychotic disorders; Early Career Researcher Project Grant from Society of Mental Health Research; $20,000; Suetani, S, Siskind, D, and McGrath, J.
- 2016-2019 Improving the Cardio-metabolic Health of People with Schizophrenia, NHMRC ECF APP1111136, $187,322, Siskind
- 2016-2019 N-Acetyl Cysteine In Schizophrenia Resistant to Clozapine: A Double-Blind Randomised Placebo-Controlled Trial Targeting Negative Symptoms, NHMRC Project Grant APP1098442, $981,788.85, Castle, Rossell, Galletly, Harris, Francis, Siskind
- 2015 Managing metabolic adverse drug reactions associated with clozapine treatment for people with treatment refractory schizophrenia. UQ M+BS Intra-Faculty Collaborative Workshop Grants; $5000; Siskind, Kisely, Whitehead.
- 2015 Vaporising smoking-related harms in people with severe and persistent mental illness: A study of the acceptability of vaporised nicotine products for smoking cessation or long-term substitution. VicHealth; $200,000; Kulkarni, Gartner, Nathoo, de Casetella, Borland, Kisely, Siskind, Brophy

- 2015 Novel pharmacological treatments for obesity and diabetes for people with schizophrenia managed on clozapine. Rebecca L Cooper Foundation Grant; $22,000, Siskind, Russell, Kisely, Winckel
- 2014 Management of Psychological Trauma in Older Persons Following Disasters TRADIM; $20,000 Lie, Kisely, Raj, Martin-Khan, Siskind
- 2014 Novel pharmacological treatments for obesity and diabetes for people with schizophrenia managed on clozapine: PA Research Support Scheme New Appointment Grant; $150,000; Siskind, Russell, Kisely, Winckel
- 2014 Quantifying the burden of perinatal depression in Australia and New Zealand Kinsman Research Scholarship, RANZCP; $50,902 Whiteford, Ferrari, Harris, Siskind
- 2014 Alcohol and other drug NGO services review project: Phase I, Queensland Department of Health, $100,000, Whiteford, Harris, Fjeldsoe, Diminic, Leitch, Siskind.
- 2013 Literature review provide expert advice to inform the development of a new five year mental health strategic plan for Tasmania, Tasmanian Department of Health and Human Services, $78,750, Pirkis, Whiteford, Jorm, Harris, Reavley, Siskind, Bassilios, Diminic, Robinson, Carstensen.
- 2013 A MAP to better care : Applying the principles of advanced directives and motivational interviewing to discharge planning for psychiatric patients, AusHSI, $79,000, Kisely, S., Robinson, G., Wyder, M., Crompton, D., Siskind, D., Lau, G.
- 2013 TEEMH PAH: Translating Evidence and Expertise in Mental Health Practice across Allied Health professions, : PA Research Support Scheme, $75,000, Kuipers, P., Lau, G., Siskind, D., Bland, R.
- 2013 Estimating the proportion of psychiatric medication use attributable to on-label psychiatric conditions, $13,200, NSW Ministry of Health, Harris, M., Hollingworth, S., Diminic, S., Siskind, D.

- 2013 Mental Health Community Support Sector Services Review Project, $170,000, Qld Department of Health, Whiteford, H., Harris, M., Diminic, S., Fjeldsoe, K., Siskind, D.
- 2012 Minimally adequate treatment rates for depression and anxiety in Australian adults, AusHSI, $38,000, Harris M, & Siskind, D
- 2010 Evaluation of comparative efficacy of twice versus thrice weekly ECT, Queensland Directorate of Mental Health, $25,000, Siskind D, Lie D & Charlson, F.
- 2010 Scoping study to inform the development of a national mental health service planning framework, Commonwealth Department of Health and Ageing, $76,619, Harris M, Price A, Burgess P, & Siskind D
- 2010 The evaluation of consumer outcomes resulting from a partnership project between public mental health and dental health services, Queensland Health, Health Practitioner Research Scheme, $10,000, Lau, G., Gillies, B., Seifert, D. & Siskind, D.
- 2009 Planning Estimates for the Mental Health Community Sector in Queensland 2009-2017, Disability Services Queensland, $90,479 Whiteford H, Harris M, & Siskind D.

Invited grant reviewer

- NHMRC Clinical Trials Grant Review Panel Member 2016
- NHMRC Mental Health Psychology and Psychiatry Grant Review Panel Member 2018
- NHMRC External Assessor 2013 and 2016
- International Reviewer for Irish Health Research Board 2018
- RANZCP Committee for Research 2012-2018
- SMHR Early Career Research Fellowships 2015
- Rebecca L Cooper Foundation 2015-2016
- Schizophrenia Fellowship of NSW Research Trust Fund 2018
- PSI Foundation, Ontario Canada, 2018
- Deutsche Forschungsgemeinschaft, Germany, 2019

Part E: Publications

Journal Publications

1. Tanzer T, Shah S, Benson C, De Monte V, Gore-Jones V, Rossell SL, Dark F, Kisely S, Siskind D. Varenicline for cognitive impairment in people with schizophrenia: systematic review and meta-analysis. Psychopharmacology. 2020;237:11-19.

2. Kisely S, Moss K, Boyd M, Siskind D. Efficacy of compulsory community treatment and use in minority ethnic populations: A statewide cohort study. Australian & New Zealand Journal of Psychiatry. 2020;54:76-88.

3. Lane AR, Foley S, Siskind D. We snooze, they lose: where is the conversation about obstructive sleep apnoea in early psychosis. Australasian Psychiatry. 2019;27:314-314.

4. Kisely S, Siskind D. Undertaking a systematic review and meta-analysis for a scholarly project: an updated practical guide. Australasian Psychiatry. 2019;in press:1039856219875063.

5. Chen S-Y, Ravindran G, Zhang Q, Kisely S, Siskind D. Treatment Strategies for Clozapine-Induced Sialorrhea: A Systematic Review and Meta-analysis. CNS drugs. 2019;33:225-238.

6. Firth J, Siddiqi N, Koyanagi A, Siskind D, Rosenbaum S, Galletly C, Allan S, Caneo C, Carney R, Carvalho AF, et.al. The Lancet Psychiatry

Commission: a blueprint for protecting physical health in people with mental illness. Lancet Psychiatry. 2019;6:675-712.

7. Vancampfort D, Firth J, Correll CU, Solmi M, Siskind D, De Hert M, Carney R, Koyanagi A, Carvalho AF, Gaughran F, Stubbs B. The impact of pharmacological and non-pharmacological interventions to improve physical health outcomes in people with schizophrenia: a meta-review of meta-analyses of randomized controlled trials. World Psychiatry. 2019;18:53-66.

8. Siskind D, Reddel T, MacCabe JH, Kisely S. The impact of clozapine initiation and cessation on psychiatric hospital admissions and bed days: a mirror image cohort study. Psychopharmacology. 2019;in press:1-5.

9. Firth J, Teasdale SB, Allott K, Siskind D, Marx W, Cotter J, Veronese N, Schuch F, Smith L, Solmi M. The efficacy and safety of nutrient supplements in the treatment of mental disorders: a meta-review of meta-analyses of randomized controlled trials. World Psychiatry. 2019;18:308-324.

10. Costa-Dookhan KA, Agarwal SM, Chintoh A, Tran VN, Stogios N, Ebdrup BH, Sockalingam S, Rajji TK, Remington GJ, Siskind D, Hahn MK. The clozapine to norclozapine ratio: a narrative review of the clinical utility to minimize metabolic risk and enhance clozapine efficacy. Expert Opin Drug Saf. 20191-15.

11. Siskind D, Sidhu A, Cross J, Chua YT, Myles N, Cohen D, Kisely S. Systematic review and meta-analysis of rates of clozapine-associated myocarditis and cardiomyopathy. ANZJP. 2019;in press

12. Marteene W, Winckel K, Hollingworth S, Kisely S, Gallagher E, Hahn M, Ebdrup BH, Firth J, Siskind D. Strategies to counter antipsychotic-associated weight gain in patients with schizophrenia. Expert Opinion on Drug Safety. 2019

13. Warren N, Swayne A, Siskind D, O'Gorman C, Prain K, Gillis D, Blum S. Serum and CSF Anti-NMDAR Antibody Testing in Psychiatry. J Neuropsychiatry Clin Neurosci. 2019appineuropsych19030079.

14. Lane AR, Myles H, Foley S, Siskind D. Screening for obstructive sleep apnoea in an early psychosis cohort: a pilot study. Australasian Psychiatry. 2019;in press:1039856219878650.

15. Siskind D, Honarparvar F, Hasan A, Wagner E, Sinha S, Orr S, Kisely S. rTMS for clozapine refractory schizophrenia - A systematic review and pairwise meta-analysis. Schizophr Res. 2019;211:113-114.

16. Warren N, O'Gorman C, McKeon G, Swayne A, Blum S, Siskind D. Psychiatric management of anti-NMDAR encephalitis: A cohort analysis. Psychological Medicine. 2019;in press

17. Firth J, Rosenbaum S, Galletly C, Siddiqi N, Stubbs B, Killackey E, Koyanagi A, Siskind D. Protecting physical health in people with mental illness–Authors' reply. Lancet Psychiatry. 2019;6:890-891.

18. O'Donoghue B, Mujanovic M, Young S, Bridson T, Mora L, Bismark M, Cocks J, Siskind D, McGorry P. Physical Health Trajectories of young people commenced on clozapine. Irish Journal of Psychological Medicine. 2019;in press

19. Yolland COB, Neill E, Hanratty D, Rossell SL, Berk M, Dean O, Castle D, Tan E, Hansen A, Harris A, Phillipou A, Siskind D. Meta-analysis of Randomized Controlled Trials with N-acetylcysteine in the Treatment of Schizophrenia. ANZJP. 2019;in press

20. Kisely S, Siskind D. Meeting the mental health needs of low- and middle-income countries: the start of a long journey. BJPsych Open. 2019;5

21. Korman N, Chapman J, Rosenbaum S, Kisely S, Suetani S, Firth J, Siskind D. High Intensity Interval Training (HIIT) for people with Severe Mental Illness: A systematic review & meta-analysis of intervention studies– considering diverse approaches for mental and physical recovery. Psychiatry Res. 2019;in press

22. Siskind D, Hahn M, Correll CU, Fink-Jensen A, Russell AW, Bak N, Broberg BV, Larsen J, Ishøy PL, Vilsbøll T, Knop FK, Kisely S, Ebdrup BH. Glucagon-like peptide-1 receptor agonists for antipsychotic-associated cardio-metabolic risk factors: A systematic review and

individual participant data meta-analysis. Diabetes Obes Metab. 2019;21:293-302.

23. Wagner E, Wobrock T, Kunze B, Langguth B, Landgrebe M, Eichhammer P, Frank E, Cordes J, Wölwer W, Winterer G. Efficacy of high-frequency repetitive transcranial magnetic stimulation in schizophrenia patients with treatment-resistant negative symptoms treated with clozapine. Schizophrenia research. 2019;208:370-376.

24. Ting E, Kamalvand S, Shang D, Siskind D, Kisely S. Does the frequency of administration of long acting injectable antipsychotics impact psychiatric outcomes and adverse effects: A systematic review and meta-analysis. Journal of psychiatric research. 2019;109:193-201.

25. Tuesley KM, Jordan SJ, Siskind DJ, Kendall BJ, Kisely S. Colorectal, cervical and prostate cancer screening in Australians with severe mental illness: Retrospective nation-wide cohort study. Australian & New Zealand Journal of Psychiatry. 2019;53:550-558.

26. Wagner E, Löhrs L, Siskind D, Honer WG, Falkai P, Hasan A. Clozapine augmentation strategies–a systematic meta-review of available evidence. Treatment options for clozapine resistance. Journal of Psychopharmacology. 2019;33:423-435.

27. Siskind D, Kisely S. Balancing the body and the mind: selecting the optimal antipsychotic. The Lancet. 2019;394:900-902.

28. Rohde C, Siskind D, De Leon J, Nielsen J. Antipsychotic Medication Exposure, Clozapine, and Pneumonia:Results from a Self-controlled Study. Acta Psychiatr Scand. 2019;in press

29. McArdle PA, De Mel V, DeMonte V, Winckel K, Gore-Jones V, Foley S, Korman N, Parker S, Dark F, Siskind D. An investigation into the relationship between clozapine treatment and cognitive performance in patients with treatment resistant schizophrenia. Schizophrenia research. 2019;206:450.

30. Parker S, Hopkins G, Siskind D, Harris M, McKeon G, Dark F, Whiteford H. A systematic review of service models and evidence relating to the clinically operated community-based residential mental health rehabilitation for adults with severe and persisting mental illness in Australia. BMC psychiatry. 2019;19:55.

31. O'Donovan J, Russell K, Kuipers P, Siskind D, Elphinston R. A place to call home: Hearing the perspectives of people living with homelessness and mental illness through service evaluation. Community Ment Health J. 2019;in press

32. Myles N, Myles H, Xia S, Large M, Bird R, Galletly C, Kisely S, Siskind D. A meta-analysis of controlled studies comparing the association between clozapine and other antipsychotic medications and the development of neutropenia. Aust N Z J Psychiatry. 2019;53:403-412.

33. Parker S, Siskind D, Harmans D, Dark F, McKeon G, Korman N, Arnautsovska U, Harris M, Whiteford H. A comprehensive cohort

description and statistical grouping of community-based residential rehabilitation service users in Australia. Frontiers in Psychiatry. 2019;in press

34. Suetani S, Chapman J, Korman N, Chapman C, Dark F, Dodd C, Parker S, Siskind D. A comparison study of three physical activity measurement tools examining acceptability in people with psychosis
35. . Australasian Psychiatry. 2019;in press

36. De Mel VN, Korman N, McArdle P, Siskind DJ. Weight gain correlated with decrease in clozapine/N-desmethyl-clozapine ratio in a man with treatment-refractory schizophrenia. Australasian Psychiatry. 2018;26:558-559.

37. Siskind DJ, Russell AW, Gamble C, Winckel K, Mayfield K, Hollingworth S, Hickman I, Siskind V, Kisely S. Treatment of clozapine-associated obesity and diabetes with exenatide in adults with schizophrenia: A randomized controlled trial (CODEX). Diabetes Obes Metab. 2018;20:1050-1055.

38. Wyder M, Kisely S, Meurk C, Dietrich J, Fawcett T, Siskind D, Robinson G, Crompton D. The language we use - the effect of writing mental health care plans in the first person. Australasian Psychiatry. 2018;26:496-502.

39. Warren N, Siskind D, O'Gorman C. Refining the psychiatric syndrome of anti-N-methyl-d-aspartate receptor encephalitis. Acta Psychiatr Scand. 2018;138:401-408.

40. Rohde C, Hilker R, Siskind D, Nielsen J. Real-world effectiveness of clozapine for intellectual disability: Results from a mirror-image and a reverse-mirror-image study. Journal of Psychopharmacology. 2018;32:1197-1203.

41. Chapman JJ, Suetani S, Siskind D, Kisely S, Breakspear M, Byrne JH, Patterson S. Protocol for a randomised controlled trial of interventions to promote adoption and maintenance of physical activity in adults with mental illness. BMJ open. 2018;8:e023460
42. :e023460.

43. Verdoux H, Quiles C, Bachmann CJ, Siskind D. Prescriber and institutional barriers and facilitators of clozapine use: A systematic review. Schizophrenia research. 2018;201:10-19.

44. Suetani S, Parker S, Korman N, Crompton D, Dark F, Siskind D. Metformin Prescription in Psychiatry. Australas Psychiatry. 2018;26:107.

45. Myles N, Myles H, Xia S, Large M, Kisely S, Galletly C, Bird R, Siskind D. Meta-analysis examining the epidemiology of clozapine-associated neutropenia. Acta Psychiatr Scand. 2018;138:101-109.

46. Oakley P, Kisely S, Baxter A, Harris M, Desoe J, Dziouba A, Siskind D. Increased mortality among people with schizophrenia and other non-

affective psychotic disorders in the community: A systematic review and meta-analysis. J Psychiatr Res. 2018;102:245-253.

47. Yolland COB, Phillipou A, Castle DJ, Neill E, Hughes ME, Galletly C, Smith ZM, Francis PS, Dean OM, Sarris J, Siskind D, Harris A, Rossell SL. Improvement of cognitive function in schizophrenia with N-acetylcysteine: a theoretical review. Nutritional neuroscience. 20181-10.

48. Woody CA, Baxter AJ, Harris MG, Siskind DJ, Whiteford HA. Identifying characteristics and practices of multidisciplinary team reviews for patients with severe mental illness: a systematic review. Australas Psychiatry. 2018;26:267-275.

49. Burke AJ, Hay K, Chadwick A, Siskind D, Sheridan J. High rates of respiratory symptoms and airway disease in mental health inpatients in a tertiary centre. Intern Med J. 2018;48:433-438.

50. Korman NH, Shah S, Suetani S, Kendall K, Rosenbaum S, Dark F, Nadareishvili K, Siskind D. Evaluating the Feasibility of a Pilot Exercise Intervention Implemented Within a Residential Rehabilitation Unit for People With Severe Mental Illness: GO HEART:(Group Occupational Health Exercise and Rehabilitation Treatment). Frontiers in Psychiatry. 2018;9:343.

51. Clark SR, Warren NS, Kim G, Jankowiak D, Schubert KO, Kisely S, Forrester T, Baune BT, Siskind DJ. Elevated clozapine levels associated with infection: A systematic review. Schizophr Res. 2018;192:50-56.

52. Warren N, Grote V, O'Gorman C, Siskind D. Electroconvulsive therapy for Anti-N-Methyl-D-Aspartate (NMDA) receptor encephalitis: a systematic review of cases. Brain Stimul. 2018;12:329-334.

53. Firth J, Teasdale SB, Jackson SE, Vancampfort D, Siskind D, Sarris J, Solmi M. Do reductions in ghrelin contribute towards antipsychotic-induced weight gain? Schizophr Res. 2018;in press

54. Suetani S, Siskind D, Scott JG, McGrath JJ. Disentangling schizophrenia spectrum disorders. Acta Psychiatr Scand. 2018;137:365-366.

55. Warren N, O'Gorman C, Hume Z, Kisely S, Siskind D. Delusions in Parkinson's Disease: A Systematic Review of Published Cases. Neuropsychology review. 2018;28:310-316.

56. Siskind D, Friend N, Russell A, McGrath JJ, Lim C, Patterson S, Flaws D, Stedman T, Moudgil V, Sardinha S, Suetani S, Kisely S, Winckel K, Baker A. CoMET: A Protocol for a Randomised Controlled Trial of Co-commencement of METformin as an adjunctive treatment to attenuate weight gain and metabolic syndrome in patients with schizophrenia newly commenced on clozapine. BMJ Open. 2018;8:e021000.

57. Hollingworth SA, Winckel K, Saiepour N, Wheeler AJ, Myles N, Siskind D. Clozapine-related neutropenia, myocarditis and cardiomyopathy

adverse event reports in Australia 1993-2014. Psychopharmacology (Berl). 2018;235:1915-1921.

58. Siskind DJ, Lee M, Ravindran A, Zhang Q, Ma E, Motamarri B, Kisely S. Augmentation strategies for clozapine refractory schizophrenia: A systematic review and meta-analysis. Aust N Z J Psychiatry. 2018;52:751-767.

59. Rohde C, Polcwiartek C, Kragholm K, Ebdrup BH, Siskind D, Nielsen J. Adverse cardiac events in out-patients initiating clozapine treatment: a nationwide register-based study. Acta Psychiatr Scand. 2018;137:47-53.

60. Kisely S, Li A, Warren N, Siskind D. A systematic review and meta-analysis of deep brain stimulation for depression. Depress Anxiety. 2018;35:468-480.

61. Myles N, Myles H, Clark SR, Bird R, Siskind D. Use of granulocyte-colony stimulating factor to prevent recurrent clozapine-induced neutropenia on drug rechallenge: a systematic review of the literature and clinical recommendations. Aust N Z J Psychiatry. 2017;51:980-989.

62. Parker S, Siskind D, Dark F. Thoughts on 'Redefining residential rehabilitation in Australia'. Australas Psychiatry. 2017;25:414.

63. Kisely S, Alichniewicz KK, Black EB, Siskind D, Spurling G, Toombs M. The prevalence of depression and anxiety disorders in indigenous

people of the Americas: A systematic review and meta-analysis. J Psychiatr Res. 2017;84:137-152.

64. Parker S, Johnston B, Lane A, Dark F, Siskind D. The imperative to screen for obstructive sleep apnoea in people with schizophrenia. Aust N Z J Psychiatry. 2017;51:737-738.

65. Land R, Siskind D, McArdle P, Kisely S, Winckel K, Hollingworth SA. The impact of clozapine on hospital use: a systematic review and meta-analysis. Acta Psychiatr Scand. 2017;135:296-309.

66. Kisely S, Wyder M, Dietrich J, Robinson G, Siskind D, Crompton D. Motivational aftercare planning to better care: Applying the principles of advanced directives and motivational interviewing to discharge planning for people with mental illness. Int J Ment Health Nurs. 2017;26:41-48.

67. Tso G, Kumar P, Jayasooriya T, Kisely S, Siskind D. Metabolic monitoring and management among clozapine users. Australas Psychiatry. 2017;25:48-52.

68. Goodison G, Overeem K, de Monte V, Siskind D. Mania associated with self-prescribed acetyl-l-carnitine in a man with bipolar I disorder. Australas Psychiatry. 2017;25:13-14.

69. Siskind D, Dark F. Is it time to rethink treatment of early psychosis. Aust N Z J Psychiatry. 2017;51:291-292.

70. Bachmann CJ, Aagaard L, Bernardo M, Brandt L, Cartabia M, Clavenna A, Coma Fusté A, Furu K, Garuoliené K, Hoffmann F, Hollingworth S, Huybrechts KF, Kalverdijk LJ, Kawakami K, Kieler H, Kinoshita T, López SC, Machado-Alba JE, Machado-Duque ME, Mahesri M, Nishtala PS, Piovani D, Reutfors J, Saastamoinen LK, Sato I, Schuiling-Veninga CCM, Shyu YC, Siskind D, Skurtveit S, Verdoux H, Wang LJ, Zara Yahni C, Zoëga H, Taylor D. International trends in clozapine use: a study in 17 countries. Acta Psychiatr Scand. 2017;136:37-51.

71. Suetani RJ, Siskind D, Reichhold H, Kisely S. Genetic variants impacting metabolic outcomes among people on clozapine: a systematic review and meta-analysis. Psychopharmacology (Berl). 2017;234:2989-3008.

72. Parker S, Siskind D, Meurk C. Further Reflections on Recovery-Oriented Mental Health Practice in a Community Care Unit. J Forensic Nurs. 2017;13:87-88.

73. Lederman O, Suetani S, Stanton R, Chapman J, Korman N, Rosenbaum S, Ward PB, Siskind D. Embedding exercise interventions as routine mental health care: implementation strategies in residential, inpatient and community settings. Australas Psychiatry. 2017;25:451-455.

74. Kisely S, Siskind D, Rugkasa J. Effectiveness of Community Treatment Orders? Two Studies With Unusual Outcomes and an Atypical Population. Psychiatr Serv. 2017;68:1322-1323.

75. Robinson G, Kisely S, Siskind D, Flanagan RJ, Wheeler AJ. Echocardiography and clozapine: Is current clinical practice inhibiting use of a potentially life-transforming therapy. Aust Fam Physician. 2017;46:169-170.

76. Warren N, O'Gorman C, Lehn A, Siskind D. Dopamine dysregulation syndrome in Parkinson's disease: a systematic review of published cases. J Neurol Neurosurg Psychiatry. 2017;88:1060-1064.

77. Siskind DJ, Harris M, Phillipou A, Morgan VA, Waterreus A, Galletly C, Carr VJ, Harvey C, Castle D. Clozapine users in Australia: their characteristics and experiences of care based on data from the 2010 National Survey of High Impact Psychosis. Epidemiol Psychiatr Sci. 2017;26:325-337.

78. Siskind D, Siskind V, Kisely S. Clozapine Response Rates among People with Treatment-Resistant Schizophrenia: Data from a Systematic Review and Meta-Analysis. Can J Psychiatry. 2017;62:772-777.

79. Winckel K, Siskind D. Clozapine in primary care. Australian Prescriber. 2017;40:231-236.

80. Sawyer M, Goodison G, Smith L, Peereboom V, Dauber K, Siskind D. Brugada pattern associated with clozapine initiation in a man with schizophrenia. Internal Medicine Journal. 2017;47:831-833.

81. Siskind D, McCartney L, Kisely S. Authors' reply. Br J Psychiatry. 2017;210:299-300.

82. Woody CA, Ferrari AJ, Siskind DJ, Whiteford HA, Harris MG. A systematic review and meta-regression of the prevalence and incidence of perinatal depression. J Affect Disord. 2017;219:86-92.

83. Baghaie H, Kisely S, Forbes M, Sawyer E, Siskind DJ. A systematic review and meta-analysis of the association between poor oral health and substance abuse. Addiction. 2017;112:765-779.

84. Siskind D, Wysoczanski D, Russell A, Ashford M. Weight loss associated with exenatide in an obese man with diabetes commenced on clozapine. Aust N Z J Psychiatry. 2016;50:702-703.

85. Kisely S, Sawyer E, Siskind D, Lalloo R. The oral health of people with anxiety and depressive disorders - a systematic review and meta-analysis. J Affect Disord. 2016;200:119-132.

86. Siskind DJ, Sawyer E, Lee I, Lie DC, Martin-Khan M, Farrington J, Crompton D, Kisely S. The Mental Health of Older Persons after Human induced Disasters. A Systematic Review and Meta-Analysis of Epidemiological Data. American Journal of Geriatric Psychiatry. 2016;24:379-388.

87. McArdle PA, Siskind DJ, Kolur U, Parker S, Korman N, Purushothaman S. Successful rechallenge with clozapine after treatment associated eosinophilia. Australas Psychiatry. 2016;24:365-367.

88. Harvey C, Brophy L, Parsons S, Moeller-Saxone K, Grigg M, Siskind D. People living with psychosocial disability: Rehabilitation and recovery-informed service provision within the second Australian national survey of psychosis. Aust N Z J Psychiatry. 2016;50:534-547.

89. Rossell SL, Francis PS, Galletly C, Harris A, Siskind D, Berk M, Bozaoglu K, Dark F, Dean O, Liu D, Meyer D, Neill E, Phillipou A, Sarris J, Castle DJ. N-acetylcysteine (NAC) in schizophrenia resistant to clozapine: a double blind randomised placebo controlled trial targeting negative symptoms. BMC Psychiatry. 2016;16:320.

90. Siskind DJ, Leung J, Russell AW, Wysoczanski D, Kisely S. Metformin for Clozapine Associated Obesity: A Systematic Review and Meta-Analysis. PLoS One. 2016;11:e0156208.

91. Parker G, Lie D, Siskind D, Martin-Khan M, Raphael B, Crompton D, Kisely S. Mental Health Implications for Older Adults after Natural Disasters – a systematic Review and Meta-Analysis. International Psychogeriatrics. 2016;28:11-20.

92. Parker S, Dark F, Newman E, Korman N, Meurk C, Siskind D, Harris M. Longitudinal comparative evaluation of the equivalence of an integrated peer-support and clinical staffing model for residential mental health

rehabilitation: a mixed methods protocol incorporating multiple stakeholder perspectives. BMC Psychiatry. 2016;16:179.

93. Mayfield K, Siskind D, Winckel K, Russell A, Kisely S, Smith G, Hollingworth S. Glucagon-like peptide-1 agonists combating clozapine-associated obesity and diabetes. J Psychopharmacol. 2016;30:227-236.

94. Cherry S, Siskind D, Spivak V, Wysoczanski D, Halangoda P. Fever, confusion, acute kidney injury: is this atypical neuroleptic malignant syndrome following polypharmacy with clozapine and risperidone. Australas Psychiatry. 2016;24:602-603.

95. Siskind D. Correction. British Journal of Psychiatry Open. 2016;2:187-187.

96. Siskind D, McCartney L, Goldschlager R, Kisely S. Clozapine versus first and second-generation antipsychotics in treatment refractory schizophrenia: systematic review & meta-analysis. British Journal of Psychiatry. 2016;209:385-392.

97. Liu X, Furuya-Kanamori L, Siskind D, Crompton D, Williams GM, Kostner K, Vitetta L, Doi SA. An Evidence-Based Scale for the Antecedents of Depressive Symptoms in Australian Adults. Australasian Psychiatry. 2016;24:466-469.

98. Mayfield K, Siskind D, Winckel K, Hollingworth S, Kisely S, Russell AW. Treatment of clozapine-associated obesity and diabetes with exenatide (CODEX) in adults with schizophrenia: study protocol for a pilot randomised controlled trial. British Journal of Psychiatry Open. 2015;1:67-73.

99. Allison S, Bastiampillai T, Siskind D, Roeger L, Goldney R. The National Mental Health Commission Report: Evidence based or ideologically driven. Aust N Z J Psychiatry. 2015;49:960-962.

100. Forrester T, Siskind D, Winckel K, Wheeler A, Hollingworth S. Increasing Clozapine Dispensing Trends in Queensland, Australia 2004–2013. Pharmacopsychiatry. 2015;48:164-169.

101. Siskind D, Parker S, Loi S, Looi JC, Macfarlane MD, Merry S, Smith G, Kisely S. How to survive in research: advice for the novice investigator. Australasian Psychiatry. 2015;23:22-24.

102. Kisely S, Chang A, Crowe J, Galletly C, Jenkins P, Looi JC, MacFarlane M, McVie N, Parker S, Power B, Siskind D, Smith G, Merry S, MacFarlane S. Getting started in research: systematic reviews and meta-analyses. Australas Psychiatry. 2015;23:16-21.

103. Macfarlane MD, Kisely S, Loi S, Looi JC, Merry S, Parker S, Power B, Siskind D, Smith G, Macfarlane S. Getting started in research: research questions, supervisors and literature reviews. Australas Psychiatry. 2015;23:8.

104. Macfarlane MD, Kisely S, Loi S, Macfarlane S, Merry S, Parker S, Power B, Siskind D, Smith G, Looi JC. Getting started in research: designing and preparing to conduct a research study. Australas Psychiatry. 2015;23:12-15.

105. Harris MG, Hobbs MJ, Burgess PM, Pirkis JE, Diminic S, Siskind DJ, Andrews G, Whiteford HA. Frequency and quality of mental health treatment for affective and anxiety disorders among Australian adults. The Medical Journal of Australia. 2015;202:185-189.

106. Parker S, Siskind D, Harris M. Community based residential mental health services: What do we need to know? Aust N Z J Psychiatry. 2015;49:86-87.

107. Winckel K, Siskind D, Hollingworth S, Robinson G, Mitchell S, Varghese D, Smith L, Wheeler A. Clozapine in the community: improved access or risky free-for-all? Australian and New Zealand Journal of Psychiatry. 2015;49:863-856.

108. Goodison G, Siskind D, Harcourt-Rigg C, Hipgrave W, Burrage M, Kiff S, Wallace M. Clarifying the diagnosis of myocarditis in a patient on clozapine. Australasian Psychiatry. 2015;23:311-313.

109. Liu X, Clark J, Siskind D, Williams G, Byrne G, Doi S. A Systematic Review and Meta-analysis of the Effects of Qigong and Tai Chi for Depressive Symptoms. Complementary Therapies in Medicine. 2015;23:516-534.

110. Kisely S, Sawyer E, Robinson G, Siskind D. A systematic review and meta-analysis of the effect of depot antipsychotic frequency on compliance and outcome. Schizophrenia Research. 2015;166:178-186.

111. Kisely S, Baghaie H, Lalloo R, Siskind D, Johnson N. A systematic review and meta-analysis of the association between poor oral health and severe mental illness. Psychological Medicine. 2015;77:82-92.

112. Looi JCL, Kisely S, MacFarlane MD, Siskind D, MacFarlane S. A guide to clinical research supervision for psychiatrists: a mentoring approach. Australas Psychiatry. 2015;23:25-28.

113. Siskind D, Harris M, Whiteford H. Value of real world economic evaluations of crisis accommodation programmes for patients with severe mental illness. Australian and New Zealand Journal of Psychiatry. 2014;48:960.

114. Whiteford H, McKeon G, Harris M, Diminic S, Siskind D, Scheurer R. System-level intersectoral linkages between the mental health and non-clinical support sectors: a qualitative systematic review. Aust N Z J Psychiatry. 2014;48:895-906.

115. Siskind D, Harris M, Diminic S, Carstensen G, Robinson G, Whiteford H. Predictors of mental health-related acute service utilisation

and treatment costs in the 12 months following an acute psychiatric admission. Aust N Z J Psychiatry. 2014

116. Kisely S, Hall K, Siskind D, Frater J, Olson S, Crompton D. Deep brain stimulation for obsessive-compulsive disorder: a systematic review and meta-analysis. Psychol Med. 20143533-3542.

117. Winckel K, Siskind D, Hollingworth S, Wheeler A. Clozapine-induced myocarditis: Separating the wheat from the chaff. Aust N Z J Psychiatry. 2014;49:188.

118. Siskind D, Roberts C, Crawford S. Cestrum Parqui and psychosis. Australas Psychiatry. 2014;22:305.

119. Siskind D, Harris M, Kisely S, Siskind V, Brogan J, Pirkis J, Crompton D, Whiteford H. A Retrospective Quasi-Experimental Study of a Transitional Housing Program for Patients with Severe and Persistent Mental Illness. Community Ment Health J. 2014;50

120. Siskind D, Harris M, Kisely S, Brogan J, Pirkis J, Crompton D, Whiteford H. A retrospective quasi-experimental study of a community crisis house for patients with severe and persistent mental illness. Aust N Z J Psychiatry. 2013;47:667-675.

121. Siskind D, Harris M, Pirkis J, Whiteford H. A domains-based taxonomy of supported accommodation for people with severe and

persistent mental illness. Social Psychiatry and Psychiatric Epidemiology. 2013;48:875-894.

122. Siskind D, Charlson F, Saraf S, Scheurer R, Lie DC. Twice versus thrice weekly ECT in a clinical population: An evaluation of patient outcomes. Psychiatry Res. 2012

123. Siskind D, Harris M, Buckingham B, Pirkis J, Whiteford H. Planning estimates for the mental health community support sector. Aust N Z J Psychiatry. 2012;46:569-580.

124. Siskind D, Harris M, Pirkis J, Whiteford H. Personalised support delivered by support workers for people with severe and persistent mental illness: a systematic review of patient outcomes. Epidemiology and Psychiatric Sciences. 2012;21:97-110.

125. Hollingworth SA, Lie DC, Siskind DJ, Byrne GJ, Hall WD, Whiteford HA. Psychiatric drug prescribing in elderly Australians: time for action. Aust N Z J Psychiatry. 2011;45:705-708.

126. Moscrop A, Siskind D, Stevens R. Mental health of young adult patients who do not attend appointments in primary care: a retrospective cohort study. Fam Pract. 2011

127. Charlson F, Siskind D, Doi S, McCallum E, Broome A, Lie D. ECT efficacy and treatment course: A systematic review and meta-

analysis of twice vs thrice weekly schedules. J Affect Disord. 2011;138:1-8.

128. Harris MG, Burgess PM, Pirkis J, Siskind D, Slade T, Whiteford HA. Correlates of antidepressant and anxiolytic, hypnotic or sedative medication use in an Australian community sample. Australian and New Zealand Journal of Psychiatry. 2011;45:249-260.

129. Hollingworth SA, Siskind DJ, Nissen LM, Robinson M, Hall WD. Patterns of antipsychotic medication use in Australia 2002-2007. Aust N Z J Psychiatry. 2010;44:372-377.

130. Siskind D, Araya R, Kim J. Cost-effectiveness of improved primary care treatment of depression in women in Chile. Br J Psychiatry. 2010;197:291-296.

131. Mitchelson M, Erskine H, Ramirez E, Suleman F, Prasad-Ildes R, Siskind D, Harris M. BRiTA Futures – A resilience-building program for children and young people from culturally and linguistically diverse backgrounds: Program description and preliminary findings. Australian e-Journal for the Advancement of Mental Health. 2010;9

132. Hollingworth SA, Nissen LM, Stathis SS, Siskind DJ, Varghese JMN, Scott JG. Australian national trends in stimulant dispensing: 2002-2009. Aust N Z J Psychiatry. 2010

133. Hollingworth SA, Siskind DJ. Anxiolytic, hypnotic and sedative medication use in Australia. Pharmacoepidemiol Drug Saf. 2010;19:280-288.

134. Wieland B, Lau G, Seifert D, Siskind D. A Partnership Evaluation: Public Mental Health and Dental Services. Australasian Psychiatry. 2010;18:506-511.

135. Siskind D, Wiley-Exley E. Comparison of Assertive Community Treatment Programs in Urban Massachusetts and Rural North Carolina. Adm Policy Ment Health. 2009;36:236-246.

136. Siskind D, Baingana F, Kim J. Cost-effectiveness of Group Psychotherapy for Depression in Uganda. J Ment Health Policy Econ. 2008;11:127-133.

Invited Journal Reviewer for:

- Administrative and Policy in Mental Health and Mental Health Services Research
- Australasian Psychiatry
- Australian and New Zealand Journal of Psychiatry
- Australian Health Review
- BioMed Central Emergency Medicine
- BioMed Central Psychiatry
- BioMed Central Medicine
- British Journal of Psychiatry Open
- British Medical Journal Open
- Clinical Epidemiology
- Community Mental Health Journal
- International Clinical Psychopharmacology
- Journal of Evaluation in Clinical Practice
- Journal of Rehabilitation Medicine
- Plos One
- Psychiatric Services
- Psychiatry Research
- Psychopharmacology
- Schizophrenia Bulletin
- Social Psychiatry and Psychiatric Epidemiology
- Suicide and Life-Threatening Behavior
- The Patient: Patient-Centered Outcomes Research

Published Conference Proceedings

1. Siskind D, Nasrallah H, Cohen D. Innovative Strategies to Address the Underutilization of Clozapine. Proceedings of the American Psychiatric Association Annual Meeting 2019. 2019
2. Siskind D, Kisely S, Land R, McCartney L. 41.1 What Do Meta-Analyses Tell Us About Clozapine's Efficacy And Effectiveness For Treatment Refractory Schizophrenia?. Schizophrenia Bulletin. 2018 Apr 1;44(suppl_1):S66-.
3. Siskind D, Russell A, Gamble C, Winckel K, Hollingworth S, Kisely S. Sa47. Rct of Exenatide for Clozapine-associated Obesity. Schizophrenia Bulletin. 2017 Mar 1;43(suppl_1):S130.
4. Hahn L, Kisely S, Suetani S, Lappin J, Siskind D. Schizophrenia and Physical Health – A Whole Body Experience. Aust N Z J Psychiatry. 2017;51:65-68.
5. Siskind D. How to Disseminate your Research Findings? Aust N Z J Psychiatry. 2017;51:54.
6. Siskind D, Kisely S, Parker S. Collaborations with Junior Colleagues for Building Research Capacity in the Public Sector. Aust N Z J Psychiatry. 2017;51:23.
7. Siskind D, Dark F, Korman N, Parker S, Clark S. Biopsychosocial and More: Treating Difficult to Treat Psychotic Disorder. Aust N Z J Psychiatry. 2017;51:86-88.
8. Kisely S, Baghaie H, Forbes M, Sawyer E, Siskind D. A systematic review and meta-analysis of the association between poor oral health and substance use. Aust N Z J Psychiatry. 2017;51:136.
9. Kisely S, EB B, AA A et al. Psychiatric Morbidity in Indigenous Peoples from Australia and the Americas: Unexpected Findings from a Systematic Review and Meta-Analysis. Aust N Z J Psychiatry. 2016;50:144.
10. Kisely S, Sawyer E, Robinson G, Siskind D. Does the Frequency of Dosing of Long-Acting Injectable Antipsychotics Matter? A Systematic Review and Meta-Analysis. Aust N Z J Psychiatry. 2016;50:134.

11. Siskind D, Samaras K, Lappin J, Smith G. Clozapine and Metabolic Disorders. Can we stop killing our patients? Society for Mental Health Research Conference, Sydney. 2016
12. Siskind DJ. How to write A research question. Australian and New Zealand Journal of Psychiatry 2015;19(S(1)):26.
13. Patton M, Kisely S, Miles W, Roper G, Siskind D. RANZCP advocacy to improve the physical health and life expectancy of people with severe mental illness. Australian and New Zealand Journal of Psychiatry 2015;49(S(1)):21.
14. Siskind D, Parker S, Kisely SR, Macfarlane M. Integration of research into psychiatric practice: A guide for new investigators and the scholarly project. Australian and New Zealand Journal of Psychiatry 2015;49(S(1)):25.
15. Siskind D, Parker G, Lie D, Martin-Khan M, Raphael B, Crompton D, Kisely S. Mental health implications for older adults after natural disasters-a systematic review and meta-analysis. Australian and New Zealand Journal of Psychiatry 2015;49(S(1)):60.
16. Siskind D, Kolomensky A, Winckel K, Wheeler A, Hollingworth S. Reported clozapine-related adverse drug reactions in australia 1993-2013. Australian and New Zealand Journal of Psychiatry 2015;49(S(1)):120.
17. Siskind D, McCartney L, Goldschlager R, Kisely S. A systematic review and meta-analysis of clozapine for treatment refractory schizophrenia. Australian and New Zealand Journal of Psychiatry 2015;49(S1):73.
18. Kisely S, Hooman B, Lalloo R, Siskind D, Johnson NW. No mental health without oral health - a meta-analysis of the prevalence of dental disease in a range of psychiatric disorders. Conference Handbook of the Society for Mental Health Research 2015, Dec:84.
19. Siskind D, Kisely S, Parker G, Farrington J, Sawyer E, Lee I, Lie D. Is the mental health of older persons impacted differently after natural or human induced disasters. A systematic review and meta-analysis of epidemiological data. Conference Handbook of the Society for Mental Health Research 2015 Conference 2015, Dec:105.

20. Kisely S, Siskind D, Sawyer E, Robinson G. A systematic review and meta-analysis of the effect of depot antipsychotic frequency on compliance and outcome. Proceedings of the Annual Meeting of the Canadian Psychiatric Association 2015, Oct;PO5.
21. Kisely S, Siskind D, McCartney L, Goldschlager R. An updated systematic review and meta-analysis of clozapine for treatment refractory schizophrenia. Proceedings of the Annual Meeting of the Canadian Psychiatric Association 2015, Oct;PS5C.
22. Kisely S, Siskind D, Parker G, Farrington J, Sawyer E, Lee I, Lie D. Do older adults have worse mental health outcomes after disasters ? A systematic review and meta-analysis of the epidemiological data. Proceedings of the Annual Scientific Meeting of the Canadian Academy of Psychiatric Epidemiology 2015, Sep 30.
23. Siskind D. Placing rehabilitation at the core of ACT. Proceedings of the Institute on Psychiatric Services 2015, Oct.
24. Kisely S, Hall K, Siskind D, Frater J, Olson S, Crompton D. A systematic review and meta-analysis of active versus sham deep brain stimulation for obsessive-compulsive and depressive disorders. Syllabus & Proceedings of the 168th Annual Meeting of the American Psychiatric Association 2015, May:200.
25. Kisely S, Hall K, Siskind D, Frater J, Olsen S, Crompton D. A meta-analysis of deep brain stimulation for psychiatric disorders. Aust N Z J Psychiatry 2014, May;48(S(1)):93-.
26. Siskind D, Hollingworth S, Winckel K, Wheeler A. Clozapine: Safety implications of increased usage. Australian and New Zealand Journal of Psychiatry 2014, May;48(S(1)):98.
27. Kisely S, Hall K, Siskind D, Frater J. Deep brain stimulation: A pacemaker for the brain? . Proceedings of the Annual Meeting of the Canadian Psychiatric Association 2014;PS1c.
28. Kisely S, Baghaie H, Lalloo R, Siskind D. Sans teeth, sans eyes, sans taste, sans everything: A meta-analysis of community & clinical surveys of the prevalence of dental disease in people with psychosis and dementia and ways to improve outcome. Proceedings of the Annual

Scientific Meeting of the Canadian Academy of Psychiatric Epidemiology 2014, Sep 10;12.

29. Siskind D. A retrospective quasi-experimental study of a transitional housing program for patients with severe and persistent mental illness. Proceedings of the 8th Health Services and Policy Research Conference 2013, Dec.
30. Wieland B, Lau G, Seifert D, Siskind D. A partnership evaluation: Public mental health and dental services. Int J Ment Health Nurs 2010, Sep;19(Supp 1):A52-.
31. Social capital as a determinant of mental health status in a population with serious mental illness; J ment health policy econ. 2009.

Other Conference Presentations, Session Chairing, and Lectures

1. Siskind, D, Firth, J, Rosenbaum, S, Stubbs, B, Koyanagi, A, Launch of the Lancet Psychiatry Commission "A blueprint for protecting physical health in people with mental illness", WPA Congress of Psychiatry, Lisbon, August 2019
2. Siskind D, Rates Of Clozapine Associated Myocarditis And Cardiomyopathy: A Systematic Review And Meta-Analysis, WPA Congress of Psychiatry, Lisbon, August 2019
3. Siskind, D, Australian Society for Medical Research, Qld Gala Dinner, Master of Ceremonies, Brisbane, Qld, May 2019
4. Siskind D "Improving Prescribing Practices"; Understanding, avoiding and mitigating side- effects of psychotropic treatment, SMHR, Noosa December 2018
5. Chair Psychosis session, SMHR, Noosa, December 2018
6. Siskind D, Managing antipsychotic-associated cardio-metabolic risk factors with glucagon-like peptide-1 receptor-agonists for: a systematic review and individual participant data meta-analysis, SMHR, Noosa, December 2018
7. Chair "Inflammation, Electricity and Decay; organic psychosis and its treatment." Australian Psychosis Conference, Sydney, September 2018
8. Siskind D, Managing the Cardio-metabolic co-mobidities of psychotic disorders, Australian Psychosis Conference, Sydney, September 2018
9. Siskind D, Clozapine: A journey from the bench to the bedside, Chair and presenter, Australian Psychosis Conference, Sydney, September 2018
10. Training Day for NSW CMOs, HETI, Sydney, October 2018
11. Bostock Oration for RANZCP Qld Branch, August 2018
12. Chair of Brisbane Diamantina Health Partners Brain and Mental Health Translational Research Symposium, Brisbane, August 2018
13. Siskind D, Integration Of Research Into Mental Health Practice: A Guide For New Investigators, University of Sydney Mental Health Symposium, Invited Keynote Speaker, Sydney, August 2018

14. Chair Symposium “Integration of Research into Psychiatric Practice: a Guide for New Investigators and the Scholarly Project”. RANZCP Congress 2018
15. Siskind, D. Managing metabolic adverse events in young people with psychosis. RANZCP Section of Youth Mental Health Annual Conference. Noosa, March 2018
16. Oral Communication, “Treatment Of Clozapine-Associated Obesity And Diabetes With Exenatide (CoDEX) In Adults With Schizophrenia: A Randomised Controlled Trial”. World Psychiatric Association Thematic Congress, Melbourne, Feb 2018
17. Chair Symposium “Integration of Research into Psychiatric Practice: a Guide for New Investigators and the Scholarly Project”. RANZCP Congress 2017
18. Chair Symposium “Integrating Psychiatric Rehabilitation into Clinical Practice” RANZCP Congress 2017
19. Chair, Symposium “Just Do It: Translating physical activity research evidence in to practice” Society for Mental Health Research, Sydney December 2016
20. Chair, Coordinator and Keynote, Pre-conference workshop, “Managing Metabolic Adverse Drug Reactions Associated with Clozapine Treatment for People with Treatment Refractory Schizophrenia”, Society for Mental Health Research Conference (Brisbane), Nov, 2015
21. Chair, Keynote Sessions (Rosenheck and Curtis), and Chair, Psychosis Free Session, Society for Mental Health Research Conference (Brisbane), Nov, 2015
22. Clozapine, Schizophrenia Webinar Project, Webinar (Sydney), Nov, 2015
23. Clozapine, Yale Connecticut VA Hospital Psychiatry Grand Rounds, New Haven, Oct 2015
24. Clozapine, Mt Sinai Dept of Psychiatry Grand Rounds, NYC, Oct 2015
25. Clozapine versus typical and atypical antipsychotics in treatment resistant schizophrenia: systematic review & meta-analysis, Australasian Schizophrenia Conference, Melbourne, Sept 2015

26. Panel Chair for Launch of Keeping Body and Mind Together, RANZCP Congress, Brisbane, May 2015
27. Clozapine: A Fine Balance, Siskind D, Boston University Medical Centre Psychiatry Grand Rounds, Boston, USA, November 2014
28. Clozapine Prescriber Training, Siskind D, Massachusetts General Hospital Training Program in Psychiatry, Boston, USA, November 2014
29. Conference Convenor, Royal Australian and New Zealand College of Psychiatrists Queensland Branch Conference, Kingscliff, NSW, July 2014
30. Queensland Mental Health Research Alliance – panel chair Question & Answer session March 2014
31. Clinical Expert Panel for British Columbia Department of Mental Health, Panel Member Vancouver, BC, 31/01/2014
32. ECT Delivery Frequency: a Systematic Review & Meta-Analysis with Clinical Service Correlates, Invited Speaker, Annual National conference Indian Psychiatric Society, Bangalore, India, January 2013
33. A retrospective quasi-experimental study of a transitional housing program for patients with severe and persistent mental illness, Oral Presentation, 8th Health Services and Policy Research Conference, Wellington, New Zealand 2-4 December 2013
34. Personalised support delivered by support workers for people with severe and persistent mental illness: a systematic review of patient outcomes. Oral Presentation. The Mental Health Services (TheMHS) Conference 2013, Melbourne 20-23 August 2013
35. Conference Convenor, Royal Australian and New Zealand College of Psychiatrists Queensland Branch Conference, Port Douglas, Queensland, July 2013
36. Conference Convenor, Royal Australian and New Zealand College of Psychiatrists Queensland Branch Conference, Noosa, Queensland, July 2012
37. Conference Convenor, Queensland Branch Royal Australian and New Zealand College of Psychiatrists North Queensland Conference, Palm Cove, Queensland, October 2012

38. Supported Accommodation for People with Severe and Persistent Mental Illness, Oral Presentation, University of Queensland School of Public Health Research Higher Degree Conference, Brisbane, Queensland, July 2011
39. Preliminary Evaluation of Supported Accommodation Programs for People with Severe and Persistent Mental Illness, Oral Presentation, Australian Society of Psychiatric Research Conference, Sydney, Australia, December 2010
40. Step Up and Step Down programs for People with Severe and Persistent Mental Illness. Oral Presentation. 62nd Institute for Psychiatric Services, Boston, October 2010
41. Assertive Community Treatment Models Around The World. Panel Chair. 62nd Institute for Psychiatric Services, Boston, October 2010
42. Assertive Community Treatment Models. Invited expert presentation. Chilean Department of Mental Health, Santiago, January 2010
43. Planning Estimates for the Community Mental Health Support Sector, Oral Presentation, Australian Society for Psychiatric Research Conference, Canberra, Australia, December 2009
44. Cost-Effectiveness of Treatments for Bipolar Disorder in Thailand – A SPICE Project. Oral Presentation. World Psychiatric Association Conference, Melbourne, November 2007
45. Country Contextualisation of Cost-effectiveness of Treatments for Depression in Chile and Uganda. Oral Presentation. International Center of Mental Health Policy and Economics, Eighth Workshop on Costs and Assessment in Psychiatry, Venice, March 2007

Posters

1. Siskind, D, Kisely, S, Russell, A, Metabolic Outcome 12 Months Following The End Of A Randomised Controlled Trial Of Exenatide For Clozapine Associated Obesity And Diabetes, WPA Congress of Psychiatry, Lisbon, August 2019
2. Siskind D; Russell A; Gamble C; Kisely S 12-Month Follow Up of Metabolic Measures Following a Randomized Controlled Trial of Exenatide for Clozapine Associated Obesity and Diabetes, American Psychiatri Association Annual Meeting, San Francisco, May 2019
3. Siskind D; Russell A; Gamble C; Winckel K; Hollingworth S; Kisely S; T160. Treatment Of Clozapine-Associated Obesity And Diabetes With Exenatide (CoDEX) In Adults With Schizophrenia: A Randomised Controlled Trial, Schizophrenia International Research Society, Florence, April, 2018
4. Winckel K, Siskind D, Russell A, Mayfield K, Gamble C, Hollingworth S, Kisely S, Scott E, Henry D & Locke S (2018) Treatment of clozapine-associated obesity and diabetes with exenatide (CODEX): a pilot randomised controlled trial. Medicines Management 2018 Society of Hospital Pharmacists of Australia 44th National Conference; 22-28 November 2018; Brisbane, Australia
5. C. Yolland, A. Phillipou, D. Castle E. Neill, M. Hughes, C. Galletly, Z. Smith, P. Francis, O. Dean, J. Sarris, D. Siskind, S. Rossell, Improvement Of Cognitive Function In Schizophrenia With N-Acetylcysteine: A Theoretical Review. World Psychiatric Association Thematic Congress, Melbourne, Feb 2018
6. Siskind D, Russell A, Gamble C, Winckel K, Hollingworth S, Kisely S. Rct of Exenatide for Clozapine-associated Obesity. IConSR, San Diego Ca, USA, March 2017.
7. Land, R, Siskind, D, McArdle, P, Kisely, S, Winckel, K, Hollingworth, S, Impact of clozapine on hospital use: a systematic review and meta-analysis. Society for Mental Health Research Conference, Sydney, December 2016.

8. Siskind, D, Forrester, V., Hollingworth, S., Winckel, K., Wheeler, A., Clozapine Dispensing Trends Qld 2004 - 2012. Institute for Psychiatric Services, San Francisco, November 2014
9. Siskind D, Harris M, Diminic S, Carstensen G, Robinson G, Whiteford H., Predictors of mental health-related acute service utilisation and treatment costs in the 12 months following an acute psychiatric admission. Institute for Psychiatric Services, San Francisco, November 2014
10. Forrester, V., Hollingworth, S., Winckel, K., Wheeler, A., Siskind, D. Pieces of a puzzle: connecting dispensing trends, continuity and safety for patients dispensed clozapine. Medicines Management 2014, Darwin. 11-14 September 2014.
11. Forrester, V., Hollingworth, S., Winckel, K., Wheeler, A., Siskind, D. Clozapine dispensing trends: using dispensing histories to identify use. Metro South Health Allied Health Showcase 2014, Brisbane. 17 October 2014.
12. Hollingworth, S., Forrester, V., Winckel, K., Wheeler, A., Siskind, D. Shaping the future of clozapine: safety implications of increased usage. The Society of Hospital Pharmacists of Australia Conference, Brisbane, May 2014
13. Supported Accommodation for People with Severe and Persistent Mental Illness. Poster. ICoNS of SCARF conference, Chennai, September 2012
14. ECT Delivery Frequency: a Systematic Review & Meta-Analysis with Clinical Service Correlates. Poster. World Psychiatric Association Congress, Buenos Aires, September 2011
15. Revisiting the Cost-Effectiveness of Bipolar Disorder Interventions. Poster. 59th Institute for Psychiatric Services, New Orleans, October 2007
16. Teen Homicide and Suicide in Boston, a 15 year Review. Poster. 59th Institute for Psychiatric Services, New Orleans, October 2007

Reports

1. Pirkis, J., Whiteford, H., Jorm, T., Harris, M., Reavley, N., Siskind, D., Bassilios, B., Diminic, S., Robinson, J., Carsetnsen, G., Wong, I., (2014) Informing the development of Tasmania's mental health strategic plan, A review of policy documents and related literature. Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne & Mental Health Policy and Evaluation Group, School of Population Health, University of Queensland
2. Fjeldsoe, K., Leitch, E., Diminic, S., Harris, M., Sinclair, D., & Whiteford, H. (2014). Queensland Public Sector Ambulatory Mental Health Services Project: Final Report. Brisbane: Queensland Centre for Mental Health Research.
3. Whiteford, Harris, Leitch, Fjeldsoe, Diminic, Siskind, Sinclair (2014) Alcohol and other drug NGO services review project: Phase I . Brisbane: University of Queensland.
4. Pirkis, Whiteford, Jorm, Reavley, Bassilios, Harris, Siskind, Robinson, Diminic, Carstensen (2014) *Literature review to inform the development of a new five year mental health strategic plan for Tasmania*, Tasmanian Department of Health and Human Services
5. Harris, M., Diminic, S., Carstensen, G., Hollingworth, S., Siskind, D., Scheurer, R., & Burgess, P. (2013). *Estimating the prevalence and cost of psychotropic medication use attributable to appropriate psychiatric indications*. Brisbane: The University of Queensland.
6. Harris, M., Legge, N., Diminic, S., Carstensen, G., McKeon, G., Siskind, D., Burgess, P., Stewart, G., & Whiteford, H. (2013). *Mental health service cost drivers – an international literature review: Final report for Stage B of the Definition and Cost Drivers for Mental Health Services project, Volume 2*. Brisbane: University of Queensland.
7. Harris, M., Siskind, D., Buckingham, B., Pirkis, J., Whiteford, H. Planning Estimates for the Mental Health Community Support Sector in Queensland (2009), Brisbane: University of Queensland

Media

2015 Psychiatry Update "Review backs clozapine in schizophrenia" Siskind, 15/5/15

2016 Australian Doctor "Diabetes drug holds promise for antipsychotic obesity" 17/03/16

2016 News.com.au "Twenty year survival shortfall: 'It's very easy to kill a patient'" 9/12/2016. https://web.archive.org/web/20161209014917/http://www.news.com.au/lifestyle/health/health-problems/twenty-year-survival-shortfall-its-very-easy-to-kill-a-patient/news-story/f32756f896fa8a76c1d7471e8a622525

2019 Psychiatry Advisor January 9, 2019, "Schizophrenia Add-Ons: Beware the Flawed Meta-Analyses Touting Improvements" https://web.archive.org/web/20190109053423/https://www.psychiatryadvisor.com/schizophrenia-and-psychoses/schizophrenia-augmentation-therapy-how-to-scrutinize-the-clinical-trials/article/825033/

2019 New York Times Oct. 4, 2019 "Brain Stimulation Shows Promise in Treating Severe Depression" – discusses our meta-analysis "Kisely S, Li A, Warren N, Siskind D. A systematic review and meta-analysis of deep brain stimulation for depression. Depress Anxiety. 2018;35:468-480." https://www.nytimes.com/2019/10/04/health/deep-brain-stimulation-depression.html (https://web.archive.org/web/20191008030145/https://www.nytimes.com/2019/10/04/health/deep-brain-stimulation-depression.html)

2020 Psychiatric Times 4 Feb 2020 "How to Manage Ultra-Resistant Schizophrenia" Discusses our meta analysis "Siskind DJ, Lee M, Ravindran A, Zhang Q, Ma E, Motamarri B, Kisely S. Augmentation strategies for clozapine refractory schizophrenia: A systematic review and meta-analysis. Aust N Z J Psychiatry. 2018;52:751-767." https://doi.org/10.1176/appi.pn.2020.2a1