Book of Abstracts

Wednesday
27 August

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S003 Keynote: Pat Bracken
27/8/2014 From: 1000 To: 1100 Venue: Riverside Theatre
Keynote Presentation: Critical Thought as a Strong and Positive Force for Change in Mental Health
Pat Bracken
Across the world mental health services are attempting to adopt a recovery approach as their guiding philosophy. This has emerged from the ranks of the service-user (consumer) movement. While professionals and their organisations are increasingly expressing support for this approach, I will argue that unless professionals are able to embrace critical reflection on their assumptions, values and practices, their engagement with the recovery approach will be superficial at best and tokenistic at worst. In this talk I will explore the nature of critical thought and seek to map the 5 dimensions of Critical Psychiatry. I will present this as a positive, and necessary, force for change and transformation.

S004 Service Models
27/8/2014 From: 1130 To: 1300 Venue: Riverside Theatre
Paper 20 min: Mental Health Acute Assessment Team
Kevin McLaughlin Steve Faddy
Patients with mental health issues represent a significant proportion of NSW Ambulance responses. In 2013, NSW Ambulance attended over 60,000 calls that were identified at the call-taking stage as being of a mental health nature.The Mental Health Acute Assessment Team is a proof of concept project which explores an alternate service delivery model. This project teams an Extended Care Paramedic with a mental health nurse to provide a comprehensive medical and mental health assessment, with a view to either non-transport or transport directly to a declared mental health facility. The first 150 patient contacts are reviewed. This presentation aims to show how an innovative approach to skill mix can provide quicker access to definitive care for mental health patients. Only 34% of the patients attended by the MHAAT team were transported to an emergency department. 38% were transported directly to a declared mental health facility while 24% were assessed and left at home and 4% were transported to an alternative location. 65% of patients transported directly to a mental facility were admitted for in-patient care while the remaining 35% were assessed and discharged on the same day. en (28%) of the non-transported patients had a referral to their GP or a community mental health team made for them. On follow-up at an average of 2 days after the contact, 87% of non-transported patients remained stable and had not sought further emergency care. **Learning Objectives:** 1.The audience will be exposed to an innovative form of service delivery, with initial evaluation showing quicker access to definitive care for mental health patients. 2.This topic shows how a combined team of a paramedic and a mental health nurse can assess and address both the physical and mental health needs of mental health patients.

S004 Service Models
27/8/2014 From: 1130 To: 1300 Venue: Riverside Theatre
Paper 20 min: Community Acute Assessment & Treatment Teams - CAAT - A model of evidence based and recovery oriented alternative care to hospitalisation
Paul O'halloran Ashley Baker Donna Gillies Vera Labuzin

Background: Intensive home treatment for people in an acute episode of mental illness is an area where the recovery-approach, trauma informed care and evidence-based practice come together. The voices of consumers and carers are loud and clear regarding their need for choice and their preference for acute home treatment services as an alternative to psychiatric inpatient hospitalisation. In addition, consumers and carers consistently report high levels of satisfaction with the treatment and care received through this model of care. There is also strong evidence for the effectiveness of this model. Meta-analyses of 8 randomised controlled trials reduced inpatient episodes by up to 55%, improved clinical and social engagement and reduced burden on families and carers, with no difference in untoward events and at less cost. Unfortunately, access and availability to this model of care has reduced significantly over the last two decades, along with service effectiveness as fidelity to research based components is eroded. This paper reports on the redesign and redevelopment of an evidence based model of acute community care of the Blacktown Community Assessment & Acute Treatment Team, CAAT Team in Western Sydney. It identifies 3 core functions required in such teams, Crisis intervention, Acute Home Treatment & Supporting Inpatient Discharge. It demonstrates positive changes in admission rates, length of inpatient stay, episodes of acute home treatment and crisis resolution that can be achieved through greater fidelity to evidence based models of care. **Learning Objectives:** This presentation describes the evolution and outcomes of the CAAT implementation as an example of evidence based treatment that has assisted with better outcomes for consumers, clinicians, and the service. Methods: The presentation will describe: 1) The CAAT model evolution and the local team's training package; 2) The 3 core functions for successful implementation; 3) A data analysis and other mixed methods for a collaborative approach to evaluation. Findings/Conclusions: The CAAT Team approach is a service with a recovery approach, trauma-informed care and evidence-based practice in an acute community based setting that has positive outcomes for all stakeholders.

S004 Service Models
27/8/2014 From: 1130 To: 1300 Venue: Riverside Theatre
Paper 20 min: It's all about partnership – the Peninsula Model for Primary Health Care Planning and The Mental Health Alliance
Sharon Collins Terry Palioportas
The Peninsula Model for Primary Health Planning (the Peninsula Model) is a catchment-based partnership between a range of health and community service organisations, key stakeholders, consumers, carers and communities. Working collaboratively, the partnership identifies the health needs of Frankston and Mornington Peninsula communities and develops effective service responses to meet those needs. The work of the Peninsula Model identifies outcomes under the four domains of: Consumer; Service Delivery; Health Promotion; and Service System. Based on a population health approach, the model wraps the collective effort of providers around agreed health priorities to address service gaps in the catchment. This collective effort maximises impact and makes efficient use of resources through integrated planning, reduced duplication of effort and shared ownership of processes and outcomes. Under each priority, Alliances have been established. This presentation will discuss the Peninsula Model partnership and the development of the Mental Health Alliance and the identified agreed priorities, which include the Development of a Peer Workforce, Service Re development, Youth and

Homelessness. The Mental Health Alliance aims to address significant issues within the community through a collective partnership approach, that encompasses all services within the Catchment and through the support of the Peninsula Model for Primary Health Care Planning**. Learning Objectives:** 1. How to get an integrated catchment wide approach to service delivery. How do you get buy in and what are the necessary steps to achieve a collaborative partnership. 2.The topic will demonstrate how to work in a coordinated, collaborative way so as to achieve a multi sectorial approach to service delivery. The topic will discuss how the Peninsula Model supports the work of the Mental Health Alliance and how the Alliance has developed and formed Working Groups to evolve the work identified

S005 Keynote Q&A: Pat Bracken
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 01
Keynote Q&A (Session webcast)
Pat Bracken
Some time for discussion with this morning's keynote speaker. Session is webcast.

S006 Forensic Mental Health
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 02
Paper 20 min: Improving health, social, criminal and community outcomes for prisoners with mental disorder on release in Western Australia
Natalie Pyszora Linda Richardson Sophie Davison
Prisoner populations have higher rates of mental disorder than the general community, in particular psychosis, alcohol and drug misuse, major depression, antisocial personality disorder, self harm and suicide, and co-occurring chronic physical health problems. Prisoners also have disproportionately high rates of mortality following release from prison with drug use, suicide and accidents three of the major causes of death. They have higher rates of hospitalisation for physical and mental disorders and contact with mental health services than the general population after release. They also face a range of challenges on release including poverty, unemployment, homelessness, discrimination, stigmatisation, poor physical health, intellectual disabilities, alcohol and drug misuse, mental health problems, poor social and communication skills, difficulty accessing primary and secondary care; and loss of family and social ties. Many repeatedly fall through the gaps in community services and regularly revolve between the community and prison. We will present data to illustrate the extent of these problems and the challenges faced in attempting to address them.In early 2014 a collaboration between Partners in Recovery, and the State Forensic Mental Health Service in WA was formed, aiming to improve a range of health and other outcomes for ex-prisoners**. Learning Objectives:** 1.The audience will gain an understanding of the rates of mental disorder in prisoners and the challenges prisoners with mental disorder face on release from prison. 2.Develop an understanding of how ex-prisoners' mental health needs may be better met through a new collaboration between the Non-Government and Public Mental Health Systems. **References:** Hobbs et al (2006). Mortality and morbidity in prisoners after release from prison in Western Australia 1995-2003. Canberra: Australian Institute of Criminology.Kinner et al (2013). Randomised controlled trial of a service brokerage intervention for ex-prisoners in Australia. Contemporary Clinical Trials 36, 198-206.

S006 Forensic Mental Health

27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 02
Paper 20 min: Forensic Clients: The right to a contributing life
Lucy Conley Petra Michael Pam Jones Deidre Flynn
The National Mental Health Commission asserts that all consumers have the right to lead a contributing life, and that this requires access to timely recovery-oriented support (Australian Government 2013). Consumers who have had contact with the forensic system face unique challenges and have complex rehabilitative needs. Catherine House Inc., Recovery Program provides a psychosocial rehabilitation and recovery service to women who are homeless and have chronic MH issues. The Recovery Program?s work with forensic clients aligns fastidiously with reforms in the mental health system outlined in the Fourth National Mental Health Plan (Department of Health) using a case management model of service to enable consumers to actively contribute to their transformation toward a full and meaningful life. This presentation will explore how the program uses recovery principles to work with forensic consumers transitioning back into independent living, to optimize wellbeing and provide pathways into community life, personal development, engagement in activities of interest and planning a training education, or employment pathway. We will discuss and examine using practice examples, how the program meets challenges to service delivery such as; the tensions between risk and security, autonomy and empowerment, and the difficulties of sustaining recovery with this client group**.** **Learning Objectives:** 1.Attendees can expect to gain ideas for optimizing well-being through recovery-oriented practice with forensic mental health consumers, and greater insight into the challenges faced by this client group and challenges to service delivery within a recovery model. 2.This session would be particularly valuable to services wanting to meet future requirements and obligations from government to facilitate clients into education, training and employment. It will demonstrate the expertise within an NGO program to work in partnership with other stakeholders, to ensure forensics clients are supported within an environment that offers dignity hope and a clear plan of moving forward positively with their life. **References:** National Mental Health Commission, 2013: A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC.Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014, Department of Health 2009, Commonwealth of Australia, Canberra.

S006 Forensic Mental Health
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 02
Paper 20 min: Therapeutic Pathways within Forensic Settings
Glen Charlesworth Vincent Ponzio Danielle Perkes
The Fourth National Mental Health Plan calls for services to ensure care pathways are accessible (Australian Government Department of Health, 2009). Increasing access to therapeutic interventions and pathways through a centralised therapeutic programme is a key initiative in The Forensic Hospital in New South Wales (NSW).The Forensic Hospital in NSW contains six (6) distinct units and multi-disciplinary treating teams. Commonly, each unit would set their direction for therapeutic service provision. This presentation explores the limitations of this decentralised approach to providing an effective forensic therapeutic inpatient service. Particular focus is given to the potential siloing effect of this model of service delivery; assessment, interventions and care pathways are at risk of being overlooked, duplicated and fragmented due to a lack of communication. Reflection is

also given to patients that are ready and motivated to participate in an intervention but unable to because of their location in the hospital rather than their clinical presentation (Perkins, Moore & Dudley, 2007). This presentation also highlights reflections on how to harness the collective potential of a therapy team. Team development principles, such as establishing shared values and a coherent model of care are considered fundamental to guard against a fragmented team approach. Finally, consideration is given to a centralised model of service delivery for group interventions. A model that demands a level of teamwork as a way of harnessing potential; that in working together, the whole team is greater than the sum of its component parts. **Learning Objectives:** 1.The audience will take away knowledge of the potential pitfalls related to uncoordinated therapeutic pathways and how better to coordinate such pathways. 2.The issue is relevant to all mental health services that are required to develop and sustain a comprehensive therapeutic programme. It will increase knowledge regarding effective therapeutic interventions that are delivered within high secure mental health facilities. **References:** Australian Government Department of Health (2009). Fourth national mental health plan: An agenda for collaborative government action in mental health 2009-2014. Barton ACT: Paper-based Publications. Perkins, D., Moore, E. & Dudley, A. (2007). Developing a centralised groupwork service at Broodmoor Hospital. The Mental Health Review 12(1), 16-20.

S007 Employment & The Workplace
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 03
Paper 20 min: Living Life Well - The Unexpected Entrepreneurs
Shellie Goldsmith Claire Pye Matt Hohua

'Living Life Well' what does this mean for you? Good health, social inclusion, relationships, choice of employment? For the people we partner, people who experience a mental illness, and for some a disability, it is exactly the same. Our Community Services Team works with people providing programmes and support to promote wellbeing. This includes developing vocational goals recognising their strengths and passion, and assisting to minimise barriers to finding suitable employment. In the current employment market this was proving a real challenge. We needed an innovative solution, to achieve our shared objectives. Our solution - work together and create Micro Businesses. To introduce the concept, our team developed a Micro Business Programme in 2012. This programme is delivered through group and individual sessions to develop ideas into tangible plans, goals and viable businesses. We would like to share Matt's story, one entrepreneur who has been unemployed for over 10 years. Matt agreed to share his story to inspire others to 'live life well '. His story is one of many, the micro business participants can provide story after story of personal transition and success. Included will be a U Tube 3 minute clip of Matt's life and business. Living Life Well - The Unexpected Entrepreneurs. Nobel Peace Prize-winner and supporter of micro-lending to people in poverty, Muhammad Yunus discusses how people shouldn't have to wait for jobs to appear, and not to use self-employment as a temporary solution. Giving people the choice of both mainstream and self-employment would allow people a choice of opportunity, but many might choose to keep their options open (Yunus, 2007). In the NZ Mental Health Commission literature review it states that employment is critical to the recovery of people with mental health issues and will result in wellness, self confidence, and social inclusion (Duncan & Peterson, 2007). **Learning Objectives:** 1.Attendees will learn how micro business creates options for employment.

2..Attendees will learn about developing and owning a micro business utilizing individual's capabilities for significant change. **References:** Yunus, M. (2007) Creating a World With-out Poverty: social business and the future of capitalism. 1st ed. Public Affairs, USA; Duncan, C. Peterson D.(2007) Mental Health Foundation of New Zealand: The employment experiences of people with experience of mental illness: Literature review. Auckland. Mental Health Foundation of New Zealand.

S007 Employment & The Workplace
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 03
Paper 20 min: The use of peer education in addressing barriers to employment for people with a lived experience of mental illness.
Kate Higgins Adrian Stanley Karen Johnston
Employment is widely recognised as an important recovery factor for people with a mental illness. Despite this knowledge people with a mental illness continue to rank amongst the highest of those unemployed and under-employed in Australia. The 2010 Survey of People Living with Psychotic Illness found that 85% of those surveyed identified government payments as their main source of income.The experience of mental Illness often results in a loss of confidence and selfhood, significantly impacting on a person's capacity to gain and sustain employment. Evidence shows us that one of the most effective ways to support recovery is through peer support. Peer-only domains offer a unique space to reclaim aspects of self, enabling people to develop confidence and reclaim skills and motivation. To date, peer support has not been commonly used to assist people with a mental illness to gain and sustain employment. There is also limited research available on the benefits of peer support within an employment context.This paper will present the findings of a study exploring employment related outcomes for people with a mental illness as a result of participating in an evidence based peer education program. The study will be conducted with participants of MI Fellowship Victoria's Employment PHaMS program who are engaged in peer education. **Learning Objectives:** 1.The audience will learn the initial findings of the study on the impact of participating in peer education in relation to employment outcomes and about the experience of facilitating and participating in peer education within an employment context from a lived experience perspective. 2.The audience will learn how peer education can be used to support people with a lived experience of mental illness to identify and achieve employment goals. **References:** Becker, D.R., & Drake, R.E (2003). A working life for people with severe mental illness. New York: oxford University Press Davidson, Larry; Tondora, Janis; O'Connell, Maria J. 'Creating a Recovery-Oriented System of Behavioural Health Care: Moving from Concept to Reality' Psychiatric Rehabilitation Journal, 2007, Volume 31, No. 1, 23-31

S007 Employment & The Workplace
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 03
Paper 20 min: Mental illness in the workplace - an issue of social justice.
Tasha Broomhall
Blooming Minds conducted an international survey where we invited respondents to describe their experience with mental health issues in their workplaces. We asked them about the level of awareness of mental health and wellbeing, the support services available to staff and how comfortable they would be to disclose mental health issues in the workplace. This report provides insights and recommendations on the way mental health is managed across a range of workplaces. Information has

been collected from staff and management at Government, Not For Profit and Corporate sectors to assess how supportive they are of individuals with mental illness and the ways these organisations respond to mental health issues in their workplace. This presentation will summarise the report findings and will provide possible frameworks to assist organisations to develop their workforce mental health literacy to assist them to balance both their economic and human needs. Recognising and responding appropriately to mental health issues can have vast economic benefits for orgaanisations, however at its heart is an issue of social justice. **Learning Objectives:** 1.Delegates will gain an insight into the risks and realities of disclosing mental health issues in the workplace as well as strategies and frameworks to use to develop mental health literacy in their organisations. 2.Mental health issues affect so many in our society and work is such an integral part of our identities, our community connections and our financial security. Mental health is part of health and as such is very relevant in our workplaces. People may at times wish or need to disclose their mental health issues in the workplace but there are still many barriers to this. Delegates will gain insight into the lived experiences of people who have chosen to disclose, as well as strategies to improve the mental health literacy of their organisations.

S008 Featured Symposium: Mental Health Legislation
27/8/2014 From: 1130 To: 1300 Venue: Riverview Room 4
Featured Symposium 1.5 hrs: Legislating for Recovery: Embedding Recovery Principles in Mental Health Legislation
Lesley van Schoubroek, Louise Southalan

S009 Effects of Domestic Violence
27/8/2014 From: 1130 To: 1300 Venue: Riverview Room 5
Workshop 1.5 hrs: Effects of Domestic Violence and/or Forced Migration on Psychosocial Developmental Systems
Megan Levy
In this workshop, Bronfenbrenner's Nested Systems, Maslow's Pyramid of Needs and Erikson's Psychosocial Developmental Stages, will be explored by participants in order to find how they may link and trigger a developmental regression in the person escaping violence and/or forced to migrate. Using Bronfenbrenner's Nested System, this workshop will explore and demonstrate the importance of community and welfare services on the life, safety, psychological development, social integration and acculturation processes of migrants and/or persons escaping violence. As this exploration progresses, participants will realize how Maslow's Pyramid of Needs depletes and how Erikson Developmental Psychosocial Stages suffers a regression process based on the psychological and emotional impact of forced migration and acculturation.The goal of this workshop is to present theory and practice in a hands-on manner that will support understanding and learning, while, at the same time, informing clinical practice and cultural competency. The workshop is directed to mental health services, educators, psychologists, social workers, counsellors, nurses, doctors, child workers, teachers, welfare, multicultural and domestic violence services. **Learning Objectives:** 1. Participants may gain a better understanding of the effects and relationship among three psychosocial models: Bronfenbrenner's Nested Systems, Maslow's Pyramid of Needs, and Erikson Psychosocial Developmental Stages. B. Approach how victims of violence are psychologically and socially affected when forced to leaving behind country, culture, and even personal

identity. C. By understanding this psychosocial fragility, service providers may realize the capacity they have to become the lifeline that may enable a person to heal and rebuild his/her life. 2.This topic is relevant to mental health issues and service because the journey that a survivor of violence takes into a new and unknown social environment involves severe losses which may potentially create an emotional and psychological vacuum where the individual may not even recognize him/herself. This fragility and instability could in turn invite personality disintegration and/or a variety personality disorders.This workshop focuses on the developmental and psychosocial effects in the life span of person escaping violence and/or forced to migrate. It involves substantial interaction with the audience, and it is based on a qualitative research designed and developed in 2004. The original purpose of the project then was to explore the social and psychological effects of escaping domestic violence. The results suggested a possible regression in psychosocial development. Today, based on present clinical practice with survivors of torture and war trauma I dare say this outcome may also apply to forced migrants. **References:** Erikson, E. H. (1959) Identity and the Life Cycle, in Psychological Issues, Selected Papers by Erik H. Erikson, Vol. I No. I, Monograph 1, New York: International Universities Press, Inc. 3rd Printing1968 Jung, C. G. , Two Essays on Analytical Psychology, Routledge, 1966 (See pp 76, 77, 151 & 164) Kahn, R., & Antonucci, T., (1980) Convoys over the life course: attachments, roles and social support, in Orford. J, (1996) Community Psychology, West Essey, England: John Wiley & Sons Ltd, p. 64

S010 Bringing Aboriginal & Mainstream Together
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 06
Symposium 1.5hrs: Working across sectors, concepts and cultures. Bringing Aboriginal and mainstream mental health services, people and pathways together.
Sabin Fernbacher Helen Kennedy Robyn Humphries Jamie Waring
Aboriginal people experience higher rates of mental illness and lower rates of social and emotional wellbeing than other Victorians. Mainstream mental health services have not been at the forefront of providing services that are culturally safe, appropriate and responsive to the needs of Aboriginal individuals, families and communities. Collaboration between Aboriginal and mainstream organisations has been identified as one of the ways to minimise barriers to accessing mental health services by Aboriginal people and their families in order to provide choice of access to Aboriginal, mainstream or a mix of both service systems according to preference of the Aboriginal person.In response to shifting demographics and escalating mental health concerns of the local Aboriginal community, the project at the Northern Area Mental Health Service demonstrates that improved access and outcomes can be achieved through new and innovative collaboration between Aboriginal and mainstream mental health services. Forming partnerships and working collaboratively are the foundations for achieving change; however enacting collaboration and partnerships in a genuine way that is respectful of organisational and cultural differences takes courage, openness and commitment. This symposium explores the relationship building, challenges and learnings from the development of new partnerships between the Victorian Aboriginal Health Service/Family Counselling Team, the Northern Area Mental Health Service and Neami National towards achieving genuine partnerships. We will discuss some of the systemic changes and outcomes that have been achieved, including new referral pathways, roles and changes to practice and models of care through our work together. This

symposium will also look at some of the future challenges we may face as we continue to develop and sustain this work. We will have a facilitator and presenters will discuss the issues from their specific point of view/experience. There will be time at the end for discussion with the audience. **Learning Objectives:** 1.An understanding of the way in which organisations can work together across sectors, stakeholders and cultures. 2. An understanding of how a mainstream mental health services system can become more responsive, appropriate and safe for Aboriginal individuals, families and community. 2. This symposium provides examples of collaborative work between Aboriginal and mainstream mental health services to address these. **References:** Department of Health. (2012). Koolin Balit. Victoria's strategic direction for Aboriginal health 2012-2022. Melbourne: State of Victoria.McKendrick, J. (2007). The mental health of Australia's Indigenous population. In: Mental health in Australia. Collaborative community practice. G. Meadows, Singh, B., Grigg, M. Melbourne, Oxford University Press. 2: 95-98.

S011 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Pay It Forward Plan - a holistic approach to prevention and recovery
Antonella Segre
The brief presentation will focus on illustrating ConnectGroups innovative Pay It Forward Plan from its origins to its implementation. The Pay It Forward Plan was developed with the objective of allowing Self Help and Support Groups to grow stronger and as a means of managing their mental health via funding for authentic services and resources, specific to what they identified were their needs. The Pay It Forward Plan has allowed the opportunity for Self Help and Support Groups to get 'the basics' they needed to continue the incomparable work they do in offering support, nurturing spirits and ensuring an ongoing positive impact on the mental health of families and individuals. International Literature reviews clearly articulate that Self Help and Support Groups promote the sharing of experiences, guided facilitation and encouragement in order to build stronger individuals and families. ConnectGroups as the Peak Body representing these Groups, held a Symposium in 2011 as part of its Annual Self Help and Support Groups National Awareness Day to explore the issues and opportunities impacting on its member groups. Two recurring themes became apparent: that mental health issues are overarching issues that impact on all Self Help and Support Groups, their members, families, friends and carers and that Self Help and Support Groups require recurrent funding for their security and sustainability. This prompted ConnectGroups to develop an innovative program that would address both themes. It initiated conversations with the Mental Health Commission around accessing such funds and engaging in a grants programme which would aim at providing funding for the 'grass-root' needs of Self Help and Support Groups. The program has been extremely successful with over 79 grants being allocated across 2 years with measurable mental health outcomes having been achieved. A resource which articulates the individual Self Help and Support Group stories of those that benefited from the initiative has been compiled and will be made available to the participants. Learning Objective 1: the audience will be exposed to an innovative holistic model of good practice based on the notion that if one cares for the Self Help/Support Group then those individual participants and their families will be the direct beneficiaries.Learning Objective 2: The audience will be exposed to the role that Self Help and Support Groups hold within the mental

health arena; and their direct contribution to the prevention and recovery process of each individual group member.

S011 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Can recovery be taught? An evaluation of training to support recovery oriented practice
Lyndal Sherwin Sam Higgins
The emergence of the international recovery movement has seen the introduction of recovery oriented practice within clinical mental health settings. Challenges in building the capacity of recovery-oriented practice within a clinical workforce grounded in a history of working within a medical model are apparent. Training and development strategies that provide information and skill building, whilst useful for some, do not target the issues of system culture and practice, and the need for ongoing support and reflection on practice. Mental Health Drug & Alcohol, Northern Sydney LHD, have introduced a Supporting Recovery workshop within the orientation structure for all new employees entering the service. This workshop explores the concepts of participants own personal values and strengths, how this relates to the capacity to support recovery and the parallel processes that occurs within the therapeutic relationship. The workshop challenges personal beliefs and assumptions, encourages personal reflection and engagement with information, with the aim of impacting the importance and confidence to be recovery focused of the participants. Experiential learning is used through a combined approach and views from lived and clinical experience.The aim of this paper is to present an evaluation of the effectiveness of the workshop in achieving its objectives: inspiring those entering the workforce through connecting one's own values to their work role, setting future directions and planning for ongoing support, and identifying opportunities for professional and personal reflection including valuing the privilege of supporting consumer recovery where there is the opportunity to make a real difference. **Learning Objectives:** 1.The audience will gain information about a training model, as a component of an overall approach to building workforce capacity, for providing an introduction into recovery oriented practice including demonstrated outcomes for staff working within a clinical setting. The audience will identify aspects of workforce development for recovery oriented practice that are more likely to be associated with positive changes in attitudes and practice. 2.This topic is highly relevant for mental health services seeking to better equip their workforce for recovery oriented practice and overall service transformation. Building capacity within clinical mental health services for true recovery orientated practice is challenging. Workplace culture can often curtail the best of strategies and plans, and the impact of such a culture on attempts by individuals and teams for recovery orientated practice can be damaging and demoralising. Having a clear approach that recognises these issues and seeks to address them on a number of levels can have positive and transformative outcomes. **References:** Oades,L.G., Crowe, T.P. & Nguyen, M. (2009). Leadership coaching transforming mental health systems from the insideout: the collaborative recovery model as person centred strengths based coaching psychology. InternationalCoaching Psychology Review, 4(1), 25-36. Slade, M., Amering, M. & Oades, L. (2008) Recovery: An international perspective. Epidemiologia e Psichiatri Sociale,17(2) 128-137.
S011 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Mental health support; an essential ingredient in healthy ageing

Kathy Chalker Rachel Green

With higher prevalence rates of mental illness and increased suicide risk (particularly for men), mental health support is an important part of healthy ageing, and older people can require the same level and types of psychosocial support as other age groups. Yet service providers can struggle to access appropriate and affordable forms of psychosocial, social and emotional wellbeing funding for older clients. In 2013-14 Care Connect expects to support approximately 12,000 people across New South Wales, Queensland and Victoria. Care Connect uses multiple strategies and innovative technology 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 approaches to address seniors? mental health support needs, pursuing both system reform solutions and cost effective e-mental health therapies as part of support for person-centred recovery, through its My Life, My Choice, My Way service philosophy.Audiences will gain insights into some of the challenges of supporting seniors? mental wellbeing, as well as successful strategies to integrate mental health support into a holistic approach to supporting seniors. **Learning Objectives:** 1.Audiences will gain an understanding of the impact of recent changes to aged care funding and their impacts on support for older people with mental health issues, and discussion around potential solutions. 2.This presentation will explore the transition to the National Disability Insurance Scheme and its implications for ageing Australians with mental health issues. **References:** Australian Institute of Health and Welfare 2007. Older Australia at a glance: 4th edition. Cat. no. AGE 52. Canberra: AIHW. 2.Australian Institute of Health and Welfare 2010. Health of Australians with disability: health status and risk factors. Bulletin no. 83. Cat. no. AUS 132. Canberra: AIHW.

S011 Snapshots

27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 07

Snapshots - Brief Paper 10 min: Collaborative approaches to individualised support

Alex Bickford

Individually funded and self-directed programs require innovative, flexible support approaches outside of traditional paradigms. This presentation will provide an overview of support approaches utilised by Neami in the context of the WA Mental Health Commission funded Individual Community Living Support Program. The program assists people to make the transition from institutionalised settings to the community through an individually tailored program of care. The focus on person centred care emphasises choice and control for the individual and their family. The aim is support individuals in the community through an emphasis on recovery and social inclusion. Partnership between the service and the individual and their carers is a key elemennt of the approach. This presentation will explore the effectiveness of the Collaborative Recovery Model, a framework developed by the University of Wollongong in supporting the individual's capacity to articulate and live values based goals. This presentation will include visual artwork by individuals who have transitioned from long term hospital stays into their own homes in the community. **Learning Objectives:** 1.It is anticipated that attendees of this presentation will gain an understanding of collaborative approaches within individualised contexts. 2.Focus

and conversation re individualised support approaches are increasingly pertinent with the advent of the NDIS and the evolution of self-directed service approaches.

S011 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Preparing for the NDIS in a diverse world: RichmondPRA's diversity and inclusiveness strategies
Pamela Rutledge
Being an inclusive organisation is no easy feat when planning for the diversity of those with a lived experience of mental health issues. Yet, that's something that RichmondPRA has taken seriously (Beattie et al, 2013). We are continuing to challenge ourselves with ambitious targets to increase our peer workforce over the coming years in preparation for the National Disability Insurance Scheme (NDIS). As part of our commitments we are also working to ensure that being an inclusive organisation means being ready for the diversity of consumers and the diversity of their needs. This is a crucial approach as the shift to the NDIS will mean that consumers will experience a fundamental shift in how they access services with consumers having the power to choose who they go to (MHCC, 2011). This presentation will outline RichmondPRA's diversity and inclusiveness strategies as we prepare for the NDIS. Learning Objectivs: 1. Participants will gain insights into how one organisation is preparing for the NDIS in a diverse Australia2.Participants will learn about a key aspect of preparing for the shift in the mental health sector to the National Disability Insurance Scheme. **References:** Beattie, V, Meagher, J, Farrugia, P, 2013, Policy Direction Paper - Embracing Inclusion: Employment of People with Lived Experience, Mental Health Coordinating Council (NSW), 2011. Self-Directed Funding and the Community Managed Mental Health Sector: Opportunities and Challenges.

S012 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: A collective consumer and carer voice shapes national qualification for peer work
Chris Keyes Michael Burge
With the advent of the nationally recognised Certificate IV in Mental Health Peer Work, the National Mental Health Commission (NMHC) funded Community Mental Health Australia (CMHA) to develop national learning and assessment resources for this qualification. This work progresses aims of the Fourth National Mental Health Plan to expand and train this emerging workforce, assisting to cement the role of peer work in the mental health sector. Resources will be available to Registered Training Organisations (RTOs) across Australia so training can be delivered to peer workers. This project is shaped by consumer, carer, and service representatives across public, private and community sectors through a national reference group. If peer support is understood as a reciprocal exchange based on respect, value of lived experience, shared responsibility, and mutual agreement, these core values have also catalysed a process to draw together the diversity of Australian peer work expertise and distil this in to a high quality consistent learning resource to support the future of peer work. As reflected by a reference group member: 'What I love is that no one organisation owns this. This is a collaborative thing that came from shared knowledge and collaboration, we can all be proud of it.' **Learning Objectives:** 1.To highlight the approach undertaken by the Mental Health Peer Work

Qualification Development Project that enabled the development of resources informed by a strong collective national voice of consumer and carer peer workers and services providers. 2.To demonstrate how the Mental Health Peer Work Qualification Project has contributed to propelling the peer workforce in to the future. **References:** National Mental Health Consumer & Carer Forum, 2010, The mental health consumer and carer identified workforce - a strategic approach to recovery, NMHCCF, Canberra; Davidson, L, Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. (1999). Peer support among individuals with severe mental illness: A review of the evidence. Clinical Psychology: Science and Practice, 6(2), 165-187.

S012 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Is there more to Kansas than Dorothy's Red shoes?
Douglas Holmes
This paper will look at why I went to Wichita Kansas in 2013/14 and what I found there during my two visits. My interest in Kansas started at the TheMHS conference in Brisbane in 1996 when I first heard Charlie Rapp's keynote speech. The one thing I took from that was that he had described and understood what was happening for me 4 years in with a diagnosis of Bipolar Affective Disorder in Australia. I was only going through a ''woodshed period' trying to work out what I really wanted to do that would not lead me back to the mental health services where there did not seem to be a lot of hope. One of the things I confirmed while in Kansas was that Wichita with an estimated population of 636,105 did not have an acute hospital service it was some 520 klms distance from Wichita and had very few admissions. Another thing was the state of Kansas had invested in CROs (Consumer Run Organisations) some had been in existence for over 20 years and were totally run by consumers for consumer with the primary focus of Mutual Support.The things that I would like to share from my two trips reinforces my resolve to support the development of the Strengths model in Australia as developed by Charlie Rapp and ably supported by Rick Gotcha. **Learning Objectives:** 1.People in the audience will gain an understanding of how the Strengths model has improved consumers experiences in Kansas. 2.This topic is relevant to mental health services in Australia as services struggle to cope with current demand by consumers to move towards a Recovery Oriented Service

S012 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Living a meaningful life despite hearing voices
Josie Scata Donna Murphy
The Hearing Voices Approach (HVA) privileges the lived experience of people who hear voices. A HVA provides space and opportunity for people to explore, deconstruct and make meaning of their experiences. A Hearing Voices Networks worldwide has helped many voice hearers regain control over their voice hearing experiences, and thus over their lives (Romme and Escher 1993). Many are the stories of recovery and of living a meaningful life despite hearing voices. Speaking from professional and personal experiences of mental illness and hearing voices, during this session participants will gain a brief insight into the workings of the Hearing Voices Network Western Australia, and how they are achieving

destigmatisation within communities through self-help Hearing Voices Groups (Sapey and Bullimore 2013). The personal account provided by a volunteer of the HVNWA will further explain the intricacies of hearing voices, the associated stigma due to misunderstanding and misconceptions of the experience, and the value of self-help support groups. **Learning Objectives:** 1.The audience will be provided with background information on the development of hearing voices networks world-wide, and its migration into Australia. The function of the HVNWA will be discussed, with a strong focus on self-help hearing voices support groups and the coping techniques passed on to voice hearers at these groups. 2.Hearing voices is frequently seen as a stigmatising symptom of an individual having a diagnosis of schizophrenia. Support groups provide a safe place for voice hearers to meet and discuss their experiences with others experiencing similar things to them, and a place to share their coping strategies to combat the stigma faced in the community. Statistics have shown that those voice hearers who attend support groups have a lower attendance at mental health emergency services than those who do not attend a hearing voices support group.

S012 Snapshots
27/8/2014 From: 1130 To: 1300 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Growing stronger through shared lived experience.
Elsie Cairns
In 2007 the Margaret Tobin Centre acute mental health unit opened in Southern Adelaide. Peer Specialists were employed as part of the multidisciplinary workforce.We were encouraged to develop educational and activity groups that would contribute to enhancing inpatient's recovery journey during admission.As role models having walked the talk with different mental health diagnosis' and personal lived experience, we are in a unique position to truly empathise, listen, sharing experiences, building rapport and trust, enabling people to talk freely without judgement, while continuously learning from one another individually or in group activities.Activity groups are important be they educational, physical, relaxation or craft are all forms of diversional therapy, offering learning opportunities, to enable distraction and pleasant times off the wards. We have an extensive activities program; Peer specialists assist Occupational Therapists and our Activity Supervisor in a variety of groups as well as own activity groups.There have been challenges on the way E.g.: workplace culture, stigma, before acceptance from the professional staff. Working seven years in mental health as part of the multidisciplinary team is proven evidence that Peers Specialists have the ability to maintain healthy wellbeing, contribute positively towards the inpatients recovery journey. **Learning Objectives:** 1.The importance of the peer specialist role in is assisting groups and one to one engagement with consumers. 2.Peer Specialists are a proven fact that from recovery to be able to return back to the workforce shows that it is possible to achieve goals they may set for themselves .

S013 Service Systems: Co-ordination, Integration
27/8/2014 From: 1130 To: 1300 Venue: Amcom Suite
Paper 20 min: Implementation of a Care Coordination Framework within a public mental health service - a collaborative approach
Tricia Lancaster Kay De Brett Dennis Pitman Michael McCrystal

Implementation of a Care Coordination Framework within a public mental health service ? a collaborative approach.South Metropolitan Health Service ? Mental Health (SMHS ?MH) identified the need to transform from the traditional approach to a consumer and carer needs led, recovery focused service.Care Coordination is recognised as contemporary best practice both nationally and internationally for the delivery of mental health care. Care Coordination is a personalised, holistic and partnership approach to mental heath care.SMHS ?MH working in partnership with consumers, carers and Community Managed Organisations (CMO) successfully implemented the Care Coordination Framework and Policy which has started to effect cultural change and practice improvement.Strong support from clinicians for Care Coordination was reinforced through training. Tools were developed to support Care Coordination to facilitate professional development, clinical and managerial supervision. Joint training in collaboration with carer, consumer and CMO representatives demonstrated true partnership to effect improvements in the consumer experience.This presentation will describe the challenges and rewards of the journey from the perspective of a carer and clinician towards implementation of the care Coordination Framework and Policy. **Learning Objectives**: Identifies the attributes of successful collaborative working with stakeholders to effect change in public mental health sector and the underlying principles of contemporary best practice in mental health. **References:** Mental Health Commission (WA) 2020 Making it personal and everybody's business, reforming Western Australia's Mental Health System 2010. National Mental Health Strategy and Australian Health Ministers' Afdvisory Council National Mental Health Recovery Framework 2013.

S013 Service Systems: Co-ordination, Integration
27/8/2014 From: 1130 To: 1300 Venue: Amcom Suite
Paper 20 min: Creating Primary Mental Health Partners: an integrated primary mental health platform
O'Shea Melissa Barlow Kate
Primary care services provide the overwhelming majority of mental health care in Australia.Effective models of treatment and support rest on a foundation of collaborative partnership between secondary and tertiary mental health services with General Practice and other primary care providers. Sadly these models are frequently aspired to, but infrequently delivered. Primary care mental health service provision is typically fragmented and investment in new programs and services typically occur in isolation of each other.This symposium will describe the development of a platform of primary mental health care activities and services, from health promotion and health literacy through to service delivery, delivered in partnership between Barwon Medicare Local and Barwon Health. The centrepiece of this collaborative is the establishment of a contemporary purpose built primary mental health clinic that has enabledthe co-location of Primary Mental Health Care Programs delivered by Barwon Medicare Local and Barwon Health.The subsequent engagement of academic partner, Deakin University, has further enhanced the strength of this partnership by expanding the primary mental health platform to include contemporary teaching and learning, as well as service evaluation and research. This new arrangement, known as Primary Mental Health Partners aims to improve service delivery and service system integration and has consolidated a number of existing programs under one roof including: ·Barwon Health Deakin Psychology Clinic·GP Mental Health Nurse Program·Clozapine Mental Health Nurse Program·Psychiatrist Review·Access to Allied Psychological Services (ATAPS) .This

platform has been flexibly designed to allow other programs, partners or collaborations to be included as opportunities to enhance the primary mental health continuum arise.This symposium will describe features of the initiative including interdisciplinary clinical practice, functional and administrative integration, teaching and learning via academic partnership with Deakin University therapy, training and research clinic and a single point of access streamlining entry to an otherwise complex system for individuals and their families. In addition, the symposium will elucidate the challenges and learnings of aligning the vision of dual management and leadership positions within a newly created platform to realise consistency and clarity of purpose, process and outcomes.Barwon Health is the public mental health service provider and provides the full range of acute and community mental health services to 260,000 residents in the region. It is regarded nationally and internationally for its innovative and collaborative service development, particularly in primary care and community mental health partnerships. Barwon Medicare Local has a strong emphasis on service system development, cross sector communication and building capacity to address identified gaps within primary health care. In particular Barwon Medicare Local has promoted the establishment of primary mental health partnerships across the Barwon Region, with a focus on bridging the gaps between primary and tertiary mental health services.

S014 Community & Connection
27/8/2014 From: 1130 To: 1300 Venue: BelleVue Lounge
Paper 20 min: 'Our House' perceptions of a rural community led mental health drop in centre
Lee Martinez May Walker-Jefferys Mellissa Kruger Kuda Muyambi Bronwyn Ryan Jodie Grantham Jan Roberts
'Our House' is a rural community led drop in centre for people with a mental illness, providing a range of activities and resources in a safe and supportive environment. The aim of our study was to evaluate the benefits of social support offered at the centre and to determine whether this leads to hospital avoidance for consumers.This presentation will examine the benefits and challenges from the views of members of the service, and their carers. It will share some of the outcomes achieved by people affected by a mental illness and seek out what processes used by Our House works well in supporting members to improve their health and wellbeing.We believe that socially orientated outcomes for members have been achieved and that our sharing will add to the evidence of how a consumer led program with no health funding can function and provide a difference to a local community through grant funding and a strong volunteer base. **Learning Objectives**: 1.How a mental health consumer lead drop in centre that is self-sufficient provides innovative programs which are identified by and at times lead by members, improves social interaction, decreases loneliness, gives people a purpose in life and decreases admissions to hospital. 2.Our House' gives people with a mental illness a place to come together, have ownership of their own lives, links well with government and non-government mental health services and encourages independence. Our House is a key to the SA Mental Health stepped model of care that is a direction of the mental health in SA.

S014 Community & Connection

27/8/2014 From: 1130 To: 1300 Venue: BelleVue Lounge
Paper 20 min: Act to Connect - Facilitating Social Connections
Susan Johnson Jillian Obiri-Boateng

The Social Connector Pilot Program paper provides an overview of the development and implementation of this innovative program. The professional development content is presented along with an overview of interpersonal tools specifically designed for the Program. Results and success stories will showcase the efficacy of this approach to minimise loneliness and social isolation and maximise individuals' quality of life. This program has proven successful in supporting lonely and isolated individuals, people with disability and people with mental health challenges. Research consistently demonstrates that social isolation predicts an increase in depression, poor physical and psychological health and wellbeing, morbidity and mortality with associated costs to the community. By contrast there are many benefits for socially connected individuals such as improved health and well-being through mental, physical and emotional stimulation, increased self-esteem and increased knowledge and skills. Communities that are connected exhibit key function contributing to their social capital such as improved community safety, increased social participation, acceptance of difference, and community resilience. Loneliness can cause people to feel empty, ignored and unwanted by other people and their community. The longer the experience of loneliness continues, the more difficult it becomes for the person to form social connections. In 2011 the City of Rockingham identified that statistically there are growing numbers of people living alone. According to Australian Bureau of Statistics (ABS) in Rockingham 24.4% of households will be single occupant by 2021. Social Connector Program Pilot Program professional development Social Connectors are engaged to support individuals within the Wellness Approach philosophy to become connected with people, places and communities. Workers are matched to participants and together develop goals and strategies to achieve participant goals. CommunityWest was engaged to develop and present training of Social Connectors. Training sessions explore discriminations, biases and negative value judgements and identified how people are supported to address these types of negative social experiences. Facilitating individual choice and decision making is a core ethos of social connection consequently Social Connectors are provided with tools designed to assist participants to make decisions and exercise choice and control over decisions affecting their lives. Social Connectors are also trained to identify and document participants' relationship circles and identify individuals who act as supportive allies. Goal setting tools are provided to enable Social Connectors to support people to identify and achieve their goals. Strategies and tools developed enable Social Connectors to support participants to manage change and uncertainty. The Social Connector Program is only as successful as connections prove beneficial and sustainable. Consequently the concept of outputs versus outcomes as a quality measure is explored as it is the quality of the social connections that is important, not simply the number of times a person has been out in the community through the Program. The Social Connector Program is time limited with Connectors provided with the skills to effectively withdraw from the connector role and the client connector relationship. This presentation provides positive examples of sustainable social connections achieved. Summary The Act to Connect - Facilitating Social Connections Pilot Program has proven successful in connecting or re-connecting vulnerable members of the Rockingham community. The program is person centred, practical and adaptable for individuals or groups across all ages and socio economic

groups. **Learning Objectives:** 1.Participants will recognise the benefits of social connection for people with mental health challenges and will learn to support individuals to identify and implement sustainable social connections. 2.Research has shown that people with mental health challenges are vulnerable to social isolation and loneliness; the paper will enable participants to recognise the signs of social withdrawal and build people's capacity to expand and enhance their social networks.

S014 Community & Connection
27/8/2014 From: 1130 To: 1300 Venue: BelleVue Lounge
Paper 20 min: FIFO Workers and Families: Unsung Heroes
Sue Crock Julie Loveny
This paper outlines the challenges faced by FIFO (Fly In, Fly Out) workers and families. Although working away from home is not new, the FIFO work pattern has escalated in recent years to support the mining and resources sector, particularly in Western Australia and Queensland. The FIFO lifestyle has received a great deal of attention and is often stereotyped and stigmatised. The House of Representatives' 2013 Inquiry into the use of FIFO work practices in regional Australia particularly highlighted these issues. According to recent research published in February 2014 by the Australian Institute of Family Studies 'Fly-in fly-out workforce practices in Australia: The effects on children and family relationships' there is limited and contradictory research about FIFO and the impact on mental health and well being. This paper will provide some insights into FIFO and its challenges for workers and families. The presenters are experienced mental health social workers and adult educators who have worked FIFO themselves, providing on site support in the WA resources sector. The WA Mental Health Commission has funded them to develop an online resource, 'This FIFO Life' to support the mental health of FIFO workers and their families. **Learning Objectives:** 1.To understand some of the mental health challenges faced by FIFO workers and families. 2.To outline a new online resource, This FIFO Life and how it supports the mental health of FIFO workers and their families. **References:** House of Representatives' Inquiry into the use of FIFO work practices in regional Australia, 2013 Australian Institute of Family Studies 'Fly-in fly-out workforce practices in Australia: The effects on children and family relationships', 2014

S015 Frequency of Service Use
27/8/2014 From: 1400 To: 1500 Venue: Riverside Theatre
Paper 20 min: Frequent User Management
Kevin McLaughlin Paul Wildin
A number of patients frequently access health care via 000, often when an alternative care pathway would be more appropriate. These patients have complex health and social care needs which, if unmanaged, often results in frequent, and inappropriate, transportation to the Emergency Department (ED). This presentation aims to show how the Frequent User Management (FUM) program works collaboratively with patients and other key stakeholders to provide timely and appropriate treatment to patients who have been identified as frequent callers to NSW Ambulance. Care plans are developed with a primary aim of linking the patient with the most appropriate service provider or enhancing their health literacy so they can better manage their healthcare. Using a pre-determined definition of 'frequent', ambulance activity data was extracted for 2011/2012 and interventions were directed

to the 18 most frequent callers.Pre and post intervention data shows that, as a result of more appropriate management of their condition, there is less reliance on ambulance when accessing care, demonstrated by a significant decrease in the number of calls. In addition to better care for the patient, there is increased capacity for ambulance and EDs to respond to emergency calls. **Learning Objectives:** 1.This presentation shows how, by departing from what is considered to be core business for an ambulance service, patients with mental health issues who frequently call 000 can be engaged in managing their health, resulting in better health outcomes for the patients and more appropriate use of emergency services. 2.Many of the patients in this program do not fit well into mainstream mental health services as they either do not meet admission criteria for community based services, or their physical health concerns tend to get priority and their mental health issues can go unchecked. The holistic approach of the program ensures all health needs are met.

S015 Frequency of Service Use
27/8/2014 From: 1400 To: 1500 Venue: Riverside Theatre
Paper 20 min: The Health & Wellbeing Connection ; Enhancing Community Navigation Skills of Frequent Emergency Department Users
Jane George Sarah Andrews Martin Cole Rebecca Muir Margaret Anne Cole Barbara Disley
The Health & Wellbeing Connection (HWC) is a pilot programme provided in Christchurch by Richmond Services Ltd (Richmond) in collaboration with Pegasus Health and Christchurch Hospital Emergency Department (ED). The pilot was targeted at people who use ED frequently , have unmet psychosocial needs and fall through the cracks of existing support networks.Throughout the 12 week programme clients experienced a holistic, intensive case-managed programme that matched their needs with access to resources available in their local community. It was envisioned that clients would experience a reduction in their ED attendance as well as improvements in their overall health & wellbeing. Additionally, the programme offers an evidence based model of practice which enhances people's ability to navigate systems, reduce inappropriate ED usage, leading to a reduction in psychological distress and improve quality of life. Evaluation findings will be shared and include o How well the HWC achieved its measurable objectives of reaching the target audience, reducing ED presentations and leaving clients better off as a result. Change measures included K10 and WHOQOL Bref.The experience of participants - how change occurred, the nature and scale of the change and what HWC did that made the difference.The experience of stakeholders and the impact on their organisations**. Learning Objectives**: The presentation is relevant for a range of people with interest in developing collaborative initiatives, early intervention or programme evaluation, in addition to those who engage with, or fund marginalised populations experiencing psychosocial issues.

S016 Culture, Trauma & Mental Health
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 01
Paper 20 min: 200 Years of Continuous Trauma: Intergenerational Trauma
John Van Der Giezen
Aboriginal culture is a strong and self sufficient culture that has survived in a harsh environment for over 60,000 years. There is a diversity of languages and cultures across the continent, with effective law and societal regulation. Two hundred and twenty five years have passed since the colonisation of Australia. Introduced

diseases, decimation of the original population, conflict, the suppression and denial of culture and removal of people from their lands followed. Australia is unique in that it is the only colonised country where there has been no treaty with the original inhabitants. Until relatively recently there has not been recognition that Aboriginal people existed. (Terra Nullius) Policies over the years have increased the impact of settlement through the removal of children and the fracturing of communities. Policies were developed with no consultation or representation, completely disempowering Aboriginal people. Life expectancies dropped dramatically and poor health and health outcomes have resulted. Aboriginal culture still maintains a strong oral culture, and historical events are not forgotten. This paper will examine the impact of intergenerational trauma on the Aboriginal community and the effect this has on the ability of Aboriginal people to engage with services, and also the effect that a lack of recognition of trauma has on the ability of services to provide effective interventions.

S016 Culture, Trauma & Mental Health
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 01
Paper 20 min: Culturally appropriate clinical supervision for Aboriginal mental health and Social & Emotional Wellbeing workforce of NSW.
Ann Baker Alana Rossman
The audience will gain an understanding and brief introduction to the development of a culturally appropriate clinical supervision model for NSW. As well as this, the unique stressors and challenges of the Aboriginal Social & Emotional Wellbeing (SEWB) and Mental Health workforce will be highlighted.Evidence shows that the Aboriginal SEWB and Mental Health workforce consistently witness trauma: suicide; violence; crisis and emergency situations. The workers themselves live in the communities and have additional pressures of sometimes unrealistic personal and professional expectations; extended family demands; and lack of clinical and professional support. The high turnover and burnout rate in this field attests to the extreme pressures experienced by the workforce. Extensive research into the benefits and necessity of clinical supervision for this unique workforce has led the AH&MRC to ?Our Healing Ways? (a culturally appropriate supervision model established by the Dual diagnosis Unit at St Vincent?s Hospital, Melbourne).The AH&MRC has entered into partnership with St Vincent?s hospital to roll-out the model in NSW in 2014. The AH&MRC has also produced a 10 minute educational video for managers and the workforce explaining

S017 Trauma - Informed Care
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 02
Symposium 1 hr: Moving towards a trauma informed care approach: the gap between theory and implementation.
Sabin Fernbacher Sandra Boughton Joanne Switserloot
The value of a trauma informed care approach to working with consumers in mental health settings has increasingly gained acceptance. A number of excellent papers and guidelines exist to describe the processes involved in establishing a trauma informed approach. The outline and content of training programs are easily accessible in the literature and the necessary components to ensure a 'whole of organisation' approach are clearly outlined. The next step of putting training into practice is less clearly delineated. Insights into the challenges involved in imbedding this approach in a psychiatric unit are difficult to find. In this presentation we will

discuss the challenges of taking that next step in bringing this change about in a practical sense. We will focus on the learnings involved in moving from training to implementation. An essential element of putting theory into practice is the involvement of all stakeholders, consumers and staff, in every aspect of the process. This can be time consuming and involves many tensions in the process of attitude and behaviour change while balancing demand and the pace of a busy inpatient unit. In this presentation we will share the journey from training, through identification of initial goals to putting plans into action. Results from the evaluation of this process will be presented. Each presenter will talk about specific aspects of this work; in particular providing a reflective practice group; a consumer leader perspective and findings from the evaluation. **Learning Objectives** 1.Gain an understanding of the process of moving towards a trauma informed approach in an inpatient psychiatric unit. 2.Adopting a trauma informed approach challenges many established practices in mental health care. Sharing our experience may assist staff and consumers in mental health services to anticipate the many gaps between theory and implementation. 3.Show what the involvement of a consumer representative in this change process has meant at the NAMHS. **References:** Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). Trauma-informed organizational toolkit for homelessness services Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation.Harris, M. (1997). Modifications in service delivery for women diagnosed with severe mental illness who are also survivors of sexual abuse trauma. In M. Harris & C. L. Landis (Eds.), Sexual abuse in the lives of women diagnosed with serious mental illness (Vol. 2, pp. 3-20). Amsterdam: Harwood Academic Publisher.

S018 Prevention
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 03
Paper 20 min: The SANE Suicide Prevention and Recovery Guide
Samara Gray Sarah Coker

Suicide is a leading cause of death for people affected by mental illness. Although not everyone with mental illness will experience suicidal thoughts or behaviour, they are strongly associated. SANE Australia has developed a guide that aims to help mental health workers support people with mental illness who are experiencing suicidal thoughts or behaviours. The unique perspective of this guide is that it examines this issue from a recovery lens. This is particularly topical as the management of suicide risk can sometimes be in conflict with recovery principals that encourage consumer choice, especially if the person is compelled to accept involuntary treatment. How services can steer through this complex situation is something that this guide aims to help address. The development of the Suicide Prevention and Recovery Guide was steered by an expert reference group including both clinicians and consumers. The Guide was completed and disseminated in September 2013, and an evaluation of the resource has been undertaken with mental health workers. This presentation aims to examine the relationship between recovery and suicide prevention and to present the guide along with the results of the evaluation. **Learning Objectives:** Increased understanding of how the recovery model relates to the support of people with mental illness who may be suicidal. This is a particularly relevant topic for mental health workers who support people's recovery but sometimes struggle to uphold the principles of recovery when people are in crisis. **References:** Davidson, L. et al (2006). The top ten concerns about the

recovery encountered in mental health system transformation. Psychiatric Services, 57 (5), 640-645. Qin, P. (2011). The impact of psychiatric illness on suicide: Differences by diagnosis of disorders and by sex and age of subjects. Journal of Psychiatric Research, 45 (11), 1445-1452.

S018 Prevention
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 03
Paper 20 min: New perspectives on burnout prevention in mental health
Marieke Ledingham Peter Standen
Mental health professionals are commonly assumed to have a particularly high risk of burnout and stress because of the unique, non-reciprocal emotional giving involved in working with distressed clients or patients (e.g. Morse et al., 2012).Research on the causes of burnout currently offers good understanding of the working conditions that facilitate it, in mental health workplaces and elsewhere (e.g. Kim & Stoner, 2008). However, so far there has been little systematic study on the influence of perceptual factors on burnout in mental health workers.This study examined qualitatively the perceptions of burnout amongst the West Australian mental health sector. Fifty-five mental health professionals responded to a survey on their beliefs, attitudes and knowledge about burnout.One of the key findings of the study was despite good objective knowledge of burnout in mental health workplaces, professionals and managers have powerful perceptual 'blocks' to perceiving burnout in themselves and others. They can often view burnout sufferers negatively, whether it is oneself or a colleague, thus stigmatising the sufferer. It is also difficult for a worker who is burning out to recognise the signs and take action. This presentation aims to provide a new perspective on burnout prevention in mental health workplaces, focusing on changing stigmatising attitudes and professional cultures. **Learning Objectives:** 1.The audience will gain an understanding of the perceptual processes that act as barriers to mental health professionals recognising and responding to burnout. 2.Burnout and work stress are considered the greatest occupational health and safety hazard for those working in mental health. Due to an increasing demand for mental health services in Australia, it is imperative to retain and maintain the wellbeing of our existing and future mental health workforce. **References:** Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy and social support. Administration in Social Work, 32, 5-25. Morse, G., Salyers, M., Rollins, A., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. Administration and Policy in Mental Health and Mental Health Services Research, 39(5), 341-352

S019 Recovery, Employment, Strengths
27/8/2014 From: 1400 To: 1500 Venue: Riverview Room 4
Paper 20 min: Recovery within Disability Employment Services Are Competitive Tendering and Performance Analysis Processes Barriers to Providing a Recovery Orientated Service?
Jo Pengelly
Employment can play an important role in Recovery, so how does Recovery fit within Australian Government Disability Employment Services (DES) and when is a person with mental health concerns ready to work? The term 'Jobready' is common in the industry, but what is 'Jobready' and who ultimately makes that decision? Recovery suggests motivation is intrinsic, therefore the person is best placed to assess their

'Jobreadiness'. In the context of DES however, where Agencies must meet Key Performance criteria and achieve Outcomes to maintain business allocations, 'Jobready' has a whole other definition. Diversity and specialisation are features of the DES Contracting Principles, however, a recent DES-DMS Star Rating analysis found that almost half of the Mental Health Specialists are in scope for business reallocation. Regression measures levels of disadvantage including mental illness, but does it effectively measure episodic factors? Australian Government research in 2011 states the average hospital stay for a person with psychotic illness is 40 days, however under the DES Contract, Agencies have only 28 days to re-engage the person back into employment. This paper explores the barriers to providing a recovery orientated service and the experiences of people with mental health concerns within the DES environment. **Learning Objectives:** 1.The listener will gain insight into how the Disability Employment Industry works, and some of the challenges that people with mental health concerns face when accessing these services. They will also develop an understanding of the competitive nature of the Employment Industry and some of the system barriers which make if difficult for providers to meet the specific needs of people with episodic health challenges. 2.This topic explores where the concept of Recovery fits within Disability Employment Services and the overall conflict between providing a Recovery Orientated Service within the rigid confines of the DES framework. **References:** National Survey of People Living with Psychotic Illnesses, Australian Government Nov 2011. Disability Employment Services Site level Star Ratings - September 2013.

S019 Recovery, Employment, Strengths
27/8/2014 From: 1400 To: 1500 Venue: Riverview Room 4
Paper 20 min: Walking the Talk with the Strengths Approach - CLAN WA
Jo Hanley Judy Beven Maxine McEwin

The Strengths Approach anchors CLAN WA. The staff, managers, volunteers, clients and the Board are all familiar with the strengths way of working. Phrases and words such as: Power-With; Competency; Collaboration; Exceptions; Self Determination; Noticing and Measuring Change; and People are their own Experts, are used in daily conversations. The Strengths Approach is recognised by CLAN WA as more than a tool that is used along the way - it is a way of working.CLAN WA workers support people and families who are impacted by mental health issues by seeing them as people who are experiencing challenges rather than people who need fixing. Their issues are respected with the focus on what is working well and their capacities and strengths. Finding the exceptions to the issue, and by meeting people where they are at, provides an emphasis that welcomes hope and optimism. There are challenges to using the Strengths Approach, particularly with individuals who feel disempowered or operate from a pessimistic explanatory style. People who have experienced a deficit approach in service delivery or have been institutionalised may not feel they can be self-determining or may not be able to recognise their competencies or resources. Providing support to people can be challenging when they have been reliant on others to make decisions for them.CLAN WA preserves the Strength Approach in their work by incorporating it in every aspect of the organisation. The forms that are used for information gathering are focused on the strengths and capacities of the family and individuals. Peer support meetings are underpinned by the values of the Strengths Approach. The organisation's values are derived from the philosophy of the Strengths Approach. Evidence-based tools such as the Resilience Doughnut and Mental Health First Aid are used by CLAN WA

workers and volunteers to promote resiliency in families.This presentation will provide an opportunity for other workers and organisations to learn from CLAN WA's practice of the Strengths Approach and to explore the potential challenges and misconceptions. **Learning Objectives:** 1.Participants will gain new insight into fostering resilience in individuals and families using the Strengths Approach. They will have the opportunity to challenge work practices that reflect a deficit approach and will be able to explore ways of working where the locus of control is with the client. 2.Participants will explore the application of the Strengths Approach when working with people with mental health issues. They will have the opportunity to explore some of the potential challenges of working alongside a client and will also discover the potential opportunities that using this approach provides for both the client and the organisation. The Strengths Approach supports client-focused practice and is parallel to the recovery approach. **References:** Saleebey, D. (2006). The Strengths Perspective In Social Work Practice (4th Ed.). Allyn & Bacon, Boston, MA. McCashen, W. (2005). The Strengths Approach. St Luke's Innovative Resources, Bendigo, Victoria.

S020 Recovery College
27/8/2014 From: 1400 To: 1500 Venue: Riverview Room 5
Paper 20 min: Education, inspiration and growth: A Recovery College enables a life beyond the revolving door.
Pamela Gardner Lyn Mahboub
Embedded in the notion of a 'Recovery College' is the recognition that information and education about overcoming problems in living supports people to reclaim their lives thus changing from a medical to an educational framework. Rather than giving up on life a Recovery College offers a wide range of recovery-focussed courses and resources aimed at supporting people in recognising and making the most of their talents, interests and gifts through self-discovery, self determination and identity transformation - shifting from being a 'patient' to becoming a student or even a peer educator.Essential to this contemporary recovery approach are the principles of co-production and co-delivery. Experts by profession work collaboratively with experts by experience of mental distress. Each co-producer has equally valued input into the decision making process, course content and the production of final documents. This paper will explore the phenomenon of Recovery Colleges; what they are, their collective-impact thus far, their relationship to recovery when understood as 'the journey toward living a meaningful life', and the emerging international models. In particular we will discuss the current community approach in WA which is working toward the development of a Recovery College in Perth. **Learning Objectives:** 1.The audience will learn about:The phenomenon of Recovery Colleges and their impact on positive identity construction. The international benefits and collective impact thus far.The importance of co-production in developing a College.oThe WA journey - a developmental update. 2.The emergence of Recovery Colleges in the US, UK, and now in Australia (Victoria and Perth), demonstrates the interest of people with a lived experience (service users and their families), and of mental health services, to support recovery within the community as a part of the reform agenda. Learning about how Recovery Colleges enable people to move beyond a 'career' in mental health services to become self-determined citizens is highly relevant for mental health services worldwide and forecasts future opportunities for models of community inclusiveness. **References:** Zucchelli, F. A & Skinner, S. (2013). Central and North West London NHS Foundation Trust's (CNWL) Recovery

College: the story so far … Mental Health and Social Inclusion, 17(4), 183-189. Perkins, R. (2012). Why a Recovery College?: Implementing Recovery through Organisational Change (ImROC) Project Team. Retrieved from www.cnwl.nhs.uk/wp-content/.../CNWL-why-a-Recovery-College.docý

S020 Recovery College
27/8/2014 From: 1400 To: 1500 Venue: Riverview Room 5
Paper 20 min: The Magic of the Blank Page: Lessons from the establishment of the Mind Recovery College
Dianne Hardy Graham Panther Maree McLellan
The paradigm shift to recovery oriented practice has wide-ranging implications for service development. This paper describes key lessons from the establishment of Australia's first Recovery College, in three sites across Victoria, focusing on the good things that can happen when you have the freedom to create a service from the ground up. Based on Colleges in the UK, Mind's Recovery College is an alternative to a therapeutic model of mental health support that draws on education theory and practice to enhance people?s ability to promote their own wellbeing and the wellbeing of others. Starting with a relatively blank page has had considerable benefits. Students have contributed to the design of the College from the outset, while our ability to experiment has been greatly enhanced by being free from the pressures of traditional output measures. The partnership approach with our students has also helped enable a fundamental shift in the type of relationships between the service and the people who access it. Crucially, this experimentation has occurred in the space between two established pedagogies 'education and mental health' and between two ways of knowing about mental wellbeing: personal and professional. This has encouraged people to look beyond what they know. **Learning Objectives:** 1.Attendees will gain a greater understanding of factors that enable recovery oriented service innovation. 2. Attendees will hear about the establishment of Mind's Recovery College, including successes and challenges. **References:** Perkins, R., Repper, J., Rinaldi, M., Brown, H. (2012). Recovery Colleges Briefing. Centre for Mental Health; NHS Confederation Mental Health Network.; Pollock, S., Callaghan, R., Grigg, M. (2012). Establishment of the Mind Recovery College.

S021 Work, Employment
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 06
Paper 20 min: Gate keeping: a practice barrier to work for people living with mental illness
Michelle Twigger
People with mental illness have much lower outcomes in education and work than other Australians. In 2011, Ruah received a grant to develop and test innovative skills, knowledge and tools to address the education, training and employment aspirations of people with disadvantage. The research identified that to achieve positive change it is essential to address the barriers.This presentation focuses on removing barriers within mental health support services. Research has shown that key preconditions to successful work outcomes for a person living with mental illness are motivation and self efficacy (Rinaldi & Perkins, 2007). Shepherd (2012) identified that 'work is an important part of the process of symptom resolution' for people living with mental illness, yet found that mental health workers unconsciously gate keep clients away from pursuing employment judging that clients are not 'ready'.MH

workers can drive the change to redress employment and education disadvantage by addressing unintended gate keeping within practice; by challenging perceptions of readiness, recognising a person's capacity, and encouraging participation. This presentation discusses how at Ruah workers embed vocational aspirations in goal setting and support and foster intersectoral relationships to establish integrated support into work, training or study to improve outcomes for clients. **Learning Objectives:** 1.Provide MH service providers with an opportunity to reflect on practice, challenge accepted ways of working and provide innovative approaches for supporting clients into vocational activities. For consumers, the presentation will provide information on what's possible when thinking about vocational activities, and what community and employment service delivery can and should offer by way of support. 2.This topic looks at innovative approaches to service delivery and work practices that support people living with mental illness into vocational activities. It addresses ways to support individual aspirations for inclusion and equality in accessing employment, education and training. **References:** Rinaldi M, Perkins, R., (2007)'Vocational rehabilitation for people with mental health problems', Psychiatry 6:9, Elsevier Ltd Shepherd, G., (2012) 'Establishing IPS in clinical teams - Some key themes from a national implementation programme', Journal of Publication, January 1

S021 Work, Employment
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 06
Paper 20 min: Inter-Sectoral collaboration: A Work in Progress
Barbara Maloney

People with mental illness experience high levels of unemployment despite many expressing a desire to work (Rinaldi et al 2008). Ruah, through its 3 year Vocational Inclusion Project funded by a State Government Social Innovation Grant, is looking at innovative ways to improve responsiveness to the vocational needs of this cohort, increase participation and secure better vocational outcomes than would be the case with traditional practice. One area of traditional practice examined was the inter-face between psycho-social support services and employment services. Our research indicates that the success of inter-sectoral collaborative work to support clients? vocational goals often depends more on the attitudes and behaviours of individual workers within these organisations, rather than the existence of structured collaborative practises at the organisational level. In this presentation, we share what we have learnt about the components of inter-sectoral collaboration achieved at ground level and look at how that can be expanded into organisational processes to forge more robust and resilient collaborative partnerships in the context of a changing community services policy and funding environment. Our aim is to bring the conversation back to where collaboration is a combined effort to achieve the objectives of the client (Glasby & Dickenson 2008). **Learning Objectives:** 1.We aim to provide delegates with insight into Ruah's experience in adopting employment as a strategic focus within its mental health support services, to forge new inter-sectoral relationships that bridge the perceived structural and cultural differences between these services which we hope will be of interest to other community organisations. 2.Establishing strong communication strategies and collaborations at the organisational level across different sectors is increasingly important as we move into NDIS and other complex collaborative models of service delivery such as Individual Placement and Support (IPS), a primary collaboration between Clinical teams and Disability Employment Services. The creation of employment aware

psycho-social support teams that embrace education, training and employment as a tool for mental health recovery are well placed to contribute to the work of employment service providers to achieve significantly better outcomes for clients. **References:** Rinaldi, M. et al, 'Individual Placement and Support''in Advances in Psychiatric Treatment (2008), vol. 13, 50-60 doi:10.1192/apt.bp.107.003509 2008.Glasby J. & Dickenson,H. 'Greater than the sum of our parts: Emerging lessons from UK Health and Social Care in International Journal of Integrated Care ' Vol. 8, 20 August 2008.

S022 Mental Health Law
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 07
Paper 20 min: Magna Charter - Western Australia's Mental Health Bill 2013
Breda Ryan Louise Howe Tim Rolfe
Mental health legislation in WA has been revised and reviewed a number of times over the last 13 years and is currently being debated in Parliament. While the new Mental Health Bill promotes consumer rights and carer involvement it did not identify the need for a charter of mental health care principles until 2011. Following expert advice it was agreed to progress a charter of consumer rights within the new legislation. This presentation will describe the process of how the Charter of Mental Health Care Principles evolved. It will show how consumers were directly involved from the outset in the development of the final 15 principles. It will look at the purpose of the Charter in underpinning the practices and functions under the new mental health Bill. It will show how a rights based set of principles were developed, which mental health services must make every effort to comply with. While the principles have been incorporated into the new mental health Bill, which deals primarily with involuntary status, the Charter applies to all people using mental health services in Western Australia. These principles are intended to influence the interconnected factors that facilitate recovery. **Learning Objectives:** 1.How modern mental health legislation can include and promote principles that underpin recovery. 2.Currently many Australian states are reviewing their mental health legislation and this West Australian initiative may have resonance for legislative issues in other states.

S022 Mental Health Law
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 07
Paper 20 min: Implementing Advance Statements in the Victorian Mental Health Sector
Lisa Brophy William Silvester Mary Swift Rachel Mountjoy Catherine O'Leary Erandathie Jayakody
The new Victorian Mental Health Bill, presented to parliament in Feb 2014, introduced Advance Statements, a process resulting in a written document that enables a person to detail their treatment preferences in the event that they require compulsory mental health treatment In order to ensure that the Bill fulfilled its commitment to the UN Convention on the rights and people with Disability and Victoria?s Framework for Recovery Oriented Practice (http://docs.health.vic.gov.au/docs/doc/Framework-for-Recovery-oriented-Practice), the Victorian Government funded Austin Health and Mind Australia to develop a practice framework for Advance Statements aspect of the new Bill in the mental health sector. This was achieved through broad consultation (by interviews and focus groups) with consumers, families, carers and the mental health workforce,

followed by the development of a best practice framework, along with information and education resources and delivery of an education package (multimedia and workshops). The evaluation of the implementation (completed in July 2014), as well as learnings, will be presented. **Learning Objectives:** 1.Participants will develop an improved understanding of the challenges and enablers to implementing Advance Statements from multiple perspectives. 2.Participants will be introduced to a best practice framework, information resources and training approaches that support the implementation of Advance Statements. **References:** Turton-Lane, N and Clarke, Y. (2014) Exploring advanced statements for mental health through storytelling. Health issues, No. 111, Summer. 15-18. Swanson, J. W., Swartz, M. S., Elbogen, E. B., Van Dorn, R. A., Wagner, H. R., Moser, L. A., et al. (2008). Psychiatric advance directives and reduction of coercive crisis interventions. Journal of Mental Health, 17(3), 255-267.

S023 Consumer Participation
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 08
Paper 20 min: Consumer and Carer Participation in Staff Selection
Angela Piscitelli Rose Richardson Debbie Nelson Brett Heslop Sue Allen
Consumers and carers have an informed, indepth, external knowledge and perspective of public mental health services, having been closely involved in these services through personal experience or that of friends and family members. This experience, when applied to staff recruitment, selection and appointment will be beneficial in identifying attributes, skills and experience in applicants. The Mental Health Strategy and Leadership Unit, South Metropolitan Health Service and Fremantle Mental Health Service will report on a quality improvement pilot program to involve consumers and carers in staff recruitment and selection.Hopeful to also have a consumer or carer speak about their experience as a panel member

S023 Consumer Participation
27/8/2014 From: 1400 To: 1500 Venue: Meeting Room 08
Paper 20 min: What we share makes us stronger but how we listen makes us powerful.
Sage Green
The Mental Health Commission of NSW was established in July 2012 as an independent body which helps drive reform that benefits people who experience mental illness and their families and carers. Within the Commission structure there are two Deputy Commissioners, a number of members of the Mental Health Community Advisory Council and many staff who have lived experience of mental illness. A Deputy Commissioner, a member of the Mental Health Community Advisory Council and a staff member will share experiences from their point of view of being part of a reform agency that means more to them than just being a job. There has been a long history of power imbalance between people with lived experience and decision makers. It is sometimes difficult to advocate for something you know is right for fear of a negative response but even more so when you think your job/position could be on the line. The role of people with lived experience in the Commission are paramount to both the culture and the success of the Commission but moving towards organisations that are led by the lived experience is not without some challenges. All consumers have experienced moments that have been uncomfortable, frustrating and challenging because of the lack of consumer-friendly language or the behaviour of others that has been perceived as insulting. We will

seek to explore the opportunities for change that occur in these situations and show that it can often lead to shift in people's behaviour and thinking. A careful balance exists for staff with lived experience between honouring the fact that we have personal investment in the work of the Commission and our role as a member of staff. The role of the Commission as an agent of reform means we need to say what needs to change but also be realistic that this change may take time. How do we then justify to ourselves and our peers that our roles are worthy, even if change process can be frustratingly slow. There was pressure from the community about the level of the influence the Deputy Commissioners with lived experience would have and with that came the weight of this responsibility. The concern was held that they would get swallowed up and become part of the bureaucracy and the roles grow to become token. There was much to lose as well as gain. We will discuss our experiences of this and strategies around ensuring Deputy roles did not become tokenistic. We will also share what it means to be on an advisory council with 16 members, all with diverse views, opinions and areas of expertise and how we maintain a consumer centred dialogue in that forum. This paper seeks to honestly unpack the experiences from each person's experience and why from a consumer perspective they are so important in bringing about positive change in our agency. Everyone who works at the Commission has to be open and honest and vulnerable. We all have a responsibility to speak our minds without fear of retribution. To enable us to be led by the lived experience everyone has to listen and reflect to gain a better understanding of why we fought so hard for a Commission to exist and why we hold hope for the system to treat people better than it treated some of us. The outcome of this constant honest sharing and the ability to learn from these experiences (and particularly apologise when we get it wrong) shows the respect for lived experience that is central to the culture of the Commission and without which we would fail. This paper will enable the audience to understand that the consumer voice within the Commission did not need to get stronger or louder; it is the way the Commission listens and learns that made the consumer voice powerful and alive. **Learning Objectives:** 1.The audience will gain insight into some of the challenges and successes of employing people with lived experience at every level of an agency. 2. It is imperative that people with a lived experience of mental illness are central to any reform of the mental health system. We must learn through sharing our experiences of the most effective ways of ensuring that system reform is led by the people with a lived experience and that any perceived barriers to employing people with lived experience at all levels is overcome.

S024 Self Direction
27/8/2014 From: 1400 To: 1500 Venue: Amcom Suite
Workshop 1hr: Shoulder to Shoulder - Self Directed Support - What does it take?
Kate Fulton Jacqui Carter
The workshop will explore the following key areas: 'Understanding people' the challenge of the profoundly simple. Understanding people's strategies of communication and wellbeing and what this really teaches us about good. Establishing power and understanding what's important to you and for you and what does this teach us about good support, supported decision making and recovery.Kate will share her experiences, resources and approaches. Kate is known for her humour and down to earth attitude in exploring the often complex human services landscape. **Learning Objectives:** Participants will explore how person

centred approaches can support people to direct their own recovery journey. Whether you are a clinician, advocate or family member we all have a responsibility to ensure people are supported to lead their own recovery and direct their own supports. However this requires real connection and the ability to walk alongside people, shoulder to shoulder to support them to understand and promote what good support looks like for them uniquely. The workshop will explore practical approaches to promote people's voices, decision-making and good individual design. Mental Health Services still have a long way to go, to ensure supports and services are self-directed and consumer led. This has as much to do with systematic and structural change as it does with individual practice. This workshop explores approaches, tools and techniques that work to empower people to ensure they are heard, understood and directing their own support. Self Direction - What does it take? The workshop will explore the following key areas: 'What does Self Directed Support look like'; 'What gets in the way of systematic change and what it takes to overcome the barriers'; 'Examples of self direction in action and why its essential to supporting people's recovery. **References:** Kate Fulton: Good Practice in Support Planning and Support Brokerage, Department of Health, 2008.Individual Service Design, Paradigm, 2008 .Supported Decision Making, Paradigm, 2008.

S025 Eating Disorders
27/8/2014 From: 1400 To: 1500 Venue: BelleVue Lounge
Paper 20 min: Walking a tightrope, teetering on the edge, fighting demons: Women's experiences of having an eating disorder while pregnant.
Terri Burton
Eating disorders are a global phenomenon and an escalating public health concern. They 'carry the highest rate of mortality of any of the major mental disorders' (Urbancic & Groh, 2009,p181) and are a 'common source of psychiatric morbidity in women of childbearing age' (Micali, Simonoff & Treasure, 2007,p.255). Whilst extant literature demonstrates the aetiology, incidence and outcomes of eating disorders in women, with evidence showing the impacts on pregnancy, the fetus and parenthood adjustment, there is a paucity of research regarding how women make meaning of the experience. A phenomenological study provided a description of the pregnancy experience as perceived by a cohort of women with diagnosed eating disorders.The study identified fourteen key themes that described the women's experience of living with an eating disorder while pregnant. These themes included a basic description of the pregnancy journey itself; the use of metaphor; perceptions of motherhood; concerns about the baby; and body image. In addition, eating disorder behaviour; eating disorder status; secrets; wishes; misconceptions; support; emotions; health professionals' interactions and healthcare improvements were also identified. It is important that healthcare providers have an awareness that pregnant women may be undergoing personal distress and to be sensitive to the specific needs of women with eating disorders. Walking a tightrope, teetering on the edge, fighting demons: Women's experiences of having an eating disorder while pregnant. **Learning Objectives:** 1.Attendees will gain an understanding of the essence of the lived pregnancy experience of a cohort of women with eating disorders. 2.Attendees will gain awareness of how this research has significant implications for practice and how it is envisaged that the women's voices will be a platform to improve maternity care. **References:** Urbancic,J.C. & Groh,C.J. (2009). Women's mental health: A clinical guide for primary care providers. Sydney: Lippincott, Williams & Wilkins. Micali, N.,Simonoff,E.& Treasure,J. (2007). Risk of major adverse perinatal

outcomes in women with eating disorders. British Journal of Psychiatry, 190(3), 255-259.

S025 Eating Disorders
27/8/2014 From: 1400 To: 1500 Venue: BelleVue Lounge
Paper 20 min: Creative Endeavours in Eating Disorder Research
Lisa Hodge
Women draw on hegemonic discourses when narrating their experiences of child sexual abuse and eating disorders. Social discourses that define these phenomena and the links between them shape women's experience. Yet the productive nature of discourse can conceal the potential for other understandings. In order to examine how women who had been sexually abused experienced an eating disorder, I used a contemporary feminist framework and Bakhtin's sociological linguistics to explore discursively positioned experiences of child sexual abuse. I drew on women's own poems and drawings and incorporated them in a layered account. I argue a layered methodology can examine how particular categories constrain women and avoids simplistically reproducing broad patterns of discourse. I demonstrate how poetry and drawing can develop, support and supplement research findings. Poetry facilitated the expression of powerful emotions not easily expressed in a linear fashion. Drawing, in particular, as a visual product and process, offered a way of exploring the multiplicity and complexity of human experience that may not be captured with only a verbal interview. I found the power of using creative arts was the contextual and collaborative discussions with the women that emerged as a result of them. **Learning Objectives:** 1.To gain an increased knowledge about eating disorders in women who have also been sexually abused as children. 2.To gain an understanding of the benefits of using poetry and drawing in research and practice. **References:** Saukko, P. (2008). The anorexic self: A personal, political analysis of a diagnostic discourse, New York: State University of New York Press. Warner, S. (2009). Child sexual abuse: Feminist revolutions in theory, research and practice, New York: Routledge.

S026 Sub-acute Services
27/8/2014 From: 1530 To: 1700 Venue: Riverside Theatre
Paper 20 min: Expanding the scope of peer workers through utilisation as research assistants in the evaluation of a mental health nursing project in the Wollongong Hospital Emergency Department.
Matthew Talary Tim Heffernan
Wollongong Hospital was one of eight national sites funded by Health Workforce Australia to develop and implement an Expanded Scope of Practice for Nurses in Emergency Departments. The goal was to improve efficient, accessible service delivery and positive consumer outcomes in the ED by increasing quick access to appropriate medications; physical health care investigations and therapeutic interventions for those presenting with mental health issues. Wollongong Hospital utilised Research Assistants with the lived experience of mental health issues to coordinate the Consumer Satisfaction and Experience section of the project evaluation. The Research Assistants interviewed participants, disclosing their own lived experience. This process allowed for genuine responses without fear of recrimination and also reinforced the personal recovery journey possible for all people with mental health issues. This presentation will give an overview of the project and the role of the Consumer Research Assistants within. The presenters will

discuss their experience of working in close collaboration with acute care staff who had not previously worked with people with lived experience. They will also share the experience of interviewing consumers in an acute care setting. The presentation will conclude by detailing the positive outcomes of the project on the consumers' journey through the Emergency Department. **Learning Objectives:** 1.The implementation of an expanded scope of practice for Mental Health Clinical Nurse Consultants to build efficient therapeutic pathways improves consumer outcomes. 2.Increase in understanding of the potential role of the consumer workforce. Expanded Scope of Practice for nurses to meet workforce demands. **References:** Centre for Healthcare Redesign Agency for Clinical Innovation (2013) Project Management Training Resources. Sydney AustraliaThompson C, Quinsey K, Morris D, Gordon R, Williams K, Andersen P, Snoek M, Eckermann S and Eagar K (2012) Health Workforce Australia Expanded Scopes of Practice Program, Compendium of Data Requirements and Evaluation Tools. Centre for Health Service Development, University of Wollongong.

S026 Sub-acute Services
27/8/2014 From: 1530 To: 1700 Venue: Riverside Theatre
Paper 20 min: Prevention and recovery care in the West: The experiences of providing sub-acute services in regional NSW.
Craig Parsons Alex Carr
The Dubbo Mental Health Rehabilitation and Recovery Centre (MHRRC), established by Neami National in 2013, provides recovery focused sub-acute care to people from Dubbo and surrounding regions. As the catchment area for the Centre covers approximately one third of NSW, responding to the needs of many remote areas requires additional services to the site based support currently offered. One such initiative is the provision of outreach support to Aboriginal communities in Central Western NSW through the Aboriginal Linkages Program. The Aboriginal Linkages Program was created in response to the fact that Aboriginal Australians are twice as likely as non-Indigenous Australians to report high or very high levels of psychological distress (AIHW, 2011), are typically over-represented in acute inpatient settings and under-represented in community based mental health services. The Aboriginal Linkages Program employs Aboriginal staff, headed by a Social and Emotional Wellbeing Worker, to: Ensure that the many diverse Aboriginal communities in Dubbo and surrounding regions are able to access the Centre; Promote knowledge of the Centre as a safe space for Aboriginal people; Develop strong partnerships with communities, service providers and individuals to encourage and facilitate Aboriginal peoples'access to the service; Assist people to step up into the Centre, diverting them from an acute inpatient admission; and work directly with consumers and their families to facilitate successful transitions home; Build capacity within communities to foster better mental health and social and emotional wellbeing. This presentation will provide an overview of the service delivery approach utilised by staff in the Linkages Program and detail the early findings, including challenges and successes from implementing the program. **Learning Objectives:** 1.People will learn about the challenges and opportunities experienced in providing sub-acute mental health services in regional NSW and will gain a new perspective on supporting positive health and wellbeing in Aboriginal communities. 2.There are high rates of psychological distress experienced by Aboriginal Australians and Australians living in regional areas. Both populations are more likely to experience more severe outcomes of psychological distress and are

less likely to access traditional mental health services. **References:** AIHW. (2011). The health and welfare of Australia's Aboriginal and Torres Strait Islander people: An Overview. Canberra: AIHW.

S026 Sub-acute Services
27/8/2014 From: 1530 To: 1700 Venue: Riverside Theatre
Paper 20 min: Community based Sub Acute Mental Health Service (CB-SAMHS)
Lee Martinez May Walker-Jefferys Kuda Muyambi Judy Taylor Debra Papoulis Michael Marsh Kathryn Cronin Sue Pickering Mellissa L Kruger
Aligning community based mental health care with a bio psychological model of care can be cost effective and result in a reduction of hospital admissions.The Community Based sub-acute mental health service (CB-SAMHS) study was conducted to determine the key principles of a community based mental health bio-psychosocial sub-acute model of care by identifying what factors in two inaugural rural based service models influence positive outcomes for consumers. The enablers and barriers to consumer and carers in travelling through a sub-acute mental health service known as an intermediate care service, applying a step up step down model of care built on the principles of recovery, delivered in locations that best meets the consumers need for example sometimes in the home will be discussed. Furthermore the facilitation, challenges and outcomes of government and non-government service integration to provide a person centred approach to service delivery will be highlighted.Partnerships between all types of providers in mental health services in rural areas is a significant challenge, we will present an examination of staff perspectives from both government and non-government staff working within the service, elaborate on the partnership enablers and challenges between two rural towns operating within one service.The service complexity and challenges of recruiting for the study will be shared. The presentation will focus on the process of bringing together a research team across two lead organisations and outline the preliminary findings of the study. **Learning Objectives:** 1.Complimentary partnerships between government and non-government organisations working at the coal face that are flexible can exist to provide positive outcomes for mental health consumers. 2.A mental health service that is accessible and responsive to a rural community .The service demonstrates how the stepped model of care for mental health -can be used in partnership between a state health department and non-government organisations in tandem provide accessible, user friendly and person centred based support for the benefit of a rural community.

S027 Families, Women
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01
Paper 20 min: Women's PARC: Reflections on research, establishment and evaluation of gender specific mental health services.
Alys Boase Jeremy Sheppard
In partnership, Ermha and Monash Health have initiated Victoria's first Women's PARC (W-PARC) service in south east metropolitan Melbourne. The Women''s PARC pilot is a significant advancement for innovative service delivery in gender sensitivity and safety; this marks a commitment to protect women's physical, sexual and emotional well-being while effectively responding to their particular needs, experiences, strengths and preferences. The importance of tailoring mental health services to meet the needs of women is recognised; the vulnerability of women to

victimisation and abuse in mainstream acute mental health units is well documented. **Learning Objectives:** 1.Early findings from research and evaluation into the implementation of a gender specific mental health service will identify strengths and challenges of the model. 2.The consumer experience and perspective of a gender specific mental health service will be highlighted. **References:** F.Judd, S. Armstrong & J. Kulkarni 'Gender-Sensitive Mental Health Care', Australus Psychiatry April 2009 vol. 17 no2 105-111.Service guideline on gender sensitivity and safety: Promoting a holistic approach to wellbeing, Mental Health, Drugs and Regions Division, Victorian Government, Department of Health, Melbourne, Victoria 2011.

S027 Families, Women
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01
Paper 20 min: In sickness and in health: when mental illness complicates a marriage
Liza McStravick Juliana Hussain Jennie Fitzhardinge Sonja Herren
Couples therapy is a well-researched area with many theories on the most effective way to work with couples. A 30-year longitudinal study by Gibb, Fergusson et al (2011) concluded 'increasing relationship duration, but not legal relationship status, has a protective affect on mental health for men and women' What is less well-researched is how to work with a couple when one partner has a diagnosed mental illness. Research by Wood, Goesling et al (2007) states 'marital status may both affect mental health and be affected by it'.Arafmi is running a pilot program for couples consisting of one partner living with a diagnosed mental illness and their significant other. While the program is still in its infancy, a number of themes have emerged such as the levels of stress, anxiety and depression showing up in the partner in the 'carer' role. Our interactive presentation will cover these and other themes that have emerged in the work and where they may take our treatment in the future. **Learning Objectives:** 1.The differences and similarity of couples therapy versus couples therapy with one partner living with a mental illness. 2.How does having a label effect how the couple see their relationship and what are their expectations of therapy. **References:** Gibb, Sharee J., Fergusson, David M. and Horwood, L. John. 'Relationship duration and mental heath outcomes: findings from a 30-year logitundinal study.' The British Journal of Psychiartry Vol. 198, 2011 pp24-30. Wood, Robert G., Goesling, B and Avellar, Sarah.(2007) 'The effects of marriage on mental health' The Effects of Marriage on Health:A Synthesis of Recent Research Evidence.

S027 Families, Women
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 01
Paper 20 min: Families sharing with Families – Workshops where a parent experiences a mental illness- supporting everyone's capacity for resilience- what participants have to say
Carol Clark Angela Fielding Sonam Pelden
This paper presents the evaluation and outcomes of a workshop series that the whole family participates in. The workshops were families' idea and shaped by the issues, concerns and experiences of a group of families reflecting on what may have been helpful to their own family. They were developed in a partnership between families, Ruah Community Services and Wanslea Family Services. The Primary Aims of the workshops are: -To increase resilience of children and families living with parental mental illness -To empower and equip families to take an active role in

addressing the impact of parental mental illness on their children and on the family system - To improve quality of family life and support the recovery journey for each family member.The evaluation design is comprehensive and provides qualitative and quantitative measures. Both qualitative and quantitative data suggests significant improvements in the health of family functioning and improvements against key measures for children.This paper will explore how the content provided through the workshops directly address parents and children's concerns. It will also seek to demonstrate the practice principles and values which underpin the achievements of families and their children and suggest practices that can support service innovation

S028 Peer Workers
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 02
Paper 20 min: Do we want to see the elephant in the room? Supervisory stigma towards the peer workforce
Vivien Kemp Kay Masters
The 4th National Mental Health Plan 2009-2014 (Commonwealth of Australia, 2010) recommends the implementation of peer support services as a routine part of mental health service delivery, and all Australian states have now made provision for limited peer support services. Since the introduction of the peer workforce is a relatively recent innovation there is still a great deal of confusion about optimal roles, responsibilities and how to effectively supervise peer workers. An issue that is frequently raised in the literature is the stigma directed towards the peer workforce (Walker and Bryant, 2013). It is suggested that much of the work-related difficulties peer workers face is a consequence of stigmatising attitudes of the non-peer workforce. Supervision of peer workers is one area in which such stigma can be manifested. Peer workers commonly report micromanagement, tokenism, and permissive supervisory styles that impede their ability to work effectively. Addressing patronising attitudes, facilitating genuine recovery orientated services, mitigating tokenism and valuing the contribution of peer workers provide a means by which stigma can be overcome. **Learning Objectives:** 1.The audience will gain a deeper appreciation of the stigma encountered by peer workers. 2.To be effective, peer workers must find genuine acceptance in their workplaces. This presentation outlines how organisations can reduce the stigma often encountered by peer workers. **References:** Commonwealth of Australia. (2009) Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009 – 2014; Walker, G & Bryant, W. (2013) Peer support in adult mental health services: a metasynthesis of qualitative findings. Psychiatric Rehabilitation Journal 36(1):28-34 doi: 10. 1037/h0094744

S028 Peer Workers
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 02
Paper 20 min: Implementation of the Certificate IV Mental Health Peer Work Qualification via a Recognition of Prior Learning Process
Melissa Saggers Nicole Nannen Maria Franklyn
In 2011 Polytechnic West joined with industry representatives from the mental health sector to collaborate in the development and implementation of the new Certificate IV Mental Health Peer Work qualification in Western Australia. The collaboration group included consumers and carers; representatives from the Mental Health Commission; community managed organisations; carer's groups; and the AOD sector. The end result was a qualification with an emphasis on working with co-

occurring disorders that could be undertaken through a Recognition of Prior Learning process.This paper will provide audience members with an understanding of the development and implementation process for the qualification; an overview of the structure of the qualification; an understanding of the Recognition of Prior Learning process; and a personal account of undertaking the qualification from a Peer Worker. **Learning Objectives:** 1.Audience members will gain an understanding of the structure of the Certificate IV Mental Health Peer Work qualification; the process of Recognition of Prior Learning; and the experience of undertaking the qualification through RPL from a consumer peer worker who has completed the course. 2.This topic relates to mental health services in that it provides a pathway for the development of the peer workforce in Western Australia. **References:** Health Workforce Australia (2013) Mental Health Peer Workforce Study; Miller ME, Siggins I, Ferguson M and Fowler G (2011)National mental health workforce literature review. Melbourne, Department of Health

S028 Peer Workers
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 02
Paper 20 min: Integrating peer work with a specific therapeutic target: Experiences from the Voice Exchange program
Indigo Daya Louisa Dent-Pearce Janet Karagounis Neil Thomas
New roles are emerging as the peer workforce becomes increasingly established. Whilst much emphasis has focused on peer support and advocacy, there are also specialist roles peers can play in drawing upon their lived experience of particular issues. The Hearing Voices Movement has a long history of peer work with the specific issue of hearing voices, and this has been an area where particular approaches have been advocated in both peer support groups and in individual peer work. Voice Exchange is a peer work program which has been researching the use of specialist one-to-one peer work with voice hearers as a pilot randomised controlled trial. Two peer workers delivered a program combining principles of Intentional Peer Support with therapeutic methods designed to promote understanding of voices, appreciation of voices in the context of the person?s life history, and development of an accepting relationship with voices. In this presentation we draw upon our experiences of this work to reflect on the specific role that lived experience can have in delivering individual therapeutic work, the challenges of integrating peer work principles with a structured therapy, and the implications of peers doing work that is typically the domain of professionally qualified therapists. **Learning Objectives:** 1.Appreciation of the opportunities and challenges of peer workers conducting individual therapeutic work. 2.Understanding of a new potential role for peer work in the context of an emerging discipline that has an increasing focus in mental health service delivery. **References:** Corstens, D., Longden, E., McCarthy-Jones, S., Waddingham, R., & Thomas, N. (2014). Emerging perspectives from the Hearing Voices Movement: Implications for research and practice. Schizophrenia Bulletin, in press.Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 5, 134-141.

S029 Aboriginal People's Mental Health
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 03
Symposium 1.5hrs: Working together makes us stronger: Creating conditions for systemic change
Adrian Munro Margaret O'Connell Rod Astbury Uncle Charlie Kickett Aunty Helene Kickett Aunty Joanna Corbett Aunty Louise Hansen Uncle Albert McNamara Aunty Irene McNamara Warwick Smith Uncle Percy Hansen Jason Ellis

Background-In Australia the inadequacy of mainstream mental health services to respond appropriately to the mental health needs of Aboriginal peoples continues to be a major issue. A number of high-level reports, strategies and policies on mental health in Australia highlighting the deficiencies in both access and responsiveness to the needs of Aboriginal and Torres Strait Islander peoples living with serious mental illness have been published. These include the National Mental Health Commission (NMHC 2012), National Mental Health Consumer and Carer Forum (2011), Mental Health Council of Australia (2009). In the south east metropolitan corridor of Perth, effective and consistent mental health services to Nyoongar peoples has seldom, if ever, been attained, (Wright 2012). Findings from community consultations conducted in 2011 by the Looking Forward Aboriginal Mental Health Project team showed that there is a serious disconnection between mental health providers and Nyoongar families living with serious mental health issues (Wright et al 2013a). This disconnection is due in part to mental health service providers having little or no understanding of the Nyoongar worldview, for example, the lack of recognition by mainstream mental health services of the cultural component that strongly exists within a Nyoongar worldview. Twelve organizations from the mental health and drug and alcohol service sectors have made a commitment to work constructively with a group of Nyoongar Elders for the next three years. Their commitment is to change their work practices so as to markedly improve service provision for Nyoongar families living with mental health issues in the south-east metropolitan region of Perth. This type of change requires a paradigm shift; a transformation that speaks about new ways of working, a decolonizing practice where everyone, ultimately, can benefit from the healing effects of change that is supported by deep, authentic relationships (Wright et al 2013b).-The Symposium-Together with some of the Nyoongar Elders, representatives from four of these participating organizations will present key learnings from their working together on the change process, to illustrate the conditions necessary for sustainable, long lasting change in the provision of services to Nyoongar families. Their presentations in this symposium will discuss how, by decolonizing their workplaces, they are discovering a new way of working, through their experiences of listening to and learning from the Nyoongar Elders. This is a positive story of engagement. It is also a story of discovery, for as service providers have travelled on the journey they have been challenged about the legitimacy and practicality of their worldview within this context. The service providers are being taught about a Nyoongar worldview through the process of Deepening Relationships. With the Elders they are identifying the conditions required to enable a process of Deepening Relationships to occur so that the work of change can happen. As a result they have had to cognitively reframe how they think and act. This process of cognitive reframing has had a transformative effect for most of the service providers. Their work practices have noticeably changed and deepened

through their shared working together experiences with Nyoongar Elders. This is their shared story. **Learning Objectives:** 1. Gain insight into and knowledge of how different worldviews influence the way mental health and drug and alcohol service delivery impacts different cultural groups and their interactions with the mental health system. 2.Gain insight into and skills to create the conditions necessary for engaging effectively with Aboriginal peoples. **References:** Wright M, Culbong M, Jones T, O'Connell M, & D Ford. (2013), Making a difference: Engaging both hearts and minds in research practice, Action Learning, Action Research Journal, Vol 19, No 1: 36-61. Wright M, Culbong M, O'Connell M, Jones T, & D Ford. (2013), Weaving the narratives of relationships into community based participatory research, New Community Quarterly Issue 43, Vol 11, No 3, Melbourne VIC: 8-14.

S030 Featured Symposium: Veterans Mental Health
27/8/2014 From: 1530 To: 1700 Venue: River View Room 4
Featured Symposium 1.5hrs
Your Country Needs You - A Call to Arms - But what happens when you return home?
Rabia Siddique Sarah Lacey Michael Quinn Janice Johnston Louise O'Sullivan Sandra Cross Jonathon Picton
2014 is the 100th anniversary of the start of World War 1 and the 75th anniversary of the start of World War 2. This symposium acknowledges what the impact of serving one's country can be on those who answer the call or are called up, the impact on their families and the impact on the community.The symposium will include: Rabia Siddique - 'Finding my way through the fog'.(20 min presentation + 10 mins Q&A). Rabia Siddique is an Australian/Indian retired British Army officer, humanitarian, author and speaker who has battled with discrimination, abuse and chronic illness in her early years, and with post traumatic stress disorder and tragedy after her involvement in a hostage crisis in Iraq, where she was written out of history in a high level military and political cover up. She explores what it means to display resilience, moral courage and inner strength in the face of adversity and amidst trauma and volatility; to lead by example, even where this requires great sacrifice and bravery, and to travel that often dark and lonely road as an abuse and PTSD survivor. Rabia will relate her journey, which led to the decision to turn devastation and heartache into something constructive and purposeful, which gave her the inspiration and motivation to publicly share her story in order to shine a light on issues of equality, resilience and authentic leadership

S031 Peer Workforce
27/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5
Paper 20 min: Developing comorbidity peer support services in Perth - a new way of working
Leanne Mirabella
Research indicates that between 55% - 77% of people who attend an alcohol and/or other drug service (AOD) will also present with a co-occurring mental health issue (Grella and Stein, 2006; Teesson and Proudfood, 2003). Whilst carers and consumers with mental illness or substance abuse issues face many challenges, co-morbidity of these two issues presents a whole new range of dilemmas. One of these dilemmas is being able to access relevant peer support services that specifically target people with co-occurring mental health and AOD issues. Whilst peer support groups for carers and consumers with mental illness or substance abuse issues

have been found to be greatly beneficial, consumers and carers affected by both of these issues report that they still lack the support they need to address the complexities of co-occurring issues, stating that they often don't feel fully accepted by their peers unless their peer also has a lived experience of both issues. The PODCaB project, in partnership with many mental health and AOD services, is addressing this gap by developing a comorbidity peer support program for carers and consumers in Perth. The development of these programs involves research, the recruitment and training of peer workers, and the development of partnerships with agencies who will host and promote the programs to consumers and carers. This presentation will highlight the main achievements of the project as well as some of the challenges that have been experienced along the way. **Learning Objectives:** 1.Participants will learn about a new and innovative approach to peer support for people and families with a co-occurring mental health and AOD issue. 2.More than half of the people who access mental health services in Australia have a history of alcohol or other drug use. This presentation will outline a new peer led approach for working with people who have both of these issues. **References:** Grella, C. E., and Stein, J. A. (2006).Impact of program services on treatment outcomes of patients with comorbid mental and substance use disorders. Psychiatric Services, 57(7), 1007 - 1015. doi: 10.1176/appi.ps.57.7.1007Teesson, M., and Proudfoot, H. (2003).Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment. University of New South Wales, National Drug and Alcohol Research Centre. Canberra: Commonwealth Department of Health and Ageing.

S031 Peer Workforce
27/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5
Paper 20 min: A participatory journey to better services: Introducing the Framework for the NSW Public Mental Health Consumer Workforce
Peri O'Shea Paula Hanlon Tim Heffernan
This paper presents the Framework for the NSW Public Mental Health Consumer Workforce. Mental Health Consumer Workers are an essential workforce within the NSW mental health system. Consumer Workers come from a wide variety of backgrounds and have a range of skills, knowledge and life experience. Consumer Workers effectively engage their experience of their recovery journey to support consumers. Their roles include: peer support; positive role modelling; education; and advocacy - individual and systemic advocacy. The Framework provides guidance on issues of employment, line management, training, supervision and reasonable workplace adjustments, with the objective of increasing and supporting peer workforce as part of a recovery orientated approach to service delivery. This Framework has been developed over a number of years of research and consultation with all relevant stakeholders, in particular Consumer Workers. The Framework can be adapted for use in private and non-government or community managed Sectors and other jurisdictions both within Australia and internationally. This presentation will depict the participative journey to develop the Framework and the main concepts within it, with the goal of providing a road map to assist others to walk a similar journey. **Learning Objectives:** 1.The importance of supporting and 'growing' the consumer workforce -How to develop a Framework to support a Consumer Workforce. 2.To increase the understanding and importance of the role of the consumer workforce in supporting individual recovery and recovery orientated service delivery: consistent with the National Recovery Framework -To understand how this framework might inform the Health Workforce Australia (HWA) proposed

National Framework for the Consumer workforce and how this Framework is unique to the public mental health workforce; To better understand the role and the importance of consumer workers in assisting services, Local Health Districts and Health Departments to meet the requirements of National Safety and Quality Health Service Standards Standard 2 - 'Partnering with Consumers'. **References:** L Davidson, M Chinman, D Sells, M Rowe (2006) Peer support among adults with serious mental illness: A report from the field - Schizophrenia Bulletin, Volume 32, Issue 3; Slade, Mike, Personal Recovery and Mental Illness: A Guide for Mental Health Professionals, Cambridge University Press, 2009.

S031 Peer Workforce
27/8/2014 From: 1530 To: 1700 Venue: Riverview Room 5
Paper 20 min: Peer Work Strategic Framework
Suzanne Velarde Coralie Flatters
The WA Mental Health Commission's Mental Health 2020: Making it personal and everybody's business, notes that in order to create a sustainable workforce that understands and meets the diverse needs of people with mental health problems and/or mental illness, their families, carers and communities, it is important that peer support and mentoring become an accepted and valued part of mental health support and services.In an effort to achieve this, WAAMH (Western Australian Association for Mental Health) has created a framework which assists organisations within the mental health and alcohol and other drug sectors to embed peer work into their services. This framework focuses on four areas; defining peer work, peer worker support and development, system support for peer workers and developing the peer worker. It also includes an online toolkit of information and resources for service providers seeking information on peer work, particularly those interested in engaging with, or improving their engagement with, peer workers.The project also provides a local context by mapping peer work within both sectors in WA. This mapping exercise demonstrates how many peer workers are there, how many are paid and unpaid, how many hours of work are contributed each week and how peer work is funded. **Learning Objectives:** 1.The audience will gain a true perspective of what actual peer work is occurring in the sector in WA; its nature, is it predominantly paid or unpaid and the extent to which it is currently embedded into community managed mental health and alcohol and other drug organisations. They will also gain insight into how an organisation can successfully include peer work. 2.The mapping exercise represents an opportunity to see, given the well-documented evidence of peer work within these sectors, how successful organisations have been in embedding this work in practice. It tells us how far we have to go as a sector in WA and highlights many of the challenges organisations see as barriers to engaging peer workers. For current and potential peer workers it highlights issues they should consider when choosing an employer.

S032 Indigenous Population: Culture, Spirituality, Therapy
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 06
Workshop 1.5 hrs: Mental health interventions with indigenous populations: The interplay of cultural consultants, Aboriginal spirituality, and therapy.
Darryl Milovchevich Philil Narkle
It is well established that Aborininal and Torres Strait Islander (ATSI) communities in both rural and urban settings face significant mental health challenges when compared to the general population (Australian Institute of Health & Welfare, 2008).

The access of mainstream mental health services is often a challenge for ATSI communities due to cultural and historic factors within ASTI communities (Maher, 1999) and organisational factors in health services (Baldry et al., 2007). Clinical work with ATSI families can result in non-aboriginal mental health practitioners feeling overwelmed by the complextity of the issues that confront families. The use of cultural consultants has been advocated to increase the effectivness of non-aboriginal mental health practitioners in developing engagement and effective intervention with ATSI families (Vicary & Andrews, 2001). Family systems and biosocial theories share many similarities to cultural values evident in indigenous communities. Central to family systems theory and ATSI communities is the importance of family ties in developing effective and sustainable interventions. The use of Aboriginal cultural consultants embedded in clinical teams, have resulted in increased cultural awareness in clinicians, the development of clinical interventions that are culturally appropriate, increased engagement with families and intgration of aboriginal concepts of 'well being' and spirituality. A case presentation of an urban based ASTI family will form the foundation of this workshop integrating evidenced based clinical practice and indigenous cultural issues as applied within a systemic program to successfully reduce psychological distress, emotional wellbeing and increase parenting skills. The workshop will explore issues of sorcery and supernatural intervention and western diagnosis, 'womens buisness' and the maintainance of professional boundries in family centred interventions. The interplay of indigenous culture/spirituality and clinical practice will be discussed highlighting culturally appropriate considerations to develop effective and sustainable interventions with ASTI urban families. **Learning Objectives:** 1.Develop cultural competence in participants to work with aboriginal people in Urban setting. 2.Gain knowlege of and apply the concept of code shifiting to increase compancy in aboriginal clients to navigate both western and traditional aboriginal cultures. **References:** Walker, R., & Sonn, C. (2010) Working as a culturally competent mental health practitioner. In N. Purdie et al. Working Together: Aboriginal & TorresStrait Islanders Mental Health and Welbeing Principles and Practice. Vicary, D., & Bishop, B. (2005). Western pychotherapeutic practice: Engaging Aboriginal people in culturally appropriate and respectful ways. Australian Psychologist, 40, 8-19.

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Substance Use Disorder and Mental Health
Marilyn McMurchie
East Sydney Doctors, an inner city general practice with 6 FTE general practitioners, hosts an experienced drug and alcohol nurse in the practice one three hour session per week as available. The nurse is seconded from The Langton Centre, a public drug and alcohol service in Surry Hills, with the aim of transferring people who are stable on opiate substitution therapy to general practice methadone and Suboxone prescribing and to improve service liaison with these sometimes difficult clients. 76 individual clients were seen in 2013 and there files reviewed to a certain if and which mental health diagnoses had been recorded by the GPs.

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Our Wellbeing Discovery Tour – creative ways to promote mental health recovery and wellbeing.
Meagan Shand
This presentation follows the journey of the Our Wellbeing Discovery Tour a unique WA based project funded by the Department of Culture and Arts , Lotterywest and Healthway to promote the Act-Belong- Commit message (Laws, Donovan & Ambridge, 2008). From August - October 201, Our Wellbeing set out to the Wheatbelt region to engage community members in arts activities and learn more about arts and wellbeing in regional areas. Key project strategies included an interactive display at Agricultural Shows, which included arts activities and a photo booth; community forums; social media and marketing; a short documentary style film; as well as an arts and wellbeing survey. Results from the survey will be presented as well as what was achieved to meet two Healthway Arts sponsorship objectives of Healthy Participation and Health Message Promotion (Shand, 2014). Delegates will view the Our Wellbeing Discovery Tour short documentary, produced by a team of emerging WA film makers who followed the tour. The film and presentation highlight the important role the arts have to play in wellbeing and the need for creative responses to build stronger and more resilient people and communities. **References:** Laws, A., James, R., Donovan, R., & Ambridge, J. (2008). Implementing the Act-Belong-Commit Pilot Campaign: Lessons from the Participating Towns. Perth: Mentally Healthy WA, Curtin University. Shand. M. (2014) Our Wellbeing Healthway Final Report. Perth: Ruah Community Services Department of Culture & Arts. (2012). Healthy Arts - how the arts is making a difference to community cohesion, social wellbeing and rural revitalisation in Western Australia. Perth : Government of Western Australia.

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Change Action Team of West Australia - Working to make 'No Wrong Door' approach a reality
Charl Van Wyk
Doctors Ken Minkoff and Christie Cline are well known for their work in systems transformation within behavioural healthcare systems.In 2012 they ran a workshop in Perth 'Dealing with hard core business' that aimed to engage consumers, families, service providers and policy makers from across the broad health- social services continuum to see how the 'No Wrong Door' approach could be operationalized for consumers and families dealing with co-occurring AOD and MH issues. It resulted in the formation of the Change Action Team of WA an open forum for consumers, families, service providers from health and social services that focus on putting into practice the often quoted phrase 'Dual Diagnosis should be the expectation not the exception'. The CAT has a wide vertical and horizontal cross section of members.This session will share: he successes in how collaborative working has created better experiences for people with co-occurring mental health and drug issues; improved and supported workers in professional development and practice. The challenges in engaging the broadest range of services to embed a whole of system approach to the whole of person.Ideas on how service providers can better engage with consumers families and each other to improve outcomes. **References:** Developing Welcoming Systems for Individuals with Co-Occurring Disorders: The

Role of the Comprehensive Continuous Integrated System of Care Model - Minkoff K, Cline C.Journal of Dual Diagnosis, Vol. 1(1) 20042. Minkoff K, chair. Co-occurring psychiatric and substance disorders in managed care systems: standards of care, practice guidelines, workforce competencies, and training curricula. CMHS Managed Care Initiative Panel on Co-occurring Disorders. Center for Mental Health Policy and Services Research; Philadelphia, 1998.

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Practical experiences of a peer based, harm reduction focused AOD service when working with consumers with co-occurring mental health issues.
Frankie Valvasori
This presentation will illustrate how a peer based AOD service works with consumers with co-occurring mental health issues. A video will be used to illustrate consumer stories about how they have worked with a service that is both consumer based and has a harm reduction philosophy. The presentation will illustrate the working philosophy of our service and what has worked for our clients. It will illustrate how our service undertakes a journey with our consumers to realise an outcome of wellness and functionality. This will highlight our focus on working from a place of equality, honesty, confidentiality and a shared journey. The video will also illustrate the fundamental principle that incorporates the essence of our service - a therapeutic journey that is based on relationships, longevity and consumer centred. **Learning Objectives:** 1.Illustrate how consumers view their drug use in relation to their mental health. 2.Demonstrate how a peer based service works with consumers from a harm reduction stance

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Mental health transport service to free up Perth's EDs
Kieran Byrne
Reducing Length of time for mental health patient transfers from Emergency Departments .Under current legislation (Mental Health Act 1996) only police officers are authorised to convey patients subject to 'Transport Orders' to appropriate Mental Health facilities.The new Mental Health Bill as drafted will enable persons other than Police officers to be authorised to undertake involuntary transport to approved facilities. However the new bill will take another 2 years to be implemented.Aim :Provide a transfer service to MH patients by introducing a Pilot Mental Health Inter-Hospital Patient Transfer Service Model, rather than waiting for the new MH Bill to be enacted. With this service consumers will have a better chance in securing a hospital bed in a timely manner. This service is an inter-agency co-operation of WA Police, WA Health and the Mental Health Commission to devise an improved transport approach.Mental health patients needing transport between hospitals will no longer require a police escort, under the new initiative.Service (IHPTS), these appropriately trained and approved WA Health personnel will be authorised to escort eligible adult patients according to the requirements MHA 1996 and the IHPTS specifications. **Learning Objectives:** 1. How collaboration between WA Police, Mental Health Commission and Health Department brought about an improved service for Consumer families and cares within mental Health. 2. Patient Flow within

mental health is very topical at present and transfer between services is very difficult especially when patients are under the current MH Act. This service allows the Health Department to take control of their transfers

S033 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 07
Snapshots - Brief Paper 10 min: Intellectual Disability Mental Illness - A Major Unmet Services Need - Requiring Extraordinary Action.
Alan Robinson
There are approximately 400,000 persons with an Intellectual Disability (ID) living in communities across Australia. Approx 40% have significant co-existing psychiatric mental health issues*(1), and only approx 10% of such disabled persons with 'dual disability' are treated in 'mainstream' Mental Health Services across Australia*(2). Much harm and un-necessary suffering comes the way of these neglected developmentally disabled people with co-occurring mental illness in all areas of Australia, as shown by many case studies, as well as a great negative impact on the welfare of their family support members and carers, as a result of the gross failure of this affluent Society in the provision of appropriate psychiatric mental health and support services for these disabled people.The Royal Australian and New Zealand College of Psychiatrists (RANZCP), in their August 2011 submission to the Australian Government's 'Inquiry into Commonwealth Funding and Administration of Mental Health Services', spells out some critical areas of this failure, as follows - '…….The RANZCP also calls for better recognition, services and funding for people who have both an intellectual disability and mental illness…… Similar problem situations occur with other mental health practitioners incl psychologists, as well as GP's and others in our health 'workforce' in Australia.The current 4th National Mental Health Plan also says -'People with mental health as well as other health problems need to have their mental health needs addressed as well as their other health needs. For example, people with intellectual disability are at increased risk of experiencing a mental illness, yet this is often overlooked and access to appropriate treatment for both disabilities is limited',but little has been done to date to address this situation.People with Intellectual Disability in our Society are just not 'recognized' in the same way regarding their welfare and needs, and in this case, the specialist mental health and support services they need, as for say Government services to, Aboriginal and Torres Strait Islanders Peoples, Older People, People from Culturally and Linguistically Diverse Backgrounds, Rural and Remote Populations, as well as Gay, Lesbian, Bisexual and Transgender People. People with intellectual disability also have a 'culture', and often get-together as a 'cultural group' regarding community various types of activities.People with Intellectual Disability just do not get to be seen on the 'Radar' by Governments. It is a huge neglect, and a violation of their Rights to 'be seen' and properly served by those Governments. This is indeed a Human Rights issue.In July 2008 the 'United Nations Convention on the Rights of Persons with Disability' came into force in Australia - Article 25 Health of this Convention also has something to 'say' about such neglects. **Learning Objectives:** 1.To provide a good understanding of the need for essential improvements to Community Health services right across Australia in the care and support of people with intellectual disability with co-existing mental illness (dual disability), including the need to establish specialised Government Mental Health services (incl Forensic MH), 2.. The aim of my presentation is to show where these gaps lie, and to provide solutions for the provision of more appropriate Mental Health and related Community

Services, incl establishment of 'workforce competency framework & training packages'. **References:** (Tonge and Einfeld ACAD Study 1990, Emerson UK 2003 and et al Cooper .. British Journal of Psychiatry 2007),

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Physical health can and does improve through social & emotional support
Joyce Vidot
The importance of supporting people that live with mental illness to address their physical health and mental wellbeing, needs to be addressed in an inclusive manner. Our program does just that. The Meerkat Mob is split into two parts. We offer an 8 week group session with 3 and 6 month consolidation sessions. We invite various guest speakers to inspire and motivate our participants, goals are set and discussions begin to take place. The groups are facilitated by people with a lived experience so there is an understanding of what people are experiencing. The second part of The Meerkat Mob is individual support using The Flinders University for Chronic Management tool. We have all been trained to use this tool for the maximum outcomes. It is a very engaging method using an interview process with the client that inevitably highlights the persons concern around whatever issue is most important for them. From that point we then support the person to set some goals that are achievable and once a month we review these goals together.MIFWA work with our clients to help them to achieve and that alone helps them physically and mentally. **Learning Objectives:** 1. During our snapshot presentation we will inform about our program, its benefits and references and some testimonials.The Meerkat Mob addresses the problem of non-compliance, lack of drive to commit by helping people towards realistic goals with appropriate means to reach such goals. 2. Relevance to mental health services; there is a gap in services, because physical health and mental wellbeing need to be addressed together in the same program. Our program is unique in its approach and sensitive to the needs of people living with mental health. **References:** 'Investing in Mental Health' This publication was produced by the Department Health and Substance Dependence, Noncommunicable Disease and Mental Health, World Health Organisation, Geneva. Testimonials available from group sessions and individual support.

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Peer Health Coach Program
Catriona Bastian Kerry Stringer
The benefits of peer support work have been recognised and utilised in mental health recovery for many years now. Increasingly, physical health is being placed on the agenda of mental health services as research shows people living with mental illness have some of the poorest health outcomes in the community. There is however little evidence around the effectiveness of a specialised peer support program working with consumers on their physical health goals. SANE Australia has partnered with Neami National to develop and pilot a Peer Health Coaching program within Neami sites around Australia. The program is being run over a three-year period concluding in August 2015. A Peer Health Coach training workshop has been developed to train Peer Support Workers to become Peer Health Coaches and work one on one or in groups over 6 sessions, to support consumers who have identified

a physical health goal they would like to address. The findings from the evaluation and outcomes from the pilot will be used to develop an evidence-based model for use by mental health non-government organisations in the prevention and self-management of chronic physical illness for consumers.

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: WII – not fit: Introducing Physical and Emotional Health in Everything we do
Cheryl Rudorfer Debra Gibbons Janita Appoo
The innovative RichmondPRA peer operated service in Hervey Bay has developed successful emotional wellbeing and physical health program based on the RichmondPRA award winning Back on Track Health Program. The physical health of people experiencing mental illness is frequently overlooked as service provider's often focus on the diagnosis, treatment and skill deficits of people. Participants and peer workers developed a 'community of interests' which identify peoples interests, then plan and finally provide experiential opportunities. The program aims to increase people's knowledge regarding how to reduce the risks associated with common physical illness' and how physical health can improve emotional wellbeing. The program also promotes social inclusion by ensuring all the health and fitness activities take place in established community locations resulting in the majority of people attending the service, (some of which have not exercised recently) taking up healthy options that are fun. People involved in the program have increased their social networks and knowledge of other recreational and educational opportunities in the community. The program designed by peer workers also involves 9 group sessions, with guest speakers and activities. Many of the people who use the service have grown in self-confidence and facilitate or co facilitate the activity groups. **Learning Objectives:** 1.Identify key elements that have resulted in an effective emotional well-being and physical health initiative. 2.Identify ways of reducing the risks associated with some common physical health and emotional wellbeing problems in people with a lived experience of mental health issues.

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: New Conversations: shifting the way clinicians work with people who experience hearing voices
Francesca Coniglio Kate Priddle Aimee Blackam
Historically, the focus of clinical approaches to working with people who hear voices have involved avoidance, distraction and suppression. The Hearing Voices Movement has introduced new ways of thinking about people's voice hearing experiences that identifies the importance of new learning that come from individuals' making sense of their voice hearing experiences. This novel perspective to voice hearing experiences acknowledges the processes of empowerment and acceptance that come with being able to sit with the distress of voice hearing in order to drive this process of sense making. Co-facilitated by an expert voice hearer and a clinician, the Specialist Rehabilitation Service has developed a Hearing Voices Recovery Support Group that builds on the principles of the Hearing Voices Movement to enable voice hearers to share and learn from their experiences together, while at the same time revealing to clinicians a new way of working with people and their voice hearing experiences. This presentation will explore how clinicians have identified that

considering their own assumptions around voice hearing experiences prior to co-facilitating the group, and how exposure to this new way of working has influenced their theoretical perspectives and shifts in the way they approach their work with people who experience hearing voices. **Learning Objectives:**1.To understand that wisdom from both lived experience and evidence-based frameworks can create a synergistic balance that supports voice hearers in their recovery. 2.For mental health services and clinicians to consider how they currently undertake dialogue with consumers around their voice hearing experiences, and how this aligns with fostering conversation around how the consumer individually makes sense of their voice hearing experiences. **References:** Romme, M., & Escher, S., (1993). Accepting voices. London: MIND Publications. 2.Gagg, S., (2002). The reality of voices: 'Auditory hallucinations' - Fundamentals of theory and practice revisited. Australian and New Zealand Journal of Family Therapy, 23(3), 159-165.

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08
Snapshots - Brief Paper 10 min: Consumer and Carer Engagement in Improving the Physical Health of People with a Mental Illness
Beth Fogerty Tara Smark Julia Holliday Neale Carroll
Research suggests that mental health consumers want to improve their physical wellbeing. Due to a lack of encouragement from their support network they lack the motivation and self-efficacy to make health promotion changes (Dean et al). A health promotion project aimed to contribute to improving the physical health of people living with severe mental illness by piloting a physical health screening tool in Gippsland. The project steering committee found community consultations that brought consumers and carers together was vital in achieving the project's objectives. The Victorian Department of Health's standard for ensuring consumer and carer participation in the planning and evaluation underpinned the project. The project steering committee set incorporating the views of carers and consumers as one of its four project objectives This, in turn, led the seven Community Mental Health agencies who partnered in piloting the project to be responsive to the views, opinions and needs of the communities they serve (Department of Health, 2011, p.26). Community consultations were held before the project began to establish the values of the project, consultations were also held to gain feedback on physical health screening tools and to identify staff training needs and guidelines for implementing the pilot of the screening tool. Following completion of the project, a community consultation was held to evaluate the consumer and carer engagement throughout the project. The quality of the feedback of the consultations supports Ussher et als (2007) view that people with mental illness are interested in improving their physical health and will engage in increased activity if they receive support to encourage and motivate them. **Learning Objectives:** 1.People in the audience will learn the value of bringing consumers and carers together to develop a health promotion project and achieve objectives. 2.This topic is relevant to mental health services as it outlines the process for developing and evaluating meaningful community engagement. **References:** State of Victoria, Department of Health (2011). ?Doing it with us not for us: Strategic direction 2010-13. 2. Dean, J., Todd, G., Morrow, H. & Sheldon, K. (2001).

S034 Snapshots
27/8/2014 From: 1530 To: 1700 Venue: Meeting Room 08

Snapshots - Brief Paper 10 min: Who would have known kindness would be the magic tool to help our whole family.

Wanda Davies Anya-Jane Statham

This paper shares an account of the use of kindness as a gentle lever for change. Working with a family that were willing to step into the unknown and trust this rarely cited practice was a privilege to witness. Initially, there was fear and, as is so often the case, when this happens kindness is the first thing to go. By all parties having the deep courage and willingness to stop trying to fix things, step back and be kind, enabled magic to happen. Patterns of control were able to be released by using the recovery support space to run new ideas, test theories and new language (letting go of should and must) the family was able to let go of perceived responsibility and practice empathy. Kindness created a space of trust and safety in which old family rules that were not working could be let go, challenged and personal power was found. The family concluded with 'we reached out to family in America and Africa and yet the help was right here at home. Learning Objectives: 1. Kindness as an undervalued as a learning tool. 2.The importance of belief of the individual expertise Drawing on the National Mental Health Standards and the National Recovery Framework, this paper provides a concrete example of holistic family focused recovery practice to mental health services and professionals. This as it exemplifies how when we believe in kindness toward each other true magic can occur. *Allowing space *Owning your own experiences. **References:** Bradstreet, S., Chandler, R., & Hayward, M. (eds). (2012). Voicing Carer Experiences, Scottish Recovery NetworkSeikkula J & Trimble D (2005) Healing Elements of Therapeutic Conversation: Dialogue as an Embodiment of Love. Fam Proc 44:461-475.

S035 New Service Frameworks Towards Recovery
27/8/2014 From: 1530 To: 1700 Venue: Amcom Suite
Paper 20 min: But what if..

Deb Gleeson Tracey Morgan

But what if….? The opening of a PARCS Unit is not a new type of treatment option within either of our organizations(PDRS or Clinical) but what if we tried to do things a little differently? What if we worked to try and form a truly collaborative partnership between recovery and clinical systems? Shared policies, procedures, files and teams in our daily operations. What if we tried to blend both the recovery and the clinical models into one? For the past 12 months we have tried to do exactly that. Trying to find the places where these two systems support each other while trying not to focus on the 'but what if…..s' This presentation endeavours to look at what has worked in our journey as well as the things that we still need to work on. How do we support our staff in managing the anxiety of 'but, what if…..' when we try to do things differently? We will discuss: How we focus on maintaining 'a spirit of optimism' while bringing together two very different systems. How do we stay committed to working through it all together And how we ensure our focus stays on comsumers. **Learning Objectives:** 1.It is expected that people in the audience will gain an understanding of some of the challenges of bringing together two differing systems in this instance one recovery and one clinically based. 2. Mental Health services not only in Victoria but around the world are identifying a clear motivation to move towards a more comprehensive recovery based model of care in all modalities. This presentation aims to show how clinical services can embrace and enhance a recover focused model. **References:** Commonwealth of Australia 2013 'A national framework for recovery-oriented mental health services' M Slade, et al, 'Uses and abuses of

recovery: implementing recovery-oriented practices in mental health systems' World Psychiatry 2014;13:12-20

S035 New Service Frameworks Towards Recovery
27/8/2014 From: 1530 To: 1700 Venue: Amcom Suite
Paper 20 min: Opening Pathways to Recovery and Discovery Our Experience Developing a new service framework
Barbara Disley Mary O'Hagan
As a community based mental health recovery provider, Richmond Services has been on a journey to reframe the way in which our services are provided. Working with a team that included people with lived experiences from across our services a new frameowrk that incorporates a strong learning paradigm as opposed to an illness paradign has been developed. The framework draws on the 'houses of wisdom' using the wisdom from evidence (scientific research, medical); lived experience wisdoms; cultural and community wisdoms. The framework has a strong broadly based outcomes approach that seeks to enhance good outcomes within all spheres of a person's life. As an organisation Richmond is also on a learning recovery/discovery journey into the way we work as an organisation. As an organisation we are building lived experience wisdom into our way of working at all levels. We are working to strengthen acknowledgement of the importance of an organisation's culture in shaping how we work with each other and we are seeking to bring more'heart' and rigour to our use of feedback and evidence.The learning approach draws on the educational work of Russell Bishop that reinforces the principles of valung cultural context, learning and world view of the person one is working with. In the new framework comprises three foundations - connect, create and change and learn. **Learning Objectives:** 1.To engage in discussion on the merits of a strong learning paradigm as a foundation for providing recovery focused mental health services. 2.To share our experience of revitlaising a large service focused organisation and receive feedback and ideas.

S035 New Service Frameworks Towards Recovery
27/8/2014 From: 1530 To: 1700 Venue: Amcom Suite
Paper 20 min: From Siloed to Integrated Teams: Moving Towards Seamless Community Mental Health Services
Jan Ball Allison Liddell Louise Hann
Inner South Community Mental Health Services were previously situated over two locations, and were comprised of three different types of specialised teams. State-wide, there were similar specialised teams which overall had 23 different names between them. As a result of state-wide recommendations, there was a commitment at an executive level to align work practices on a metropolitan wide basis, and to have integrated community mental health teams.With siloed teams, there were barriers and challenges to provide a responsive, Consumer centric service. Following consultation with all stakeholders including consumers, carers, staff and other agencies, a model of care was developed with business rules for practice which envisioned a seamless, consumer-centred service which would be replicated no matter where the consumer lived within the metro area. The Inner South was the first area to integrate, combining not only a change in practice but a move into a new building with teams coming to work together for the first time, as well as rebuilding of a progressive culture and changes in leadership. This presentation will discuss this journey, challenges and outcomes from both staff and consumer perspectives.

Learning Objectives: 1.Attendees will hear ideas around managing change in culture and practice, and about operationalising a vision on a local level. 2.This presentation discusses changes in a community mental health service to benefit both staff and consumers in thinking about how services are provided and quality improvement.

S036 Reducing Smoking
27/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge
Paper 20 min: Family carers' practices or responses endorsed, maintained and further cemented the smoking behaviours of their family members: Why is this?
Sharon Lawn Louise Fuller
Although the rate of smoking in the Australian population has dramatically decreased during the last thirty years, people with mental illness still continue to smoke at high rates. While studies have examined smoking behaviours within health settings from the perspectives of health professionals and mental health consumers, there has been little attempt to understand how family carers respond to the smoking activities of family members within the family environment. This study, the first in Australia focused on exploring family carers' experiences and perspectives of smoking by family members living with mental illness with the aim of informing smoking cessation practices.Using a qualitative approach, the study found family carers felt isolated and alone in dealing with smoking behaviours and experienced little support from mental health services. As a result the study found that family carers' practices or responses endorsed, maintained and further cemented the smoking behaviours of their family members. Study findings indicated that there are clear implications on how services could respond, how family carers might be supported and directions for tobacco control and smoking cessation policies generally. Given the absence of research undertaken in this area, this study makes a significant contribution to developing an understanding of the barriers and enablers to smoking and the challenges faced by those with mental illness who smoke and those who care for them**. Learning Objectives**: 1.The audience will gain an insight and understanding of the every-day lived experiences and responses of family carers to smoking behaviours of a family member with mental illness. 2. This study may inform how services could respond, how family carers might be supported and directions for tobacco control and smoking cessation policies generally. **References:** Allan, J. 2013. Smoking: time for the mental health system to confront its own ambivalence. Australasian Psychiatry, 21, 203-205. Missen, R. L., Brannelly, T. & Newton-Howes, G. 2012. Qualitative exploration of family perspectives of smoke-free mental health and addiction services. International Journal of Mental Health Nursing.

S036 Reducing Smoking
27/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge
Paper 20 min: Evaluation of the impact of the release of Mind's Smoke Free Environment Policy
Brophy Lisa McKinlay Andrew Cathy Segan
High rates of smoking amongst people with mental ill health is a major health issue. The development of smoking policies that can be successfully implemented is of primary importance to mental health service providers and consumers. This research was a student project run in conjunction with Mind Australia, Quit Victoria and The University of Melbourne. The project was in partial fulfillment of the Master of Public

Health. The project evaluated the implementation of Mind's Smoke Free Environment Policy in terms of staff awareness, compliance, how the policy impacted on smoking behaviour across Mind and on smoking related attitudes. The evaluation involved individual and group interviews and an online survey. The results of interviews with both managers and staff members were broken into five major themes; the staff and client relationship, the purpose of the policy, the impact on the environment, the negative results of the policy implementation and the positive results. The survey results identified both the benefits and challenges Benefits included increased opportunity to assist clients in relation to providing smoking cessation and reduction support and also health benefits for non-smokers. Challenge included safety issues and having to enforce the policy when adherence varied. **Learning Objectives:** 1.Participants will learn about the staff perspectives when a smoking ban (partial and full) is applied and the positives and negatives that are the result of that policy implementation. 2.Participants will also be introduced to the issues staff identified about providing smoking cessation and reduction support to clients within mental health settings and the views of staff members on how to achieve this within a policy outline. **References:** Lawn SJ and Campion J, Achieving Smoke-Free Mental Health Services: Lessons from the Past Decade of Implementation Research, International Journal of Environment Research and Public Health, 2013, vol 10, 9, p: 4224-4244; Bonevski B et al, Turning of the tide: changing systems to address smoking for people with a mental illness, Mental Health and Substance Use, 2011, vol. 4, 2, p: 116-129

S036 Reducing Smoking
27/8/2014 From: 1530 To: 1700 Venue: BelleVue Lounge
Paper 20 min: Who should be taking responsibility and what should we be doing for the problem of high smoking rates among people with mental illness?
Della Rowley Sharon Lawn
The purpose of this doctoral study has been to explore the beliefs about the problem of the high rates of smoking among people with mental illness and to examine recommendations for reducing smoking rates. The aim was to examine the experiences and knowledge of Australian experts in tobacco cessation (people who have won awards for their work in this area)and innovators (or 'change champions') working in the field of mental health and tobacco cessation and to identify recommended measures for policy change.Twenty one interviews were undertaken which were analysed and coded into themes. These themes formed the basis of 2 rounds of the Delphi technique used to establish a group consensus position from the participants. The themes most supported by both experts and change champions are clustered into 5 main areas; leadership, consistency of message, awareness of the benefits, the need to train staff and to join mental health to physical health.The workshop would be an opportunity to discuss the potential for implementation of these main themes within the framework of Carol Bacchi's process of examining the belief system behind problems which she calls 'What's the problem represented to be?'The mental health system is believed to bear the major responsibility for both the problem and the solution but they are not accepting it.This problematisation will be discussed as it appears to be an issue ripe and ready for the formation of a partnership. The tobacco control movement around the world has been impressively successful over the last few decades by having a united voice and this is an area of work that would benefit from equally strong cooperation and unity. **Learning**

Objectives: 1.To discuss the study results with practitioners in the field to transfer research findings into practice. 2.To assertain whether Bacchi's 'What's the problem represented to be?' resonates with mental health service providers. **References:** Bacchi, C. Analysing Policy: What's the problem represented to be? Sydney, Pearson 2009Allan,J. Smoking: time for the mental health system to confront its own ambivalence. Australas Psychiatry 2013: 21(3) 203-205 If the workshop abstract is not accepted, I would like to be considered for a 20 minute presentation with 10 minute discussion as an alternative please.

Welcome Reception Foyers 5.15 – 6.45pm
Address by The Honourable Wayne Martin AC, Chief Justice of Western Australia, Administrator of the state of Western Australia
Finger food and soft drinks supplied; alcoholic drinks for sale.