



TheMHSConference
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The Mental Health Services Conference Incorporated (TheMHS)



Book of Abstracts

Thursday 28 August

S037 Keynote: Melody Riefer**28/8/2014 From: 900 To: 1000 Venue: Riverside Theatre****Keynote Presentation: How Storytelling Makes Us Strong and Changes the World!****Melody Riefer**

Storytelling is as old as humankind. We rely on the passing on of experiences as a way of building our history. We resort to creative storytelling for entertainment, education, and establishing cultural identity and belonging. This type of sharing IS what makes us strong. In our own communities of healing, wellness, and recovery our stories build a foundation of identity and belonging. When I share my experiences with others it creates a shared understanding and you begin to understand where my path has taken me and where our shared paths can bring us. Advocacy, consensus-building - even data collection - rely on different versions of storytelling. It is critical that we share our stories of healing, wellness, and recovery as a part of systems change and transition. CommonGround, an approach developed by Patricia E. Deegan, PhD, is an emerging tool in the USA that is reconstructing who tells the story of recovery and how that information feeds forward to the care team. A summary of this method will set the course for self-determination and person-centred care. We CAN change the world by what we share!

S038 Papers: Co-occurring Problems; SANE Forums Launch**28/8/2014 From: 1030 To: 1230 Venue: Riverside Theatre****Paper 20 min: The link between trauma and homelessness and the implications for mental health services****Lisa Brophy Alan Murnane Meaghan O'Donell**

This project brought together four agencies working with people who are homeless – Sacred Heart Mission, Mind Australia, Inner South Community Health Service, and VincentCare – and an agency which specialises in trauma related mental health - the Australian Centre for Posttraumatic Mental Health, The University of Melbourne. Together they identified key questions and developed a methodology by which to conduct the research. The study included a review of the literature, focus groups with staff and consumers of all four agencies and interviewing over 100 people who were homeless or at risk of homelessness. The findings from the Trauma and Homelessness Initiative present a picture of a cyclical interrelationship between the trauma exposure, long-term homelessness, mental health difficulties and social disadvantage. The interrelationships between the elements of the cycle see them driving and influencing each other. The research has led to the development of a service framework and a worker guidebook with the aim of improving the response of services to people who have experienced trauma.

S038 Papers: Co-occurring Problems; SANE Forums Launch**28/8/2014 From: 1030 To: 1230 Venue: Riverside Theatre****Paper 20 min: An integrated CBT and motivational interviewing approach for treatment of comorbid social anxiety and alcohol use disorders****Lexine Stapinski Andrew Baillie Claudia Sannibale Maree Teesson Ron Rapee Paul Haber**

Social anxiety and alcohol use disorders commonly co-occur, with each condition doubling to tripling the risk of the other. When these conditions do co-occur, they tend to be more severe and respond poorly to standard treatment approaches. Models of social phobia and alcohol use comorbidity suggest these disorders are mutually reinforcing; thus improved treatment outcomes may be observed with an

integrated treatment approach. We describe a novel approach that combines CBT and motivational interviewing to target both disorders and the interconnections between them. A randomised control trial tested the efficacy of this integrated treatment compared to alcohol treatment only for 120 participants with comorbid social anxiety and alcohol use disorders (1). Primary outcomes were social anxiety symptoms assessed by the Social Phobia Scale and Social Interaction Anxiety scale, drinks consumed and number of drinking days, and quality of life assessed by the SF-12. Assessments were conducted at 3 and 6 months post treatment, and assessors were blind to treatment allocation. Preliminary results indicate superior effects for integrated treatment, suggesting people with comorbid disorders are best treated with an integrated approach. We provide an overview of the clinical implementation of this approach, including navigation of common difficulties encountered in treatment. **Learning Objectives:** 1. Attendees will leave the session with an improved understanding of the specific issues and treatment strategies for people with comorbid social anxiety and alcohol use disorders. 2. Comorbid presentations are the norm rather than the exception in mental health services, and understanding of these presentations is important for improved service delivery. **References:** Baillie AJ, Sannibale C, Stapinski LA, Teesson M, Rapee RM, Haber P. An investigator-blinded, randomized study to compare the efficacy of combined CBT for alcohol use disorders and social anxiety disorder versus CBT focused on alcohol alone in adults with comorbid disorders: the Combined Alcohol Social Phobia (CASP) trial protocol. *BMC Psychiatry*. 2013;13:199. Authors: Stapinski, L. A. (1), Baillie, A. J. (2), Sannibale, C. (1), Teesson, M. (1), Rapee, R. M. (2), & Haber, P. (3) 1) National Drug & Alcohol Research Centre, University of New South Wales 2) Centre for Emotional Health, Macquarie University (3) Sydney Medical School, University of Sydney

S038 Papers: Co-occurring Problems; SANE Forums Launch

28/8/2014 From: 1030 To: 1230 Venue: Riverside Theatre

SANE Forums: A new online peer-to-peer support service for carers and those living with mental illness

Paul Morgan Faruk Avdi

SANE Australia, in conjunction with partner not-for-profit organisations around Australia, is releasing two new online forum services providing peer-to-peer support for friends, family and others who are caring for someone living with mental illness, and a forum for those living with mental illness. The services are anonymous and moderated. This session will provide information about the forum services, their design, and the partnership arrangements which allow the forums to be 'syndicated' and accessed from within a multiple of partner organisation websites. The launch will include: An outline the SANE Forums program; Walkthrough of the both the Carers and Consumers Forums; Walk through the mobile experience of the services; Discussion of the moderation of the service; A look at the partners involved in the service and how this technology partnership works; A look at the human-centred design process to date, and future design and development activities; Time for questions and answers. The SANE Forums service is supported by the Australian Government, Department of Health and can be accessed at www.saneforums.org.

S039 Keynote Q&A: Melody Riefer / IPS

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 01

Keynote Q&A

Melody Riefer

Some time for discussion with this morning's keynote speaker. Session is webcast.

Workshop 1hr: Establishing an Effective Individual Placement and Support (IPS) Partnership to Enhance Employment Outcomes in Mental Health

Cameron Hopper Marina Chalmers Phileen Dickson

The workshop will include the following: A presentation outlining the concept of IPS and how it is being implemented in Australia. Presentations offering the perspectives of 3 partner organisations in coming together to deliver IPS, namely Armadale Mental Health Service, West Australian Association for Mental Health and ORS Group. Presentation and breakout session for participants looking at Forming Partnerships and identifying their own partnership opportunities Presentation and breakout session for participants looking at the practicalities of working in partnerships. Presentation of outcomes from IPS partnership. Q and A. Summary - The workshop will offer participants the chance to learn about a successful partnership which offers positive outcomes and real hope through employment for people with mental health problems. It will give them the chance to identify their own opportunities for partnership and discuss these with potential partners in groups.

Learning Objectives: 1. Participants will gain an understanding of how an evidence based supported employment model, delivered in partnership can offer jobseekers' living with mental health issues a significant advantage in realising their employment goals and potential. 2. Participants will explore how they can take opportunities to form partnerships between mental health and non mental agencies across sectors and stakeholders that can enhance the recovery journey for people living with mental health issues. **References:** Waghorn, G. Childs, S., Hampton, E, Gladman, B, Greaves, A, Bowman, D. (in press) Enhancing community mental health services through formal partnerships with supported employment services. American Journal of Psychiatric Rehabilitation. Waghorn, G., Stephenson, A., & Browne, D, (2011) The importance of service integration in developing effective employment services for people with severe mental health conditions. British Journal of Occupational Therapy, 74(7), 339-347.

S040 Transforming Organisations

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 02

Paper 20 min: Can Mental Health Services really change their spots?: A service transformation journey.

Jennifer Black Helen Glover

International mental health policy guides services to adopt recovery-oriented practice and move away from clinician managed and controlled processes. This requires a significant cultural and systemic transformation to bring about change to day-to-day practices that promote self-direction and self-management. Barwon Health has taken a unique approach to tackling the fundamental culture change required for recovery oriented service delivery. Through leadership displayed in this initiative the service has boldly challenged historical clinician managed practices. The project achieved transformation through engaging the workforce in a two year reflection and debate on recovery, and invited teams to design their own practice change. The project has not only achieved a complete attitude change of its staff, who now constantly question the status quo, but a range of innovative projects leading to fundamental change in the way people access and interact with the service. In particular the Executive team introduced the practice principle of 'nothing about me without me', setting an expectation that staff would have no conversations outside of professional supervision about a person accessing services, without them being present. The significance of this work has been recognised by the Victorian Government through a

2013 Victorian Health Care Award for innovation. **Learning Objectives:** 1.Participants will learn strategies and techniques for the culture change required for recovery oriented practice. 2.The transformation of Mental Health Services to become truly recovery oriented is a key driver in international mental health reform. **References:** Department of Health. (2011) Framework for Recovery-Oriented Practice. Department of Health, Melbourne Alimo-Metcalfe B and Alban-Metcalfe, J. (2008) Engaging leadership: Creating organisations that maximise the potential of their people. Chartered Institute of Personnel and Development, London

S040 Transforming Organisations

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 02

Paper 20 min: Quality From the Source – When Lived Experience and Innovation Successfully Inform Service Systems and Programs.

Judi Barrett-Lennard

The Making Sense of Motherhood program at Joondalup Women's Healthworks in WA supports women dealing with challenges associated with post natal depression / anxiety. The program has been designed, developed and delivered by a woman with lived experience. Judi Barrett-Lennard, is a current representative of the National Mental Health Commission Report Card - Contributing Lives project. She is instrumental in the development and delivery of the Making Sense of Motherhood program and has extensive knowledge and experience in her respective field and in the provision of successful peer based support models that assist and support collaboration across non-clinical and clinical health systems. A focus of the program is the support of the developing relationship between mother and infant and an essential aspect of this innovative service delivery is that they attend the group sessions together. A manual for the program has been developed and extensive and rigorous evaluation processes continue to inform best practice. This program has provided service to over 100 individuals and families since 2010. It offers a 20 week closed group format and takes referrals from professional networks across health and mental health treatment sectors in WA. Comprehensive program evaluation has provided consistent evidence of improved outcomes for participants. **Learning Objectives:** 1.The audience will have an opportunity to hear from a successful program coordinator and facilitator with lived experience and mental health training. In this presentation she will share aspects of her own journey with post natal depression and anxiety, including with issues of stigma, discrimination and isolation and describe how her positive personal experience of peer support and mental health training became central to the development and delivery of the Making Sense of Motherhood program model. The audience will have a brief overview of the program model and further understanding of the benefit of peer facilitators in group programs developed for women with post natal depression and / or anxiety. 2. The important role of the mental health consumer and carer sector in the development, implementation and evaluation of policies, programs and services is recognised and supported by all governments under the National Mental Health Strategy. The Making Sense of Motherhood program exists within an organisation that culturally accepts and supports the value of lived experience that works alongside a multidisciplinary team for the continual development of quality service. **References:** Mead, S., Hilton, D., & Curtis, L. (2001) Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-41 Bilszta, J., Ericksen, J., Buist, A., & Milgrom, J. (2010) Women's Experience of Postnatal Depression - Beliefs and Attitudes as Barriers to Care. The Australian Journal of Advanced Nursing, 27(3)

S040 Transforming Organisations**28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 02****Paper 20 min: Developing a culturally competent mental health service: an organisational approach****Lisa Woodland**

There are a range of issues impacting on mental health care for consumers from culturally and linguistically diverse (CALD) backgrounds and their families including high levels of stigma associated with mental illness; low levels of mental health literacy; under-utilisation of mental health services; late presentation of mental health symptoms often in emergency/acute situations; and poor reach of mainstream mental health promotion activities into CALD communities. Best practice in cultural competence requires a multifaceted approach, targeting structural and systemic aspects of the mental health system as well as developing a culturally competent workforce. This presentation details strategies that have been developed and implemented within a Local Health District including: theatre-based mental health promotion such as 'Fear and Shame' performed in Macedonian and Greek; multilingual family education and carer support groups; cultural competency training for clinicians including an eLearning module for Connecting with Carers from CALD backgrounds; seed funding for innovative projects and research initiatives; senior level multicultural mental health governance structures; and strategic partnerships with mainstream and transcultural services and academics. Long-term commitment to comprehensive strategies is a critical success factor in building cultural competence of mental health services. **Learning Objectives:** 1. Participants will learn about a range of strategies implemented to build the capacity of a Local Health District mental health service to deliver culturally competent care. 2. A fundamental challenge for mental health services in Australia is ensuring culturally competent care to people from culturally and linguistically diverse backgrounds and their families. **References:** Blignault I, Smith S, Woodland L, Ponzio V, Ristevski D & Kirov S. Fear and Shame: Using theatre to destigmatise mental illness in an Australian Macedonian community. *Health Promotion Journal of Australia*, 2010, 21, 120-126. Blignault I, Woodland L, Ponzio V, Ristevski D & Kirov S. Using a multifaceted community intervention to reduce stigma about mental illness in an Australian Macedonian community. *Health Promotion Journal of Australia*, 2009, 20, 227-233.

S040 Transforming Organisations**28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 02****Paper 20 min: Walking the talk - Promoting mental health and wellbeing within the Mental Health Commission of NSW****Katrina Davis**

The Mental Health Commission of NSW was established to monitor, review and improve the mental health and wellbeing of the people of NSW. This involves policy approaches at both macro and micro levels. In addition to delivering a draft Strategic Plan for Mental Health in NSW, the Commission has developed a framework for the wellbeing of its own employees. This presentation will outline the approach taken to conceptualising wellbeing, assessing the needs of employees and designing actions to improve wellbeing. Reflections on what the Framework means specifically for employees living with mental illness will be provided along with observations on the outcomes to date. The presentation will outline lessons learned from the process

which will be transferable to other organisations. **Learning Objectives:** 1.Participants will gain insight into the lessons learned from the experience of a small public sector agency in designing and implementing a framework for employee wellbeing. Participants will also be able to reflect on the experiences of integrating leadership in mental health promotion through strategic direction setting with good internal practice. 2.This presentation is relevant for all people interested in mental health promotion and illness prevention. It covers promoting positive mental health, reducing psychological risks, and including people with mental illness, in the workplace. **References:** Merv Gilbert, Dan Bilsker 2012 Psychological Health and Safety: An Action Guide for Employers, Mental Health Commission of Canada Australian Public Service Commission and Comcare. 2013 Working together: Promoting mental health and wellbeing at work. Australian Public Service Commission and Comcare.

S041 Paths to Recovery

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 03

Paper 20 min: What makes activity personally meaningful in the journey of mental health recovery?

Nicola Hancock Anne Honey Anita Bundy

Engagement in meaningful activity is of central importance in mental health recovery. The aim of this paper is to share results of a study in which we explored what it was that made activities meaningful and whether this varied depending on activity type or stage of recovery. People living with mental illness, attending a community-based rehabilitation program (N=78), completed the Recovery Assessment Scale and Socially Valued Role Classification Scale. Qualitative and quantitative data were analysed using mixed methods. Socially-derived aspects of meaning were most frequently prioritised. These included being with others, belonging, giving or contributing and being valued by others. These socially-derived sources of meaning far outweighed other sources of meaning: positive sense of self; skills/personal development; time use/routine; financial gain and fun/pleasure. Neither the activities that were identified as most meaningful nor the source of meaning differed depending on level of recovery. Summary: In facilitating engagement in personally meaningful activity, mental health service providers need to understand that, for many, meaningfulness centres around inter-dependence: being with others, belonging, giving or contributing and being valued by others. **Learning Objectives:** 1.Participants will learn about the aspects of engaging in activity that are most commonly identified by consumers as providing meaning and thus facilitate recovery. 2.This presentation will prompt mental health service providers to reflect on their current practice and whether they prioritise consumer needs for meaningfulness that is centred on inter-dependence: being with others, belonging, giving or contributing and being valued by others. **References:** Hancock N, Bundy A, Honey A, Helich S, Tamsett S (2012) Measuring the later stages of the recovery journey: insights gained from Clubhouse members. Community Mental Health Journal, 1-8. Hancock, N., Bundy, A., Honey, A., Helich, S., & Tamsett, S. (2012). Measuring the later stages of the recovery journey: Insights gained from Clubhouse members. Community Mental Health Journal. Doi: 10.1007/s10597-012-9533-y

S041 Paths to Recovery

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 03

Paper 20 min: Beyond Boundaries

Jenny Lynch Ros Bowyer Lindsay Harlow Ellen Kang Rebecca Moran

World-wide research repeatedly tells us that recovery is supported by hope and connectedness. Relationships that stem from authenticity, warmth and intelligent attention are conducive to supporting a person's recovery. The core messages of recovery encourage us to be naturally one's self, to be open, and to be inherently human. This often seems in opposition to what we are told about being professional. When we read the stories of lived experience, it is the professionals who have bent or changed the rules that are acknowledged and remembered. When we engage with people within the context of person-centred principles and recovery orientated practice, professional roles appear blurred. We can be left to question: What do we share and how much do we share; Where are boundaries now drawn, if at all; And what about the safety these boundaries are there to provide. This paper combines knowledge from professionals, consumers and carers as well as research across multiple disciplines regarding therapeutic relationships. It is a chance to reimagine our professional roles to best benefit everyone's recovery. **Learning Objectives:** 1. Develop a newfound awareness of professional boundaries within the contemporary mental health context and understand the human qualities that help support and coach people towards recovery. 2. Expand our understanding of recovery principles in relation to individual practice for professionals and increase person-centred and positive service delivery within the mental health sector. **References:** Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Slade, M., Tse, S. & Whitely, R. (2014). Uses and abuses of recovery implementing recovery-orientated practices in mental health systems. *World Psychiatry*, 13:1, 12 - 20. Borg, M. & Kristiansen, K. (2004). Recovery-oriented professionals: Helping relationships in mental health services. *Journal of Mental Health*, 13:5, 493-505.

S041 Paths to Recovery

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 03

Paper 20 min: A simple approach to a complex problem: Supporting consumers to address their physical health needs

Kate Cruise Merrilee Cox Kerry Stringer

Research indicates that people with mental illness experience shortened life expectancy which may be attributed in part to late diagnosis of health conditions. Masking of health difficulties by medication or impact of mental illness and poor management of physical health by their health practitioners have also been identified as contributing to the poor health outcomes of people with mental illness (Lawrence et al, 2001). The Neami National Health Prompt was developed following extensive consultation, a review of relevant literature and clarification of the role of the organisation in relation to the physical health needs of consumers. The Physical Health Prompt is designed to improve the physical health outcomes of consumers by increasing: The regularity and quality of physical health checks, Consumer awareness of physical health issues and health check processes, Consumer self-management of physical health, Confidence of staff in providing physical health information and interventions. Referral pathways and community links to physical health, nutritional, and emotional/psychological support services. The presentation will draw on data collected over 18 months with consumers of Neami's services about health needs. It will also share what we have learnt to date about responding to unaddressed health issues and the systemic approach the service has taken to ensure health needs are more comprehensively addressed. **Learning Objectives:** 1. How data can be used to inform practice in responding to physical health issues. 2. An understanding of the way organisations can collaborate across sectors, to support an effective response to physical health issues. **References:** Lawrence D,

Holman CDJ and Jablensky A (2001) Duty to Care: Preventable Physical Illness in People with Mental Illness, Perth: University of Western Australia. Ministerial Advisory Committee on Mental Health (2012), Improving the physical health of people with severe mental illness: No mental health without physical health, Department of Health, Victoria.

S041 Paths to Recovery

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 03

Paper 20 min: Mobilising Communities: How to find out what consumers really want.

Peri O'Shea Esther Pavel-Wood Sage Green Allen Higgenbottom

This workshop will enable participants to gain insight into consumer-facilitated workshops/consultations. It is widely accepted in Australia and internationally that the participation of people with a lived experience of mental illness (consumers) is vital in the development of effective public policy. Participation is a fundamental human right according to the International Covenant on Civil and Political Rights (ICCPR). Australia also ratified the Convention on the Rights of Persons with Disabilities (CRPD) which states that people with a disability, including people living with a mental illness, should be guaranteed political rights including participation. Consumer involvement in policy development and planning at a local level can change culture and shift power balances where they may exist. People can also feel empowered by having conversations which utilise and have high regard for their expertise and experience of the mental health system. Consumers want to be part of the journey to reform the system. Consumers have first-hand lived experience and are ideally positioned to work with services, organisations and the Commission to achieve their goals in policy reform. We need participation by people with a lived experience to remind services of what needs to change and why. While there is an understanding that participation is important and has been reflected in international conventions and in national policy frameworks and plans, in reality, genuine engagement of consumers at every level has been inconsistent. Traditionally consultations might be held by large government or not-for-profit organisations using reference groups with whom they may have had no previous relationship. This can result in a feeling of 'us' and 'them' or consumers feeling like they are being studied or examined by outsiders rather than consulted. As such, it is very difficult for one single organisation to adequately engage all consumers across the entire State. The Community Mobilisation Project (CMP) piloted a model to address some of these issues by opening a door to feedback from consumers of services on the ground, by working with consumers and consumer agencies from urban, rural and regional areas by upskilling and supporting local consumer facilitators who are part of the consultation community provides a powerful pathway for consumers to be able to voice their feelings on particular issues and comment on policy reform. The CMP is a partnership of the NSW Consumer Advisory Group and the Mental Health Commission which aimed to increase input from consumers into the NSW draft Strategic Plan for Mental Health through upskilling and supporting consumers to facilitate consultations in their community in order to strengthen participatory structures across the State. In evaluating this project we had an extremely positive reaction from consumers and consumer agencies from regional, rural and metropolitan areas across the State. Consumers from all backgrounds were involved, including seniors, consumers from a CALD background, consumers who identify as Aboriginal and Torres Strait Islander and many more. Many consumers expressed the view that they were very satisfied to have been able to participate

freely in a safe and open environment. Consumers made great efforts to attend consultations - in one instance, a consumer walked eight kilometres to attend a consultation and in rural areas, several consumers drove for over an hour to participate. There was also great feedback from consumers who added to their skill base and acted as facilitators in consultation groups for the first time ever. In this workshop, participants will hear about the CMP and the lessons that we learned including hearing about how the CMP worked from a consumer point of view. Following this, there will be the opportunity to workshop the Facilitator's Guide that we used during the CMP and for participants to provide feedback on the CMP and the workshop process. **Learning objectives:** 1.To increase understanding of the importance of consumers facilitating consumer consultations.For participants will learn about consumer-facilitated workshops/consultations and how to work with consumers to support them to become skilled and confident facilitators. 2.Consumer participation is widely recognised as important to the mental health reform process as well as assisting in the individual recovery journey. Consumers need and to be part of the journey to reform the mental health system and to be able to express themselves in relation to mental health issues. Participating in workshops is an innovative and grass roots way to achieve this purpose. How changing the existing culture of 'us' and 'them' will facilitate better Recovery Orientated Service Provision consistent with the National Recovery Framework. Consumers and agencies working together to improve services consistent with National Standard 2 - Partnering with Consumers. **References:** National Consumer and Carer Forum, 2005, Consumer and Carer Participation Policy; Australian Government, Department of Health, 2008, National Mental Health Policy.

S042 Workshop: Employment; Symposium: Workforce

28/8/2014 From: 1030 To: 1230 Venue: Riverview Room 4

Workshop 1hr: Managing the disclosure of mental illness in employment: An interactive workshop for people living with mental illness, their support people and clinicians

Dea Morgain

People with a mental illness have long been recognised as a group who experience high levels of stigma (Campbell & Kaufmann, 1997). As a result many people with a mental illness choose not to disclose their health condition in the workplace, however this can result in people not having access to the available legislated entitlements. Entitlements include: The provision of adjustments to the job or workplace to accommodate the individual's specific need Protection from discrimination; Access to personal interventions including psychological services. One of the primary reasons that people with a mental illness decide to conceal their health status is from a justifiable fear that they will experience discrimination from their employer and/or vicarious discrimination (teasing, bullying or harassment) from co-workers. The minority who make the decision to disclose generally do so to obtain support, access workplace adjustments, or to achieve a sense of ease in their relationship to the workplace (Peterson, Currey & Collings, 2011). As awareness of mental illness is growing in the workplace, and as employers are facing increasing labour market shortages, some are expressing the desire to know the health status of their employees in order to effectively accommodate them in the workplace (Australian Government, 2008). There is also a legal responsibility for workplaces to know of an employee's health condition if it could present a risk to the health and safety of any person in the workplace. This workshop explore why, when and how a person might safely disclose their health status in employment. It will investigate strategies to

maximise the benefits of disclosing while minimising the risks. It will provide useful tools for individuals, support people and clinicians. **Learning Objectives:** 1.Participants will understand the risks and benefits of disclosing a mental illness in the workplace along with the legislative framework that underpins such a disclosure. 2.Understanding the risks, benefits and legal framework of disclosure enables people living with a mental illness, their supporters and their clinicians to make balanced and informed decisions.Outline of session - Section 1: The benefits and risks of disclosing a mental illness in employment, Small group discussions with brief feedback to the whole group. Section 2: The legal framework in which disclosure occurs (Fair Work Act 2009, Disability Discrimination Act 1992, workplace health & safety, privacy). Section 3: Entitlements and responsibilities of an employee with a disclosed mental illness. Section 4: Planning the disclosure of a mental illness in the workplace legally required to disclose a health condition, Presentation, 5 mins?Section 6: Resources, Information on available resources and support services including hand-outs. Section 7: Final questions, 5 mins.Chairperson Jack Heath, CEO SANE Australia. **References:** Campbell, J. & Kaufmann, C. (1997). Equality and difference in the ADA: Unintended consequences for employment of people with mental health disabilities. In R. J. Bonnie & J. Monahan (Eds.), *Mental disorder, work disability, and the law*. Chicago: University of Chicago Press.Jones, A. (2011). Disclosure of a mental illness in the workplace: A literature review, *American Journal of Psychiatric Rehabilitation*, 14:3, 212-219

S042 Workshop: Employment; Symposium: Workforce

28/8/2014 From: 1030 To: 1230 Venue: Riverview Room 4

Symposium 1 hr: Evidence based workforce planning - how to influence future services - Right People, Right Place, Right People doing the right thing
Robyn Shearer Richard Woodcock

Te Pou O Te Whakaaro Nui is a national entity that supports the New Zealand Government and services to translate policy into practice via evidence based workforce development. Te Pou is an entity that sits within the Non-Government services of the Wise Group in New Zealand and is funded by Health Workforce New Zealand and the Ministry of Health. Our work programme focuses on two key areas: 1. Information and tools to inform service and workforce planning eg outcomes information, workforce data, lets get real (knowledge, skills, values and attitudes framework), evidence briefs, practice guidelines 2. Initiatives to address workforce needs eg training, grants, learning modules, practice guidelines and resources. Te Pou's work assists to identify needs in service and workforce planning or to address workforce needs. The aim of the session will be to provide an overview of how Te Pou works between Govt priorities and services, evidence based workforce development and provide some examples of work that has influenced positive change. The session will include an outline of the importance of evidence based workforce planning to influence future service delivery. There will be a description of balancing a top down and bottom up approach to support positive change via leadership and stakeholder engagement. **Learning Objectives:** 1.Gaining an understanding of how to influence system change via evidence based workforce development. 2.Insights into change management and leadership from a national perspective During the presentation there will be an overview of Te Pou's experiences (including how we engage with services), a perspective on international workforce planning issues, examples of change in practice and the underpinning of knowledge, skills, values and attitudes to influence better outcomes for service users. **References:** Ministry of Health. 2011. *Rising to the Challenge: The Mental*

Health and Addiction Service Development Plan 2012-2017. Wellington: Ministry of Health Ministry of Health. 2008a. Lets Get Real - Real skills for people working in mental health and addiction. Wellington: Ministry of Health.

**S043 Workshop: Recovery Tools; Papers: Reform, Policy
28/8/2014 From: 1030 To: 1230 Venue: Riverview Room 5
Workshop 1hr: Co-designing an online recovery tools
Mary O'Hagan**

This workshop will begin with the emerging story of the development of an online recovery platform. Mary O'Hagan, a start-up business advisor and a team of IT experts initially received a grant to conduct market research. They found that there is a cycle of under-connection in mental health services - service users who are under-engaged with recovery, frontline workers who are under-resourced to facilitate recovery and service managers who are under-informed about user progress and worker effectiveness. They also found there is a lot of interest in an online recovery platform that focuses on whole of life wellbeing, draws on peer expertise and is integrated into service delivery. Most online mental health platforms focus on illness treatment or management, use clinical expertise and are not integrated into service delivery. The team concluded that there is a big gap in the market for the online platform that meets the preferences of stakeholders and helps to engage users, resource workers and inform managers. They have received a second grant to build a prototype and get more detailed feedback on the platform requirements from service users, frontline workers, managers and IT specialists in community managed services in New Zealand and Australia. After this the alpha and beta versions will be built with a launch scheduled towards the end of 2015. The presenter will talk for around 20 minutes about the experience and lessons learnt in the development of the platform so far. She will use the rest of the hour to facilitate a discussion, drawing on other people's views and experience in this area, to explore some key issues: - The opportunities and risks of developing online platforms. - The importance of understanding the problem co-designing the solution. - The importance of business sustainability. - Possibilities for collaboration with other developers.

**S043 Workshop: Recovery Tools; Papers: Reform, Policy
28/8/2014 From: 1030 To: 1230 Venue: Riverview Room 5
Paper 20 min: System reform: are we hearing what is being shared?
Rachel Green Kathy Chalker**

One year after the commencement of the widely anticipated Commonwealth program Partners in Recovery, where are we in achieving its aims around mental health system reform. Separating action from rhetoric, this presentation will address the strategies in place across 10 Partners in Recovery regions to identify, measure and address complex problems and deficiencies in the mental health system. The presentation will share insights from Care Connect's experience in four Partners in Recovery regions. In 2013-14 Care Connect expects to support approximately 12,000 people across New South Wales, Queensland and Victoria. Care Connect uses several strategies to build its capacity in mental health to embed, measure and report on its approaches to support mental health across all programs. Care Connect is developing innovative strategies to support staff to achieve the system reform aims of the Partners in Recovery program using workshop and development

strategies to broaden the focus of support facilitation staff beyond a traditional focus on consumer, family and carer to thinking in a system-wide and reform-aware way.

Learning Objectives: 1.This presentation will enhance audiences' awareness of broader systemic and policy issues in mental health, and discuss effective strategies to manage these complexities and to measure and address deficiencies in the system. 2.This presentation will explore practical approaches to staff development around strategic thinking and increasing awareness of broader systemic and policy issues in mental health service and system reform, beyond a pure client focus.

References: Smith, G. Williams, T. 2008, Policy in Action: 15 years of mental health reform in Australia, WA Centre for Mental Health Policy Research 2.Mental Health Council of Australia, 2005, Not For Service.

S043 Workshop: Recovery Tools; Papers: Reform, Policy

28/8/2014 From: 1030 To: 1230 Venue: Riverview Room 5

Paper 20 min: Putting consumers at the heart of the policy conversation

Julie Robotham

In 2013 the Mental Health Commission of NSW embarked on the deepest, broadest public consultation ever undertaken in the state in relation to mental health and wellbeing, in preparation for the development of a draft Strategic Plan for Mental Health in NSW. Consumers, carers, professionals and the general community were engaged in discussions over the shape of mental health reform in NSW in the context of person-centred, whole-of-government approaches which the evidence says promote recovery in individuals and wellbeing across the community. Traditional forms of engagement, including written submissions and public meetings, were augmented with innovative co-design approaches intended to reach people who had not previously contributed to policy discussion. Online collaboration spaces allowed members of the community to comment directly on working papers. A facilitation kit was developed to support consumer groups to run their own consultations, with the outcomes fed back to the Commission in standardized form. Working groups engaged consumers alongside sector professionals in face-to-face meetings to develop policy thinking in specialist areas. More than 1500 people contributed to at least one element of the Commission's consultations, making this an exceptional exercise in the democratisation of mental health policy-making. This paper will describe the opportunities and challenges the Commission faced as it sought to bring the whole community into a conversation about mental health reform.

Learning Objectives: 1. Consumers will learn about the different ways in which they can contribute thoughts and experiences to the policy process, so that policy-makers can incorporate and act on those valuable insights. 2. This paper will share what the Commission has learned about how to hear, value and promote the voices of consumers in areas traditionally led by clinicians and administrators. These principles are just as relevant to service redesign as they are to policy reform.

S044 Improving Indigenous People's Mental Health Outcomes

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 06

Paper 20 min: Integration of mabu liyan (good spirit) within a mental health inpatient unit. 'The negotiated space between cultural and clinical'.

Josephine Louis Gray Robert Lewis Wilson Joe Bin Sali Ash Bin Omar

Mabu liyan means 'Good Spirit' a name gifted by the Yawuru people in Broome, Kimberley. In a 14 bed inpatient unit how do we demonstrate the holistic approach when working with Aboriginal/TSI people and their families. This is rewarding and can be challenging the same time as the two paradigms work together within and

cultural and clinical space. As the Mental health liaison workers we want to share our stories of our work and our journey with our Indigenous people in Mabu liyan.

S044 Improving Indigenous People's Mental Health Outcomes

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 06

Paper 20 min: WA Country Health Service's Aboriginal Mental Health Model of Care

Nadia Adams Katie Papertalk

The 11.5 year life expectancy gap between Aboriginal and other Australians is linked to mental health conditions, with 12 per cent linked to diagnosed mental health conditions and 4 per cent to suicide. The Aboriginal Mental Health Leaders in WACHS have developed a Model of Care (the Model) that defines and supports WACHS's provision of services to achieve improved health outcomes for Aboriginal people. The Model draws together cultural and clinical expertise in delivering services that embrace holistic practice in the provision of high quality specialist mental health services for Aboriginal people in rural and remote Western Australia. The model is visually represented as an image of a hand to appeal to its audience to stop, and think again about mental health in relation to Aboriginal people. Key Themes: Culture - Cultural Competence and Culturally Informed Practice; Our People - Consumer Focused Care; Respect with Dignity - Substantive Equality. Principles: Be Strong; Learn; Listen; Trust; Work Together. The model provides a framework for organisational cultural change for that embeds a 'whole of family, whole of life' approach in mainstream mental health service, consistent with the needs of Aboriginal people; **Learning Objectives:** 1. Service providers will learn practical and pragmatic steps they can take away into their own practice to better engage with Aboriginal people in need of mental health care. Policy makers and planners will learn of best-practice modelling developed by and for Aboriginal people that can be used realistically and practically within a clinical setting. 2. This topic directly addresses the complexities mental health services face in meeting the needs of Aboriginal people with mental illness. The presentation outlines a practical framework that has been developed in alignment with National Practice Standards as well as Aboriginal community values that can be adapted and used by other mental health services. **References:** Vos, T, Barker, B, Stanley, L & Lopez, The burden of disease and injury in Aboriginal and Torres Strait Islander Peoples, 2003; Purdie, N, Dudgeon, P, Walker, R, Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2010

S044 Improving Indigenous People's Mental Health Outcomes

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 06

Paper 20 min: Translational research and Indigenous social and emotional wellbeing: from research to action

Neil Drew

Translational Research (TR) has increasingly become part of the rhetoric around health service provision but is a relatively new and arguably poorly understood concept. In this paper I will present the case for TR as an innovative and crucial part of the Indigenous health landscape using our work in Indigenous social and

emotional wellbeing as an example. The focus of the Australian Indigenous HealthInfoNet's TR work over the last 15 years (well before the term became popular) is on providing resources for the variety of stakeholders in the Indigenous health sector. I distinguish between two TR outputs: 'knowledge-support' that informs and enhances the skills base of practitioners and service providers and 'decision-support' that supports data informed decision making usually at the higher level policy level though clearly the two interact at all levels. HealthInfoNet Plain Language resources strive to enhance the critical health literacy of the increasingly engaged Indigenous community members involved with Indigenous community controlled health services. At the conclusion of the paper attendees should have a clearer understanding of the crucial importance of translational research to improving the mental health outcomes of Indigenous Australians. The learning outcomes easily are generalizable to other settings. **Learning Objectives:** 1.Attendees will gain a greater appreciation of the importance of translational research as crucial to the skills development of mental health practitioners. 2.Attendees will be introduced to Australia's leading Indigenous health translational research resource as an exemplar of the contribution translational research can make to mental health services. **References:** Holland, C., Dudgeon, P., & Milroy, H. (2012). The Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples, Families and Communities Supplementary Paper to A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention. Sydney, NSW: National Mental Health Commission Thomson N (2012) Translational research and the Australian Indigenous HealthInfoNet - Working paper.

S044 Improving Indigenous People's Mental Health Outcomes

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 06

Paper 20 min: Aboriginal and mainstream health services collaborating to improve outcomes

Helen Kennedy Jamie Waring

The Wadamba Wilam (Renew Shelter) program targets Aboriginal people who are experiencing homelessness and mental illness in two Melbourne municipalities with an evidence-based and culturally appropriate response. The program was developed in response to the recognised under-representation of Aboriginal and Torres Strait Islander people in homelessness and mental health services with a range of barriers contributing to this situation. The program is a consortium of four key partners; a mental health NGO, an Aboriginal health service, a drug and alcohol service and a clinical mental health service who together have been able to achieve outcomes that would not be possible by any single member. The focus of the work is around social and emotional wellbeing and uses the Collaborative Recovery Model (CRM) as the key mechanism through which the team engages with people. The model encourages each person to direct their own recovery by building on their strengths and values to define their own goals, including those around housing and mental health recovery. The presentation will outline the strength of the model being a co-located team with diverse skills and discuss the capacity of the program to work with each person in an intensive and responsive manner, improving health outcomes by working on both therapeutic/recovery approaches as well as community, connection and identity. **Learning Objectives:** 1.An understanding of the way organisations can collaborate across sectors, stakeholders and cultures. An understanding of how learnings from a partnership can effect more responsive and appropriate services. 2. Aboriginal people who have experienced long-term homelessness and have other complex health needs frequently experience barriers to accessing mainstream

services. This presentation describes a collaboration that overcomes these barriers.

References: Berry, SL., & Crowe, TP. (2009). A review of engagement of Indigenous Australians within mental health and substance abuse services, *Australian e-Journal for the Advancement of Mental Health*, 8 (1), 1-12. Isaacs, AN., et al. (2010). Barriers and facilitators to the utilization of adult mental health services by Australia's Indigenous people: Seeking a way forward. *International Journal of Mental Health Nursing* 19 (2), 75-82.

S045 Workshops: Homeless Youth; Youth Cannabis Users

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 07

Workshop 1hr: Engaging Homeless Youth In Their mental Health Care

Haylee Clark Anthony Collier Haylee Clark

It is increasingly recognised that the voice of young people in mental health treatment is essential for their engagement in services and for good outcomes. Whilst strategies for engaging young people in clinical settings are developing quickly the story is different for homeless and transient young people with major mental health issues. Youth homelessness is a significant Human Rights issue. Young homeless people who have mental illnesses experience barriers to engage with services, gain skills and obtain accommodation. YouthReach South is a specialist youth mental health service in Perth, Western Australia, working with marginalised young people 13 to 24 who are homeless and experiencing barriers to accessing clinic based services. These young people have histories of significant trauma, abandonment, disconnection from family and services, and often have co-occurring drug/alcohol/general health issues. Engagement begins with the first phone call as young people who are homeless often have mistrust of adults. Referrals are often from community agencies who vouch for our service and reassure the young person that they will be heard and not treated as a diagnosis. Only after we have talked directly with the young person is the referral enacted and safe meeting place is negotiated with the young person. Our initial work builds trust by developing community safety networks. An important strategy is to develop trust in the service rather than an individual clinician. Clinicians talk to young people about the importance of their treatment being centred around their needs, keeping them safe and working toward improved mental wellbeing. Young people are fully informed about the expectations and implications of being a 'client' of a government mental health service and voluntary consent can be gained. Having a young person's own words or goals incorporated into management plans provides homeless young people with an avenue to be heard by the broader mental health system. This enables young people to better understand their mental health and assists them in developing their mental health language to advocate for themselves and feel empowered in their own treatment. We then utilise the Government mental health database, self rated measures and develop management plans jointly with young people as tools of engagement. YouthReach South has worked towards achieving 100% compliance in the use of National Mental Health Outcome Measure's with every young person having a management plan and more than 85% of young people signing their management plans and completing consumer self reports. These rates have been audited every 6 months since mid 2010. Young people are actively embracing technology and we have been guided through our youth forums to access the technology available to improve engagement. YouthReach South has trialled using tablet PCs in the community to jointly develop their management plan and complete consumer and clinician rated measures, with the young person signing their plan and being given a copy. We are in the process of implementing this for the

whole service to further facilitate engagement of homeless young people with mental health issues in community locations. **Learning Objectives:** 1. An understanding of effective strategies for engaging vulnerable youth in mental health treatment. An understanding of the need to design mental health models of care for homeless youth that include both accommodation and treatment strategies. 2. Description of the process for implementing and utilising innovative technology in specialist mental health services. 3. The topic is particularly relevant with the increased investment in youth mental health across Australia. 4. The presentation includes a description of the change management processes used to implement flexible and trauma informed service delivery for vulnerable youth. The use of technology and consumer participation can be achieved successfully within the current changes to funding occurring in Mental Health and are likely to assist in data collection, workplace efficiency and workforce satisfaction. **References:** 1. Human Rights and Equal Opportunity Commission (HREOC), Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness, HREOC, Canberra, 1993 2. C. Chamberlain and D. MacKenzie, 'Understanding Contemporary Homelessness: Issues of Definition and Meaning', Australian Journal of Social Issues, 27(4), 1992, pp. 274-297 3. Randall G, Britten J, Craig T (2007). Getting Through: Access to mental health services for people who are homeless or living in temporary or insecure accommodation. A Good Practice Guide 4. National Youth Commission Inquiry into Youth Homelessness (2008) Australia's Homeless Youth, Brunswick, National Youth Commission. 5. Clark, S. (2007). Not Just Another Participation Model... Guidelines for Enabling Effective Youth Consumer Participation in CAMH and AOD Services in New Zealand. Auckland: The Werry Centre for Child Adolescent Mental Health Workforce Development.

S045 Workshops: Homeless Youth; Youth Cannabis Users

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 07

Workshop 1hr: Effective Discussions with young Cannabis Users

Etty Matalon

This workshop is specifically designed for clinicians or educators working in the youth sector who need to respond to young people's problematic cannabis use. The overall goal of this brief intervention is to educate and increase awareness amongst young people and reduce the risk of long term harm from using cannabis. The Effective Discussions include: how cannabis impacts on adolescent development; screening; using appropriate communication strategies; feedback and psycho-education. It is designed with young cannabis users in mind, with the aim of educating them about the long term risks of cannabis use and the recognition of problematic use. **Learning Objectives:** 1. Participants will learn how to screen and educate clients on the long term risks associated with cannabis use as well as increase their clients' awareness of the impact of current cannabis use on future plans. 2. Cessation of cannabis use in adolescence reduces the risk of mental health problems

S046 Young People

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 08

Paper 20 min: Effective implementation of MST within Western Australia CAMHS.

Mark Porter Leartluk Nuntavisit

Child and adolescent conduct disorders involve aggression, rule-violation and anti-social behaviours. Without effective intervention these disorders predict substance

use, mental health problems, chronic unemployment, relationship difficulties, and criminal behaviours. Although conduct disorders are common and high-cost, families are often poor, marginalised, and difficult to engage with clinic-based services. Multi-systemic Therapy (MST) is a home-based intervention for families with young persons (12-16 years) having behavioural or conduct disorders. This intensive 4-5 month intervention teaches parent/caregivers to manage their children's behaviours, and improves communication within and between relevant systems, (e.g. family, community and school systems). The intervention operates from a 'family preservation model', prioritising youth at imminent risk of out-of-home placement, and/or school expulsion. MST was implemented in Western Australia's mental health services to increase engagement with vulnerable families. The programme's research findings indicate parents/carers maintain the young person living at home, engaged in school, involved with pro-social activities and peers. Most parents/carers also achieve significant enduring improvements in their own mental health. This is robust evidence of the effective implementation of MST in Australian mental health services, and the cost-effectiveness of the model's goal of empowering parents/carers to divert their children from chronic, high-cost involvement with Health, Social & Justice systems. **Learning Objectives:** 1. Persons in the audience will learn about the effectiveness of the MST intervention for the treatment of conduct disorders when appropriately implemented. 2. This issue is very important issue for mental health funders given untreated conduct disorders predicts a wide range of chronic high-cost adult mental health problems. **References:** Henggeler, S.W., & Schaeffer, C.M. (2010). Treating Serious Emotional and behavioural Problems using Multisystemic Therapy. *The Australian and New Zealand Journal of Family Therapy*, 31 (2). Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H., Milne, B.J. & Poulton, R. (2003). Prior Juvenile Diagnoses in Adults with Mental Disorder: Developmental Follow-Back of a Prospective-Longitudinal Cohort. *Archives of General Psychiatry*, Volume 60.

S046 Young People

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 08

Paper 20 min: In it together

Julie Rowse

Mental health difficulties can impact all aspects of your life. When you are just entering into adulthood and about to embrace all life has to offer, a mental health disorder can disrupt your study, career and relationships. Youth Mental Health Services is a public service in regional Victoria that works with young people aged 15 to 25 years. The team provides evidence based treatment to young people experiencing an emerging or present mental health disorder using a recovery focused, family inclusive approach. Clinicians not only provide treatment but they partner with the young person and family to understand their goals and assist them to develop the skills they need to overcome the mental health difficulties and embrace life. When other agencies are involved the team joins with the young person, family and the other agencies to develop a shared support plan to work together on the goals. By sharing in the same plan and goals we have found we are more likely to reach and even exceed our expectations. These outcomes do not happen by chance. We have a strong consortium, with a clear vision; there are documents and training to support the collaborative culture and leaders who champion the cause. By sharing together, not only are we stronger but our young people and families are living contributing lives. **Learning Objectives:** 1. Participants will gain an understanding of how a public mental health service can

genuinely embrace a client and family centered approach within an interagency context. 2.This topic is relevant to mental health services as it is well known that working together with people has better outcomes and this is an example of how this can be achieved in a youth mental health context. **References:** Department of Human Services (2009). Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019. Dyson Consulting Group (2013). Evaluation of the Grampians Child & Youth Mental Health Service Redesign Demonstration Project, Final Report.

S046 Young People

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 08

Paper 20 min: Deliberate self-harm and alcohol use among adolescents

Nina te Pas

Deliberate self-harm (DSH) is a growing and significant public health problem in adolescents and increases the risk of repeated self-harm and subsequent suicide, the leading cause of death in young Australians, especially where substance abuse is present. While there is substantial evidence linking alcohol consumption and DSH, and while numerous alcohol interventions aimed to reduce alcohol consumption and alcohol-related harm have shown to be effective, studies on the impact of alcohol prevention interventions on DSH in young people are unavailable. Considering that on average 1 in every 10 adolescents has harmed or will deliberately harm themselves in their adolescence, early prevention of DSH is of great importance. This presentation will provide an overview of the latest international research on school-based prevention programs that focus on DSH in adolescents. It will also highlight some of the issues that school face by presenting initial pilot research conducted with school psychologists in Western Australia. In conclusion, this presentation will consider prevention intervention styles and critical intervention points to consider for future research. **Learning Objectives:** 1.This presentation is aimed at raising awareness about the growing problem of DSH among adolescents and the influence alcohol consumption can have on this behaviour. Instead of focusing solely on reducing alcohol consumption or DSH, these behaviours should be addressed together through future research and (school-based) interventions. It has become apparent that the relationship between the two might be stronger than we thought and previous research has shown that interventions focusing on this problem are lacking. 2.As DSH greatly increases the risk of suicide, the leading cause of death among young Australians, it is one of the mental health issues which requires the most attention. By providing mental health services with an overview of the known relationship between alcohol and DSH, strategies can be developed that focus largely on the precursor (alcohol consumption) of this mental health issue for early prevention of alcohol use and DSH among adolescents.

S046 Young People

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 08

Paper 20 min: Using Consumer Feedback to enhance youth mental health outcomes.

Craig Nicholls Shraddha Kashyap Daniela Rigoli

Research into evidence-based practice has found that clients' subjective views of clinical change, therapeutic alliance and common factors (e.g. resources,

resiliencies, persistence, and openness) are critical to effective therapy, regardless of the treatment modality. Preliminary findings will be presented from a project being implemented in specialist Youth Mental Health Services and a Child and Adolescent Mental Health Service. The project aims to implement consumer-directed, outcome-informed (CDOI) treatment. The heart of this approach is to directly ask young people about their experiences of change and of the relationship in therapy and to use this feedback to guide treatment. This project involves using computer tablets to collect, analyse and report consumer feedback on the therapeutic relationship and mental health outcomes at each clinical contact. These measures allow clients to provide regular feedback on both their perception of change in functioning as well as the therapeutic alliance, giving them an active say in treatment and decision making. These initiatives are expected to improve treatment outcomes, increase consumer driven practice, provide transparency in care planning, and reduce rates of disengagement from services. This paper will provide preliminary findings based on the first four months of utilizing this approach. **Learning objectives:** 1. An appreciation of the importance and benefits of consumer directed, outcome informed treatment (CDOI) to clinical change. An understanding of the CDOI treatment framework from both consumer and clinician perspectives. 2. It provides the opportunity for consumers to actively participate in their treatment and provide their views on therapeutic alliance; a process which has been shown to improve treatment efficacy. It increases the emphasis on consumer perceptions of treatment and having consumer-driven treatment, in a youth-friendly manner by utilizing newer technology. **References:** Duncan, B.L. (2012). The partners for change outcome management system, (PCOMS): the heart and soul of change project, *Canadian Psychology*, 53 (2), 93-104. Duncan, B.L., Miller, S.D. & Sparks, J. (2007). Common factors and the uncommon heroism of youth, *Psychotherapy In Australia*, 13 (2), 34-43.

S047 Workforce Development

28/8/2014 From: 1030 To: 1230 Venue: Amcom Suite

Paper 20 min: Attracting Allied Health practitioners to work in rural mental health services: an evidence informed approach.

Keith Sutton Kent Patrick Darryl Maybery

Recruitment is a major challenge for rural and remote mental health services. The issues underpinning the recruitment of allied health mental health practitioners to rural and remote areas are multifaceted, complex and under researched. This presentation highlights the key aspects and initial outcomes of a novel evidence informed brief intervention developed to orientate allied health students studying in Melbourne to employment opportunities in Gippsland, Victoria. Developed in partnership with mental health and alcohol and drug service providers across the region, the Gippsland Mental Health Vacation School has been held annually since 2010 and is the subject of a longitudinal research project that has adopted a mixed methods approach. Research findings demonstrate that this short-term intervention positively impacts upon student interest to working in a rural setting, though the immediate impact of the experience retraces in the six months following the program. Furthermore findings from the annual follow-up survey and in depth semi-structured interviews indicate that the subsequent work/career decisions of some student participants are influenced by their vacation school experience. These findings suggest that this brief intervention may contribute to addressing the shortage of allied health practitioners in rural and remote mental health services. **Learning objectives:** 1. Attending this session will provide audience members with: an understanding of the current evidence about the recruitment of allied health

practitioners to rural and remote mental health services; and an appreciation of the impact of an evidence informed intervention designed orientate allied health students to mental health sector employment opportunities in a rural region. 2.This topic addresses the ongoing challenge of attracting allied health practitioners to work in rural and remote mental health services. **References:** 1)Sutton, K., Maybery, D., Moore, T., 2012, Bringing them home: a Gippsland mental health workforce recruitment strategy, Australian Health Review [P], vol 36, issue 1, C S I R O Publishing, Collingwood VIC 3066, pp. 79-82. 2)Sutton, K., Maybery, J., Moore, T., 2011, Creating a sustainable and effective mental health workforce for Gippsland, Victoria: Solutions and directions for strategic planning, Rural and remote health [electronic resource]. [P], vol 11, issue 1 (Art. No: 1585), Australian Rural Health Education Network, Australia, pp. 1-11.

S047 Workforce Development

28/8/2014 From: 1030 To: 1230 Venue: Amcom Suite

Paper 20 min: Demystifying strengths and social justice principles with workers and consumers to enhance relationships and practice.

Peter Smith Donna Ward Melissa Petrakis

In mental health policy and practice in Australia, the last three years have seen a promising and powerful emphasis on strengths-based practice and the recovery paradigm. It may surprise some, however, to discover that the social work profession internationally has been developing these collaborative and respectful approaches to practice alongside consumers for some 30 years. Aims: To ask contemporary social workers about the theory, values and principles guiding these practices, and how they approach the work to enhance shared care, decision-making, partnership and change-oriented interventions with consumers, carers and the community.Methods: An exploratory study was undertaken, utilizing survey methods. An 8-item quantitative confidential questionnaire was distributed to all social work staff within an adult mental health service. Surveys were independently coded. A thematic analysis was performed for additional qualitative items.Conclusions: Under a contemporary strength-based and anti-oppressive approach there are distinctive qualities in how practice is carried out, including: an emphasis on social justice principles, collaboration, an awareness of power imbalances and a need to work to address these, and a commitment to identify and focus on consumer-determined strengths and goals as the core way of working in collaboration. **Learning Objectives:** 1.People in the audience will gain or learn from attending this presentation is a greater understanding of the role of strengths-based practice and social justice principles in individualised mental health care and support to achieve recovery-oriented practice. 2.This topic is relevant to mental health services and mental health issues because case management, psycho-education, support and treatment with contemporary mental health services is experienced differently by consumers when different theories and values guide practice. **References:** Dahlgren, G. & Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute for Futures Studies. Saleebey, D. (1992). The strengths perspective in social work practice. White Plains, NY: Longman.

S047 Workforce Development

28/8/2014 From: 1030 To: 1230 Venue: Amcom Suite

Paper 20 min: Care coordination training across community settings: A partnership for workforce development

Sue Harrison Mabrooka Singh

Clients with multiple and complex needs continue to experience poor health outcomes and pose considerable challenges to the health workforce. VICSERV, the peak body representing community managed mental health services and the Indigo program at Western Region Health Centre, a service providing assessment and care coordination through the Multiple and Complex Needs Initiative since its inception in 2004, identified a need for workforce training in this area. The practice wisdom of the Indigo program and VICSERV's expertise in workforce development has led to the development of advanced care coordination training. Through the use of experiential learning principles, each module encourages participants to role play actual care coordination processes and dilemmas. Participants are thus able to develop higher level analytical, communication, negotiation and problem solving skills required for the role. VICSERV and the Indigo program first delivered this training in February 2014. Results demonstrated the need for such training, with participants overwhelmingly reporting that they had developed good knowledge of the topic (90%) and that they would be able to explain the topic to others (90%). VICSERV and the Indigo program will continue to partner and deliver care coordination training in recognition of the important role such partnerships can play in workforce development. **Learning Objectives:** 1. By attending this presentation, people in the audience will learn how two differing organisations have partnered, using their specialist knowledge and expertise, to design, develop and deliver training in the area of care coordination. 2. Care coordination is a key component of providing timely and seamless mental health services to people with multiple and complex needs. Expert training in this area is required to equip the community mental health workforce to provide these services. **References:** Ehrlich, C., Kendall, E., Muenchberger, H., & Armstrong, K. (2009). Coordinated care: What does it really mean? *Health and Social Care in the Community*, 17(6), 619-627. Mental Health Coordinating Council (2011). *Care Coordination Literature Review and Discussion Paper: Mental health service coordination and the community managed mental health sector in the context of national health and hospital reform*. MHCC, Sydney.

S047 Workforce Development

28/8/2014 From: 1030 To: 1230 Venue: Amcom Suite

Paper 20 min: Embracing leadership development, effectively, economically and sustainably during a time of significant change.

Tanya Southworth

Much like leaders in mental health, aged care leaders face complex challenges as the industry enters a period of reform and transformation. More than ever leaders need support and development to embrace and shape the future agenda. In consultation with aged care stakeholders, the Aged Care Leadership Development Project provided a unique opportunity to bring people together to define leadership capability requirements and map a flexible development path to build leadership capability across the industry. This project has resulted in the Aged Care Leadership Development Strategy and creation of a Leadership Capability Framework that defines the underpinning knowledge, skills, abilities and behaviours necessary for effective leadership of, and within, Aged Care organisations. The project has also established the 'Australian Aged Care Leadership Development Centre' an essential platform for leaders to access quality leadership resources and programs customized for the industry. The centre will also provide a public presence to elevate the profile of leaders and leadership development. This presentation covers many lessons about how to embrace leadership development, effectively, economically and sustainably during a time of significant change.

S048 Workshop: DRUMBEAT; Paper: Culture and Communication**28/8/2014 From: 1030 To: 1230 Venue: BelleVue Lounge****Workshop 1hr: Reducing Psychological distress for Aboriginal people - using the Holyoake DRUMBEAT program****Simon Faulkner Lisa Wood Karen Martin**

The Holyoake DRUMBEAT program is used by a wide range of mental health services across Australia, including psychiatric services, in-patient and out-patient programs, youth services, community programs and preventative services. DRUMBEAT is a music based intervention that explores relationship issues with a focus on reducing social isolation, improving social competencies and increasing self-esteem. DRUMBEAT is also used in prisons across Australia and in 2013 the University of WA conducted a significant study into the mental health impacts of the program on prisoners with a focus on Aboriginal inmates from remote locations. This study looked at over twenty different DRUMBEAT groups, in seven prisons, involving over 160 prisoners. The study used a range of validated MH scales as well as qualitative interviews, plus a three month follow up to evaluate the long term impact of the program. Results indicated statistically significant reductions in psychological distress and improvements in mental well being as well as increased levels of resilience and self-esteem, with improvements maintained at three months after program completion. This workshop details the different elements of the DRUMBEAT program that deliver the beneficial social outcomes as well as the key findings of the UWA research project and their implications for MH practitioners generally.

Learning objectives: 1. Gain insight into the use and content of an effective and culturally secure therapy with Aboriginal people with mental health issues? 2. This session explores a critical area of mental health practice - the challenge of engaging Aboriginal people and other cultural minorities in evidence based therapy and support.

S048 Workshop: DRUMBEAT; Paper: Culture and Communication**28/8/2014 From: 1030 To: 1230 Venue: BelleVue Lounge****Paper 20 min: Culture, Communication and Near Misses****John Van Der Giezen Fred Yasso**

History and cultural protocols can generate barriers to effective communication between Aboriginal people and mental health staff. History since settlement is a major factor in Aboriginal peoples' reticence to engage with health and welfare agencies. The fact that this history is little known and even less acknowledged in contemporary Australia presents a barrier to effective communication in itself. A strong oral culture, the passing down of Aboriginal history from generation to generation can result in a reluctance to engage with services. Culture because often there is often little understanding of how Aboriginal people communicate within their families, in their community, and with wider society. Relationships are the necessary basis for the building of therapeutic relationships. A series of barriers exist, each able to confound effective communication between two cultures, Aboriginal culture and the health services culture. This paper will discuss what these barriers are, how they came to be there and individuals and services can negotiate around them.

S105 Roundtables**28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 09****Round Table 1 hr: The journey and benefits of a Consumer and Family Reference group at RFWA**

Adrian Munro Matthew James

As agencies become more reflective in their practice, it is clearly apparent that our services are greatly enriched when we welcome the feedback of consumers and their families. In recent years this has been further developed to the point where those with a lived experience are consulted at all levels of an organisation. RFWA has consistently undertaken consumer and family surveys and whilst these are informative and worthwhile, the benefit is limited. RFWA has introduced consumer and family member positions on our Board, as full voting members. This placed the voice of consumers and families at the highest level of strategy development and governance of the organisation and was a significant advancement. This did, however, leave a gap in that consumers and families did not have a voice at the highest level of operational decision making. To address this gap, in 2013, RFWA created a consumer and family reference group to consult and guide the organisation at the highest level of operational decision making. To reflect the high regard we placed on this group, RFWA held an information day for those interested and undertook a recruitment process which included written applications and interviews. All applicants had to be currently accessing RFWA services, or be recently exited from services, as we sought input that is informed by our current practice. The group operates by a terms of reference and all members are paid participation fees which reflect the level of expertise they provide. To truly embed the members in our services, all attend induction training and visit sites regularly. This presentation shares the vision of this group and the learning we have gained from undertaking this process. Most importantly, it demonstrates the invaluable input that can only be provided by consumers and families and presents a case for all agencies to do the same. Throughout this process, the organisation has been enriched in so many ways. Not only are our services more considered, relevant and appropriate with the inception of the reference group, but it has provided staff with the opportunity to grow not only as professionals but also on a personal level.

Learning Objectives: 1. Inform service providers of the process by which a consumer and family reference group can be established and how to overcome the inevitable challenges they will face. 2. Outline how service delivery is enriched and how staff are developed, by the use of a consumer and family reference group.

References: Margaret Doherty Member and founder of Mental Health Matters 2 0413861049, Renay Grech Executive General Manager Uniting Care West 0431 240 067

S105 Roundtables

28/8/2014 From: 1030 To: 1230 Venue: Meeting Room 09

Round Table 1 hr: A New Focus for Clinical Rehabilitation in Western Australia**Denise Bromwell Sandy Tait**

Rehabilitation provided by mental health services in Western Australia included a very broad range of activities and specific assessments and therapies by Occupational Therapists and Occupational Therapy Assistants. Activities included a range of groups for consumers to attend to give them a sense of achievement, improve functional capacity and to occupy their time. The activities included cooking, walking, artwork, relaxation etc. which can be provided to high standards by other non government or consumer led services. Rehabilitation is the provision of evidence based specific interventions targeted to aid consumers in their recovery. The North Metropolitan Health Service Mental Health Adult Program reviewed their services provided to consumers who were referred and accepted for rehabilitation. A Review

was conducted in 2009 which recommended major change with a new focus on providing more specialised services to consumers with poor engagement, complex needs with identified ongoing risk. The journey of reconfiguring the rehabilitation services over nearly five years has met some success and many challenges and has resulted in a defined model of service with defined clinical pathways using evidence based tools to validate and guide clinical decision making. The outcomes from the data have been used to review the model of service, however the lessons learnt along the way to make sustainable change is where the real learning happens. This presentation takes you along this journey, the benefits experienced by consumers and carers, achievements and how challenges were addressed.

S107 Launch of SANE Forums - a new online peer-to-peer support service for carers and those living with mental illness

28/8/2014 From: 1230 To: 1330 Venue: Meeting Room 08

No Presentation Type Allocated: Launch of SANE Forums: A new online peer-to-peer support service for people living with mental illness and for carers

Paul Morgan Faruk Avdi

Come along at lunchtime for the public launch of SANE Forums! A video and live demonstration will introduce this major new initiative provides both consumers and carers all around Australia with an online space to: ' share stories ' discuss the issues that matter to them ' exchange tips about what helps when the going are tough. The SANE Forums are anonymous and moderated, to ensure they are a safe place for everyone. Delivered in partnership with community mental health organisations around the country, this initiative is a major step forward in peer to peer support - people helping people. www.saneforums.org Supported by the Australian Government, Department of Health.

S049 Featured Symposium: NDIS

28/8/2014 From: 1330 To: 1500 Venue: Riverside Theatre

Symposium 1.5hrs: Featured Symposium: NDIS - How is mental health faring?

Tina Smith Eddie Bartnik Liz Ruck

This symposium describes some 2013/14 activities undertaken toward better understanding, preparation for and impact on the mental health sector of the implementation of the National Disability Insurance Scheme (NDIS) through the National Disability Insurance Agency (NDIA). It will also include discussion of the possible future implications of these experiences. This symposium will include brief presentations which will explore the experiences of people and organisations in their preparation and/or implementation of the NDIS from the mental health sector perspective. These presentations will be followed by a facilitated group discussion. Some questions for consideration by conference delegates in advance of the symposium are: What is known about eligibility for NDIS (who's in and who's out)? What tools and processes are being used for assessment and care/support planning with people with psychosocial disability? What partnerships are required to ensure coordinated support for people? How ready is your organisation and its workforce for the NDIS? What will happen for people who are not eligible for NDIS? Speakers: **Tina Smith: Experiences and lessons from the Newcastle pilot site Eddie Bartnik: Bringing mental health and disability sectors together to maximise the NDIS opportunity. Deborah Roberts: WA experiences and lessons from preparing and setting up 2 pilot sites Liz Ruck: MH capacity building for the NDIS** Tina Smith MHCC has been working in partnership with the NSW Mental Health Commission within the NSW Hunter launch site since June 2013. The activity

undertaken is to increase understanding of the opportunities presenting through the NDIS to better assist people with high levels psychosocial disability secondary to mental ill health. Through this experience, we aim to contribute to positive client outcomes, thought leadership and also inform research and development directions regarding the inclusion of people affected by mental health issues through the NDIS both in NSW and nationally. The Hunter is the only Year 1 launch location targeting adults that also has a 'Partners in Recovery' (PIR) program. The pathways between the NDIS and public, private, primary healthcare and non-government community-managed mental health services need to be much better integrated. This will require a greater knowledge of psychosocial disability and the full range of acute/sub-acute/non-acute treatment, psychosocial rehabilitation and disability/recovery support services (ie, clinical and non-clinical) role delineation and coordination). It is not yet well understood how existing and emerging services will best work together to support people affected by mental illness to lead valued and contributing lives through the personalised funding 'choice and control' options presenting through the NDIS. Liz Ruck is a Senior Policy Officer with Mental Health Australia (formerly the MHCA) and manages the NDIS Mental Health Capacity Building Project. Liz has worked at MHA for seven years and has been closely involved in the development of mental health and consumer and carer policy on psychosocial disability for the last three years. She has an extensive background in government and the not for profit sector, working in a range of roles in the areas of disability, community development and consumer health. She holds a Bachelor of Arts from the Australian National University. **Learning Objectives:** 1.Conference delegates attending this session can expect to leave more informed about opportunities and challenges presenting through the NDIS implementation journey from a mental health sector and psychosocial disability perspective. 2.This topic is relevant to the mental health sector in that at full roll-out the NDIS is expected to deliver services to 57 thousand Australians with high levels of psychosocial disability secondary to mental ill health. Sharing and Reflecting on Experiences Related to Mental Health/Psychosocial Disability and Year 1 and Beyond of the National Disability Insurance Scheme.

S050 Stigma, Addiction, AOD**28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 01****Paper 20 min: The Stigmatisation of Working in the Alcohol and Other Drug Sector: Presentation of Research Findings****Kim Eaton**

The Western Australian Association for Mental Health (WAAMH) and the Drug and Alcohol Office (DAO) have recently applied efforts towards the amalgamation of the alcohol and other drug (AOD) and mental health sectors. It has been recognised that the two often co-occur and effective treatment and support provision requires a unified approach. An exploratory interpretive phenomenological study was conducted in which 11 Western Australian AOD workers were interviewed regarding their understanding and experiences of stigma associated with working in the AOD field. Thematic analysis of interview transcripts revealed six themes; conceptualization of stigma; negative concept of AOD work; financial constraint; expectance of abstinence; role of advocacy; breaking the stigma silence. Findings indicated that the workers interviewed experienced stigma from many areas in society, family, friends, even from within the mental health and AOD sectors. A strong sense of client advocacy was found, indicating that the workers although stigmatised themselves for working in this field, were applying direct means to protect their clients. Those workers already experiencing life stressors reported that

the stigma they were exposed to compounded their existing issues. **Learning objectives:** 1.The findings of this research will be explained with a particular focus on how people working within the AOD sector are impacted by stigma and what this in turn means for the provision of effective AOD services. 2.With the new focus on the amalgamation of the AOD and mental health sectors it is important to understand any prospective barriers towards this process of unification. Stigma acts as a barrier to effective service provision and service seeking, therefore would contribute difficulties to the amalgamation efforts. Significant research into stigma within the mental health sector exists, however there is a paucity of research into the AOD sector. The presentation of these findings provides both mental health and the AOD sector with insight into an issue that has been long standing but can be managed. **References:** Verhaeghe, M., & Bracke, P. (2012). Associative stigma among mental health professionals: Implications for professional and service user well-being. *Journal of Health and Social Behaviour*, 53(1), 17-32. doi: 10.1177/0022146512439453 Skinner N, Freeman T, Shoobridge J, Roche A. Workforce development and the alcohol and other drugs field: A literature review of key issues for the NGO sector. South Australia: NCETA, Flinders University; 2003

S050 Stigma, Addiction, AOD**28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 01****Paper 20 min: Understanding the Stigma****Jane Harwood Angela Corry Luke Van Der Beeke**

The World Health Organization states that illicit drug dependence is the most stigmatised condition in the world; dependence on alcohol is ranked as the fourth most stigmatised health condition (Kelly, J.F., & Westerhoff, 2009). National research conducted by the Australian Government Department of Health and Ageing in 2005 identified that the 'stigma associated with both drug use and mental health, result in service users denying symptoms or feeling unable to seek treatment'. Funders and service providers in WA recognise that stigma deters people in need from accessing services. The Social Inclusion Action Research Group was formed in 2012 to drive across sector work to combat stigma and discrimination. As part of this work the WA Network of Alcohol and other Drug Agencies is leading research that will provide the evidence base from which to develop and implement strategies that aim to reduce the stigma. Social research has been undertaken across the general WA population, AOD sector service consumers and sector stakeholders to seek an understanding around the underlying beliefs behind the stigma and recommend targeted strategies to reduce the stigma and discrimination experienced by people that use alcohol and other drugs. **Learning Objectives:** 1.Share the findings of the latest research and consider how this can influence our practice. 2.Make comparisons with similar research on the stigma associated with mental health to increase understanding of how the similarities and differences could impact on the ways we work. **References:** Kelly J. F., Westerhoff C. M. 2010 Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*

S050 Stigma, Addiction, AOD**28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 01****Paper 20 min: SMART is Smart****Josette Freeman Ryan McGlaughlin Karen Gold**

SMART Recovery Australia (SRAU) is a community based group program that uses cognitive behavioural techniques. It teaches people practical skills in how to manage

their addictions and associated behaviours. The key components of the program are building and maintaining motivation, coping with urges, problem solving and maintaining a balanced lifestyle. SMART Recovery can be used at the prevention and Aftercare pathway stages of care. SRAU has been innovative in adapting its program to the specific needs in the community including Aboriginal, GLBTI, Vietnamese, Arabic, Youth, Family & Carers (Be SMART), Correctional (Getting SMART) and Defence. Annually, about 340,000 Australians struggle with the comorbidity of mental health and substance abuse issues. Many would benefit by addressing their problematic thinking and behaviours with practical solutions within a SMART Recovery group situation, and can learn new skills from professional and peer Facilitators, and their fellow participants. In the first major SMART Recovery survey in Australia more than 74% of the participants with addictions reported mental health disorders. This presentation will demonstrate how SMART Recovery has used the tools of the program to suit the diverse and complex needs of the community members. It will provide evidence of its effectiveness of improving well-being through research findings, and also a personal lived experience of addiction. **Learning Objectives:** 1.The audience will have a greater understanding of what the SMART Recovery program is and what it can offer the community. 2.It is very relevant to the Mental health field as over 70% of clients attending a SMART Recovery group have a comorbidity and it is a group where the participant can address both issues.

S051 Recovery

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 02

Workshop 1.5 hrs: How can mental health services practically embrace the recovery principle of “nothing about me without me”? Lessons from the Barwon experience.

Jennifer Black Helen Glover

International mental health policy guides services to adopt recovery-oriented practice and move away from clinician managed processes. The transformation process is not easy, with many services struggling to embrace the full implications of this paradigm shift. This shift requires significant cultural and systemic transformation, as well as a deep commitment and support from leadership, to bring about change to day-to-day practices that promote self-direction and self-management. Barwon Health Mental Health and Drug and Alcohol Services (MHDAS) have undertaken a three year action-learning project to support the organization in a culture change process. One key recovery principle they have adopted to guide their work, is 'Nothing about me without me'. This means working towards having no conversations about the person without them being part of the process; the only exception being clinical supervision. The significance of this work has been recognised through a 2013 Victorian Health Care Award. The challenge for mental health organisations is how to redesign everyday practices and processes that align to recovery, and resist those that inadvertently thwart it. Every program process needs to ensure opportunities for people to; live a full life in spite of the experience of illness; self-direct; use their personal agency; make meaning and stay connected to their life roles and relationships. Barwon MHDAS has used a multi-modal learning platform including workforce training, mentor support, mentor-led learning circles, learning activities, and self directed project work, to develop new ways of doing their everyday business. The team self directed projects have addressed areas of assessment, using the mental health act to support recovery, collaborative handovers; collaborative documentation, using outcome measures to support collaboration, planning and negotiating treatment and support needs with

people. This interactive workshop is designed to surface new ideas and possibilities for how mental health services are delivered. It will be facilitated using a World Café format and invites participants to come together to consider the central question 'How can mental health services practically embrace the recovery principle of 'nothing about me without me?' This question, specifically crafted for this workshop, speaks to the complexity of what the recovery agenda is really asking services to do differently and will open up new ideas and creativity. Recovery based approaches require organisations to fundamentally shift how services are being offered and as such require new creative ideas to emerge, many of which have not been tried and tested. Collaboratively working together on a central question provides opportunities for such innovation to percolate. This World Café invites delegates that are interested in this question to come and innovate together. Café conversations can be a powerful and provocative way to enable people to see new ways of making a difference in their lives and work. It is built on the assumption that people already have within them the wisdom and creativity to create solutions to the most difficult challenges. It is a strategy that enables people to share their collective knowledge and shape a new future and is well aligned with the conference focus of 'What we share makes us strong'. A World Café is held in a space resembling a café with 4- 6 people at each table, creating conversation clusters about the question in consideration. After the foundations of world café have been established, the session will be broken into parts; (i) personally connecting with the question (ii) connecting with others in small groups in deep conversation around the question and travelling to other groups to percolate more ideas, and (iii) the session culminates in a town meeting, which is a whole group conversation facilitated to grow the collective knowledge and consider possibilities for action. Here participants will be asked to consider two things: (a) What excites them about what they have heard?, (b) What can they commit to taking back to their service about this conversation? In this workshop, each table will consider the same question from a different continuum of care vantage point. These will include; handover, team reviews, Mental Health Act, risk, duty of care, documentation, referral, community access, planning, and language. **Learning Objectives:** 1. Participants of this workshop will have an opportunity to learn from the collective wisdom in the room and gain valuable insights into practical ways to embrace recovery principles in their service. 2. The cultural transformation of Mental Health Services to become truly recovery oriented is a key driver in international mental health reform. **References:** Brown, J (2002) The World Café: A resource guide for hosting conversations that matter. Whole Systems Associates. California. Glover, H (2012) Recovery, Lifelong Learning, Social Inclusion and Empowerment: Is a new paradigm emerging? in Ryan, P, Ramon, S and Greacean, T (Eds) Empowerment, Lifelong Learning and Recovery in Mental Health: Towards a New Paradigm. Palgrave Publishers. London.

S052 Empowerment

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 03

Paper 20 min: 'Sharing my story made me stronger'- A Carer Consultants personal story of being a carer and a consumer.

Sofie Cirka

Melbourne Health and NWAPMHP (North Western Aged Persons Mental Health Program) is currently moving towards Recovery focused and Persons Centred approach and service. This is being achieved through policy change, staff education and family and carers involvement. The concept of Recovery is particularly challenging for the Aged Mental Health carers, as carers watch their loved ones

deteriorate slowly every day. This is where a Carer Consultant with lived experience can provide meaning to the idea of Recovery and a lifeline of information, education and experience and mutual support (which complements the approach of professionals) Through Family/Carer Peer Support Groups that the Carer Consultant facilitates, carers gain a sense that one is not alone, that 'we're all in the same boat' In this paper, a Carer Consultant will share her lived experience, from initially being a carer to her mother with mental illness and then later being diagnosed herself with severe depression and treated in an Inpatient Unit as an Involuntary Patient. The Carer Consultant will discuss how her own journey and recovery has enabled her to assist other carers in understanding Recovery. **Learning Objectives:** 1. Gain an appreciation of what 'recovery' means to the speaker and to other carers and families within Aged Mental Health. 2. Gain an understanding of the impact of Mental Health services on diverse family and carers and possible ways to address this. **References:** A national framework for recovery-oriented mental health services: Policy and theory (2013). Plakiotis, C., O'Connor, D.W. (2012). Psychiatric disorders affecting the elderly in Australia, in Mental Health in Australia: Collaborative Community Practice, eds. Graham Meadows; John Farhall; Ellie Fossey; Margaret Grigg; Fiona McDermott; Bruce Singh; Oxford University Press, Australia, pp. 615-646.

S052 Empowerment

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 03

Paper 20 min: "Beyond Dialogue": Theatre of the Oppressed as a Flexible Recovery Methodology

Leela James Rhianwen Beresford

Augusto Boal's Theatre of the Oppressed (TO) methodology has been used for therapeutic, community development, policy and legislative change. This paper will explore pathways for introducing TO into Recovery Education, Recovery Practice and wider mental health reform. TO is transformative theatre that enables shifts in relationship, self and agency for those involved. Its stories and participation are those of everyday actors and audience with co-construction by the audience. By juxtaposing different interpretations of reality it disrupts dominant discourses with those of everyday and marginal experience. TO draws upon the body, non-verbal sounds and metaphors to communicate, share & wrest meaning away from the convention of formal theory and debate into new understandings. This creates a fluid and open process of equitable dialogue about identity, power and experience. TO thus activates critical self-awareness of social power together with new and hopeful possibilities for self-agency, new meaning and transformed relationships. In a time when we are recognising the fundamental need to a recovery approach to mental health service delivery, TO offers an innovative and powerful methodology for recovery change. **Learning Objectives:** 1. The audience will learn about: Evidence of the mental wellbeing effects of Theatre of the Oppressed, based on its application among mental health consumers to date; The use of Theatre of the Oppressed in consumer education, as an informal and dynamic context of learning personal recovery and developing self-advocacy; The potential of Theatre of the Oppressed as a form of recovery dialoguing between clinicians, consumers and families; Possibilities for Legislative and Policy Theatre in the mental health system. 2: With the emergence of global commitment to recovery approaches within mental health service design and delivery, the mental health sector needs to be looking at methods which challenge the traditional expert led approach to mental health. TO

demonstrates a methodology that can be designed and implemented with stakeholders across diverse lived and professional expertise. TO is also an inexpensive yet powerful consultation tool for use within policy/clinical leadership spaces. **References:** 1. Boal, Augusto. *The Rainbow of Desire: the Boal Method of Theatre and Therapy*. London: Routledge, 1995. Print. 2. Freire, Paulo. *Pedagogy of the oppressed*. [New York]: Herder and Herder, 1970. 3. Moran, Galia S & Alon, Uri. Play back theatre and recovery in mental health: preliminary evidence *Arts in Psychotherapy* 38 (2011) 318-324

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: One Voice, Many Stories.

Jennifer Swist Peter McQuillan

Consumers aged 27 -65 years from RichmondPRA Penrith HASI Program share their experiences of being a part of the Music & Singing Group One Voice, Many Stories. Each consumer has a lived experience of mental illness, and will share how being a part of the singing group has impacted on their mental health wellbeing. Consumers will relate how their involvement in the group has strengthened social connections and enabled them to look forward to actively participating in Mental Health Awareness Month in October and the consumers Christmas party. -One Voice, Many Stories has been acknowledged at the community level by our local government council, with the provision of a grant as part of their -Community Assistance Program -One Voice, Many Stories exemplifies the theme: -What we share makes us strong, as consumers relate their subjective experiences of sharing music and songs with one another. Music and songs resonate with the consumers, as they provide a commentary of their mental health recovery journey. **Learning Objectives:** 1. The audience will gain a sense of the importance of communities in the lives of those with a lived experience of mental illness. The notion of wellbeing will be conveyed not only as an individual aspiration, but as a community-wide aspiration. 2. Sharing the experiences of the Music & Singing Group -One Voice, Many Stories will reinforce the importance of social engagement and inclusion in the mental health recovery journeys of consumers.

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: Sharing stories of the past & finding meaning in the present: meeting consumers at their individual stages of recovery

Francesca Coniglio Lyndal Sherwin Mironne Golan

A three year outcome study of the Specialist Rehabilitation Service that included 3 focus groups and 12 individual interviews with consumers that utilized the service, revealed that at the essence of the work is the genuine relationship that is fostered between the consumer and the Specialist Rehabilitation Clinician (SRC) based upon humanistic principles of recovery, as well as how time and space are used to support consumers to tell their stories. Consumers identified that this process of individually determining one's story over and over assisted them to make sense of past events, to feel that their story and therefore life meaning was understood, and to arrive at new understandings of their present day sense of self and identity in the context of all life experiences. This is particularly poignant for individuals that identify to be in earlier stages of their recovery where they currently identify as having little sense of self or hope for the future. This highlights that even during stages of recovery where a person may be perceived to not actively be 'doing', that there is an active process

of understanding and sense making occurring. Approaches which promote storytelling and sense making at all stages of recovery, and which foster sharing in people's life experiences and holding hope, particularly during times of darkness and despair, will be explored. **Learning Objectives:** 1. To understand the fundamental role that storytelling and sense making plays in providing meaning and sense of self at all stages of recovery. 2. For mental health services to consider strategies and approaches around storytelling and sense making that can be used to engage and collaborate with individuals at all stages of their recovery including earlier stages of moratorium and awareness. **References:** 1. Andresen, R., Caputi, P. & Oades, L. G. (2006). Stages of recovery instrument: development of a measure of recovery from serious mental illness. *Australian and New Zealand Journal of Psychiatry*, 40, 972-980. 2. Denhov, A. & Topor, A. (2011). The components of helping relationships with professionals in psychiatry: Users' perspective. *International Journal of Social Psychiatry*, 5(19), 1-

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: What we share makes us strong.

Williamson Monique Hansen Ernie

The Lorikeet Centre is a place where people with a mental illness are referred to when they are discharged from hospitals. We have almost 500 members, all with a diagnosed mental health illness. In our presentation by the Coordinator and members of the Lorikeet Centre we would like to explain to the audience and show slides showing how people with a mental illness are benefiting from the programs we have introduced over the last 12 months and share with the audience why we think it works including key areas such as: Exercise: Exercise is very important for people with a mental illness. Many of our members are overweight due to medicine, lack of motivation so we have introduced a keep fit program. With funding from the Department of Sports and Recreation we have a qualified gym instructor who delivers workouts at our gym in the Centre and aqua aerobics at Beatty Park to our members. The instructor who is also a member and has bi polar will explain the benefits of exercise. Arts & Crafts: With funding from the Australian Governments Wage Subsidy Agreement we have employed an art teacher who helps up skill our members with painting, tie dye, mosaics. Poetry: During Schizophrenia Awareness Week in May the Lorikeet Centre holds its annual poetry competition "Open Your Mind". Anyone is welcome to submit a poem about celebrating good things in their life, connecting with others, growing or an activity that has helped in their recovery. The poems are then published in a book with prizes and certificates for the winning poet's. Gardening: Many of our older members enjoy gardening so we joined the West Leederville Residents Association who grow their own vegetables on plots of land donated by the Town of Cambridge. Our members mix in with the residents helping them in their gardens as well as growing vegetables in our allocated garden plot. The vegetables are used in the kitchen of the Lorikeet kitchen where members cook nutritional meals at lunchtime for on average 30 people each day. The members who are the best cooks teach people without these skills how to cook nutritional meals on a budget. Some of the members who have been taught cooking in our kitchen are now doing hospitality courses to find employment. Working at the garden is a great example of social inclusion where members of the Lorikeet Centre mix with local people in the community.. **Learning Objectives:** People in the audience will gain knowledge of how people with a mental illness benefit from the programs the Lorikeet centre has introduced. The audience will take away from the

session how our members have overcome stigma by mixing with the community. Other agencies staff will learn how successful our programs are and could introduce them for their members. Professional people attending the MHS conference will be able to ask questions of our staff and members about our programs.

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: Orientation and training for members of a lived experience liaison group

Liz Prowse Matt Halpin Tim Diamond Stephen Burdett

Orientation and training for members of a lived experience liaison group. The lived experience group was formed in 2011, and meets monthly to share ideas, experiences, expertise, special interests and develop an understanding of the services available in order to improve the quality of mental health. The group offers an innovative perspective in which it maintains a commitment to improving the quality of services in mental health by working in collaboration with mental health service leadership. The next challenge for the group is to develop an orientation and training package, so that new members are able to take up roles in the group with a better understanding of what valuable experience and expertise they contribute towards future service improvement in mental health. Past members who did not receive training and orientation, have found it difficult to define their role, to understand the expectations of what they could offer the service, as well as the approach and behaviours that the group expects of them. Unfamiliar terminology and acronyms leave people feeling they are struggling to be more than passive observers. In consultation we identified the areas that would be of most benefit to ourselves and future members. This ranged from how to fill out reimbursement forms to acronyms that Mental Health use, to policy, protocols, service practice and what it is to be a representative and how to execute that role effectively in partnership with the service. Nurse educator time is being used to develop and deliver the content. The group is in a transition period where they are currently recruiting and interviewing potential new members. The expectation of the group is for the orientation and training package to be ready to begin in the next few months so that all members will be offered this new and innovative education package. **Learning Objectives:** 1. Attendees will identify the importance of orientation and training for group members with lived experience. 2. Attendees will learn the content of training and orientation for the lived experience group as identified by members.

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: Creating a Space for Recovery

Clare Hannaway Alex Bickford

This presentation will discuss the establishment of Western Australia's first Mental Health Sub-Acute Service. The Joondalup based facility opened its doors in early 2013 and offers an alternative pathway for people experiencing a crisis in their mental health. The service is funded through the Mental Health Commission and was established by Neami National in collaboration with the Commission, clinical services, consumers and partner agencies. The service offers a short-term residential program which aims to alleviate the need for an in-patient admission (Step Up) or reduce the length of stay (StepDown). As a statewide service it engages with multiple partners across regions and sectors, including community agencies and clinical services. Referral pathways have been developed through

promotion, consultation and active collaboration. The service works in both psychosocial and clinical domains in a recovery based framework. The program includes individual and group based programs to support the development of wellness plans and assist individuals to sustain or establish links with their local community. It is underpinned by a multi-disciplinary and collaborative recovery approach. Consultation and relationships with clinical teams and clinicians in the community are paramount to ensuring continuity of clinical support for consumers. This session will outline the service model including the evidence-base and rationale for the approach. As well as sharing our approach and learning from working with stakeholders. Embedding a new statewide service in the continuum of service responses for people living with mental illness poses significant challenges and the presentation will share our learning along the way. **Learning Objectives:** 1. An understanding of the unique challenges of establishing a new service model and approach servicing individuals within the mental health system, and the critical role of collaborative partners. 2. The Joondalup Mental Health Sub-acute Service is the first of its kind in Western Australia and prefaces the establishment of similar models into the future and therefore has relevance to service providers, policy makers and consumers.

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: Recovery Rocks Community

Amanda Waegeli

As a leader in putting mental health recovery into action, and sharing my lived experience to do this, my aim was to assist transformation of those oppressed through our current mental health systems; because transformed people transform people. I did not want to wait any longer for politicians, academics, or bureaucrats to do something. I wanted to put my time and energy in to making change now. I felt it was time for recovery and emancipation and others agreed. So two and a half years ago we started with our dream to build a recovery community, which would be organic and built on reciprocity and mutuality, Recovery rocks Community began. By sharing our skills, learning and experience, we understood more of our individual strengths and gifts, pooling our resources and listening and honoring each other's recovery stories, we united in a deeper way to celebrate our recovery achievements and wellbeing. We have successfully developed a capacity to safely support and engage with each other and our families in crisis from a recovery perspective, amongst many other great outcomes. We acknowledged our collectively wealth of experience because what we share has made us strong. **Learning Objectives:** Learn how to put recovery in action through community. Discover the strength of intentional peer support in sharing.

S053 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 4

Snapshots - Brief Paper 10 min: The Bendigo Mental Health Peer Collective

Debra Parker Lee Thonton

The Bendigo Mental Health Peer Collective (BMHpeers) was formed in May 2013 after establishing need for a visible mental health consumer advocacy group in the community. The aim of the group is to inform consumers, carers, workers and communities of funding changes, policy issues, mental health service reforms and promote consumer activities. Participation in local activities and news both local and state wide in the mental health sector are shared in person and via the Collective's

Facebook page. Being clear about the aims of the group is important with regard to planning, enlisting the support of others and advertising to potential members. It helps if aims are simple and concise rather than over-inclusive and wordy. (Loat, 2011, p 95) In addition to the advocacy role, the lived experience of the group has been used to develop and conduct 'Wellness groups' that are open to the general public and provide a health promotion perspective in a peer environment. According to the peer principle, relationships are based on shared experiences and values and are characterised by reciprocity and mutuality. Peer is defined in the dictionary as 'a person who has equal standing with another in rank or class'. Within the consumer/survivor movement, a peer is not just someone with equal standing but also someone who has shared similar experiences and challenges. (Clay, 2005, p11) These groups focus on wellbeing, including topics related to recovery, maintaining stable physical and mental health, early intervention and alternative therapies. The development of the collective has empowered consumers to have a voice in the community and is assisting to bridge the gap by educating community members regarding attitudes, stigma, discrimination and other issues relating to mental health. The collective committee consists of mental health consumers who meet monthly to discuss community needs and issues management of the wellness groups and future projects. **Learning Objectives:** 1. The audience will be inspired to create independent mental health collectives in their own communities. This will empower consumers to address the needs in their own communities, particularly in the rural and regional areas where services are limited. 2. The establishment of independently run peer groups in communities is relevant due to 'The New Mental Health Act' reforms and the current changes in the PDRSS sectors. Consumers need to be proactive and knowledgeable about the issues that concern their treatment and impact their lives. By developing peer collectives a platform is created to provide information and new and alternative ways of tackling some of the reform issues. The peer workforce is important in mental health and from the collective groups it is possible that they may lead to peer run services.

S054 Diversity & Power in Mental Health Services

28/8/2014 From: 1330 To: 1500 Venue: Riverview Room 5

Symposium 1.5hrs: Diversity & power in mental health services: Addressing structural violence

Morgan Carpenter Fayez Nour Cath Roper Sam Brhaspati Stott Kelly Briggs

Background : According to the National Framework for Recovery-Oriented Mental Health Services (2013), 'recovery occurs within a web of relations including the individual, family and community, and is contextualised by culture, privilege or oppression, history and the social determinants of health'. The National Framework's practice capabilities for recovery-oriented services include: Responsive to Aboriginal and Torres Strait Islander people; Responsive to people from immigrant and refugee backgrounds; Responsive to gender, age, culture, spirituality and other diversity; Responsive to lesbian, gay, bisexual, transgender and intersex people. Supporting social inclusion and advocacy on social determinants; Challenging stigmatising attitudes and discrimination. In Australia, it is recognised that a diversity of people will interact with mental health services at some point in their lifetime. To date, however, this recognition has not resulted in mental health services meaningfully and respectfully responding to that diversity. Services engage with consumers as if we are a homogenous group who mirror the social positioning of the majority of mental health service providers. Aim: Applying the lens of structural violence, this consumer-

led symposium will identify and analyse the power relations between mental health providers and consumers, particularly with respect to their lived experiences of systemic privilege and oppression across the domains of sex, gender, sexuality, ethnicity, language, class and ability. Each presenter will examine how mental illness intersects with one or more of these domains. In doing so, the presenters will highlight the impact of social, political and cultural power imbalances on Australian mental health services' engagement with diversity. Structural violence at the intersection of mental health & colonisation. Aboriginal speaker to be confirmed. Structural violence at the intersection of mental health & intersex status.

Morgan Carpenter: Intersex people are born with atypical physical sex characteristics, including genetic, hormonal and anatomical differences. Intersex is described collectively by medicine as 'Disorders of Sex Development', which implies that intersex persons have individual disorders that can be 'fixed'. The birth of an intersex infant is still seen as a 'challenging clinical emergency', while the human rights implications of 'fixing' sex are increasingly understood as a human rights issue, and even as a form of torture. Surgical interventions on infants and children continue, with rationales including 'minimising family concern and distress'; 'reducing the risks of stigmatisation and gender-identity confusion'; and 'improved marriage prospects'. Research has shown that a high proportion of post-intervention intersex adults experience post-traumatic stress symptoms, suicidal ideation and self-harming behaviour. Intersex status as a category was added to Australian anti-discrimination law in 2013. A Senate Committee has reported on 'Involuntary or coerced sterilisation', while the implications for clinical practice are still being considered. Structural violence at the intersection of mental health & racism.

Fayez Nour: Western society at large is familiar with the concept of the Good Samaritan. Its simplicity illustrates the concept of structural violence at the intersection of mental health and racism. The story goes that the man, who fell into robbers' hands who stripped him and left him to die, represents the devastating psychological effect of bullying and racialised oppression. The story begins, 'a certain lawyer, desiring to justify himself' is typical of our judicial and legislating system, although the underlying principle of neighbourly responsible society - 'I am my brother's keeper' - is lacking in the context of mental illness. The character of the neighbour is exemplified in the Good Samaritan, who exhorted the lawyer - 'do likewise'. The lawyer represents policymakers & legislators, who are expected to enhance and adopt the Good Samaritan's initiatives in recognising the mental health impacts of racism; express practical compassion; and facilitate recovery. Structural violence at the intersection of mental health & human rights abuses.

Cath Roper: Mental health legislation operates as a form of structural violence. It has often been argued that having separate surrogate decision-making laws for people diagnosed with mental health diagnoses is a form of social/structural discrimination. By extension, people subject to mental health laws have uncertain legal and human rights status as citizens and this could be seen as a form of structural violence. Physical force and coercion are routinely used on patients of mental health units for the management of behaviour and to ensure acceptance of pharmacological and other medical treatments. Because states of distress are seen as a health issue under a medical paradigm, the violence may not be seen for what it is, rather clinicians may settle for an idea about 'acting in the best interests' of vulnerable others. The presentation argues that such complexities need to be thought about and explored. Conclusion: A mental health policy framework that is informed by intersectionality will enable policy makers to identify systemic biases and implement strategies that are equitable & socially just. This symposium will demonstrate how mental health services can develop the

capabilities of recovery-oriented practice by addressing structural violence and incorporating an intersectionality-based policy framework. **Learning objectives:** 1. Consumers, carers, service providers will learn how structural violence can be addressed through the framework of intersectionality. 2. The framework introduced will assist mental health services to develop their capabilities in recovery-oriented practice. **References:** Rossiter, K.R. & Morrow, M. (2011) 'Intersectional Frameworks in Mental Health: Moving from Theory to Practice' in Hankivsky, O. (Ed.) *Health Inequities in Canada: Intersectional Frameworks and Practices*, Vancouver: UBC Press pp312-330 Sturgeon, S. (2012) 'Stigma and marginalisation: Structural violence and the impact on mental health' in *Maatskaplike Werk/Social Work* 48 (1) pp58 - 67

S055 Lifespan

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 06

Paper 20 min: Knowing what to do and being able to do it: How mental health services influence the strategies parents use to support young people with mental illness

Anne Honey Sarah Alchin Nicola Hancock

Parents' responses to a young person's mental illness can influence their recovery and wellbeing (e.g., O'Brien et al., 2008). Many parents devote considerable energy to supporting a young person with mental illness and engage in many different strategies to do so (Honey, Alchin, & Hancock, in press). Services can provide advice about strategies for parents to try, yet little is known about how services influence what parents actually do. This paper reports on a study that explored the factors that influence parents' choice of strategies, with particular emphasis on how services fit into this picture. Interviews with 32 parents of young people with mental illness were analysed using constant comparative analysis. Findings indicated that parents' strategies are primarily shaped by two factors: their knowledge and beliefs about the young person, their mental illness and the interaction between the two; and the resources and constraints that affected parents' practical and psychological capacity to carry out their preferred strategies. Parents described mental health services as a strong influence in determining both these factors. By better understanding parents' perspectives on the impact of services on their own strategies, service providers can better support parents to support young adults with mental illness. **Learning Objectives:** 1. Participants will understand how services influence the strategies parents use to support young people with mental illness. 2. By better understanding parents' perspectives on the impact of services on their own strategies, service providers can better support parents to support young adults with mental illness. **References:** 1. Honey, A., Alchin, S. A., & Hancock, N. (in press). Promoting mental health and well-being for a young person with a mental illness: Parent occupations. *Australian Occupational Therapy Journal*. 2. O'Brien, M. P., Zinberg, J. L., Bearden, C. E., Lopez, S. R., Kopelowicz, A., Daley, M., & Cannon, T. D. (2008). Parent attitudes and parent adolescent interaction in families of youth at risk for psychosis and with recent-onset psychotic symptoms. *Early Intervention in Psychiatry*, 2(4), 268-276. doi: 10.1111/j.1751-7893.2008.00088.x

S055 Snapshots

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 06

Paper 20 min: Talking Through: Lessons from Barwon Health Jigsaw's new group programs

Renee Bauer Melissa O'Shea Christian Cavaniglia

Jigsaw is the region's tertiary mental health service for 16- 25 year olds, established in 2005. It provides psychiatric assessment and therapeutic services across diagnostic groups, offering a suite of biopsychosocial interventions, with a focus on early intervention. In recognition of an increasing service gap for those with borderline personality disorder, training in specific therapies including cognitive analytic therapy and dialectical behaviour therapy has been prioritised. Jigsaw is guided by a recovery framework, family friendly practice, integration of mental health and drug and substance use problems, and the close collaboration with primary care, assisted by collocation across 3 sites with Colac Area Health and headspace Barwon. In addition to our core work, several new programs were established in 2013, including the multifamily group program, youth dialectical behaviour therapy group program, and secondary consultation multiagency meetings for youth agencies in the region. The challenges and enablers to the establishment of these programs will be discussed, as will the outcomes thus far. **Learning Objectives:** 1.This session will provide opportunities for services to learn from our experiences in extending our service without increased resources, to work with groups of clinicians and clients to better improve mental health service delivery. 2.With the increasing burden of mental health issues, increasing capacity in primary care and specialist services to improve efficiency and effectiveness is increasingly needed. **References:** Jewell TC, Downing D, McFarlane WR. Partnering with families: multi family group psychoeducation for schizophrenia, Journal Clinical Psychology 2009, 65:8, 868-878.Linehan, Marsha M. Skills Training Manual for Treating Borderline Personality Disorder

S057 Support & Self-Management

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 08

Paper 20 min: "Mental health overwhelms everything else": Facilitators and barriers to health self-management by people living with mental illness.

Vivien Kemp Colleen Fisher Sharon Lawn Shane Bailey Mohan Isaac

The higher rate of morbidity and mortality from all the major health conditions for those with a mental illness is well known (Lawrence, Holman & Jablensky 2001). Encouraging mental health consumers to self-manage their physical health may help overcome this inequity (Wagner, 2001). The purpose of this study was to investigate facilitators and barriers to physical health self-management by people with a mental illness living in the community. Twenty -seven participants who had a diagnosed mental illness and a co-morbid chronic physical health condition were included in one of three focus groups for this qualitative study. Data were analysed thematically. Participants were aware of the need to attend to their physical health but we identified a number of interrelated factors that occurred at the personal, social and structural levels that hampered or supported their ability to do so. At the personal level, self-management was hampered by the impact of mental illness, side effects of medication, poor health literacy and prioritising of mental over physical health.. Social level barriers and facilitators reflect the influence of participants' social network - personal and professional. Low income, lack of coordinated health services and 'mental health friendly' sites and the policies and procedures of many mental health agencies were perceived as structural barriers to self-management.

Learning Objectives: 1.The audience will learn about the concerns people living with mental illness have about their physical health. 2.The audience will gain an appreciation of the facilitators and substantial barriers to good health care experienced by people who live with mental illness. **References:** Lawrence D, Holman D, Jablensky A. (2001).Duty to Care: Preventable Physical Illness in People

with Mental Illness. Perth: The University of Western Australia. Wagner, E. H. (2001). 'Meeting the needs of chronically ill people.' British Medical Journal 323 (27 October): 945-946.

S057 Support & Self-Management

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 08

Paper 20 min: Creating Good Company, a support group.

Claire Carlon Timothy Heffernan

A mental health social support group, Creating Good Company was established by a consumer, Claire Carlon, in 2012 because she found that there was nothing, outside of public and NGO services, available in the Illawarra area. From its conception Claire partnered with consumer worker Tim Heffernan for support and advice, but the group quickly became known as 'Claire's Group' and over the two years it has been running it has supported many consumers in their recovery. This paper seeks to demonstrate the need for unstructured, friendship based groups that are independent of mental health services. It demonstrates the successes of the group and also how the group has brought both joy and despair to the convener and to its members. And an understanding that the group must continue. This paper asks how we can establish safe relationships within such groups and how can we support growth and social development within its members. The paper also looks at the journey of the convener and the journeys of those within the group. It illustrates how the convener came to the realisation that this mental health social support group, while a simple idea, is extremely valid and significant to the lives of all involved.

Learning Objectives: 1. The audience will learn about a simple model of authentic, mutual peer support delivered within an unstructured community group. 2. The topic is relevant to mental health services as this type of support group can fill the gap for consumers seeking to reengage with community and personal relationship following an inpatient stay or episode of illness. **References:** Slade, M (2013) 100 ways to support recovery, 2nd Edition. London: Rethink Mental Illness. Duffy, S (2012) Peer Power: An evaluation of the personalisation forum group - a user-led organisation for people in Doncaster.

S058 Tools for Change

28/8/2014 From: 1330 To: 1500 Venue: Amcom Suite

Paper 20 min: My Medicines and Me Questionnaire (M3Q): a novel tool for the assessment of subjective experiences of side effects in mental health consumers.

Deena Ashoorian Rowan Davidson Daniel Rock Rhonda Clifford

Objective: To assess the suitability of using the M3Q as a self-reported questionnaire for mental health consumers to express the range and subjective experience of side effects associated with their psychotropic medications. **Methods:** Following ethics approval, questionnaires were administered amongst six adult mental health clinics, from March to April 2013. The M3Q had been previously validated and consists of open and closed ended questions. **Findings:** 205 consumers were recruited. The average completion time for the questionnaire was 15 minutes (SD=6.5). Only 11 (5%) consumers required assistance for completion. The three most commonly reported side effects were sedation (77%), difficulty waking up (59%) and anxiety (55%). In contrast the three side effects ranked as most bothersome were weight gain (23%) followed by feeling tired during the day (22%) and difficulty falling asleep (14%). The M3Q provided consumers with the opportunity to write about the impact these side effects had on their lives. Over half

(53%) of the consumers reported thinking of stopping their medication; of these 64% had actually stopped taking their medication at some point. Side effects were the most common reason given for non-adherence. **Conclusions:** The M3Q was completed within a reasonable time frame with little need for clarification, allowing consumers to easily express their subjective experiences with side effects and contrasted the most common side effects with the most bothersome. **Learning objectives:** 1.Side effects of psychotropic medications are important determinants of adherence to treatment. Discussion between the consumer and clinician facilitated through the use of a side effect self report questionnaire could lead to improved communication. This in turn could provide an important contribution to the working relationship between consumers and clinicians leading to improved adherence and informed decision making. 2.There is a need (as expressed by consumers) in every day clinical practice for a side effect communication tool, which allows the consumer to express their subjective beliefs about their medications, thus informing clinicians about the impact of the effects on their lives. This is significant as failure of the patient to provide this information and of doctors to effectively probe for this information could lead to these side effects being undetected and untreated for often extended periods of time. **References:** 1.Weiden et al. Which side effects really matter? Screening for common and distressing side effects of antipsychotic medication. *Journal of Psychiatric Practice*; 2001; 7(1) 41-47.2. DiBonaventura et al. A patient perspective of the impact of medication side effects on adherence: results of a cross sectional nationwide survey of patients with schizophrenia. *BMC Psychiatry*; 2012; 12(20).

S058 Tools for Change

28/8/2014 From: 1330 To: 1500 Venue: Amcom Suite

Paper 20 min: Recovery Assessment Scale – Domains & Stages (RAS-DS): Measuring individual recovery outcomes and facilitating the process of recovery action planning

Nicola Hancock Justin Scanlan Anita Bundy Anne Honey

At the last TheMHS conference we presented on developments made towards a measure of mental health recovery that had evolved from the Recovery Assessment Scale (RAS) due to the limitations we identified with this instrument. This year we will share further developments and refinements we have made using an iterative process of data collection including consumer and staff feedback and analysis. The current instrument, Recovery Assessment Scale - Domains & Stages (RAS-DS) has been recently trialed by consumer and staff pairs across three Australian non government organisations. Findings show that the instrument has acceptable psychometric or measurement properties overall. Findings also raise questions about the point at which a consumer is 'in recovery'. Perhaps most importantly, consumers found that the RAS-DS helped them to think about and reflect upon their recovery journey (both achievements to-date and areas to work on in the future). Staff found that the process of talking over RAS-DS results with consumers was helpful in gaining a richer understanding of the perspectives, feelings and priorities of those consumers with whom they worked. Those who used it to identify and develop recovery goals also found it helpful in that process. **Learning Objectives:** 1.Participants will learn about the RAS-DS and its potential as both a recovery outcome measure and a tool to facilitate shared understanding and collaborative recovery-oriented goal setting. 2.This presentation will prompt mental health service providers to reflect on how they explore, measure and/or discuss consumers perspectives and feelings about their recovery journey and how they use this

knowledge and interaction to facilitate collaborative goal setting. **References:** Corrigan, P. W., Giffort, D., Leary, M., & Okeke, I. (1999). Recovery as a psychological construct. *Community Mental Health Journal*, 35, 231-239. Waghorn, G., Chant, D., & King, R. (2007). Classifying socially-valued role functioning among community residents with schizophrenia or schizoaffective disorder. *American Journal of Psychiatric Rehabilitation*, 10, 185-221.

S058 Tools for Change

28/8/2014 From: 1330 To: 1500 Venue: Amcom Suite

Paper 20 min: Acceptance and Commitment Therapy for persisting voices and delusions: Results of a randomised controlled trial

John Farhall Frances Shawyer Neil Thomas David Castle David Copolov

Acceptance & Commitment Therapy (ACT) is a newer psychological therapy that does not directly target symptom change, but instead, helps people step aside from troubling thoughts and experiences in order to focus on what they value doing in everyday life (Morris et al. 2013). The small number of research trials published to date investigating its use by people living with psychosis have shown promise (e.g Bach et al., 2013). We report the main outcomes from the most rigorous randomised controlled trial to date, where we compared ACT and Befriending Therapy. Ninety-six people with a diagnosis of schizophrenia and medication-resistant persisting hallucinations and delusions were randomised to 8 sessions of therapy. Both therapies were delivered with fidelity. Significantly more ACT than Befriending participants reported that therapy made them feel better and made their problems with psychosis better. Results on standardised measures showed improvements to symptoms over time for people receiving either therapy. ACT showed some superiority for reducing distress and disruption from voices; Befriending showed some superiority for reducing distress associated with delusions. We discuss the implications for the use of brief therapies for people living with persisting positive symptoms. **Learning objectives:** 1. Attendees will learn about the emerging evidence base for using ACT for people living with psychosis. 2. This research contributes to the knowledge base that mental health services (and service users) can draw upon to decide what therapies might help people living with psychosis. **References:** Bach, P., Gaudiano, B.A., Hayes, S.C., & Herbert, J.D. (2013). Acceptance and commitment therapy for psychosis: intent to treat, hospitalization outcome and mediation by believability. *Psychosis: Psychological, Social and Integrative Approaches*, 5(2), 166-174. Morris, E.M.J., Johns, L.C. & Oliver, J.E. (Eds.), *Acceptance and Commitment Therapy and Mindfulness for Psychosis*. London: John Wiley & Sons, Ltd

S059 Treatments

28/8/2014 From: 1330 To: 1500 Venue: BelleVue Lounge

Paper 20 min: A Model Worth Sharing. A Community Mental Health Clinic with an integrated Physical Health Program

Elizabeth Wallace Patrick Roe

The lifespan of people with severe mental illness (SMI) is shorter compared to the general population. This excess mortality is mainly due to physical illness. (De Hert et al 2011) Mental health services should be able to provide at least a standard routine assessment of their patients, in order to identify or suspect the presence of physical health problems. (Maj, M 2009) The first step in addressing the gap between psychiatric and health management is to integrate physical health into mental health planning. (Miller, H 2008) The presentation provides an overview of the

innovative nurse led Physical Health Program which is integrated into the core business of a community mental health clinic within Northern Area Mental Health Service. The Program has been running for two years and continues to grow and develop in a way that ensures its sustainability and success. Dedicated nursing roles and ease of access to the Program has provided our consumers with a smoother journey when meeting their physical health needs with many barriers now reduced or removed. We hope that by sharing our model, other mental health services will recognise that it is possible to take the first step towards closing the gap and assisting consumers to improve their physical health. **Learning Objectives:** 1.The audience will gain an understanding of the Physical Health Program; how it has uniquely been integrated successfully into the community mental health clinic; the benefit to the consumer and how the consumer journey has now changed/improved. Additionally, the audience will gain insight into the possibility of using innovation to fill a gap in service. Our aim is to share our success in order that others (clinicians and consumers) will be motivated to consider how their service might develop in this important area. 2.Mental health and physical health issues are comorbid and cannot be separated. Both require to be treated simultaneously. The topic is both relevant and current to the needs of our mental health consumers. **References:** De Hert, M, Correll, C U et al. Physical illness in patients with severe mental disorders. Prevalence, impact of medications and disparities in health care World Psychiatry. Feb 2011; 10(1): 52-77. Maj, M (2009) Physical health care in persons with severe mental illness: a public health and ethical priority. World Psychiatry. Feb 2009; 8(1): 1-2. Miller, H (2008) Management of Physical health in Schizophrenia: A Stepping Stone to Treatment Success. European Neuropsychopharmacology. Vol 18(2). Pg 121-128

S059 Treatments

28/8/2014 From: 1330 To: 1500 Venue: BelleVue Lounge

Paper 20 min: 50 cent PRN

Deb Gleeson Martin Preston

Would you like a PRN that: -Works -One of cost of 50 cents -Lasts a lifetime-Has no side effects oGets stronger with use? Sounds impossible? We know it works! On April the 8th last year the new Adult and Extended PARCs opened at Narre Warren North, on the outskirts of Melbourne. A major part of the program at PARCs is group work and the service manager, Deb Gleeson, runs a variety of Cognitive Behavioural Therapy groups once a week. The group now also runs on the psychiatric ward of Casey Hospital too. The '50 cent PRN' group is a collaborative and individualised group that helps individuals to identify unhelpful thoughts and behaviours and identify healthier skills and habits to practice. 'PRN' is the term used to describe medication that is charted for moments when either a patient and or staff feels it is needed. The problem with most PRN medications, such as Valium, is that they lose their effectiveness over time and become addictive. Using a specifically designed CBT technique, involving a 50c coin, consumers are able to reach for their coin in moments of distress when they would have previously reached for PRN medication. **Learning Objectives:** 1.To highlight an alternative to medication PRN through CBT that we have used successfully in a sub-acute and acute setting. 2.Clinical Mental Health Services are currently working on making Recovery Focused changes within acute and sub-acute areas. We will discuss an example of psychosocial CBT group that works in both settings. **References:**1) M. Hilton, et al, Pro re nata medication for psychiatric inpatients: time to act. Australian and New Zealand Journal of Psychiatry 2008; 42: 555-564 Antony Mullen, Mental health nurses establishing psychosocial

interventions within acute inpatient settings. International Journal of Mental Health Nursing, Volume 18, Issue 2, pages 83-90, April 2009

S059 Treatments

28/8/2014 From: 1330 To: 1500 Venue: BelleVue Lounge

Paper 20 min: Mental Health Nursing: Sometimes you have to stand in the middle of the street.

Kurt Andersson-Noorgard Michael Smith Phil Nottingham Dee Holland

Since the development of antiretroviral treatment in the mid 1990s, the lifespan of People Living With HIV continues to increase. Mental health now inhabits a more central role in all aspects of care. It is well documented that mental health status affects HIV acquisition, adherence to treatments, substance use, employment, metabolic illnesses and quality of life. In addition to this people with serious mental illness have a greatly increased risk of acquisition of the HIV than the general populace. Mental Health Nurses embedded with Community/ Primary Health Services, straddling both sides of the street, is a relatively new concept and the area of Communicable Diseases is showing the way in this area. This presentation will report on the clinical issues, challenges, risks, strategies of engagement and outcomes of a Mental Health Nurses employed within three Community Health Services in Australia and New Zealand focussed on HIV both treatment and prevention. Acceptance of the role by physically focussed Health Care Practitioners will also be discussed with the results of a clinical audit reported as well as future opportunities for the profession to promote our skills and opportunities within physical healthcare environments. **Learning Objectives:** To share the experience of Mental Health Nurses working directly with physical health professionals and the expansion of Mental Health Nursing roles within physical health care environments

S106 Roundtable

28/8/2014 From: 1330 To: 1500 Venue: Meeting Room 09

Round Table 1 hr: How does Clinical Fitness fit into the Recovery process?

Douglas Holmes Caroline Koia

The authors would like to explore through a roundtable discussion how mental health staff maintain clinical fitness while working in a busy mental health unit with the many competing demands staff face as they move towards having a recovery focus. Mental health clinicians working in a busy Inner City Health Program inpatient unit are increasingly faced with competing demands to meet various National Strategies to improve delivery of care to consumers. Majority of consumers have complex health problems, comorbid illnesses and homelessness. The point of entry into mental health services is the emergency department where consumers have access to specialised frontline mental health clinicians. Nevertheless mental health clinicians often rely on emergency department clinicians to address consumer medical issues before starting the mental health assessment. In many cases, for various reasons inpatient clinicians are pressured to admit consumers before their medical problems are identified. To ensure that consumers receive optimal medical care, mental health clinicians are encouraged to increase their clinical skills in preparation of clinical fitness. The Clinical Fitness framework aims to guide clinicians to identify medical problems and how to address them to aid consumers? recovery process. New South Wales Health have released a number of Standards to address medical issues, for example, Metabolic Monitoring, Nutritional Food & Safety, Mandatory Training, Medication Safety (Clozapine), ECT register, NSW 2007 Mental Health Act requirements, Seclusion and Restraining Training and smoking cessation for

clinicians to implement in the clinical practice, policies and procedures. Importantly, clinicians must keep their practice current and in line with the rapidly changing landscape of mental health presentations. The Clinical Framework will provide markers for clinicians to follow or need to know about medical issues that may impact on a consumer's well-being. **Learning Objectives:** 1. People in the audience will gain an understanding of how nurses maintain clinical fitness and support people's Recovery journey in the Caritas Acute Mental Health Unit in Sydney. 2. This topic is relevant to mental health services in Australia as services struggle to cope with current demand by various constituencies to move services towards a Recovery focus

S060 Featured Symposium: Money, Money, Money

28/8/2014 From: 1530 To: 1700 Venue: Riverside Theatre

Symposium 1.5hrs: Money, Money, Money - Opportunities and options for funding mental health programs

Tim Marney James Downie Jennifer Nobbs Ken Thompson

It is no longer enough to fund mental health services along historical lines. Service reform requires new ways of matching funding with desirable outcomes for consumers and their families. This session brings together two Australian perspectives with a discussant from the US. Speakers are: **Tim Marney**, WA Commissioner for Mental Health. Topic: Money = Power James Downie, Executive Director of Activity Based Funding at the Independent Hospital Pricing Authority (IHPA), Jennifer Nobbs, IHPA; **Ken Thompson**, TheMHS 2014 Keynote Speaker will be the discussant. **James Downie, Jennifer Nobbs:** Implementing Activity Based Funding in mental health services: developing the right approach As part of the National Health Reform Agreement, the Independent Hospital Pricing Authority (IHPA) is committed to implementing Activity Based Funding (ABF) for mental health services. From 1 July 2013, IHPA has priced public mental health inpatient services using a modified approach to the admitted acute classification, with new mental health classes introduced to the emergency care classification from 1 July 2014. Implementing ABF has been more complex for mental health than other medical and surgical services because existing classifications do not predict resource consumption as well as they do for those other services. IHPA is currently working with jurisdictions to develop a new mental health classification, to be used for pricing from 1 July 2016. ABF has the potential to improve funding transparency, and drive efficiencies and improvements in health care. However, it has been criticised by some as at odds with current system-wide reform efforts to increase the focus on community-based care in mental health. This paper outlines the work underway to develop the new classification and examines opportunities for the mental health sector's input to enable this work to support effective, contemporary models of care and the reform occurring across mental health service planning and delivery. **Learning Objectives:** 1. This paper will provide an overview of developments in ABF for mental health care and outline opportunities for those in the sector to influence its development. 2. This paper will explain how the development of a mental health classification will affect the way in which the Commonwealth provides funding for mental health services. **References:** 1. Eagar, K, Green, J, Lago, L, Blanchard, M, Diminic S & Harris M 2013, Cost Drivers and a Recommended Framework for Mental Health Classification Development, The University of Queensland, Brisbane. 2. Independent Hospital Pricing Authority 2013, The Pricing Framework for Australian Public Hospital Services 2013-14, IHPA, Sydney.

S061 Mental Health and AOD**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01****Paper 20 min: International trends over time in alcohol and cannabis use: are women catching up to men?****Cath Chapman Tim Slade Zoe Tonks Wendy Swift Maree Teesson**

Research in many countries consistently shows that men are more likely to report substance use and related harms than women. However, emerging evidence suggests this is changing with patterns of substance use converging among men and women from recent birth cohorts. This study gathered and synthesised data from around the world to examine the potential narrowing of the gender gap in alcohol and cannabis use. We mapped data from 79 studies in 59 countries including Australia, across birth cohorts from the 1900's to the 1990's. Preliminary results show a distinct closing of the gender gap in lifetime use of alcohol and in binge drinking. Among cohorts born in the early 1900's men were more than 3 times as likely to use alcohol compared to women. With successive birth cohorts this ratio has decreased to close to 1 - women born in the 1990's are almost as likely as men to drink alcohol. Similar changes have occurred with heavy episodic or binge drinking. The next stage of analysis will examine indicators of cannabis use and related harms. This presentation will briefly describe the key findings, generate discussion with the audience regarding potential reasons for this shift, and explore the implications for prevention, treatment, public health campaigns and future research.

Learning Objectives: 1.Delegates will gain up to date knowledge on the changing landscape of drug and alcohol use and it implications for treatment and prevention. 2.Harms associated with alcohol and cannabis use account for a significant amount of the burden of disease worldwide and commonly co-occur with mental health problems. Understanding patterns of use and associated harms in the population are crucial to appropriately target treatment and prevention efforts. **References:** Keyes., K., Li, G., Hasin, D. (2011) Birth cohort effects and gender differences in alcohol epidemiology: a review and synthesis. *Alcoholism: Clinical and Experimental Research*, 35(12), 2101-2112 Burns, L. (2010) Editorial - Drinking and women's health: time for action. *Addiction Research and Theory*, 18(2), 119-121

S061 Mental Health and AOD**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01****Paper 20 min: Peer Support Plus - Family peer support in the co-occurring space with clinical partnership on tap not on top****Charl Van Wyk Magaret Doherty**

Families 4 Families (F4F) - is peer organized and led support program for families and supporters of individuals experiencing mental health and alcohol and/or other drugs issues. The peer program is enhanced by 'on tap not on top' clinical presence. F4F offers a mix of group support, psycho-education, individual support and systemic advocacy. The program runs as a partnership between Mental Health Matters 2 a community advocacy group and Cyrenian House Drug and Alcohol Services. This paper share the facilitators experience of: How the power relationship between peers and clinicians affects support and how to change the traditional balance;How enhancing support through the merging of the skills and knowledge of both clinical and lived experiences has impacted on group members; What 'On tap not on top' clinical presence means; How peer supported empowerment can assist more seamless service planning and provision from mental health services, drug treatment and the broader system for for those who find it difficult to engage or have

found previous engagement unsatisfying; What else needs to happen to promote true partnership between consumers, families and service providers in service delivery, planning, policy and reform;The use of graciousness and kindness

References: 1. A review of the literature on peer support in mental health services. *Journal of Mental Health* August 2011, Repper J and Carter T.2. The Value of Peer Support: An Exploration of the Therapeutic Benefit of Peer Support for Families and Supporters of Individuals with Co-occurring Mental Ill Health and Substance Use Issues. Mendes A 2013 (Unpublished)

S061 Mental Health and AOD

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01

Paper 20 min: Consultative Approaches to Instructional Design in mental health and AOD Training and Education

Xenia Girdler Anthony Graham Chris Walters Geoffrey Lohmeyer

The Top End of Australia can play a devil's game at times and is a study in contrasts. With beauty and remoteness comes a tyranny of distance leaving those who live there struggling to access many of the things we, in the larger cities of Australia, take for granted. The allure of the remote landscape runs parallel with a harsh reality; services which promote and support good health, adequate housing, quality education and employment are delivered Australia wide - but on a per-capita basis. Therefore, the Northern Territory, which is twice the size of Texas but with a population of just over two hundred thousand, is home to a people deprived of access to the fundamental human rights of hope, choice and opportunity. RMIT University, a dual sector multi-disciplinary education provider is playing an important role in countering this deprivation through tailored, targeted and locally delivered face-to-face Vocational Education and Training. Since 2010 RMIT has been working with a leading Aboriginal Health provider, Sunrise Health, based in Katherine, 320km South East of Darwin. Initially, this work had a modest and specific focus; developing and delivering the nationally recognised Diploma of Community Services (Alcohol and Other Drugs and Mental Health) as part of the Sunrise Health workforce development strategy. During the development stages, RMIT University staff spent time with Sunrise management, staff, and visited many remote Aboriginal Communities - to listen and observe. Through this process the extremely limited training and education options for people living in Remote Australia became increasingly obvious. Beyond Darwin or Alice Springs, access to education, from high school onward, can require travelling vast distances, undertaking courses online or via mail, or paying an accommodation premium to access classes. Even completing high school becomes difficult so needless to say post-secondary education is an impossible dream for most. This is particularly true for those living in Remote Communities. As a result, there is an acute lack of skilled workers amongst the local population. Services rely on external 'experts' or struggle with untrained locals. This is across all industries - from trades to health, education and retail. This lack of local capacity has become the systemic norm and directly impacts upon the key social determinants of health. Entire populations across the Top End find themselves limited in their ability to build upon their own social, emotional and financial capital. This can be seen in the numerous studies into health outcomes in the NT. When compared to the rest of Australia it paints a picture of despair. This presentation aims to provide audience members with the opportunity to hear about and discuss - The Development of an Innovative and Responsive structure and system for delivering vocational education and training which can, with minor adjustment, be delivered in remote communities anywhere in the world. -How

partnerships with Industry can support research into the impact vocational training and education has on the four social determinants of health in remote communities

S062 Foreign Correspondent ABC TV; Sally Sara: 'Coming Home'**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 02****DVD Screening: 'Coming Home' Parts 1&2**

2014 Joint Winner of TheMHS Broadcast Media Achievement Award. 'Coming Home' tells the story of Canadian military doctor, Major Marc Dauphin, who suffers from Post Traumatic Stress Disorder, after returning from a tour of duty to Afghanistan. It explores the challenges of medical professionals experiencing psychological distress. 'Foreign Correspondent' is the ABC's flagship international current affairs program. For the past 20 years, 'Foreign Correspondent' has delivered award winning coverage from around the world, including coverage of human rights, conflict, political unrest, social reform and human interest stories. Duration: 2 X 30 Minutes.

S063 Recovery, Outcome Measurement**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 03****Paper 20 min: ROSSAT Revised - The Recovery Oriented Service Self-Assessment Toolkit****Tully Rosen**

The Mental Health Coordinating Council (MHCC) have completed a validation and revision of the Recovery Oriented Service Self-Assessment Toolkit, a Quality Improvement tool developed in partnership with the NSW Consumer Advisory Group (NSW CAG) for mental health services, workers and stakeholders, designed to help organisations assess their level of recovery orientation. In 2009/10 MHCC & NSW CAG established the ROSSAT Project with the aim of identifying and developing a resource to assist mental health CMOs in delivering recovery oriented services. In 2013/14 a second stage was undertaken to psychometrically validate and refine the tools. Stage 2 of the ROSSAT project was carried out in partnership with the University of Sydney. A set of consumer, carer and worker focus groups were conducted to assess face, construct and content validation. This was combined with a Recovery subject matter expert survey. The data analysis has been conducted and the revised tool-kit has been developed. The tools have been mapped to the National Mental Health Standards and TICPOT, the Trauma Informed Care and Practice Organisation Toolkit. Learning objective: Attendees will learn about implementation of a set of organisation-level recovery oriented quality improvement tools based on up-to-date recovery literature.

S063 Recovery, Outcome Measurement**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 03****Paper 20 min: Guidebook for the Sector - The National NGO/CMO Outcome Measurement Project****Tully Rosen Tim Coombs**

Following on from the final report of the National Community Managed Mental Health Outcome Measurement Project. The Australian Mental Health Outcome and Classification Network (AMHOCN), in collaboration with the alliance of CMO/NGO peak bodies Community Mental Health Australia (CMHA), is developing a guidebook for the CMO sector that will provide recommendations on what CMOs are able to measure, how they can implement routine outcome measurement, data collection

protocols and information infrastructure and training considerations. This involves summarising the content of the Final Report and the establishment of a technical advisory group inclusive of key experts from the public, private, and community sectors. Representatives from the National Mental Health Consumer and Carer Forum are also involved. **Learning Objectives:** 1.Attendees will be given a comprehensive overview of outcome measurement activities that were reported through national consultations. 2.Further refinements of the recommended national tool set and guidance on outcomes measurement in the community managed sector will be presented.

S063 Recovery, Outcome Measurement**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 03****Paper 20 min: Evaluation is everybody's business****Coralie Flatters Suzanne Velarde**

The Outcomes Measurement project began in 2010 with the engagement of Inclusion Matters to complete a literature and concept summary of outcome measurement of community based mental health services in Western Australia. The review provided a scan of literature that was written with the aim of informing the WA Community Managed Mental Health sector of key ideas, issues, concepts and approaches. Following this WAAMH, in-conjunction with the Mental Health Commission began development of a project which encompassed outcome measurement guidelines for mental health community managed organisation (CMO) sector. The project has been implemented through a partnership approach aligned with the Delivering Community Services in Partnership policy and steered by a consortium of WAAMH, Mental Health Commission (WA), Consumers of Mental Health WA and Mental Health Matters 2. Alongside of the WA project there was work occurring in the national context. The Australian Mental Health Outcomes and Classification Network (AMHOCN) have released the Outcome measurement in the community managed health sector: A review of the literature and final report to the Mental Health Information Strategy Standing Committee. Since the completion of the AMHOCN literature review, WAAMH has tailored its guidelines to reflect the current environment and act as a natural follow-on from the literature and concept summary completed by Inclusion Matters in 2011. This has meant focussing on the established types of measures and aligning these with the Western Australian Mental Health Outcome Statements. This has localised the document and highlight its importance as a usable tool for consumers, carers and services. **Learning Objectives:** 1.The audience will gain an understanding of how the WA guidelines align with the Mental Health Outcome statements in WA and how this is being done within a context where change is always a feature. They will also gain some understanding of the challenges associated with implementing outcomes measures when, the only question being asked is 'what is being done' rather than 'what needs to be done' - Theory of change. 2.This topic is relevant to mental health services and mental health issues as it highlights the importance of measurement through a number of processes and the relationship to evidence based practice.

S064 Improved Outcomes: Child & Family Welfare**28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 4****Symposium 1.5hrs: Putting the pieces together: shaping services for improved outcomes at the interface of mental health and child and family welfare**

Margaret Cook Carol Clark Debbie Henderson Emma White Mathew Coates Michelle Rowe

The human service world is complex and it is not surprising that we are often told that we work in silos to the detriment of the people we serve. Evidence from many quarters tells us this is particularly so at the intersection of child and family, child protection and mental health services. Families, young people, carers and professionals have some chilling stories to tell and there is now considerable formal scholarship giving support to their concerns. In this symposium which is presented by a range of people including families and carers and professionals from across these two sectors we: Name some of the matters of concern and highlight some positive and not so positive experiences. Present current research findings about problems and potential solutions (including the paucity of research)? Provide examples of contemporary good practice? Summarise the challenges we face in implementing changes across sectors? Invite contributions about how we might improve practices further. The presenters wish to dedicate this symposium to Dr Jonathon Rampono AM RANZCP and Dr Mark Rooney RANZCP whose concerns and commitment to work at this intersection helped us all to give expression to our ideas. **Learning Objectives:** 1. An appreciation of the sensitivities and challenges when we work at the intersection of child welfare and mental health. 2. Identify opportunities for improved collaboration and decision making: participants will be invited to contribute their ideas about how we might develop and augment services that improve outcomes for children and families when there are mental health problems and concerns. **References:** Stanley, N., Penhale, B., Riordan, D., Barbour, R. & Holden, S. (2003) Child Protection and Mental Health Services: Inter-professional responses to the needs of mothers, Bristol, The Policy Press. Tunnard, J. (2004) Parental Mental Health Problems: key messages from research, policy and practice, Research in Practice, UK.

S065 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5

Snapshots - Brief Paper 10 min: Partners in Recovery from a Consumer Perspective

Lynda Hennessy

I am the Eastern Sydney Partners in Recovery Consumer Consultant, my role is to promote ESPIR to the community and Mental Health Services. I do work with consumers in the ESPIR area, to plan how we are going to advise, support and give feedback to the Mental Health Service and PIR teams to provide an innovative service. To me an innovative service includes peer support, this is one of the things that attracted me to work with ESPIR. Partners in Recovery is an exciting new initiative which aims to better support people with severe and persistent mental illness who have complex needs, and it does this by getting the consumer the services and supports from multiple sectors that the consumer may need. Support Facilitators will work in partnership with the consumer on their Action Plan, and encourage services to work in a more collaborative, coordinated, and integrated way. When the consumer is referred to the service they need, they will have a completed Action Plan with them, this will save the service a lot of time, and they will be able to provide the service that the consumer needs. I see PIR as the first step in Mental Health Community Service Reform. This is something consumers have been asking for, for a long time.

S065 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5

Snapshots - Brief Paper 10 min: Challenges of achieving primary outcomes in secondary settings.

Charl Van Wyk

This presentation will outline the running of an Alcohol and Other Drug group in a mental health setting; exploring the challenges and what worked in working in a secondary setting. The premise of the program is that it is vital to address both mental health and AOD issues concurrently, not consecutively. The group runs in situ which provides an informal and relaxed environment for consumers to discuss their using and plan for behavioural change. Consumers of this group repeatedly feedback that the keys to their changing are: having a safe space to explore myths and facts about drug use; a non-judgemental, empathic environment; being able to be heard; working at the individuals pace; the capacity to look at all of life issues in one place. Alarming they also repeatedly feedback these keys have not been available to them within mental health services. The group maintains that knowledge and information are essential elements to rehabilitation and recovery, and invites consumers and family members to engage in safe and open discussions with each other and partner with service providers. By looking at how and why an AOD group in a mental health setting works well, we can change service provision to efficiently address co-occurring consumer needs. **Learning Objectives:** 1. To better understand the issues of working in a secondary setting. 2. To better understand a deconstructed approach to group work

S065 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5

Snapshots - Brief Paper 10 min: Recipe for integration – reflections on the ingredients of a successful partnership between a clinical mental health provider and a community mental health organisation

Beth Fogerty Cayte Hoppner Shayne Collier

Governments, academics, clinicians and the service sector have been calling for the integration of clinical mental health and non-clinical services since the beginning of the deinstitutionalisation period. Integration remains a key theme throughout government policy and strategy documents such as the Fourth National Mental Health Plan 2009-2013 (Commonwealth of Australia, 2009) and in Victoria's Priorities for Mental Health Reform 2013-15 (Victorian Department of Health, 2013). There is general acceptance that working in collaboration helps us achieve more together than we could alone in improving the experience and outcomes for people with mental illness and carers. Collaborative service delivery models often feature co-location of community organisations on site at clinical mental health services. This paper will provide reflections on the partnership experience between Mental Illness Fellowship Victoria and Latrobe Regional Hospital in delivering a three year demonstration project to assist homeless people with serious mental illness to establish homes in the private rental market, and build lives in the community. We will share supporting elements as well as challenges faced when developing and delivering an integrated service delivery model. **Learning Objectives:** 1. An understanding of the supporting elements and challenges in one example of effective partnership between a clinical mental health provider and a community mental health organisation. 2. Given the policy direction for greater integration between services, mental health organisations need to be skilled in and open to delivering services in partnership.

S065 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5****Snapshots - Brief Paper 10 min: Richmond Fellowship WA and Bentley-Armadale Medicare Local working as Partners in Recovery****David Dickinson Victoria Boyle**

Richmond Fellowship WA and Bentley-Armadale Medicare Local working as Partners in Recovery. Partners in Recovery is a Federal Government initiative, delivered by the Department of Health as one of their Mental Health programs. The Program recognises that people living with severe and persistent mental health issues with multiple needs are falling through the gaps and aims to provide support to people in navigating the system. Partnerships are essential to the success of the Program and the initiative emphasises the need for Lead Agencies to focus on partnerships and collaborative working in order to implement systemic change and develop a Community Recovery Framework. Richmond Fellowship WA (RFWA) is the Lead agency for Partners in Recovery (PIR) in the Bentley-Armadale region. Whereas the vast majority of Lead agencies in the PIR regions are Medicare Locals, RFWA is one of a small handful of Non- Government Organisations across the country that have that responsibility and is the only NGO that is a delivering PIR as lead agency in WA. Bentley-Armadale Medicare Local (BAML) is a member of the Bentley-Armadale Partners in Recovery Organisation (PIRO) which is the governing body of the Bentley Armadale PIR. The PIRO has contributed to the development of the Program in the region and monitors the delivery of PIR in line with the official Guidelines. The PIRO is also responsible for assisting RFWA in developing strategic plans for the PIR program and identifying which partners need to be engaged with the program. As Lead Agency RFWA has many strong partnerships with various organisations but it is interesting to compare how the relationship between RFWA and BAML has developed within an NGO led PIRO which is contrary to the norm. As Governments turn more to requesting for services be delivered in partnership, there will be more examples in the future of NGOs forming partnerships with less traditional partners. We aim to share our experience with all sectors of health care so that they could learn from this partnership and be better placed to form such partnerships in the future. This joint presentation will - Explore the challenges and benefits of the partnership and how it has evolved throughout this process; Detail areas of joint working and the successful outcomes this has brought; Discuss the benefits of PIR to people living with severe and persistent mental health issues and multiple needs. **Learning Objectives:** 1. Awareness of the strategies for working in partnership as we move into a consortium led future. 2. Gain knowledge of the challenges faced by Primary Health Care and Mental Health service providers working in partnership as well as the benefits and the lessons learnt.

S065 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5****Snapshots - Brief Paper 10 min: Recovery, Brain Health and Neuroplasticity****Bill Gye**

The convergence of the recovery approach, research on brain health and neuroplasticity is explored in this workshop. The framework for the recovery approach used in this workshop is that outlined in the recently released 'A National Framework for Recovery Oriented Mental Health Services'. The approach to Brain Health is from a combination of sources, from hard evidence based medical research to more qualitative holistic conceptions of health. Neuroplasticity has been called the most significant discovery of recent neuroscience. It provides a potential biological

explanatory foundation for a positive and optimism recovery-orientated reframing of the experience of mental suffering as a health enhancing 'rewiring' of the brain.
References: A National Framework for Recovery-Orientated Mental Health Services: Released in August 2013 by The Australian Health Ministers Advisory Council .Inflammation, Psychosis, and the Brain; Psychiatric Times: Tatiana Falcone, MD, Erin Carlton, MS, Kathleen Franco, MD, and Damir Janigro, PhD .Softwired: Dr. Michael Merzenich

S065 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5

Snapshots - Brief Paper 10 min: Bullying & Non-violent experiential anti-bullying group work

Peter Dwyer Evelyn Fields

I did some initial research on Bullying to more professionally inform myself and others after a lifetime of Bullying from one of my primary carers as a child, some employers and work supervisors, partly unpacking the effect on myself and others, this talk is attached. To take my research and work to the next level, I decided to try and initiate some practical method of trying to stop these narcissistic bullying practices in our society generally. I have decided to develop in collaboration with others, a therapeutic non-violent experiential group work originally started by US Quakers in the late seventies to help recidivists. This process is called AVP or Alternatives to Violence Project and in Australia now mainly focusing on people of refugee background who have experience trauma. I have developed lesson plans in this experiential group work for 13 to 18 year olds in schools, and later other age groups and purposes. I hope to implement this in our ACT community partly by presenting at our MHCCACT.org Conference in June 2014 and later applying for a Health Promotion Innovation Grant from the ACT Government. This will be aided by the present links with obesity caused partly by Bullying as one of the triggers. This grant will allow me to run several workshops with other AVP facilitators to develop these lesson plans then engage a researcher from the ANU to research what these lesson plans are promoting to determine whether they are relevant and this process in fact will work. This then would help with the wider community acceptance and encourage its development nationally of this therapeutic non-violent group work. Due to the links of bullying with trauma when considering trauma informed care in institutions of all kinds another passion of mine. This will involve the positive transformation of the way care providers understand and respond to the children in their care and those bullied in the workforce and community. To enhance understanding and promote ways of responding, and develop practice. To help develop information about current underpinning theories. Understand brain development and how it can be negatively or positively develop. Understand and introduce the concept of pain based behaviour and responses. Describe a number of central intervention principles and introduce a sample set of practice skills based on any key principles found.

S066 Experiencing Services

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 06

Paper 20 min: Weaver's Circle of Care: Transforming Care Culture in Residential Aged Care Facilities for People with BPSD

Judi Weaver Sharonne Pearce Giselle Bygraves Julie Strukovski Carmelle Peisah

Background: Currently almost 300,000 Australians have dementia, projected to increase to just under 1 million by 2050.(1) Over 97% of these people will suffer behavioural and psychological symptoms of dementia (BPSD). Evidence demonstrates person-centred care as best practice for this consumer group.(2) Yet, recourse to pharmacological interventions and transfer to acute hospitals, both of which have inherent morbidity for people with dementia, is frequently pursued. Aim: This study aimed to explore staff experience of a group supervision intervention intended to change care culture to person-centred care to meet the needs of people with BPSD in residential aged care facilities. Methods: Five residential care facilities from Northern Sydney and Central Coast, NSW participated in this intervention. Qualitative methodology was used to explore staff experiences and the process of culture change. Results: The data revealed that person-centred care change occurred as a process of the interplay between three coherent experiences of having a person-centred group supervision experience, internalizing person-centred care values and behaviour, and doing person-centred care. Conclusion: The study highlighted the importance of staff validation, as well as the opportunity for immediate application of learning in the workplace, to the internalisation and implementation of a person-centred care approach. **Learning objectives:** 1. To learn about a qualitative study of group supervision which explored process of culture change in residential care facilities to improve care of people with dementia 2. To understand the processes by which culture change towards person-centred care for people with behavioural and psychological symptoms of dementia (BPSD) might be achieved in residential care facilities. **References:** 1. Deloitte Access Economics (2011) Dementia across Australia:2011-2050. Deloitte Access Economics 2. Chenoweth, L., King, M. T., Jeon, Y. H. Broadaty, H., Stein-Parbury, J., Norman, R., Haas, M. & Luscombe, G. (2009). Caring for aged dementia care resident study (CADRES) of person-centred care, dementia-care mapping, and usual care in dementia: a cluster-randomised trial. *The Lancet Neurology*, 8(4), 317-325.

S066 Experiencing Services

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 06

Paper 20 min: Sharing the Care on the Gold Coast – Mirikai, a 'Place of Peace. Brian O'Neill Grant Robin Brian O'Neill

Mirikai in Australia's first peoples language translates as 'Place of Peace'. The model of service has endured, celebrated and evolved through the foundations of passionate individuals, consolidation with NGOs, Government and private practitioners on the one campus and influenced and co-run by the client group it seeks to support. These innovative individuals in conjunction with the expertise of shared experience and input of consumers of Alcohol and Drug (AOD) and Mental Health services has become a complete and integrated service for complex co-morbidity. The aim of this presentation is to share the insights of consumer and clinician leadership delivering holistic services and provide the components of the 'tool kit' of a centralized service model drawing on community collaboration to support the complex needs of clients. Through a client's journey we will explore the Mirikai model to showcase: External partnerships providing mental health care onsite including the Psychiatric Registrar rotation; Psychiatric Consultant service; Mental Health Nurses Incentive Program and ATAPS scheme. The PhD and Masters Students programs with University partners Therapeutic Community and local community developing recovery and social capital; Celebrating diversity through culturally competent and specific population programs; Transitional housing for

community integration and consolidation of recovery capital. **Learning objectives:**
1.Participants will take away insights about how consumers, clinicians and our community collaborate and provide leadership to share the care as well as the details of the practice components that make this possible the tools to do this work.
2.This topic is relevant to mental health services as it brings together the various issues around consumer led services, complex needs, innovative service models, true workable partnerships across sectors, and the celebration of the passion that exists still for many in the mental health sector when we witness and are part of a greater whole that arises from the many parts that comprise it. **References:** Laurie Davidson (2005). Recovery, self-management and the expert patient. Changing the culture of mental health from a UK perspective. Journal of Mental Health, Vol. 14, No. 1 : Pages 25-35.Shepherd, G., Boardman, J., Burns, M. (2010) Implementing Recovery: a methodology for organisational change. Sainsbury Centre for Mental Health (now known as the Centre for Mental Health).

S066 Experiencing Services

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 06

Paper 20 min: Building systems capacity for Neuropsychiatric disorders in regional environments

**John Brearley Fran McGrath Rae Walter Timothy Lo Lisa Lambert
Marieta Simmons Marilyn Novak Terry Wragg Liz Retamal Eileen Murray
John Brearley**

The field of Neuropsychiatry sits precariously between public Mental Health services, Disability Services and the combined efforts of a range of small service providers and sub specialty programs. For families living with Huntington's disease in rural environments, this positioning can lead to feelings of increased vulnerability and isolation.The SW region of WA represents the second highest concentration of families living with Huntington's Disease (HD) in WA (25% of total active patients registered with Health WA Neuropsychiatry department). The challenges associated with engaging, supporting and managing individuals and families with HD in the South West have been well articulated by individuals, family members and service providers. These challenges include; a reliance on distant metropolitan case management and specialist support; inconsistent treatment support from local public MH services; limited local sector knowledge and capacity; increased frustration and distress associated with families trying to negotiate complex systems during times of crisis.The South West Huntington's Network (SWHN) was established in December 2010 and has become the lead governing network in delivering well coordinated clinical services, planned sector development training and regional capacity building for individuals and families living with HD. To date, individuals, families and service providers have reported significant benefits resulting in a range of outcomes including; integrated case management review and support; Improved clinical pathways for families in acute/crisis situations; Increased knowledge of local service providers and support options; Increased local professional development opportunities for service providers. This presentation will draw from Case Studies to demonstrate that a well structured and supported interagency network can indeed bridge the divide between public MH, disability and support services - and significantly reduce the experience of vulnerability for HD families and service providers.

S067 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Intersectoral relationship building: enhancing collaboration between local mental health and alcohol and other drug services in Perth**Leanne Mirabella**

To be successful in providing holistic treatment and follow-up to consumers with co-occurring mental health and alcohol and other drug issues (AOD), health care professionals, from differing organisations and backgrounds, need to collaborate (Sacks et al, 2013). These consumers frequently engage with both fields of service simultaneously, but separately, resulting in poorer outcomes (Mills et al, 2008). Supporting the concept of collaborative care, the Palmerston, Outcare and DAWN Capacity Building (PODCaB) project is piloting an intersectoral relationship building project between AOD mental health services in the Perth inner city catchment area. This project is based on the premise that if clinicians across AOD and mental health services (NGO and government) developed closer working relationships with one another, this would enhance the clinical care and referral pathways (i.e. collaborative care) for consumers that present at services with a co-occurring mental health and AOD issue. The project requires local services to identify senior workers within their organisation to take part in intersectoral team building activities that will focus on the workers developing trusting relationships. Their experience will be evaluated along with the new partnerships they form as a result of participating in the project. This presentation will outline the processes and strategies that have been developed so far, as well as some of the preliminary results that have been shown by the project.

Learning Objectives: 1.Participants will learn about a new way of building meaningful relationships between local services and how these relationships impact on the quality of care provided to people with complex mental health, AOD and social issues. 2.Collaborative care is important in providing quality services to people with co-occurring mental health and AOD issues. This presentation will showcase a new model for developing collaborative relationships across Perth's inner city mental health and community services.

References: Sacks, S., Chaple, M., Sirikantraporn, J., Sacks, J. A. Y., Knickman, J., and Martinez, J. (2013). Improving the capability to provide integrated mental health and substance abuse services in a state system of outpatient care. *Journal of Substance Abuse Treatment*, corrected proof. Mills, K.L., Deady, M., Proudfoot, H., Sannibale, C., Teesson, M. Mattick, R., and Burns, L. (2008). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings. Sydney: National Drug and Alcohol Research Centre

S067 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07****Snapshots - Brief Paper 10 min: Knowledge Speaks... Wisdom Listens! Increasing levels of meaningful consumer participation in service evaluation****Lisa Jones**

Engaging mental health consumers and carers to participate in quality improvement activities is essential in the planning, delivery and evaluation of services. The National Safety and Quality Health Service Standards and the National Standards for Mental Health Services both have a strong focus on the inclusion of consumers and carers and their right to provide feedback about the services they receive. The Consumer Perceptions of Care (CPoC) collection provides an opportunity for Queensland Hospital and Health Services to use this information to inform service improvement.CPoC is an annual survey offered by mental health services in Queensland during a face to face interaction with a trained surveyor. It utilises a

psychometrically validated survey tool for consumers in adult inpatient, adult extended treatment, and adult community and youth community settings. The face to face methodology helps to ensure a high response rate from consumers and carers, encouraging their participation. The initiative was piloted in 2006 and the first state wide survey was launched in 2010. The collection is now into its fourth collection. This presentation will explore the CPoC offering methodology, the resources and effort required to ensure services achieve quality information from our consumers and carers to inform service planning, delivery and evaluation. **Learning Objectives:** 1. Acquire a good understanding of the Consumer Perceptions of Care (CPoC) initiative; 2. Understand the importance of consumer and carer feedback to inform planning, delivery and evaluation of mental health services.

S067 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Connected approaches building sector capacity through partnerships

Kevin Dunn Linda Richardson

The presentation will explore the role of clinical and professional staff as educators and network developers, building capacity and partnerships across sectors. Drawing on local knowledge and experience, practical client case examples will be provided, together with broader community initiatives. It will be argued and demonstrated that the unique strengths of each organisation, has given way to an approach which has ultimately delivered better client outcomes. Central to this development, has been a model of capacity building, which recognises and respects the unique and multifaceted roles played by both organisations within the partnership. **Learning Objectives:** 1. Drawing on the findings derived from the collaborative partnership, the presentation will provide attendees practical examples of best practice and what works, in cross-sectoral partnerships. 2. The National Mental Health Report - Department of Health and Ageing (2013) sets out national priority areas in the reform of mental health services. Action 5, under priority area 1 (Social inclusion and recovery), states: Develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental illness and mental health problems living in the community. This presentation relates directly to the national reform agenda, specifically in the area of service integration.

References: Whiteford, H. McKeon, G, System-level intersectoral linkages between the mental health and non-clinical support sectors, Commonwealth Department of Health and Ageing (2012) Stokes, B. AM, Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia, Department of Health, Mental Health Commission, Government of Western Australia (2012)

S067 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Preparing occupational therapy graduates for 21st century mental health practice

Genevieve Pepin Pamela Meredith Priscilla Ennals Jayne Webster Justin Scanlan Rachel Batten Karen Arblaster Kirsti Haracz Marianne Bonassi Alexandra Logan Monica Moran Ben Milbourn

Mental health is an evolving field influenced by government policies, research, and sociocultural factors. Occupational therapists provide services to people with mental illness and facilitate their recovery. To ensure effectiveness and quality of these

services, occupational therapy academics must ensure new graduates are grounded in an occupational understanding of mental health and capable of surviving, thriving and leading changes in this complex area of practice. Mental health occupational therapy academics across Australia and New Zealand have united to form ANZOTMHA (Australian and New Zealand Occupational Therapy Mental Health Academics) with the aim to work collaboratively to create relevant curricula for current and future practice, advance mental health practice, and produce research that responds to priorities from the field. This paper will present achievements of ANZOTMHA and their implications for education, practice and research, and will seek input from delegates to support this collaboration and ensure occupational therapy education reflects current mental health needs and challenges. This interactive process will enable ANZOTMHA to achieve its aim of developing as a national body with strong collaborations with varied stakeholders, to consolidate occupational therapy education, practice, and research, and to ensure that occupational therapists contribute to shaping current and future mental health practice. **References:** 1. Cone, E. & Wilson, L. (2012). A study of New Zealand occupational therapists' use of the recovery approach. *New Zealand Journal of Occupational Therapy*, 59 (2), pp. 30-35. 2. Rodger, S., Thomas, Y., Holley, S., Springfield, E., Edwards, A., Broadbridge, J., Greber, C., McBryde, C., Banks, R. & Hawkins, R. (2009). Increasing the occupational therapy mental health workforce through innovative practice education: A pilot project. *Australian Occupational Therapy Journal*, 56(6) pp. 409-417.

S067 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Collaborative practice: A case study of cross agency, co-occurring, whole of family counselling

Fiona Reid Charl Van Wyk

This presentation illustrates the potential of innovative collaborative practice across sectors, agencies and practice modalities to provide support to individuals and families experiencing co-occurring substance use, mental health, grief and loss, intergenerational trauma and relationship/parenting issues. Exploring the case histories, presentations, interventions, challenges and outcomes of collaborative practice. **Learning objectives:** 1. Provide a case example of effective collaborative practice to support and encourage innovative interventions in co-occurring counseling and support. 2. Reflect on the opportunities and challenges of collaborative practice

S067 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Consumer participation in Quality Improvement in the brave new world: The next phase

Peri O'Shea Douglas Holmes Grant Sara

NSW has done ground-breaking work to ensure consumer participation in Quality Improvement (QI) processes. Mental health service users are essential participants in QI at every level. This requires mechanisms to gather consumer feedback as well as processes for consumer involvement in interpreting and acting on that feedback. The NSW Mental Health Consumer Perceptions and Experiences of Services Framework (MH-CoPES) positions consumers at the centre of QI, and was recognised by a Gold Achievement Award in the TheMHS Special Achievement category (2013). However, policy and thinking have advanced since the original

design of MH-CoPES, with an increased focus on consumer recovery. A national tool has been developed to measure consumer experience of services, potentially allowing comparison between states. In NSW, the MH-CoPES Framework has links with emerging clinical benchmarking processes, and a consumer perspective is also integral to these 'mainstream' processes. We must ensure that consumer participation in QI remains relevant and effective in this changing environment, whilst not losing sight of the key MH-CoPES principles: recovery orientation, consumer participation, empowerment, accountability and continuous improvement. This presentation outlines the MH-CoPES journey, the strengths of the MH-CoPES framework, and some of the challenges we face on the onward journey.

S068 Snapshots

28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08

Snapshots - Brief Paper 10 min: Lived experience and emerging the professional role – Professional and the emerging lived experience role

Matthew Ball Suze Hutchison

Consumer Consultant - employed with a primary focus on the lived experience of the individual and the potential beneficial role of peer intervention and support. A professional role requiring a person to have a lived experience and a certificated qualification. Intended to add value to the mental health provision to consumers of a service. Nurse Practitioner ? employed with a primary focus on the advanced nursing skills the individual can provide and the potentially beneficial nursing provision to individuals accessing mental health services. A professional role that requires certification and registration and MAY be an individual with a lived experience. What happens when a person with a lived experience wants to emerge as a professional in mental health and a professional in mental health wants to emerge as a person with a lived experience? How do individuals working in and individuals accessing mental health provision respond to evolution of [blurring of the conceptualised boundaries] individuals with shared professional and lived experiences embracing the non-traditionally embraced aspect of their role? In this presentation we intend to discuss the co-existing experiences of two professionals. We will explore the experience of a consumer consultant?s emergence as a professional, and the experience of a nurse practitioner candidate?s emergence as a person with a lived experience. We intend to explore the individual?s internal personal and professional experience, the role the professional boundaries and organisations policies might play in the process and the impact on the individual's journey in becoming whole within the two conflicting positions. Consideration will be given to the liminal space of feeling 'unhoused' as the experience of development takes hold and the journey to find wellbeing within the experience. Through the paradigm of recovery the presentation will describe and discuss the similarities and differences of the individuals and generate and promote concepts of strength that can be created when unique individuals share their experiences between different roles in the mental health field. **Learning Objectives:** 1. It intended that individuals attending the presentation will be stimulated to reflect upon and understand the concept of the challenges they face in their own potentially multi-faceted role and be more skilled to reflect on the potential experiences of others identifying such an experience in the interest of being part of a work place that embraces the co-existence of different roles. 2. The topic is relevant to mental health as the ability to genuinely reflect upon and engage in the experiences of similarities and difference and of shared and individual experiences is fundamental in approaching other human beings with an

openness to embrace their uniqueness, and reduce the blindness to our approach to individuals when we are confronted by challenges to our norm.

S068 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08****Snapshots - Brief Paper 10 min: Pre-discharge carer education in Argentina.****Susana Bluwol**

While in Buenos Aires attending the 2013 World Mental Health Congress, I was privileged to visit the Municipal Hospital of José Tiburcio Borda and meet with the manager of the carer education project Dr Julio Cupeta. This project targets the carers of current patients at the hospital, and helps them to understand the nature of the mental health issues their family member is dealing with and potential treatment strategies which might be pursued post release. The key issues which were identified in the development of this program were the stigma felt by carers and the fear of the unknown. The program aims to address these problems as well as to provide practical information which can help each patient to reintegrate with their family post-release and thereafter transition back into the community. Despite a lack of funding - given the fact that Argentina is an emerging economy - the project nonetheless has been given priority by hospital administrators because it has been proven to reduce the revolving door effect and therefore overall costs. I hope that this program can be adapted in Australia to bring the benefits to local consumers and their carers.

Learning Objectives: 1. Awareness of emerging international best practice.
2. Understanding the needs of carers of currently hospitalised individuals.

S068 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08****Snapshots - Brief Paper 10 min: How I'm turning my mental illness in to a career****Phoebe Kingston**

Being diagnosed with a severe mental illness or a mental illness you've never heard of can be a shock. When I was diagnosed in 2008 I was dumbfounded. Initially I went in to denial. They say 'knowledge is power' so the more you learn about your condition, the more insight you gain the easier it will be to cope with your illness. Eventually I did start researching and as soon as I began to recover and stabilise I decided immediately that I wanted to turn my bad experiences in to a positive. But I had no idea how or exactly what I wanted to do. It was perhaps fate that 7 months later I became a volunteer worker for a mental health organisation. I had found a passion. I wondered if there was scope to do more of this work but didn't think such a career existed. I had no idea where to start. With some luck and some effort I am now generating an income from several organisations. The aim of this presentation is to illustrate how recovery from a mental illness can progress to complete success and how entering a workforce that you are passionate about can keep you mentally healthy. **Learning Objectives:** 1. The presentation aims to be inspirational and to motivate people with mental illness to make a positive out of a negative. It aims to generate an understanding of bad experiences being put to good use and of mental illness not completely disabling you. 2. Mental health services and their quality obviously have a direct impact on a persons recovery and therefore also impacts on a persons ability to enter or remain in the workforce. Mental health issues such as having a psychiatric disability and being in the workforce can be complex, the experiences can be both positive and negative.

S068 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08****Snapshots - Brief Paper 10 min: Mother and Daughter Advocates for Mental Health****Judith Nicholas**

The aim of this presentation is to show how my mentally ill daughter inspired me to become a public speaker and advocate for mental health by first becoming a speaker herself. Her mental health benefitted from the practice of advocacy and prompted me to join her and share our story as mother and daughter, carer and consumer. Twelve years later our closeness has strengthened our relationship at the same time strengthened our individuality. **Learning Objectives:** 1. The audience will learn of the importance of how family connectedness and sharing can strengthen the recovery journey of a person experiencing mental disorder. 2. This presentation highlights the way one family member with strong genetic ties can influence and inspire another family member.

S068 Snapshots**28/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08****Snapshots - Brief Paper 10 min: Caring for Carers****Lauren Maunders**

The Independent Living Centre of WA Carelink and Respite Centre has been providing respite assistance for Carers for a number of years promoting the idea of taking a break to sustain their caring role and maintaining their relationship. Recently the centre has been trialling new and innovative ways of promoting and providing services to Carers within the North metro district of WA to reach those people who may not otherwise contact the centre. Specifically through the Mental health respite program and the Young carers program new models of best practice have been introduced. New methods of communication with Carers has been introduced : For example message to text services, live chat support, and an increased presence on social media sites such as Facebook and Pinterest. The aim of this presence is to allow Carer to have more flexibility to communicate with our Community Liaison Officers and increase their confidence in contacting and requesting support through the programs. Further the centre has been working collaboratively with stakeholders to provide services to meet the individual needs of carers who may find it difficult to share the caring role due to cultural reasons or a sense of guilt. This has been managed through a series of projects that has included funding a wide range of respite options for example: education programs, cultural and leadership retreats, and support to get and stay connected using technology. The centre aims to continue looking into new and innovative ways of providing respite to carers using new technologies ,working with and staying connected with service providers into the future.

S069 Computer/Internet Assisting Recovery**28/8/2014 From: 1530 To: 1700 Venue: Amcom Suite****Paper 20 min: Using the Internet to integrate peer stories and self-management resources into mental health services: The Self-Management and Recovery Technology (SMART) program****Neil Thomas John Farhall Fiona Foley Cassy Nunan The SMART Project Team**

The Self-Management and Recovery Technology (SMART) project is a Victorian government-funded research program being conducted at the National eTherapy Centre in conjunction with five mental health organisations in Victoria. This is a research program to develop and trial therapeutic resources for use across clinical and community managed mental health sectors. It involves developing an online portal with materials promoting self-management skills and personal recovery, which can be used by mental health workers in their interactions with consumers, and directly accessed by consumers themselves. These materials will make particular use of videos featuring peers talking about their own recovery, together with information and online exercises, organised into modules on recovery-related topics. The system will also facilitate connection between different users of the system through commenting functions and a consumer-moderated forum. In this presentation we will discuss findings from the development phase of the project, which has involved focus group consultations with mental health service consumers and workers on the potential use of technology within mental health services and collaborative development and pilot of materials. We will outline the key design principles resulting from this work for our software development and how we are presenting information online. **Learning Objectives:** 1.Attendees will learn about how Internet-based resources are being developed to promote personal recovery in mental health. 2.The project specifically addresses the issue of how Internet-based resources can be integrated within mental health service delivery. **References:** Rotondi, A. J., Eack, S. M., Hanusa, B. H., Spring, M. B., & Haas, G. L. (in press). Critical design elements of e-health applications for users with severe mental illness: Singular focus, simple architecture, prominent contents, explicit navigation, and inclusive hyperlinks. *Schizophrenia Bulletin*. Deegan, P. E. A web application to support recovery and shared decision making in psychiatric medication clinics. *Psychiatric Rehabilitation*

S069 Computer/Internet Assisting Recovery

28/8/2014 From: 1530 To: 1700 Venue: Amcom Suite

Paper 20 min: Computer Client Management Systems - using data to understand Recovery Outcomes with Google Motion Charts

Jill Steverson

Adopting a computerised Client Management system is a change management process that can have challenges before it becomes a normal part of the work day. Four years ago Schizophrenia Fellowship of NSW chose a system from the UK called Framework (now Mosaic). The process will be briefly outlined together with the results of a staff and client satisfaction survey completed 4 years after implementation. Static data (eg demographics) is an early success but using data to understand recovery outcomes is more challenging. Using the dynamic visual tool, Google motion charts, data will be shown that has been collected from the needs assessment tool: Camberwell Assessment of Need (CAN) and the Outcome measure: Recovery Assessment Scale-Domains and Stages (RAS-DS) to show change over time. Pitfalls and successes will be discussed. **Learning Objectives:** 1.To understand the process of implementing a Client Management system 2.To show how Google motion charts can display data visually. **References:** R/Rmetrics Generator Tool for Google Motion Charts ? Sebastian Perez Saabi et al.BaselR Meeting July 28 2010.Effects of Computerised Clinical Decision support Systems on Practitioners Performance and Patient outcomes

S069 Computer/Internet Assisting Recovery

28/8/2014 From: 1530 To: 1700 Venue: Amcom Suite
Paper 20 min: e-Learning Recovery Orientation Package
Jamie Robson Rod Astbury

A consortium of organisations in the public and community managed mental health sectors have developed the content of an e-Learning package which has incorporated specific components holding the 'Person Centred Approach' and 'Principles of Recovery' as the key principles. This is an exciting and interesting tool which will greatly enhance the orientation process and understanding of mental health for new employees and is a grounded, recovery based, informative learning resource, giving a broad understanding of the issues around living with and working with people with mental health issues. Importantly, the online learning platform makes it highly accessible and ideal for remote work environments. The orientation package was developed in collaboration between the Western Australian Association for Mental Health, the Mental Illness Fellowship WA, Arafmi, Ruah, Wheatbelt Mental Health Services, Richmond Fellowship of WA, Inclusion WA, Youth Reach South, Perth Home Care Service, Holyoake and Southern Inland Health Service. The program has 11 key interactive modules available online and each takes approximately 20 minutes to complete. The modules consist of National Standards for Mental Health Services, involving carers, peer workers, person-centred services, recovery approaches, working with aboriginal people, young carers, youth inclusive practice, co-occurring alcohol & other drug and information on mental health issues. Topics are presented in an easy to use format that and include written information, interactive activities, electronic media and includes a knowledge check, ensuring participants will complete the session with a solid understanding of each component.

Learning Objectives: 1. An e-Learning program which will give a solid understanding of the Mental Health Sector. The aim is to increase knowledge for new employees who are entering the sector, also for others who may work with individuals who have a mental illness. Participants could be clinical, administration, support workers, peer workers, government organisations, not for profit organisations, mental health sector, other sectors. 2. This topic is relevant to all services, public and community managed mental health sectors that work with people who have a mental illness, as it gives a broad and solid understanding of mental health issues and the availability of different service providers.

S070 Recovery, Community

28/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge
Paper 20 min: Walking the talk: The process and recovery outcomes of Intentional Peer Support
Grace Zeng Beverley McNamara

There has been a steep growth in the employment of peer support workers in the USA, UK, New Zealand and more recently, Australia. This presentation focuses specifically on intentional peer support (IPS) which is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Given the pressing need to train more peer support workers to assist in transforming the mental health industry from being medically driven to recovery oriented, it is imperative to understand how peer workers go about facilitating recovery through their interactions with PWMI. This paper describes a study where managers of peer workers, peer workers and peers were interviewed. Key themes focus on the process used in developing the peer relationship and on the recovery outcomes facilitated through the relationship. They include: The use of humour, story-telling and experiencing. These processes helped

peers to foster a mutual connection with their peer workers and take responsibility for their mental well-being. The valuable contribution that peer work makes to mental health service provision highlights a call to train and retain peer workers in order to ensure the sustainability of this unique work force. **Learning Objectives:** 1. Peer support is one of the keys to transforming a medically driven mental health industry to a recovery-oriented one. This study affords mental health service providers a deeper understanding of the unique contribution that peer support workers make to mental health service provision and sets the stage for a discussion on how peer workers can be trained and supported in their unique roles. 2. The audience will be able to distinguish the specific features of intentional peer support and will understand how this unique form of support can contribute to recovery. **References:** Mental Health Commission. (2010). *Mental Health 2020: Making it personal and everybody's business*. Perth: Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392-411.

S070 Recovery, Community

28/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge

Paper 20 min: We HEAR WA - A new age of connection and community.

Robyn Fitall Tom Sylvester Michael Allen

The Mental Illness Fellowship of WA's (MIFWA) Early Intervention Recovery Program previously ran young voice hearers' groups (predominately aged between 18-25) to create a space to make meaning of their experience; share coping strategies; to decrease feelings of isolation and 'abnormality' associated with the experience of hearing voices. For many participants, the fear of attending face-to-face groups to talk openly about their experience presents a considerable challenge. As a result, MIFWA in collaboration with Hearing Voices Network WA created the We HEAR WA website. We HEAR WA provides a platform where young voice hearers, families and friends of those who hear voices can; access resources and information; connect with others anonymously via forum-style discussion boards and live messenger chat-style from the comfort of their own home breaking down considerable access barriers. We HEAR WA is an online peer-support and information space and has 3 key aims for young voice hearers. Connection - to have people in my life who can listen, understand and relate to my situation, so I don't feel so isolated and alone. Understanding - To explore an understanding about voice hearing and share experiences for coping. Recovery - to accept my experience, and to live my life as I choose. Relationships and networks are at the core of society and are essential to individual wellbeing. People are linked together with family and friends, and in wider communities characterised by shared interests, sympathies or living circumstances. Individuals may also form looser networks with people encountered through various activities and life situations. A person's networks may be concentrated in a local area, or more dispersed and sustained by travel and communications systems. There is a growing exploration of the ways in which social networks may contribute to positive outcomes for individuals in areas including health and employment, for communities in broader opportunities for participation and safer environments. We HEAR WA provides new and contemporary approaches to support connection, knowledge and recovery. Our presentation of the site will increase its potential to reach regional and isolated communities throughout Australia and the world, giving a voice to voice hearers in an anonymous and unobtrusive setting.

S070 Recovery, Community**28/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge****Paper 20 min: From Different Perspectives Towards Recovery****Glenda Blackwell**

Recovery involves lessening the impact of mental illness and maximising well-being by developing a positive identity and valued social roles and relationships through connection with others. By sharing, learning, being creative and engaging in life activities well-being is increased (Slade 2009). Mental Illness Fellowship (MIFNQ) is a non-government mental health specialist service working in a recovery oriented, wholistic and strength based way. MIFNQ offers program for families, carers and those with a mental illness. MIFNQ recognises that the lives of these service users are coloured by interests, goals, hopes and dreams but also with loss, grief, isolation, confusion and a lowered quality of life (Jensen, 2004). This presentation will examine programs for three groups, young and adult carers and people with a mental illness. Participants develop self-determination and a capacity for change through interaction, education and a sharing of lived experiences. Data from program evaluation will show how these programs support recovery through service users rethinking ideas and beliefs about mental illness, developing identity, relationship-forming, growing stronger through sharing. At the core is the concept that all people need to find meaning in their lives, feel included and have a sense of well-being and quality in their lives and this can only be achieved through working together.

Learning Objectives: 1. From attending this presentation people will gain an understanding about the process of change for participants toward recovery across three group which whilst different share similar issues- young and adult carers and people with a mental illness. 2. This topic addresses mental health issues for families, carers and those they care for and their needs for support, education and interaction. It looks at participation for carers and people with a mental illness in mental health services and the process towards recovery and increased well-being.

References : Jensen, L.E. (2004). Mental health care experiences: listening to families. *Journal of the American Psychiatric Nurses Association*, 101(1), 33-41. MHCA (2006) *Smart Services: Innovative models of mental health care in Australia and overseas*. Adult collaborative mental health care: MHCA: Canberra. Slade, M. (2009). *100 ways to support recovery: A guide for mental health professionals*: Rethink www.rethink.org/100ways Slade, M. (2010). *Recovery*. Cambridge: Cambridge University Press

Film Screening of 'The Sunnyboy'**Joint Winner of TheMHS Broadcast Media Award****Meeting Room 1****6.00 for 6.30pm (light refreshments)****6.35 – 8.05pm Screening****8.05 – 8.40pm Q&A with Peter Oxley and Kaye Harrison**