

S2 'CAN WE MANAGE WITHOUT THE PSYCHIATRIC HOSPITAL?'**29/08/00 - 10.00-11.00 Hall E -****Julian Leff**

In many parts of the world, psychiatric hospitals are being run down and completely closed. In England and Wales 100 of the 130 asylums have gone. While long stay patients with functional illnesses and people with dementia have benefited from this dramatic change, problems which were not anticipated have arisen. Acute services have come under enormous pressure and are struggling to cope with this in the absence of the flexibility that the old asylums provided. Many former patients remain socially isolated in a community that does not welcome them. The media perpetuate the stigma of mental illness and influence public attitudes adversely. The work opportunities that were provided in the hospitals have not been adequately replaced in the community. There is a group of people left at the end of the closure process whose behaviour is too disturbed and disturbing for them to be placed in ordinary community houses. Is there any hope of integrating them into the community? Ways of dealing with these problems will be suggested and illustrated with some controlled trials. Answers can be found without retreating back to the asylum, but they require the investment of time and money. Is society prepared to make this investment?

S3 NATIONAL MENTAL HEALTH STRATEGIES**29/08/00 - 11.30 - 13.00 Hall E****Janice Wilson - New Zealand Update: Abstract not available at time of printing****A National Approach to improving mental health for all Australians: Dermot Casey**

For most Australians, the remarkable progress that has been made in physical and material wellbeing over the twentieth century has not been matched in terms of social and emotional wellbeing. As part of a coordinated national approach to address this imbalance, the National Mental Health Strategy, adopted by all Health Ministers in 1992 and further endorsed via the *Second National Mental Health Plan* in 1998, has progressed some significant reforms across areas such as consumer rights, linking mental health services with other sectors, the mental health workforce, legislation, research and evaluation, standards, monitoring and accountability. During the period 1992-2000, substantial reforms have been made to the delivery arrangements of mental health services across Australia. In particular, there has been a reduced reliance on stand-alone psychiatric hospitals and an expansion in the delivery of community-based mental health care. Also, the range and quality of mental health services available has improved substantially. They are seen to be more responsive, more community oriented and better integrated with general health care. However, there is still more to be done. Mr Casey will provide an overview of what has been achieved and what key challenges are still to be addressed. There will be opportunity for questions and debate.

S4 A SUPPORT GROUP FOR PEOPLE WHO HEAR VOICES**29/08/00 -11.30 - 13.00 Hall B****Paper 20 minutes: Charlotte Johnstone, Brian Johnston**

Despite advances in pharmacological treatment a number of people with psychotic disorders still experience ongoing symptoms. This workshop explores a series of Support Group Programs currently undertaken through North Western Adelaide Mental Health Service with the aim of improving coping skills in people who experience persistent medication-resistant auditory hallucinations, in particular - hearing voices. The Support Groups have the following objectives- 1.Reducing the fear and distress often associated with voices Areas covered include - stigma, beliefs about voices, desensitisation to the content and negative automatic thoughts. 2. Learning to control the voices Methods include monitoring of voices, focusing versus distraction and other strategies. 3. Reducing the frequency of voices Methods include exploring vulnerability to stress, meaning of the content, triggers to voices, expectation to hear voices and emotional reaction to loss of voices. 4. Constructive use of the experience of hearing voices Methods include exploring individual creativity, finding positives, and exploring what can be learnt from the experience. The group intervention provides participants with the opportunity to exchange information and work collaboratively on developing effective coping strategies. Group members realise that they are not alone in attempts to cope with this difficult and challenging symptom.

LEARNING OBJECTIVES: 1.What will people in the audience gain or learn from attending this presentation? The audience will gain understanding in how to help people cope with persistent auditory hallucinations. 2.How is this presentation relevant to mental health services/issues? A substantial number of people experience medication-resistant auditory hallucinations and there are methods of coping which are helpful.

S4 NOTHING BUT A POUND DOG**29/08/00 - 11.30 - 13.00 Hall B****Paper 20 minute: Hanna Schotten, Kristine Constantinou**

Social phobia is a high prevalence mental illness (0.9%-2.6%), with an average onset of mid to late teens (Schneier et al, 1992) and often chronic in course. In teenagers social phobia is associated with loss of schooling, social isolation and difficulty achieving developmental tasks. Those with social phobia and agoraphobia are at increased risk of depressive symptoms, suicide attempt and alcohol abuse.The Pound Dog Group provides a highly engaging and effective group treatment for social phobia and anxiety/agoraphobia for clients who otherwise has difficulty in engaging in treatment due to avoidance and anxiety symptoms. Developed over 2 years with young people living in the West of Melbourne as part of a mental health group treatment program, the group uses a combination of an engaging activity (walking dogs at a lost dogs home), cognitive behavioral therapy, group work and experiential

learning. The paper will describe the group, the theoretical basis of the group and descriptive outcomes for clients. It will also suggest that the group provides a model for group treatment using CBT that meets the particular treatment needs of adolescents.

LEARNING OBJECTIVE: I. The audience will learn some strategies for working with adolescents with social phobia and anxiety in a group setting. They will learn about the theoretical basis of the group and understand some principles of using Cognitive Behavioural Therapy effectively with adolescents. Objective II. The audience will learn about an effective, brief and low cost treatment for a high prevalence and disabling mental health problem. Anecdotal evidence suggests it provides positive and meaningful experiences for consumers.

S4 MULTICULTURALISM AND GROUP PROGRAMS IN MENTAL HEALTH: WORKING WITH CULTURE, LANGUAGE AND DIVERSITY ISSUES

30/08/00 – 14.00 – 15.00 Hall B

Paper 20 minute: Mark Loughhead, Thu Huynh, Tram Hua

LEARNING OUTCOMES: 1) Participants will learn a framework of various detailed themes for developing and evaluating their group programs in terms of cultural and accessibility issues 2) Given the cultural diversity of our cities and rural areas, this area is one of utmost relevance if we are to develop integrated services which benefit the 'whole' community. This area is increasing in profile in national and state level policies and accreditation processes. The Paper will focus on the need for mental health service development in the area of group programs which cater for Australia's multicultural community. The introduction will cover recent policy and research in program design and list common barriers which prevent people from non English speaking backgrounds from gaining access and meaningful participation from groups will be: Strategies for working with multiple language groups · The impact of community stigma on participants in groups · Framing content and titles for cultural sensitivity · Program orientation: eg therapeutic, social recreational, advisory. Consumer participant in design, evaluation and management.

S5 'YPPI - NEW CENTURY, NEW DIRECTIONS'

29/08/00 - 11.30 - 13.00 Hall C

Paper 20 minute: Deb Howe

The Young People and early Psychosis Intervention (YPPI) Program was one of the first specific early psychosis service to be established within Australia (1994). The program has evolved from employing an individual worker into a comprehensive, innovative service, which is based within a youth mental health model. The use of arts in the recovery of young people with first episode psychosis has been an integral component of this model as has the use of clinical outcome measurement and a significant evaluation focus. The YPPI Program has also been developing specific intervention for young people with problematic drug and alcohol use and psychosis. The use of outcome measurement over the past 3 years has meant that the clinical interventions provided by the YPPI workers are supported by strong evidence of their efficacy. Young people on the program have demonstrated significant decreases in their levels of psychiatric disability, depression and suicidality over the program duration. A review of the evaluation component of the program has led to the development of the next phase, 'YPPI - 2000 to 2003'. This paper will briefly report on the evaluation results to date, the experience of the workers in a clinical research model and describe 'where to next' with this program.

LEARNING OBJECTIVE : 1 the audience will gain an understanding of aspects of service delivery that are imperative when working with young people experiencing first episode psychosis. 2: this topic is directly relevant to mental health services as it discusses issues of service delivery to young people experiencing first episode psychosis.

S5 INNOVATIVE IDEAS IN MANAGING RESIDENTIAL FACILITIES FOR YOUNG PEOPLE

29/08/00 - 11.30 – 13.00 Hall C

Paper 20 minute: Jo Silvas

The Ryde Community Acute Mental Health Services (RCAMHS) have been committed to providing quality Early Intervention Services for its youth. As part of this commitment, the RCAMHS provides a residential service that offers support to young people with emerging or newly-established major mental illness of less than two years' duration. The 'Get Real' House aims to provide an opportunity for young people aged between 18-25 years to live independently in a fully self-contained house. In providing this accommodation we hoped to empower young people with support to achieve desired outcomes in reconstructing their lives, in understanding their psychotic experience and developing skills for the future. We encourage a sense of "belonging" which we have observed allows the young person to gain feelings of ownership and empowerment of having freedom and control in their own space. These ideas stem from a promotion of 'normalising' the young person's experience of supported accommodation. We believe this project to be innovative and progressive. This paper will explore and evaluate the creative ways used to overcome the barriers that faced the Service in:

LEARNING OBJECTIVES: 1. The initial establishment of the facility ie.funding obstacles and ownership issues expressed by the Acute Team. 2. The challenges of reconstructing ideas and attitudes about how to manage the Facility ie Who and How the facility would be managed on a day to day basis? 3. Redefining the idea of What a therapeutic relationship looks like when a young person is living in a residential facility? 4. Fostering alliances with local neighbourhood and local communities in conquering the myths regarding mental illness constructed by media and public opinion.

S5 REORIENTING GENERAL MENTAL HEALTH TOWARDS EARLY INTERVENTION FOR PSYCHOSIS - STAFF ATTITUDES, SERVICE PROVISION, CLIENT OUTCOMES

29/08/00 - 11.30 – 13.00 Hall C

Paper 20 minute: Jo Gorrell, Alan Rosen

This paper reports on the evaluation of the reorientation of Northern Sydney mental health services towards a systematic early intervention approach to psychosis, without additional funding. This paper is comprised of three parts: 1. Staff attitudes - The successful implementation of a new approach to clinical practice requires that staff hold views in favour of the new approach. The development of a questionnaire to assess staff attitudes will be presented. The attitudes held by our staff and how these changed during the introduction of early intervention will be described. 2. Service provision - is being investigated by a medical record audit, currently in process. 3. Client outcomes - Routine outcome measurement has been introduced for all young clients with early psychosis. Preliminary data will be described. Our Perceptions of Early Psychosis Intervention questionnaire (PEPI) appears to be useful in assessing staff attitudes. We have successfully initiated a process to monitor change in services provided and to routinely and comprehensively measure client outcomes.

LEARNING OBJECTIVES 1. Participants will: Gain knowledge about the methods used by a comprehensive general mental health service to evaluate the reorientation towards a systematic early intervention approach to psychosis. Learn about the development of an instrument to assess staff attitudes towards these service developments. 2. Issues of relevance to mental health services: Implementing early intervention for psychosis. Routine assessment of client outcomes. Successful service change - addressing staff attitudes.

S6 GENERAL PRACTITIONERS ARE THE FIRST 'PORT OF CALL'

29/08/00 - 11.30 - 13.00 Hall D

Paper 20 minute: Jill Benson

General Practitioners are the first 'port of call' and the mainstay of treatment for the majority of people with a mental illness. 10% of our consultations involve psychological problems and 25% of even severe illnesses like schizophrenia are treated solely by GP's. These figures are predicted to increase as the incidence of depression rises and more psychiatric treatment takes place in a community setting. We are ideally placed for such things as preventive care, dealing with family issues, community liaison, shared care with hospitals and private psychiatrists, continuity of care, monitoring of concurrent illnesses and dealing with side effects of medication. However as a group we don't seem to have earned the respect and trust of much of the public or private sectors, we are under-funded, lack the support networks necessary to treat difficult patients and struggle to keep up with new medications and psychotherapeutic techniques. In summary GP's are a multi-skilled, easily accessible, holistic, family-oriented resource within the medical community who need to be encouraged, supported and educated to fill a valuable niche in the mental health system.

LEARNING OBJECTIVES: 1. The audience will learn about the role of GP's in the care of patients with Mental Illness and the advantages and limitations of that role. 2. GP's are often under-utilised and unrecognised as a resource in the spectrum of mental health services and this imbalance could be rectified to everyone's benefit.

S6 A GP LIAISON PROGRAM IN TOOWOOMBA

29/08/00 - 11.30 – 1300 Hall D

Paper 20 minute: Robert Craig

Twelve general practitioners were employed for four hours each week for two months to provide GP liaison to the three teams providing mental health services to Toowoomba residents. The Liaison Officers identified the level of involvement of the general practitioner in a patient's care, brought the general practice perspective to the Community Mental Health Team and liaised with the patient's general practitioner regarding the Team's management. Knowledge and understanding of the local service was improved and personal links with staff were made. Discussion regarding problems of communication between clinicians and between different services resulted in more understanding, if not resolution. Included in the program was an upskilling course, which covered psychiatric assessment. In addition, there were five two hour sessions devoted to the management of identified diagnostic groups and a whole day on brief psychotherapies appropriate for use in general practice. In Toowoomba about twenty general practitioners have been identified who are interested in mental health. Their knowledge of the local service, their links with individual therapists and their knowledge base and skills in psychiatry have been enhanced.

LEARNING OBJECTIVES: 1. Audience Gain: General practice liaison is useful for general practitioners, accepted by community psychiatric services and beneficial to their patients. 2. Relevance to Mental Health Issues: This presentation shows the enhancement of a partnership between primary and secondary psychiatric care and offers a strategy to prepare for shared care programs.

S7 STRUGGLES, STRENGTHS, SHARING: PLAYING 'THE STIGMA GAME'

29/08/00 - 11.30 - 13.00 Hall A

Workshop 1.5 hour: Liz Schultz

Stigma, discrimination and myths about mental illness can be very hurtful, and limiting and can drastically affect the choices open to people. Individual strengths, struggles and choices are often not recognized and people are not valued. This workshop will give people the chance to talk about some of these issues and to tackle some myths head on. During this workshop, participants will have the opportunity to play 'The Stigma Game', a table top board game, designed by a South Australian, Liz Schultz, and based on situations, stigma and discrimination faced by people experiencing mental health problems. 'The Stigma Game' is more like a resource than a game because

it aims to* promote discussion about real life issues which can at times be extremely distressing. * Provide opportunity for people to share their personal experiences and information about resources, services and activities, which can help towards alleviating this distress. * Encourage group awareness and discussion about challenges faced by people with mental health issues. * Highlight some of the special things people with mental health issues have to offer. * Give opportunity for players to share strategies for keeping well and dealing with challenges of daily life. * Provide opportunity to discuss strategies and even changes of policy and practice which might help reduce stigma. You will have the opportunity to play the game in-groups of up to 15 people. You will be asked to 'put yourself in the shoes ' of someone with a mental health problem, facing a range of situations and challenges, as you move around the board.

LEARNING OBJECTIVES:This workshop provides a unique and supportive opportunity for people to share a range of real life experiences relevant to stigma and discrimination and a chance to pool ideas for improved understanding by mental health service providers and the community at large.

S8 'JOURNEY OF HOPE'

29/08/00 - 11.30 - 13.00 Room 1 & 2

Paper 20 minute: Desley Casey, Natalie Andrew

"Where have we come from? This is the big question. As consumers working in consumer roles it is important that we know our roots and also where we're heading. The challenges that face consumers working in mental health services are an indication of the quality and types of mental health services that are being established in each area. How we overcome these challenges is a challenge in itself. The personal stories, supports that have been put into place and the training received all play a role in how consumers undertake to give input into the services that are being delivered. This paper will discuss some of the challenges and tell of the journey of hope that the writers have undertaken over the past six years. We will briefly look at national and state policies that have provided a framework for consumers to advocate for best practice services. Where have we come from? Where are we heading? Are the services currently being delivered sensitive to the needs of consumers? Come, share the journey with us as we walk along our path and tell of our hopes for the future."

S8 THE SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM (SCAP) PROJECT UPDATE: RESULTS FROM THE FIRST 200 CLIENTS

30/08/00 – 15.30 – 17.00 Room 1 & 2

Paper 20 minute: Nadine Corteling

The Schizophrenia Care and Assessment Program (SCAP) is a prospective non-randomized, observational study. It is a long-term follow up study that will recruit 350 clients diagnosed with schizophrenia and other related disorders. The aim of SCAP is to gather information to improve the quality of mental health care for this group of clients by evaluating which of the available treatment options produces the best clinical outcome at the lowest cost in a real world setting. Clinical outcomes are measured through a number of rating scales which provide information related to psychopathology, depression, quality of life, extrapyramidal side effects and global functioning. These scales are administered by experienced clinicians that have been trained to administer them in the form of a structured research interview. SCAP is in its third year of recruitment and follow up has provided vital information into healthcare and various treatment costs as well as the quality of life of this population. Data for the first 200 clients enrolled in SCAP will be presented and will include information on demographics, symptomatology, inpatient versus outpatient data and quality of life. Finally, service providers and users will gain a better understanding into schizophrenia and the treatment methods that are more advantageous and cost effective. **LEARNING OBJECTIVES:** The session will provide those attending with: i) Knowledge of the benefits of the SCAP project, ii) Valuable information about the quality of life of clients that suffer from schizophrenia over a period of 3 years. **Resume:** Nadine Corteling is a registered General and Psychiatric nurse. She has four years experience working in various fields of psychiatry. After working at the inpatient facility at the Dandenong Area Mental Health Service, she secured a position at the DRPC in 1997. She is employed as a clinical assessor working on the Schizophrenia Care and Assessment Program (SCAP).

S8 CREATING A TREASURE CHEST OF JOURNEYS TO RECOVERY

30/08/00 – 14.00 – 15.00 Room 1 & 2

Paper 20 minutes: Irene Henley, Kate Thorpe, Tasma Belcher

People are invited to join this workshop and participate with us in contributing toward creating a 'Treasure Chest' of experiences that can lead to Journeys of Recovery.

The aim of the workshop will be to encourage and enable people to share their experiences so that the momentum of the workshop will enable the sharing to bring together all our stories and create a "Treasure Chest of experiences that can lead to recovery. As coordinators of the workshop, our names are Kate Thorpe and Tasma Belcher and we both have a mental illness which has been enduring and at times debilitating. We will share with you our journey and in small group discussions people will be encouraged to share their experiences, explore similarities and differences in journeys to recovery. These experiences will be brought back to the larger group where we will be able to collectively record people's experiences as journeys. Participants will not be leaving empty handed as "The Treasure Chest" of experiences and journeys will be further developed artistically and each participant will receive a copy of the group's 'Treasure Chest' in the mail. We hope that you will also gain an understanding of how you can create your own treasure chest of experiences and record your own journeys to recovery. In the workshop you will hear how we took different journeys before we came together at the Eastern Community Mental Health Services Consumer Advisory Group. Our stories will talk about the barriers that we

encountered, what was good about our experiences, what sacrifices we had to make, how we had to prioritise things in our lives, balancing all those important aspects. The emphasis in our stories is on how we felt overwhelmed and scared by our experiences but how friends, family and active participation as a consumer help us balance our head and body. Our story will tell how we gained confidence in ourselves and made sense of every thing that was happening to us. How rehabilitation programs were so important and participating when we really did not want to. Today we continue to recover and are now active consumer advocates in the Eastern Community Mental Health Services Consumer Advisory Group. We gain support from staff at ECMHS where we have taken a leadership role in consumer advocacy, a role we never envisioned we would be in as it was always for other people. We have a vision that in the future consumers in SA will be paid for their consumer advocacy, we know that we can make a difference and influence the directions that mental health services take to provide services that meet our needs. This workshop will enable you to hear our experiences and share your experiences and enable us as a group to gather the different experiences as journeys to recovery. The creation of a group 'Treasure Chest' will enable people to hear how they can recover from a mental illness and our story tells how you can recover by becoming actively involved in the consumer movement as a consumer advocate. We call it Consumer Enfranchisement.

LEARNING OBJECTIVES: What will people in the audience gain or learn from attending this presentation? Participants will be able to share and hear people's experiences, enabling them to gain an awareness and understanding of ways in which recovery is meaningful for them. Being provided with journeys of survival, a treasure chest full of meaningful ways of being healthy. Learning different ways of being healthy. How is this topic relevant to mental health services and mental health issues?. It is a method that enables people to listen to consumers and gives consumers a pathway to inform people. Creating a treasure chest of journeys enables people with a mental illness, family, friends and service providers to be aware of what enables people to recover. It informs people, raising people's awareness and has the ability to influence changes in thinking, practices and approaches etc. and as such is relevant to mental health.

S9 SYMPOSIUM: SUPPORT FOR CHILDREN OF CLIENTS

29/08/00 – 11.30 – 13.00 Room 5

Paper 20 minute: Don Tustin, Tony Colhoun, Ann Todd-Eggleston, Fiona Dawes

The need to provide support for children whose parents have a mental illness has been recognised in the National Mental Health Action Plan. This symposium outlines areas where staff of the southern region of Adelaide have considered that support is required for children of clients. The symposium outlines programs that are being delivered or planned to assist children whose parent has a mental illness. Programmes are at varying stages of development. Presenters will invite information about programmes being offered in other areas.

LEARNING OBJECTIVES: Participants will identify areas where children of clients are considered to need support. Participants will learn about programs that are being delivered or planned to assist children of clients.

S9 OPENING THE CAN OF WORMS: TALKING TO CHILDREN ABOUT PARENTAL MENTAL ILLNESS

29/08/00 – 11.30 –1300 Room 5

Paper 20 minute: Rose Cuff

AIM:To reinforce the importance of talking with children and young people about mental illness in a parent and to provide some strategies with which to do this. **METHOD:** Children worry less if they understand. Underlining this presentation is the belief that providing children and young people with opportunities to talk about their experiences, receive support and information, will be an important contribution to supporting that child's present and future emotional health. However, most adults are wary of taking up this challenge. The Parents Project worker has been directly involved with supporting case managers in adult mental health and community based services to take on the challenge; to assist parents in providing the explanations and support where possible, and in drawing together the necessary resources in order to do this. **OUTCOMES:**The paper will equip participants with a broad understanding of the need for children and young people to have access to support and information. It will cover practical approaches to talking with children of different ages (4 - 18) about mental ill health and will include some 'troubleshooting'. Useful resources will be highlighted.

LEARNING OBJECTIVES: 1: 'what will people in the audience gain or learn from attending this presentation?' An increased awareness of the need to talk with children and some practical approaches to doing this. 2: 'how is this topic/issue relevant to mental health services and mental health issues?' i) A significant proportion (~25% - 30%) of clients in public mental health settings are parents with dependent children ii) the response takes into account the support needs of the family as a whole iii) promotes positive mental health outcomes for children"

S9 PERCEPTIONS OF THE AFFECTS OF PSYCHOTIC ILLNESS ON CHILDREN BY PARENTS WITH MENTAL ILLNESS - A CONSUMER-DRIVEN RESEARCH PROJECT

29/08/00 – 11.30 - 13.00 Room 5

Paper 20 minute: Ross Kalucy, Lyndall Thomas, Ann Smith, Coralie Hayes, Trevor Parry

About three years ago the first author invited a number of consumers to form an advisory group. Our initial endeavours concentrated on the effective role of consumers in committees involved in the conduct of a regional mental health service. At a later date, we formulated a family impact study, which aimed to examine the effect of frequent hospitalisation associated with serious mental illness on the children of parents with mental illness (PWMI). To this end we formed a research group where the consumers were actively involved in the design, implementation and evaluation of the project. We were funded by the South Australian Health Commission. We

interviewed some forty consumers who had had a mean of eight admissions to hospital with serious mental disorder (mostly psychoses) and collected a large amount of data through structured interviews and formal questionnaires concerning their present mental state and their views about the issues of management of their children. The presentation will lay out the views of those parents about the effects of their illness upon their children. Recommendations will be put forward concerning a role for mental health providers in informing, education, and indeed providing more civilised settings for the families of those with serious mental illness.

S10 PERSPECTIVES AND FUTURE DIRECTIONS FOR THE BLACKTOWN MT DRUITT PANIC PROJECT

29/08/00 – 11.30 – 13.00 Room 10

Symposium 1.5 hour: Ursula Wall, Sharyn Magennis, Lorraine Fursey, Bridget Davis, Valerie Atkinson

LEARNING OUTCOMES: The audience will gain an overview of a simple, yet very effective model for anxiety intervention, which they can easily adapt to their own service's needs. **RELEVANCE:** As we have been able to demonstrate positive results with relatively brief interventions, we provide hope for consumers in a way that is cost-effective for service providers. **SYMPOSIUM TITLE:** Perspectives and future directions for the Blacktown Mt Druitt Panic Project **CHAIRPERSON:** Roger Gurr. **SYMPOSIUM THEME:** This symposium will present the sector wide approach to anxiety disorders in Blacktown Mt Druitt Health. We believe this is unique and innovative approach that integrates services across sectors, provides different levels of care, and involves a partnership with consumers. **PAPER 1: Mental Health and Community Health Working Together: An Intra-sectoral Approach to Anxiety and Panic** **AUTHORS:** Ursula Wall, Bridget Davis, Valerie Atkinson, Anne Fry, Tung Pham, Sharyn Magennis, Andrew Baillie. **ACKNOWLEDGMENTS TO:** Virginia Johnstone, Lindy McMahon, Andrew Milat. **ABSTRACT:** This symposium will present the sector wide approach to anxiety disorders in Blacktown Mt Druitt Health. Anxiety disorders are the most common forms of mental disorder, affecting 1.3 million adult Australians. Historically, few people with these problems were able to access effective treatment. In response to massive unmet demand community health and mental health teams worked together with consumers to develop an integrated system of care, which allows the community direct access to education and primary care. The genesis of this sector-wide approach was the Blacktown Panic Disorder Prevention Project, which will be outlined briefly. Currently there different levels of intervention available, depending on the client's need and these will be described. The ongoing process of implementing a workable model across services with different philosophies and structures will be discussed. **PAPER 2: The Case for Brief Intervention Groups for Anxiety and Panic: A Primary Health Care Approach** . **AUTHORS:** Ursula Wall and Tung Pham. **ABSTRACT:** Primary Health Care teams at three Community Health Centres in Blacktown LGA are expected to provide an easily accessible first-point-of-contact service to the whole local community on a wide range of issues, including anxiety. In order to cope with overwhelming demand for services to help manage problems with panic and anxiety, Health Workers from the three Centres decided to develop a group format. The interventions needed to be brief, easy to facilitate, yet effective. The program developed for use in two centres was in two phases: 1) a public information session, open to sufferers, friends, family, or any interested members of the community, followed by: 2) a four-session brief intervention group for sufferers only. The results from pre-post and process evaluation measures were very encouraging, and will be presented. **PAPER 3: Empowered Consumers: From Consultation to Self Support** **AUTHORS:** Sharyn Magennis, Lorraine Fursey, Bridget Davies, Valerie Atkinson. **ABSTRACT:** People who suffer with Anxiety can often become despondent, thinking 'this is how it will always be'. This paper will explore how things CAN change, for the better. Community and Mental Health Services in the Blacktown Mt Druitt Health area have always taken consumer input and community consultation seriously, and work in the area of Anxiety Disorders is no exception. Systems at every level of service delivery, whether individual or group, actively encourages process evaluation and input. Regular community consultations take place in varying formats across the area. One of the outcomes of these consultations was the formation PAVS (Panic and Anxiety volunteers), a network of volunteers who have learned to manage their panic and anxiety, and who have taken part in skills-training so they can support others. Two former consumers describe the work involved in getting PAVS organised and running, and how, in the process of helping others, they have further enhanced their own skills. **Words:** 155 **AFFILIATION:** Mt Druitt Community Health Centre, Western Sydney Area Health Service. **PAPER 4: The Mental Health Team View.** **PRESENTERS:** Bridget Davis & Valerie Atkinson. **ABSTRACT:** If further treatment is needed after attending the brief intervention groups and self help group, consumers can be referred to the Blacktown City Mental Health Service. BCMHS offers individual and groups therapy for help in managing and recovering from anxiety disorders. Three to four cognitive behaviour treatment groups are offered each year. Client evaluation of these groups will be presented. Follow on graded exposure groups are also offered. All groups utilise the expertise of those who have recovered from an anxiety disorder by inviting recovered consumers to speak at groups or be an assistant leader. Follow-on graded exposure groups are also lead by a recovered consumer.

S11 DEMENTIA AND DRIVING

29/08/00 – 11.30 – 1300 Room 3

Paper 20 minute: Angela Berndt

Lipski (1997) suggests there may be as many as 40 - 80,000 people driving on Australian roads who have dementia, therefore, this is a crucial issue for discussion in the context of developing responsive services for the future. To date, research that has considered the relationship between driving and dementia has produced ambiguous conclusions resulting in insufficient guidelines to assist clinicians, carers and clients in discussions regarding driving safety and possible cessation. The impact of the cognitive and perceptual changes associated

with Dementia on driving skill can be profound and include difficulties with planning, sequencing of action, poor observation, slowed reaction times and unsafe decision making. Recommendations regarding the management of this important issue include the provision of early practical assessment of driving skill for all people diagnosed with dementia, followed by regular review of skill and assistance to cease driving when appropriate. Open dialogue with all key stakeholders is recommended to reduce the incidence of extreme emotional distress, which can occur when the cancellation of a driver's licence occurs without prior preparation being provided to the person concerned. This article aims to increase awareness of this important issue and provide relevant strategies for management by providing a summary of past research studies, current Australian guidelines and the role of the Occupational Therapy driving assessment.

LEARNING OBJECTIVES 1. Audience members will learn how dementia impacts on the functional task of driving a vehicle and strategies for guiding decision-making when working with persons who have dementia and continue to drive. 2. This topic is relevant in that the incidence of dementia is high. The cognitive changes associated with dementia are caused by many disorders and are not restricted by culture, gender or socio-economic status, or with the incidence of Aids related dementia, by age. Therefore, any health worker, in any setting may be faced at some time with the potential dilemma of advising a person whether they should be driving or of their legal or ethical obligations to themselves or the community.

S11 EDUCATIONAL, CLINICAL AND RESEARCH COLLABORATION OF THE GOULBURN VALLEY CENTRE FOR OLDER PERSONS HEALTH (GVCOPH) WITH THE ACADEMIC UNIT FOR PSYCHIATRY OF OLD AGE

29/08/00: 11.30 - 13.00 Room 3

Paper 20 minute: Debra Ryan, Pam Ewert, Olga Yastrubetskaya, Edmond Chiu

In 1998 the Academic Unit for Psychiatry of Old Age, St George's Health Service commenced Videoconferencing with the GVCOPH, as part of an 'Upskilling Program in Geriatric Psychiatry', funded by a Mental Health Strategy Grant. Videoconferencing continued in 1999 after the grant expired. Professional collaboration during 60 Videoconferencing sessions and two face to face sessions held at Normanby House included teaching sessions, case presentations, patient consultation, and dialogue between rural and metropolitan teams. This experience led to the development of a better understanding of the similarities and differences of work in rural and metropolitan areas. The Videoconferencing experience led to the discovery and promotion of new ways to use this medium in working with elderly clients. The Academic Unit for Psychiatry of Old Age has supported GVCOPH research on the nature of work of the service and the impact of services on carers. Clinical and research collaboration was mutually enriching, increased rural health professional's knowledge in geriatric psychiatry, enhanced rural health professionals' assessment skills, and allowed the development of a closer alliance of service providers.

LEARNING OBJECTIVES 1) People will learn about the use of Videoconferencing for clinical and education purposes 2) The topic is relevant to mental health services and issues as it highlights the need for education, exchange of experience and multi-faceted (i.e. clinical and research) collaboration between rural and metropolitan service providers.

S11 TAKING MENTAL HEALTH SERVICES FOR OLDER PEOPLE TO THE BUSH

29/08/00 – 11.30 –1300 202 Room 3

Paper 20 minute: Phyl Halpin

The 1994 Commonwealth mental health budget included \$12.4m to conduct a four-year pilot program in psychogeriatric care. (PGU program). The Commonwealth's purpose was to improve the aged care field's capacity to provide appropriate care to older people with dementia and challenging behaviours, particularly people living in Commonwealth funded nursing homes and hostels. As the PGU program was developing Victoria was reforming the delivery of mental health services in line with the National Mental Health Strategy and the first National Mental Health Plan. A Framework for the Delivery of Aged Persons Mental Health Services laid the groundwork for future development. Each area of the state has an Aged Persons Mental Health Service comprising a community team (PGATS), acute inpatient beds and psychogeriatric residential service. An unpublished national evaluation of the Commonwealth's PGU program, at the end of the four year pilot, was critical of Victoria's performance on the basis that the Victorian PGU was seen to have limited geographic coverage and concentrated psychogeriatric expertise in an area already well served. This paper will explore how these criticisms have been addressed and look at how limited dollars are being used for maximum effect in rural areas.

LEARNING OBJECTIVES: To learn how psychogeriatric expertise is being made increasingly available in the Victorian bush from the farms, to small bush nursing homes and to the larger towns. To understand how a small program which had its genesis in the national mental health strategy, with national aged care policy objectives, can be honed to best fit with state aged persons mental health policy objectives and have maximum impact in the bush.

S12 OUR STORIES ARE IN OUR ART

31/08/00 – 13.30 –15.00 182 Room 4

Workshop 1.5 hour: Kate Jenkins, Meryl McDougall, Edna Llewellyn, Bob Petchell, Jo Diorio

"The workshop will develop a dialogue that promotes a positive and innovative approach, using creative writing, performance, music and visual arts. The aim through this process is to recognise individual expression towards not only a sense of wellness, but also to develop understanding, communication and community acceptance. The presenters will approach the topic of the workshop from their experiences of working field as consumer, activist, carer, mental health professional or arts worker. All presenters have a history of involvement both within the arts and mental health sectors and have assisted in the development of unique projects within their communities both in

regional and metropolitan SA Meryl McDougall writer, Ph.D. student, consumer and artistic director of 'Mind Your Head', a community-based mental health arts project, examines the telling of life experience, how we shape our identity and understand who we are, through creativity, in all its forms. Meryl looks at how diagnosis of a mental illness is incorporated into some-one's life narrative and how finding and using one's own voice to tell one's story is an important part of being healthy. We Now Walk Tall consumer/carer performance group who have developed a highly innovative model for community education and attitudinal change for both professional health workers and the broader community present 'A Creative Consumer Model For Attitudinal Change'. The group will provide an entertaining, ground breaking presentation of original music, poetry and creative writing to share with the audience personal experiences, individual survival and the daily struggle to attain wellness, within a mental system that provides the most minimal of support or services. Bob Petchell artsworker, musician and musical director will focus on the theme of 'Partnership' as being essential to the role of creative arts within the area of working with survivors of Mental Illness. He will use his work with the 'Fine Lines' a his primary example, with some reference to the 'Arts in the Murray Mallee' project. The theme of 'Partnership' will be explored as being an essential foundation built between the artist employed on a project, participants in a project, mental health workers involved in a project, and the broader mental health department with special regard to the need for philosophy that sees creative arts activity as a valued tool towards rebuilding peoples lives and their well being. Kate Jenkins arts officer with Country Arts SA will chair the workshop. She has a background in facilitating projects, which provide opportunities for different communities and individuals to explore their lives through the arts. She has been instrumental in developing partnerships between mental health, disability and arts organisations, as well as local government. Each presenter will give a brief paper to illustrate their individual purpose/project followed by a process to involve participants in discussion and workshop process that illustrates their projects and approaches to working.

LEARNING OBJECTIVES 1. Knowledge of how the arts and peoples stories and their creativity can be an important tool when working in the mental health field and strategies for how this knowledge can be implemented. 2. The projects and experiences are based at the very heart of mental health field as well as regional areas where resources are limited. This workshop illustrates how the arts are effective in developing an awareness of mental health to the broader community.

S13 'WHO ARE THE EXPERTS?'

29/08/00 – 14.00 –15.00 Hall E

Keynote: Paul Nestor and Sandra Miller

Paul Nestor and Sandra Miller have worked as Consumer Peer Workers in rehabilitation and acute inpatient settings. Both are working as educators within early psychosis projects and mental health community awareness projects. Paul works with individuals as a community support worker. Sandra has been employed as an activity supervisor in an acute inpatient unit and is the co-author of the book 'Living Well with Schizophrenia'. Both Paul and Sandra have personal experience of mental illness. Each person's story is unique and amazing. Stories must not be forgotten, they must be heard and used to develop better mental health services into the future. The journey from locked back-ward to peer worker and community educator is inspiring and must be used to drive further change.

S14 COMMUNITY ATTITUDES AND STIGMA

29/08/00 – 15.30 – 17.30 Hall E

Symposium 1.5 hour: Barbara Hocking, Julian Leff, Jane Pirkis, Warwick Blood, Alan Rosen, Warren Lindberg

LEARNING OBJECTIVES: Participants will have a greater understanding of the range and scope of stigma reduction activities in Australia and overseas. They will also have an opportunity to discuss the merits and shortcomings of different approaches. Paper 1: The World Psychiatric Association Open the Doors program: Julian Leff. This global WPA anti-stigma program is the first of its kind and depends upon collaboration of many individuals in many countries. The ultimate goal is to allow people with schizophrenia to return to families, to schools, to work, and to face the future with hope. Australia and New Zealand activities are associated with this program. This presentation will outline the components of the program and describe recent developments. Paper 2: Making Progress? SANE StigmaWatch: Barbara Hocking. The Stigma Watch site was launched at TheMHS conference in 1999. What has it achieved in its first year of operation? This presentation will review StigmaWatch activities; the types of issues it has dealt with and the responses. It will also provide an informal assessment of the role StigmaWatch and other similar projects play in stigma reduction programs - their shortcomings, overall impact and effectiveness. Paper 3: The Media Monitoring Project: Jane Pirkis/ Warwick Blood. The Media Monitoring project, funded by the Mental Health Branch of the Commonwealth Department of Health and Aged Care, is a study of how Australian newspapers and broadcast media portray mental illness. The project is monitoring a representative sample of reports on mental illness over a 12-month period, which began on March 1, 2000. The project will measure the extent and nature of these reports, in the context of Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illness (Commonwealth Department of Health and Aged Care, 1999).

This presentation will discuss results to date. Paper 4: Limitations of and Future Directions for National Programs for Countering Stigma: Alan Rosen. We still have a long way to go in changing community attitudes, stigma and discrimination associated with mental illnesses through national initiatives. Several principles are offered as potential guide posts in mapping our way with these programs so they will be more effective in the future. Paper 5: Like Minds, Like Mine: New Zealand Initiatives: Warren Lindburg. The strength of New Zealand's national effort to counter stigma and discrimination associated with mental illness has been a powerful 'ground-up' approach - a strong focus on local and indigenous communal involvement."

S15 ON THE FRONT LINE: WHAT RURAL FAMILY CARERS ARE SAYING ABOUT EARLY INTERVENTION AND THE PROMOTION OF MENTAL HEALTH

29/08/00 – 15.30 – 17.30 Hall B

Paper 20 minute: Shari Mathews-Cowey

Since the move from institutionalisation to community based mental health care, many families play a primary role in caring for relatives suffering from a mental disorder. This paper reports on a three year research project which sought to understand what the management of mental disorders means for rural family carers. A specific focus is the way families have interpreted and observed mental disorders, and why from their experiences, the lack of access to early intervention and mental health promotion is a concern/problem. In-depth interviews were conducted with 43 rural families caring for a relative suffering from a mental disorder. A key research finding is the need to ensure families and consumers are able to manage mental disorders so as to prevent further acute episodes and to promote good mental health. Family carers reported that mental health services responded well to a crisis situation, however, little help was available before and after a crisis, and carers felt they battled in isolation to help their relatives with prevention and rehabilitation issues. This paper highlights the need for urgent consideration to be given to implementing, in line with the expressed needs of families, policies around early intervention and mental health promotion.

LEARNING OBJECTIVES: 1: What will people in the audience gain or learn from attending this presentation? This paper provides empirical evidence, which will contribute to an understanding of the role of families in mental health care and demonstrate what families as primary carers see as important issues for mental health services in rural areas. 2: How is this presentation relevant to mental health services/issues? This paper has specific implications for the provision of early intervention and mental health promotion for rural mental health services.

S15 PROMOTING THE MENTAL HEALTH OF ALL AUSTRALIANS

29/08/00 – 15.30 – 17.30 Hall B

Paper 20 minute: Des Graham, Carmen Hinkley

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation established to represent and promote the interests of the Australian mental health sector. One of the key ways in which the MHCA progresses its mission of promoting the mental health of all Australians is through the management of Commonwealth projects which impact particularly on information provision and consumer and carer participation. Since the formation of the MHCA secretariat in May 1999, the MCHA has taken on management of the following Commonwealth projects: § Community Development Project and 'The Kit' § Coordination of National Mental Health Week § Enhancing Relationships Between Health Professionals and Consumers and Carers project; and § Carer's of people with a mental illness project. Whilst these projects are quite diverse, for the MCHA, they are linked by the priority of improving the provision of information to consumers, carers, health professionals and the general community. The MHCA has attempted to address this priority in the aims, processes and outcomes of the projects. This paper will provide an evaluation of the success of these projects in progressing the MHCA's mission.

S15 MENTAL HEALTH SUPPORT NETWORKS IN THE SOUTHERN FLEURIEU

29/08/00 – 15.30 – 17.30 Hall B

Paper 20 minute: Gary Matena, Jen Jacobs, Karen Jenkinson, Pam Fulton, Pauline McDiarmid, Wendy Traeger.

In the Southern Fleurieu Region a network of community members, volunteers and professionals are working together in a unique way to address the quality of life and well being of mental health consumers and carers.

The Southern Fleurieu is a rural coastal region located one hour south of Adelaide. It is home to about 30 000 people, 70% of whom live in townships, with the remainder living on farms and rural properties up to half an hours travelling time from the nearest town. The Southern Fleurieu is a low income region where more than 20% of families earn less than \$18 000 per annum (1996 ABS Census). Unemployment rates in the region are consistently above the South Australian average. The region also has an 18% growth rate, the highest in South Australia. People with mental health issues can face a number of disadvantages whilst living in this region including loss of community due to increasing family mobility and loss of friendship and family networks. Changing lifestyles also mean that neighbours are now frequently strangers. Inaccessibility of services to people living outside of townships or in outlying parts of the towns results from very limited or non-existent transport within or between towns. Insufficient supported accommodation to meet demand and a lack of accessible psychiatry and psychology services contribute to the hardship felt by people with a mental health issue in our rural region. Some issues are common to all communities such as de-institutionalisation of people with mental illness locating in the community without adequate provision for building and maintaining social networks and support. The stigma still associated with mental illness further isolates and often ostracises people within the community.

In response, the Southern Fleurieu Region has created an integrated and innovative model of service relying on shared responsibility, communication and collaboration. Strong partnerships between the community mental health

team, Caring Neighbourhood and Strengthening Families volunteer programs, carers and consumers is building and utilising social capital and community resources to support people with mental health issues. The community mental health team cultivates strong working relationships with service providers, including the carers support group and volunteer programs. The Caring Neighbourhood Program recruits, trains and matches volunteers with people who have mental health issues. The Strengthening Families Program matches volunteers with parents who are experiencing isolation and crisis. Very often, post natal depression and other mental issues is the main referral criteria. The role of volunteers in both programs is to provide friendship, to be a confidential and compassionate listener, and to link consumers with recreational, therapeutic, educational, vocational, respite and social activities within the community. Volunteers sometimes provide respite for carers whilst working with the consumer. Carers may at times be linked with a volunteer to receive the regular support of a confidential and neutral person. In a climate of rising demand for mental health services and increasing competition for financial resources the Southern Fleurieu Region has built an innovative model of service provision that is attempting to meet the needs of consumers and carers by strengthening community networks.

LEARNING OBJECTIVES: 1. How to develop volunteer programs that can re-build community support networks for the better health and well being of community members. 2. Achieving an integrated model of service through community partnerships and collaboration to work towards continuity of care and best health outcomes.

S15 MENTAL HEALTH PROMOTION IN RURAL SOUTH AUSTRALIA - A COLLABORATIVE APPROACH: A MODEL OF WORKFORCE DEVELOPMENT

29/08/00 – 15.30 – 17.30 Hall B

Paper 20 minute: Adrian Booth

The Mental Health Promotion Workforce Development Project aims to develop a model of a planned, coordinated and collaborative approach to mental health promotion workforce development that is sustainable and regionally based and is integrated into regional strategic planning and service development processes. The current challenge for mental health promotion in rural SA is to prepare our workforce to take the shift toward mental health promotion and prevention, whilst recognizing the necessity for clinical and treatment interventions. This paper will describe how the project targets a wide range of workforce groups, for example housing officers, mental health workers, police, community care groups and allied health workers. It will focus on the importance of working collaboratively with these groups to assess areas in which workforce development could assist them to overcome barriers to practicing mental health promotion and to ensure access to a broad range of relevant workforce development activities. The paper will describe how regions have developed and implemented mental health promotion workforce development strategic plans. These plans outline strategies for identifying barriers to participating in workforce development and priority needs; implementing a range of workforce development activities to meet these needs; mobilising resources to support the implementation; and establishing structures and processes in regions to sustain this model of workforce development. Unique to this model is the emphasis on regional ownership of workforce development; the importance of raising the profile of workforce development as a critical factor in building organisational capacity to promote mental health; and the strong focus on taking a strategic and planned approach to workforce development.

LEARNING OBJECTIVES: 1 Participants will learn about how workforce development is being undertaken in Rural South Australia within a mental health promotion context. Participants will learn about the process that was used for the pilot project and what the future activities for mental health promotion workforce development are in South Australia. Learning Objective 2: The paper is relevant to mental health services and mental health issues as it provides an opportunity to examine how we develop the skills and knowledge of the workforce (both paid and unpaid) to work effectively to promote the positive mental health of the community.

S16 PATHWAYS TO INDIGENOUS YOUTH SUICIDE PREVENTION

29/08/00 - 15.30 - 17.30 Hall C

Paper 20 minute: Jason Mifsud, Larry Abrahams

"The Young Indigenous Support Team (YIST): Grew out of the 'Pathways' group, which is collaboration between the Gunditjmarra Aboriginal Co-operative and SouthWest Health Care, to develop culturally appropriate Mental Health service delivery to the Aboriginal Community. Through this group, a need was identified to develop an innovative approach and model that empowered young Aboriginal people with the skills to assist their own peers. Issues identified were: social isolation, depression and young people who are distressed and appear both culturally and socially disadvantaged. By educating a group of young people in these areas, the program has provided the community with a peer support network that will can identify and assist other community members to seek support and help before a crisis is reached. Program Format: A group of young Aboriginal Leaders were identified and inducted into the program. Workshop discussions led by clinicians from SouthWest Health Care regarding adolescent Mental Health issues. Workshops led by Aboriginal Mental Health Worker, Drug and Alcohol workers and Health Workers highlighting cultural issues. Prior to the workshops, recreation based activities were conducted eg. 'caving', aimed at building group cohesion and establishment of rapport. Follow up workshops were conducted at mainstream Mental Health services in Warrnambool, the Victorian Aboriginal Health Service, Fitzroy and a Crisis Intervention workshop. The YIST program shows how mainstream Mental Health providers and Aboriginal Communities can identify gaps in service provision and provide effective programs co-operatively and in equal partnership.

S16 TELEPHONE COUNSELLING FOR SUICIDE PREVENTION WITH YOUNG PEOPLE**29/08/00 – 15.30 – 17.30 Hall C****Paper 20 minute: Robert King, Barry Norcombe**

Background: Suicide among young people is uncommon but sufficiently prevalent to be a matter of national concern and the subject of a major Commonwealth Government Initiative. Telephone counselling has the potential to provide an important preventative or early intervention role because it is readily accessible, anonymous and immediate. Aim: To investigate the impact of telephone counselling on suicidality of young people. Method: 100 taped calls of suicidal young people who called a national telephone counselling service were reviewed by independent raters using a standardised rating instrument. Raters quantified suicidal ideation, suicidal intent, depression and perturbation at the beginning and end of calls. Results: There were highly significant mean reductions in suicidality. Reductions in suicidality did not vary according to the amount of specialised suicide prevention training previously undertaken by the counsellor. Inter-rater reliability for suicidality was modest. Conclusion: Telephone counselling has a significant positive short-term impact on the suicidality of young people and provides an important community resource in suicide prevention. More needs to be known about the longer-term impact of telephone counselling on suicidality.

S16 THE WORKING TOGETHER STRATEGY: IMPROVING OUTCOMES FOR HIGH RISK YOUNG PEOPLE**29/08/00 – 15.30 – 17.30 Hall C****Paper 20 minute: Bill MacDonald**

Being a young person today can be complex and challenging. For young people with a history of abuse or neglect along with mental health problems, day to day functioning can be particularly difficult. It is these young people; their families or other carers who are in greatest need of well coordinated support and care from health and welfare services. Historically, service responses to these young people have sometimes lacked coordination and have not achieved the best outcomes for these young people. As a result, these young people have been faced with having to have their needs met one at a time rather than in a planned or coordinated manner. To ensure high quality care, support and treatment, these young people and their families or other carers require agencies to work together in a trusting, transparent and integrated manner. In recognition of these difficulties, the Victorian Government has developed the Working Together Strategy, an initiative developed through partnerships between Mental Health, Protection and Care, Drug Treatment Services and Juvenile Justice. The aim of the Working Together Strategy is to improve collaboration and coordination across services to ensure better outcomes for vulnerable children, young people and their families who come into contact with two or more of these service sectors. This paper will explore the evolution of the Strategy, describe its development and outline the initiatives already undertaken and planned that are aimed at improving ways of 'working together'.

LEARNING OBJECTIVES 1. Identify the drivers underpinning the Working Together Strategy 2. Identify the aims and key elements of the Strategy 3. Identify activities undertaken and progress to date.

S16 EVALUATION OF THE NATIONAL YOUTH SUICIDE PREVENTION STRATEGY: LESSONS FOR MENTAL HEALTH SERVICES**29/08/00 – 15.30 – 17.30 Hall C****Paper 20 minute: Penny Mitchell**

"The evaluation of National Youth Suicide Prevention Strategy identified important issues concerning the roles of mental health services in preventing suicide and improving mental health among young people. Mental health services cannot achieve the standards of quality and effectiveness necessary for the improvement of mental health outcomes and prevention of suicide among young people unless they work in partnership with others. Much has been learned and documented about the state of the 'mental health system' particularly the highly problematic nature of relationships between mental health services and the range of other services, organisations and individuals that have a role to play in enhancing the mental health of young people. Understanding of the barriers that exist to the formation of the partnerships vitally necessary for the delivery of effective prevention, early intervention and treatment, and ways of overcoming these barriers has been substantially enhanced. The mental health system needs to develop a more comprehensive conceptual framework for guiding the formation, functioning and maintenance of partnerships. This framework needs to articulate, promote and support partnerships at multiple levels including the levels of: (i) local service agencies; (ii) agencies, consumers and communities; (iii) sectors; (iv) functions; and (v) levels of government.

LEARNING OBJECTIVES 1. People attending this paper will gain greater insight into the kinds of partnerships that they need to develop with others in order to improve the mental health of young people and help prevent suicide. 2. This paper is concerned with what mental health services need to do in order to develop more productive partnerships aimed at improving the mental health of young people."

S17 PSYCHIATRIC SERVICE DELIVERY IN RURAL AND REMOTE SOUTH AUSTRALIA - THE MENTAL HEALTH CONSUMERS' VIEWS**29/08/00 - 15.30 – 17.30 Hall D****Paper 20 minute: Ingrid Muenstermann, Fiona Hawker**

This study was part of a large project funded by the Federal Government under the National Mental Health Strategy. In trying to evaluate psychiatric service provision in rural and remote South Australia, we interviewed 140 mental health consumers from all regions, of all adult age groups and from all walks of life between March and October 1999. The research revealed that the most common diagnoses (as identified by the consumers) were

depression, schizophrenia, bipolar affective disorder and anxiety, and that most participants had suffered from a mental illness for more than 10 years. Compared to the general population, we found high percentages of people unmarried or divorced high percentages of people living alone or with parents, high social security dependency, and low rates of home ownership. The level of education, however, was higher than that of the general population, indicating the downward spiral of mental illness. Assessing service delivery, some contradictions were discovered. At the beginning of the interviews the consumers had stated that they were prepared to be interviewed because of dissatisfaction with the psychiatric services and that improved facilities were necessary, however, scaled answers often (although not always) revealed that they were satisfied with what is available. Hospital admissions were shorter in local than in Adelaide hospitals, and the main critique on local and on Adelaide hospitals, was that there was not enough to do. Admissions to Adelaide hospitals were seen as providing better care for mental health consumers (better trained personnel) but being separated from family and friends presented a major problem. The stigma attached to a mental illness was also of great concern to our study participants.

S17 GREATER MURRAY ACCESSLINE

29/08/00 – 15.30 – 17.30 Hall D

Paper 20 minute: Matthew Cullen, Claire Kemp

In June 1998 the Greater Murray Area Health Service launched Accessline initially for a 12 month pilot period funded in part by NSW Health. This unique service, now in its third year of operation, provides 24 hour per day, 7 days a week telephone based assessment, triage, crisis management, referral and information for the Greater Murray Region targeting primarily mental health substance abuse and sexual assault problems. Access is via a free call 1800 number and the service is staffed on a dedicated basis by mental health professionals. The paper will present a summary of the drivers behind the initiative, an overview of the operational model, results focusing on call volumes and characteristics and indicative outcomes. Advantages and potential difficulties with such a model will also be discussed.

LEARNING OBJECTIVES 1. The audience will gain an understanding of how a telephone based service can work together with the on the ground case management services to complement and facilitate access to those services available locally. 2. The presentation is relevant to mental health services in the demonstration of alternative service delivery models to allow improved access to health services for all consumers. The Accessline example particularly demonstrates the success of this service delivery model for rural and remote communities.

S17 STRUCTURAL REFORM, CLINICAL ACCOUNTABILITY AND CULTURAL CHANGE IN A RURAL MENTAL HEALTH SERVICE - WHAT IS THE PROCESS, WHAT ARE THE OUTCOMES?

29/08/00 – 15.30 – 17.30 Hall D

Paper 20 minute: Ken Burnett

This paper will examine the processes implemented to reform and redevelop a rural mental health service as it shifted from providing an institutional model of mental health care delivered primarily from a large mental hospital site to its catchment population, to the provision of a community based model of integrated mental health care delivered from strategic geographical areas within its community. The major focus of this paper will be on the content of the practical strategies used to implement structural reform, the development and enhancement of clinical skills and clinical accountability at all levels of the service, and the cultural change necessary within the organisation to support and enhance change within the clinical service delivery system. The paper will outline the systems required to implement such a process and describe in detail the component parts of each of the systems that are viewed as essential to achieve a positive outcome in a reform and redevelopment process. Whilst this paper will detail the specific strategies utilised in this process it will also demonstrate the need for a systems approach to ensure the success of a such a reform and redevelopment process that has as its aim a 'best practice' outcome for its clinicians, clients, and carers, and will go on to argue that attempts to reform and redevelop 'parts' of a service delivery system are doomed to fail. The paper will conclude by outlining the current outcomes from this reform and redevelopment process and the challenges looming in the future.

S17 PSYCHIATRIC SERVICE DELIVERY IN RURAL AND REMOTE SOUTH AUSTRALIA - AN OVERVIEW

29/08/00 – 15.30 – 17.30 Hall D

Paper 20 minute: Ross Kalucy

Early in 1998 the Commonwealth Department of Health and Aged Care awarded a grant to the Department of Psychiatry at Flinders Medical Centre for an evaluation of the work of some visiting psychiatrists operating from Flinders Medical Centre. Since the original grant submission, the Rural and Remote Mental Health Service (RRMHS) of South Australia was formed and subsequently auspiced to Flinders Medical Centre. The original study was expanded to evaluate other aspects of RRMHS: Telepsychiatry, Emergency/Triage and Liaison and Inpatient services. Respondents to evaluate the services included 28 visiting psychiatrists, 233 general practitioners, 34 community health workers. In addition we surveyed 140 consumers, 30 carers, 10 non-government organisations and 12 support agencies. The underlying philosophy of RRMHS was to develop a range of specialist mental health services that support primary care psychiatry in rural and remote communities and from our study it is evident that the flexible and innovative models of service delivery are consistent with this philosophy. Although still significantly under-resourced, we are able to show that with the use of communication technologies and increased state / public support of private psychiatrists, primary care psychiatry can be enhanced.

LEARNING OBJECTIVES: 1. Innovative practices in rural and remote mental health. 2. Consumer satisfaction reports.

S18 VOLUNTEERING - CREATING PATHWAYS AND DEVELOPING ROLES**29/08/00 – 15.30 – 17.30 Hall A****Paper 20 minute: Liz Newton, Jan Corbishly**

'Every year one in five Australians over the age of 15 years works as a volunteer' [National Bank Community Link Award Scheme]. Sound familiar! One in five Australians are said to have a mental illness. Many people with a mental illness are also valued volunteers in the community. The CREATE Team [Community Recreation, Education Access, Training and Employment] of the Ryde Community Mental Health Service employs many volunteers in a variety of settings / roles. Indeed, these people are integral to the smooth running of our service. In our service, volunteer roles include clerical, reception, café work experience, support people, drivers, advocates, resource people and committee members, sometimes leading to paid positions. Volunteerism has a defined space in rehabilitation. The act of volunteering creates pathways into employment, mainstream agencies and social networks. Developing the role of volunteers enables the individual to improve skills in areas of communication, organisation and work. Volunteering benefits and improves the quality of life for the individual, the organisation and the wider community. Empowering consumers through a well planned and supported volunteer program, not only assists with community integration but also helps destigmatise mental, illness as consumers emulate mainstream community practices through taking control and responsibility for their recovery.

LEARNING OBJECTIVES: 1. The audience will learn from this session how to set up and maintain a volunteer service within their own service. A greater understanding of the role of volunteers, the benefits and problems encountered, will be discussed. 2. Volunteering is another way of developing pathways for consumers is integral to promoting mental health through enhancement of quality of life and self esteem.

S18 MEASURING THE CONSUMERS' PERSPECTIVE ON THE EFFECTIVENESS OF COMMUNITY SUPPORT WORK SERVICES**29/08/00 – 15.30 – 17.30 Hall A****Paper 20 minute: Bram Kukler**

The presentation will provide an insight in the practical application of the development of an outcomes measurement tool that measures the consumers perspective on the effectiveness of Community Support Work Service as it is practiced in New Zealand Northern Region. The tool was developed for two reasons; * To provide valuable information to each of the service providers regarding the perception of consumers about the effectiveness of the service they provide. * To produce regional data on trends and quality issues regarding CSW service provision in the northern region that is directly generated from consumer's feedback. The presentation will describe the process of consumer involvement in developing the outcome domains through an initial questionnaire to 100 people using CSW services and focusgroups with consumers. This led to the formulation of 5 outcome domains, each with 4 or 5 performance indicators. Each domain covers a broad area of the service that is provided. All the domains together capture the scope of the CSW service delivery to consumers. The presentation will further discuss the methodology and process of the outcomes measurement project in which 12 CSW providers participated. Particular emphasis will be given to the involvement of consumers in the development and the administration of the tool. The discussion will focus on the value and importance of qualitative and quantitative data directly from consumers about the effectiveness of the service for funders and service providers.

LEARNING OBJECTIVES: 1: The audience will gain insight in, and an understanding of the practical aspects of the development of an outcomes measurement tool that measures quality aspects of service delivery from a consumers perception. 2: The development of a tool like this prompts Community Mental Health services to focus on consumer oriented outcomes rather than just on satisfaction questionnaires or organisational oriented outcomes such as outputs, re-admission rates etc. This will enhance service quality and responsiveness to consumers needs. The non-government sector will gain insight in the specific service delivery aspects particular to the sector, away from clinical indicators or organisational efficiency measures.

S18 DEFINING CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE MISUSE PROBLEMS: THE CONSUMER'S PERSPECTIVE**29/08/00 – 15.30 – 17.30 Hall A****Paper 20 minute: James Guinan**

This report is concerned with the development of an instrument to assess client needs in relation to continuity of care. This index was developed with a focus on the clients' experience of continuity of care. Items for inclusion in the index were obtained from routine assessment and treatment sessions with clients as well as from focus groups in the inpatient and community mental health settings. A 22-item Consumer Continuity of Care Index was developed and evaluated in regard to its validity and clinical utility in 122 community mental health clients, 50 psychiatric inpatients and 90 clients of a methadone maintenance program. Four factors were identified: Advocacy-Mutuality, Support Network, Treatment Problems, and, Doctor Backup. The Index was found to have acceptable internal consistency, construct validity and test-retest reliability. Different factors were found to have predictive utility in regard to the clinical indicators of continuity of care in both mental health and methadone clients. Specific information about continuity of care needs was obtained by examining the individual items on this index. For example, involvement of the client's regular doctor in treatment was associated with less need for intervention of the mobile treatment team and fewer hospital admissions. Methadone clients who were employed were more likely to report conflict with the Centre about their treatment.

S18 CONSUMER CONDUCTED RESEARCH: INTERVIEW TRAINING**29/08/00 – 15.30 – 17.30 Hall A****Paper 20 minute: Cynthia Stuhlmiller, Sharon Picot**

As part of an overall strategy to further involve consumers in service and evaluation research in South Eastern Sydney Area Health Service, a group of 12 consumers were trained to conduct research interviews with other consumers. Two half-day training sessions were offered where didactic and experiential teaching methods enabled participants to learn about communication and interview principles and test out their developing skills. This presentation will outline the process and content of the training program including the experiential exercises for sharpening communication skills, self-awareness, and open-ended questioning. Methods for establishing interview teams and fieldwork practice that enabled participants to gain support and confidence will be described. Issues of confidentiality, ethical dilemmas and responsibility, and safety net options will be discussed. The actual project examining consumer participation in mental health services and the consumer-generated research questions will be provided along with an update of the challenges and success of the research in progress. The program has generated widespread interest, enthusiasm, and attracted highly motivated consumers who have demonstrated the enormous skill and ability to sensitively approach and conduct interviews with fellow consumers.

Objectives: 1. The audience will learn how to set up a training workshop aimed to enable consumers to conduct research or take an active part in other consumer-focused projects. 2. Education to enhance consumer skills for participation in consumer-related endeavours is an essential step toward consolidating service provider/user partnerships.

S19 DESIGNING AND DELIVERING A CONSUMER GOVERNANCE TRAINING PROGRAMME FOR THE MENTAL HEALTH NGO SECTOR THROUGH FRAMEWORK TRUST IN AUCKLAND NEW ZEALAND**29/08/00 – 15.30 – 17.30 Rooms 1 & 2****Paper 20 minute: David Loftus, Helma Van Der Lans**

Statement of Aims § To outline the aim, process and delivery of the Governance Training that was delivered in 1998 by Framework Trust in their training rooms in Kingsland Terrace, Auckland, New Zealand. § To outline structures and processes of training delivery which could be used by other providers interested in presenting a similar training programme. (Note: The training package has been distributed to New Zealand consumer groups interested in adapting the training package to their own aims and purposes.) The following areas will be covered in the presentation; · Background to the training programme · Structure and Delivery of training programme - including identifying competencies · Participation · Evaluation of training programme § Other training developments Comprehensive training packages - aimed at Consumer Empowerment - are difficult to design and deliver. The Framework Trust Governance Training programme was a success on many levels and one that attendees could adapt and deliver in their own regions and countries. Learning Objectives 1. Attendees will learn how to structure a training programme based on learning competencies and consumer and community participation. 2. Exploring a training programme designed to empower consumers of Mental Health services on how to be actively involved in Governance issues at a community level.

S19 A CONSUMER AND CARER PARTNERSHIP APPROACH TO ACHIEVING CHANGE IN THE MENTAL HEALTH AREA**29/08/00 – 15.30 – 17.30 Rooms 1 & 2****Paper 20 minute: Judy Hardy**

The establishment of the National Mental Health Strategy provided a unique opportunity for the development of a new model of consumer and carer participation. The partnership model with consumers and carers working together via the establishment of a National Community Advisory Group and the subsequent establishment of State and Territory Consumer and Carer Advisory Groups has provided a strong national network that is readily identifiable and available for consultation, policy development and advice. The paper aims to provide the audience with an understanding of why the partnership model adopted in Australia is unique and has received international recognition. The rationale behind the partnership approach between mental health carers and consumers will be explained and the advantages and disadvantages highlighted. Partnerships are one of the key components of the Second National Mental Health Plan. However, the emergence of separate consumer and carer focused organisations together with the implementation of a mainstreamed model of service delivery poses both opportunities and threats for Australian consumer and carer participation activities. Special attention must be paid to the manner in which changes are made to service delivery if achievements gained to date in the area of consumer and carer participation and partnership are not to be lost.

LEARNING OBJECTIVE 1. The audience will learn the unique characteristics of the partnership approach to consumer and carer participation, how it differs from other models and why it has gained international recognition. 2. Mental health consumers and carers have the right to have input into all activities that impact on them. The partnership model of consumer and carer participation facilitates this process. It is therefore integral to all mental health activities.

S19 A GUIDEBOOK FOR CONSUMERS: PUTTING THE TOOLS AND SKILLS INTO THE HANDS OF CONSUMERS AND CARERS

29/08/00 – 15.30 –17.30 Rooms 1 & 2

Paper 20 minute: Philip Hose

"South West Healthcare, Psychiatric Services Division, uses the Integrated Mental Health Care model of service delivery throughout its community and inpatient services. This is a collaborative teamwork model, based on a shared understanding of all aspects of assessment and treatment that has seen Integrated Mental Health Care recognized as the premier approach for the delivery of high quality mental health services throughout the world. Over the last year South West Health Care, in Warrnambool Victoria, has taken the education, assessment and skills training packages that form the basis of the model, and compiled them into a comprehensive Consumer Guidebook to form the basis of all case management. The paper will include the display and demonstration of the guidebook, as well as discussion of its implementation and feedback from consumers who are using it. The aim of this paper is to highlight the contribution that a guidebook such as this can make to improve the standards of care and the outcomes for consumers. This initiative from South West Healthcare shows a commitment to consumers through Integrated Mental Health Care, and provides a structure and reference to promote the mental health of all clients, families and carers.

LEARNING OBJECTIVES: 1. To show that the utilization of this guidebook with clients and carers will provide the structure to progress service delivery beyond the purely biomedical model of care into a collaborative combination of comprehensive biopsychosocial management with an emphasis on consumer empowerment and knowledge that will improve consumer outcomes. 2. To demonstrate that mental health services have a growing role in not just treatment of the mentally ill, but as educators, instructors and collaborators with clients, carers and families."

S19 DEVELOPING THE PEER WORKER ROLE

29/08/00 – 15.30 – 17.30 Rooms 1 & 2

Paper 20 minute: Maxie Ashton, Steven Pitcher, Mark Weston, Agravaine McLachlan, Ursula Winfield, Tania Burgess

In 1999/98 the North Western Adelaide Mental Health Service and the Schizophrenia Fellowship embarked on a project employing people with personal experience of mental illness as peer workers within rehabilitation services. The peer workers shared their experiences, and the skills and strategies that they have found useful in living with mental illness. Since this beginning, the role of Peer Worker has developed into a number of other areas. This paper will give an outline of the original project and describe the new projects that are developing with the involvement of peers. New developments have included: - * Early Psychosis Project, working with relatives and friends, providing information and support. * Tobacco Project, leading Quit Tobacco Programs. * Medication Education Project, developing and providing information about anti-psychotic medication. * Individual Community Support - providing support and skills development for individuals living in the community. * Striking A Light - training Govt. workers * Acute Inpatient Units -helping people develop skills and knowledge and most importantly to rebuild hope. The involvement of Peer Workers in service delivery projects is developing and proving to be an effective new direction in mental health services.

LEARNING OBJECTIVES: 1. What will people in the audience gain or learn from attending this presentation? To increase awareness of a number of different ways that people with personal experience of mental illness can be effectively involved in service delivery and build confidence in using people with mental illness as peer workers and encourage delegates to consider how they might operationalise this within their own services. 2. The National Mental Health Strategy identified the need to develop effective models for the involvement of consumers and carers in service development and delivery. This paper will outline a number of very effective and powerful models that are highly recommended.

S20 EXTENDED CARING FOR MENTAL HEALTH NEEDS

29/08/00 – 15.30 – 17.30 Room 5

Paper 20 minute: Tony Colechin, Eda Devoti, Lyn Richards

'Extended caring for mental health needs' Empowerment & Choice in today's framework for mental health care. Tony Colechin, Eda Devoti, Lyn Richards. Workshop - an interview format / context - 60 minutes Interview, Interviewee & Facilitator Plan: A carer (acted / scripted) will interview a care provider and ask pertinent questions about the developing care options for service recipients. The facilitator will invite the audience to make comment and question the interview participants about relevant issues made, to stimulate the exploration of the changing face of care.

LEARNING OBJECTIVE: At the end of this workshop, participants will have developed greater insight into the impact of the changing face of care provision on mental health service users & providers. Participants will also have greater depth of understanding of the innovative service & carer responses, to the shifting climate of mental health care. Continuity of care, extended care, shared care and care coordination. That's a lot of caring, but will it promote good mental health with choices and opportunities for recovery & personal empowerment? This conundrum will be explored through an interview between a carer & a care provider. There will be no punches pulled and the audience will be invited to participate, by being asked to make comment and question the interviewers. What impact does the shift in caring have on the recipients and their carers? What happens to long term users of mental health services, when a range of treatment options have been explored - maximum benefit of available treatments has been obtained, yet ongoing support is still required to maintain / improve quality of life and reinforce existing skills? This interview (with audience participation) will provide a very stimulating path of

discovery and greater understanding of the challenges and impact of change. Models of care, competing service demands, outcome measurement, case load measurement and most importantly recovery & personal empowerment, will get more than just a brief mention in a more interactive exploration of one of the current difficult conundrums of mental health care.

S20 CARING FOR CARERS: STRATEGIES FOR IMPROVED OUTCOMES

29/08/00 - 15.30 – 17.30 Room 5

Paper 20 minute: Jackie Warner

Carers of people with serious mental illness have historically not been greatly involved in treatment offered to consumers. Carer groups have for some time tried to have a greater voice in both treatment programs and policy decisions for public mental health services. Recent surveys indicate that there are three main areas of concern: need for more information, need for more involvement in planning and need for more contact with other carers. The National Standards for Mental Health Services and the Second National Mental Health Plan both identify a greater role for carers in the delivery of services to people with serious mental illness. Grampians Psychiatric Services has tried to address some of the issues by implementing a range of innovative strategies designed to involve and inform carers, provide an opportunity for feedback and a greater support network. These strategies are outlined in this paper, with evidence of their impact on carers and consumers. Future directions for psychiatric services must provide opportunities for carers to be involved in any significant planning for service delivery. Grampians Psychiatric Services has shown that strategies can be introduced to ensure that carers are heard, informed and involved which in turn leads to more positive outcomes for consumers.

LEARNING OBJECTIVES: 1. To gain an insight into the issues facing carers of people with serious mental illness and to understand the types of strategies which can lead to greater carer satisfaction and improved outcomes for people with serious mental illness. 2. To identify, from a carer perspective, what the issues are and what strategies which can assist carer satisfaction, to ensure that mental health services meet the required standard with regard to carer participation.

S20 MOVING INTO FOREIGN TERRITORY: THE EMERGENCE OF CARER ADVOCACY IN SOUTH WESTERN SYDNEY

29/08/00 – 15.30 - 17.30 Room 5

Paper 20 minute: Janette Du Buisson Perrine

The development of initiatives for carers and the integration of carers into the everyday programs of the mental health service in South Western Sydney has been very slow to get off the ground. However, over recent years carer self advocacy and forums for participation have increased significantly. This paper is presented by a carer who has been 'thrown into the deep end' of carer involvement and it plots the course of events that have led to carer needs being placed as a priority on the mental health service's agenda. The paper explores some of the factors that might have hindered the pace of carer development in a region with the relative disadvantage of SWS, traces the birth of initiatives to further carer participation over the last couple of years, describes the partnerships that have been developed between carers, consumers and service providers, and reviews how far progress has occurred. The paper makes a particular contribution to understanding the advocacy, support and service development needs of carers, how these needs are responded to by the mental health service and the opportunities for participation, creativity and development. It describes the range of players that have needed to work in co-operation to develop a political profile for carers and the particular outcomes that have been achieved. At the same time, it discusses the work that is yet to be undertaken to ensure that carers receive the recognition that they deserve and the support services that they require to continue their important role in the home and the community. Aim: To describe the emergence of carer advocacy in an area of social disadvantage, South Western Sydney.

LEARNING OBJECTIVES: 1. Participants will gain an understanding of the issues affecting the development of carer advocacy in a region such as South Western Sydney and the opportunities for creative development of carer initiatives. 2. Participants will better understand the factors that need to be taken into account when integrating carers into service provision.

S20 CARING FOR CARERS: A NEW PERSPECTIVE IN SERVICE DEVELOPMENT

29/08/00 – 15.30 - 17.30 Room 5

Paper 20 minute: Graham Meadows, Gillian Plant

Previous reporting of the evaluation of the 'CLIPP' General Practice (GP) shared care model has demonstrated good maintenance of continuity of care and monitoring of symptoms of those living with a mental illness, but substantial burden of care on relatives or carers. This presentation will provide detail of the burden of care experienced by relatives of patients in GP shared care, and will describe a forthcoming research project that will extend this area of inquiry. Carers of adults with serious mental illness in the GP Shared Care Program are compared to carers of those with mental illness managed in routine Area Mental Health Service care. Important areas of burden that were found included family routine, carer mental health, family interaction and finance. There is a mixed pattern of change in Life Skills Profile (LSP) scales in shared care patients, with some improvement in self-care and social contact but deterioration in responsibility. This presentation will describe a new investigation, following on from the initial project, which will use a range of quasi-experimental and survey control methodologies to maximise power for the question as to whether burden may be increased in this setting and whether there is consequential psychopathology in carers. 199 words

LEARNING OBJECTIVES: 1. The audience will learn about the burden of care of relatives or carers of those with a serious mental illness from the findings of a longitudinal study. 2. The issue of carer burden is a highly relevant outcome for community mental health services. This presentation will also allow the investigators to receive audience feedback, ideas etc. on a research project yet to be implemented.

S21 HORIZONTAL VIOLENCE: THE BANE OF OPTIMAL WORK PRACTICES

29/08/00 – 15.30 – 17.30 Room 10

Workshop 1.5 hour: Robyn Mills

"Workshop - Horizontal Violence: The bane of optimal work practices. Robyn Mills B.A. Psych (Hons) RN RPN ND PhD in Progress Victoria University 'I have striven not to laugh at human actions, not to weep at them, nor to hate them, but to understand them'. (Baruch Spinoza, Tractatus Politus, cited in Street, 1991). This workshop is based on one aspect of an action research project currently being undertaken in an acute psychiatric unit of a major public hospital. It explores the value of the concept of 'horizontal violence' in the workplace, a term used to describe 'overt and covert non-physical hostility such as criticism, sabotage, undermining, infighting, scapegoating and bickering' (Duffy, 1995, p.9). This research anticipates contributing to the literature regarding the way in which these behaviours amongst staff members shape and influence the work practices and culture of an acute psychiatric unit. It is hoped that the consumer consultants involved in this project will also be able to participate in the facilitation of this workshop. The overall aim is to assist participants to recognise horizontal violence amongst staff, to understand its impact on the work practices and its effects on consumers and then to brainstorm the solution. It is envisaged that discussion involving the understanding of the unconscious processes within the organisation, defensive reasoning and the incorporation of values into the organisation will be explored by workshop participants (Argyris, 1999). This workshop has been designed to maximise participation of attendees. Scenarios will be offered to the workshop participants in the form of role-plays which demonstrate examples of some difficult situations that might be understood as horizontal violence amongst staff working in an acute psychiatric unit. The workshop participants will then have the opportunity to brainstorm scenarios and solutions at four levels: 1. Immediate actions likely to be taken in the unit when the behaviour is observed 2. Secondary reaction likely within 24-48 hours 3. The impact of this behaviour on work practices and consumers 4. Strategies for longer term cultural change to enhance and set in place desired consumer-responsive work practices. Argyris, C. (1999) *On Organisational Learning* (2nd Ed). Blackwell Publishers: Oxford. Duffy, E. (1995) Horizontal Violence: a conundrum for nursing, *Collegian: Royal College of Nursing Australia*. 2 (2), 5-17. Baruch Spinoza, Tractatus Politus, as cited in Street, A. (1991) *From Image to Action: Reflection in Nursing Practice*. Deakin University: Geelong.

S22 CANCELLATION OF DRIVERS LICENCE - THE IMPACT ON OLDER PERSONS

29/08/00 – 15.30 – 17.30 Room 3

Paper 20 minute: Angela Berndt

As Australia's aged population continues to peak there is an increase in the numbers of older persons holding driving licences well into their advanced age. Consequently there will be an increase in the numbers of people facing the loss of their drivers licence due to age-related problems, illness or disability. Although literature suggests that many older people begin to self regulate their driving habits as they notice deteriorating function, it also appears that many people refuse to acknowledge any changes and cling stubbornly to their right to drive. Eisenhandler (1990) suggests that the drivers licence represents a positive marker of successful ageing. Therefore, the unexpected cancellation of a driver's licence by an external agency may cause the individual to experience negative emotional impacts. Two studies conducted by undergraduate students at the University of South Australia School of Occupational Therapy supported suggestions found in literature that cessation of driving limits mobility and independence leading to increased social isolation. It was further found that significant role changes altered self-identity and feelings of sadness, anger and increased sense of morbidity were correlated with loss of a driver's licence. By recognising that this phenomenon that can lead to poor mental health outcomes, it is possible for the community to begin to create systems that address more than alternative transport mechanisms, but rather provide the transitional support that is required to progress from being a driver to a non-driver.

LEARNING OBJECTIVES: 1. Audience members will learn that the unexpected cancellation of a driver's licence has significant negative impact on the well being of older persons. They will learn that the incidence of this experience is likely to increase as the population continues to age. 2. This presentation is relevant to mental health services that conduct aged care assessments and to any person who works with older persons in the community. The social isolation and symptoms associated with depression felt by persons who have suddenly lost the ability to be independent via driving can contribute to the success or failure of community support programs.

S22 CARE OF OLDER PEOPLE WITH A LIFELONG MENTAL ILLNESS

29/08/00 – 15.30 – 17.30 Room 3

Paper 20 minute: Kerry Short

Last year SANE Australia conducted a nation-wide survey of services for older people with a lifelong mental illness. The findings indicated that there is little acknowledgment by state and federal governments at a policy and funding level of the special needs of this group as distinct from those with organic disorders such as dementia and those with late onset mental illness. It seems that negative attitudes continue to prevail among both aged care and mental health workers, and that this elderly group bear the brunt of ageist attitudes as well as the stigma associated with mental illness. This group are often socially isolated, with deteriorating physical health and a lack of access to services within the community. They are more likely to have missed out on interventions that minimise the

disability associated with mental illness, are often 'maintained' on high levels of older style anti-psychotics, have often spent long period in institutions and have lost contact with family and friends. Continuity of care seems to break down and this group often fall between adult mental health services, psychogeriatric services, and aged care. With an ageing population there is an urgent need to plan services for older people living with an ongoing mental illness. Following on from the survey, the SANE Blueprint Guide examines the sorts of disability support services this group may require as they face the usual issues associated with ageing as well as continue to cope with an ongoing psychiatric disability. This presentation will outline these services, highlighting the need for flexible and accessible community-based care, including specialised accommodation options, psychosocial programs, outreach support, education and training, and carer support in planning for the future well-being of an adult child.

S22 TICKET TO RYDE AND WHO REALLY CARES?

29/08/00 - 15.30 – 17.30 Room 3

Paper 20 minute: Anthony King

1999 heralded International Year of Older People as a time of unprecedented growth in the proportion of the population living into old age. In the first three months of the twenty first century we have witnessed the national disgrace that is the condition of nursing homes in Australia. Meanwhile the Faculty of Psychiatry of Old Age argued that it has come of age (Ames. et al 782:2000). Communities exercise many rituals and rites, both positive and negative, effecting peoples passage into old age. In this presentation I will argue that while the Faculty busies itself refining its boundaries and consolidating its identity, it has lost sight of its obligation to develop a holistic and comprehensive vision to guide its service delivery system. Over the past eight years, the Ryde Community Mental Health Aged Care Service have developed a model of service delivery providing mental health care to older people and their carers. This is in terms of our population-based and quality-delivered clinical care systems, community education, programs promoting community, client and carer participation and partnerships programs, supporting people live at home, settle into supported accommodation, facilitating the maintenance of social networks, friendships and purpose. The distinguishing quality of our service is our ongoing celebration of the breadth and depth of mental health as a positive agent enabling people and their communities access to justice, self determination and the capacity to belong.

S23 EIGHT PLACES IN 2 HOURS - A BRIEF GUIDED TOUR THROUGH 'THE MAP' WITH A SPECIAL STOPOVER IN THE DESOLATE DESERT

30/08/00 - 15.30 - 17.30 Room 4

Workshop (2hr): Roslyn Snyder

Workshop (2 hour) 'Eight places in 2 hours - A brief guided tour through 'the Map' with a special stopover in the Desolate Desert' No this is not an optional bus trip that has been located in the wrong section. This paper will highlight a simple to use and understand visual practical counselling tool that mental health professionals can use with most clients. 'The map' actually re-frames highly complex psychological processes in a non-threatening manner easily understood by people as young as twelve. Plus 'the Map' can also be used as a client centred model of psychotherapy where progress can be plotted. People can use the map to help them navigate their way through life - no matter where they are at the moment or where they want to go. However, some people will need help from mental health professionals. 'The Map' has been used in many different areas of mental health: depression, self-harm, suicide prevention, self-actualisation, alcohol and drug issues, adjustment disorders, crisis response, coping with change, grief and loss, and relationship breakdown. 'The Map' has been used by many different mental health workers: social workers, Psychiatrists, nurses, psychotherapists, youth workers and chaplains. On this brief tour you will travel along the highway, visit the 'Swamp of Feelings', the 'Depths of Despair', venture into the 'Anger/Guilt Mudflats', out to the 'Avoidance Marshes', through the 'Forest of Hope' up the 'Rocky Paths' to reach the 'Seemore Mountains'. A stopover in the 'Desolate Desert' with a group activity to highlight someone lost in the 'Desolate Desert'. The 'Desolate Desert' is where the most difficult to engage clients will be found. They will have multiple, complex issues including multiple suicide attempts, alcohol and drug issues, a history of violence and an 'I don't care' attitude.

S24 REFLECTING ON THE PAST, ESTABLISHING THE FUTURE**30/08/00 – 9.00 - 10.00 Hall E****Keynote Address : Polly Sumner**

Polly Sumner, Chief Executive Officer, Nunkuwarrin Yunti of South Australia will speak on the development of Aboriginal social and emotional well-being initiatives in South Australia. She is committed to the concept of Aboriginal Community Control and advocates that there is an appropriate cultural alternative emotional, social and economic well-being. The address will give the audience a unique insight into the journey so far travelled by aboriginal people and the concept of aboriginal community control. Polly advocates that there is an appropriate cultural alternative to foster emotional, social and economic well being with aboriginal communities.

S25 OUTCOMES EVALUATION OF THE NORTH METROPOLITAN HEALTH SERVICE ADULT PSYCHIATRIC REHABILITATION**30/08/00 – 10.30 – 12.30 Hall E****Paper 20 minute: Heather Mearns**

"The need to measure the effectiveness of programs was identified by clinicians of the adult psychiatric rehabilitation programs in the North Metropolitan Health Service, Mental Health Program. The evaluation project was proposed to meet the National Mental Health Standard, (1997), 9.30 which states that 'the Mental Health Service routinely monitor health outcomes for individual consumers using a combination of quantitative and qualitative measures'. The purpose of the project was to enhance individual care and assess service provision. Five adult psychiatric rehabilitation programs have been involved in the project. Two clinician and one client rated measures were used in the project. The outcome measures rated by the clinician were the Health of a Nation Outcome Scales, and the Role Functioning Scale. The client rated measure utilised for the project was BASIS 32. A prospective cohort study over six months was conducted with all clients attending rehabilitation programs. Repeated measures using the 3 scales was completed for baseline, three months, and six months. Demographic and service data was also recorded. The presentation will focus on whether there was any significant change between the baseline and the 6-month follow-up scores of individuals, and the usefulness of the measures used in this study. LEARNING OBJECTIVES 1. The objective of this presentation is to increase the available knowledge on outcome evaluation specific to the area of adult psychiatric rehabilitation programs. 2. There is an increasing demand for 'evidenced-based' health care and, as yet there is little research into the effectiveness and outcomes of psychiatric rehabilitation services in Australia. The presentation will discuss some of the issues in developing an effective outcome evaluation system as well as the perceived usefulness of the measures used in the study."

S25 QUALITY IMPROVEMENT - HOW TO GET YOUR ACHIEVEMENTS DOWN TO PAPER**30/08/00 – 10.30 – 12.30 Hall E****Paper 20 minute: Cathy Jones**

If it isn't documented, it didn't happen! This paper describes a way of approaching quality improvement so that staff can easily document outcomes and improvements and show measurable outcomes from quality improvement activities. Quality improvement is a standard way of working in most mental health services. However, services have always had difficulty recognizing and documenting quality improvement activities. As we all know, documentation is an essential requirement of all external accreditation systems, but documentation is also critical in communicating improvements and outcomes across your service. In order to demonstrate outcomes of any quality improvement activity, it is important that we try to measure a baseline. The three basic steps in any quality improvement activity are 1. measuring your problem 2. improving something, taking action, making a change 3. measuring your outcome - did the improvement work? If these steps are well understood by staff, planning a quality improvement and documenting it can be a simple process (and it doesn't have to be left to senior staff - anyone can do it!)

LEARNING OBJECTIVES: 1 The audience at this presentation will gain practical tips and strategies for planning quality improvement activities and documenting them with a minimum of fuss. 2 This presentation tackles issues that all mental health services must deal with - quality improvement, documentation and measurement of outcomes.

S25 MENTAL HEALTH SERVICE MONITORING AND REVIEW IN VICTORIA: TOWARDS A COMPREHENSIVE FRAMEWORK**30/08/00 - 10.30 – 1230 Hall E****Paper 20 minute: Joanna Birdseye**

"Quality and effectiveness is one of the three key themes of the Second National Mental Health Plan. The shift of mental health services into mainstreamed settings, with services no longer directly provided by Government has produced an increased emphasis on service monitoring and review. Through these activities, we seek to ensure consistent and high quality services are delivered to consumers across the state. This paper will present an overview of current activities in the context of developments in monitoring and review nationally and internationally. There will be a focus on the framework developed in the Victorian mental health system, which encompasses activities carried out by the Department and a range of other bodies such as the Community Visitors and the Australian Council of Health Care Standards. The activities covered will include new developments such as the establishment of a Quality Assurance Council to monitor and oversee standards of mental health services. Finally the paper will look at future directions in monitoring and review in Victoria, covering the proposed key areas for emphasis in the next five years.

LEARNING OBJECTIVES: (1) The audience will gain an understanding of current activities and issues in service monitoring and review, and also future directions. (2) Monitoring and review activities are important to mental health services because they are significant levers for improving the quality of services to consumers."

S25 A COMMUNITY MENTAL HEALTH PC-BASED INFORMATION SYSTEM

30/08/00 – 10.30 –12.30 Hall E

Paper 20 minute: Rob Warriner

The last decade in particular has seen the rapid development of a range of community based mental health services, and a range of organisations which provide them. These have been purchased by various (and often evolving) funding/purchasing bodies, each having their own (similarly evolving) accountability and reporting requirements. Services are increasingly being called upon to provide documentation, outputs, and the resulting outcomes for mental health consumers. On top of these accountability/reporting requirements, internal mechanisms which promote efficiency, effectiveness and quality in services delivery have also needed to be developed. Again these have often had to be designed to respond to the needs of a range of services. Most organisations have access to computers; unfortunately many lack the resources to fully utilise computer technology to develop outcome and process tracking systems. This presentation will describe and illustrate (through computer projection) a computer based package which has been developed by a non-government organisation. The system integrates information related to client demographic data, clinical data, a residential service, a supported employment service, and a counselling service. The system also allows for continuous assessment of a number of process and outcome measures, and tracking of staff activity and interventions through built-in reporting options. The evolution, considerations and challenges faced in developing an increasingly sophisticated system will be highlighted, as well as some of the significant benefits that have been accrued through making use of such a system.

LEARNING OBJECTIVES: 1) The audience will gain an understanding of the consideration and issues involved in designing and implementing a PC based information system. They will also gain an insight into what a system can look like, how it can be used, and how it can improve and promote integrated service delivery. 2) The relevance of PC based information systems to mental health service delivery is based upon the increasing diversity of information being collected to support individual service goals, and the need for such information to be integrated and available in a way which promotes quality service delivery.

S26 PROMOTION, PREVENTION AND EARLY INTERVENTION FOR MENTAL HEALTH - EXPANDING THE TRADITIONAL BOUNDARIES

30/08/00 – 10.30 –12.30 Hall B

Symposium 2 hour: Jane Pirkis, Susan Boucher, Warwick Blood, Graham Martin

The focus on promotion of mental health and prevention and early intervention for mental disorders represents a major and exciting direction for mental health activities in Australia, complementing and expanding the traditional focus on treatment. An expanding evidence base indicates that promotion; prevention and early intervention activities can reduce the burden of mental disorders and have far-reaching consequences through improving mental health across the Australian population. Given the wide range of factors that influence mental health, partnerships that reach well beyond mental health services are required, to encompass not only the broader health sector but community services, emergency services, educational institutions, workplaces, and the media, sports, arts and business sectors, as well as carers and consumer groups. Indeed, mental health is an issue for the entire community, and requires a 'whole of community' response. As such, this symposium will present three current national initiatives that transgress the traditional domains of mental health and give a picture of how Australia is at the leading edge in promotion, prevention and early intervention for mental health. Each presentation will be followed by a question and answer period. Paper 1. 'Achieving the Balance' - working with the media in promotion, prevention and early intervention for mental health Presenters: Ms Jane Pirkis and Professor Warwick Blood. This session will cover the important work that is being done in partnership with key media stakeholders in Australia under the 'Mental Health Promoting Media Strategy' and the 'Life Promoting Media Strategy'. The media is an integral part of our society, conveying information and influencing community attitudes and perceptions of social norms. At present, as well as providing an avenue for positive portrayal of mental health issues, media coverage often reflects the widespread misunderstanding of mental health problems and mental disorders that exist in the broader community. Education and raising awareness within the media about these issues will improve accuracy and balance in reporting and assist in strengthening the media role in promoting mental health literacy in the general Australian community. Significant components such as media monitoring research, the media reference group and a resource kit for media professionals will be presented. Paper 2. MindMatters - a national mental health promoting schools initiative. Presenters: Susan Boucher, APAPDC (Australian Principals' Associations Professional Development Council) & Sue Ferguson, Curriculum Corporation. MindMatters is a unique education resource to help today's teachers promote a mentally healthy school environment. Almost 20 per cent of all children and adolescents in Australia could have experienced mental health problems, with half of these showing impaired schooling and social development. MindMatters was developed as a way to address these problems. It recognises the role schools can play in promoting the wellbeing of their students. It uses a whole school approach to mental health promotion and aims to enhance the development of school environments where young people feel safe, valued, engaged and purposeful. Paper 3. AusEinnet - the Australian Early Intervention Network for Mental Health Presenter: Ass/Professor Graham Martin. The Australian Early Intervention Network for Mental Health has been developed to raise mental health sector and community awareness of promotion, prevention and early intervention for mental health. An important element of this project is to embed learning and research knowledge on mental

health promotion, prevention and early intervention into mental health service delivery and practice. In particular, a national communications network has been established - including a clearing house, website, newsletter and electronic discussion group; activities to re-orient services to early intervention by placing mental health workers in selected agencies throughout Australia; and the AusEikit Series which comprise a set of clinical approach booklets to educate and promote good practice in early intervention.

LEARNING OBJECTIVES: 1. The audience will gain knowledge about specific projects that are progressing mental health promotion, prevention and early intervention outside of the traditional boundaries of the mental health sector, such as the media, the school system and general health services. 2. This symposia will show how the issues of stigma, discrimination and reluctance to seek help can be addressed by a 'whole of community' approach to increasing mental health literacy across sectors."

S27 THE DEVELOPMENT OF A BEST INTEREST MODEL FOR MAORI PRACTITIONERS IN MENTAL HEALTH

30/08/00 10.30 - 12.30 Hall C

Paper 20 minute: Phyllis Tangitu

Miria te Hinengaro a Midland Regional Collective of maoir consumers, providers in Mental Health has recently completed a series of training in 4 local Iwi areas that has progressed the development of a 'Best Interest Model' for Maori practitioners in Mental Health Services.

LEARNING OBJECTIVES: 1. This presentation will provide the audience with an understanding of the process that was in developing a "Best Interest Model" that acknowledges the diversity of different Iwi/Maori and how validation of local frameworks can be developed. 2. Mental Health and in particular Maori Mental health is a priority in New Zealand the statistics of Maori utilisation rate of Mental Health Services in high. This presentation provides an opportunity for consumers, clinicians, providers and carers to view a holistic development with Maori Mental Health in New Zealand.

S27 LOTOFALE 'CONSUMER - THE FOCUS OF THE SERVICE'

30/08/00 – 10.30 – 12.30 Hall C

Paper 20 minute: David Lui, Ita Martin

The introduction will give a brief history of how the service began five years ago. Lotofale is a Pacific Island word, which mean the 'centre or soul of the house'. We have taken that concept of 'centre' to make the focus (centre) of our service the 'consumer'. We will demonstrate in our presentation how over the last five years using our philosophy of: 'Providing the best mental health services to Pacific Island consumers and their families.' and making the consumer our focus. We have transformed our service from a small pilot scheme five years ago to now where it is recognised nationally as a template for cultural service delivery model in New Zealand. We will describe how over the past two years we have developed a clinical arm to our service, the employment of an Occupational Therapist and Nurse to start a First Episode team and the development of rehabilitation programmes; the appointment of a Clinical Leader to help develop clinical pathways. We will discuss how this has strengthened our service without losing our focus on our consumers and families. In the past year we have launched into a new strategy of joint appointments which work across the Community Mental Health Centres. We will discuss how this has improved integration between our service and the CMHC (clinical mainstream). We will also discuss our Matua Strategy (Elder advisory) which ensures culturally safe practise.

LEARNING OBJECTIVES: 1. Demonstrate how the service started five years ago as a pilot with simple aim to focus on consumer and community need. How we have achieved and met expectations of our funders and consumers. The audience will learn about how we have effectively strengthened our service with the addition of clinical positions without losing our rehabilitation, recovery and community focus. 2. The audience will learn through our sharing of our experience how we have grown from a small pilot five years ago with six FTEs to a service with 22 FTE's and five part-time staff. Through our experience the audience may well learn some things that will help them with similar services in mental health.

S27 MAORI DIMENSION TO MENTAL HEALTH SERVICES IN NEW ZEALAND

30/08/00 – 10.30 – 12.30 Hall C

Paper 20 minute: Molly Para

Gisborne Tairawhiti Healthcare Ltd New Zealand Mental Health Services have only recently taken on board another dimension to their services by incorporating a maori tikanga framework, a model which incorporates the Treaty of Waitangi, the Tapa Wha Model, Te Wheke Model and the Rakau Tapu Model. It is directed to improve service delivery to consumers and families of all ethnic groups the main being maori. Why? Because maori is tangata whenua and are the main accessor to Mental Health Services in Gisborne. There is a proportionately high number of maori accessing mental health services. The main being drug and alcohol related symptoms with a predilection to cannabis psychosis; probably ranks the highest on the mental health entry list where maori is concerned. The Tikanga Group is set up to encourage all staff to buy into a maori concept of helping to integrate and be an integral part of shaping and remodelling the way we deliver our services to maori people in an appropriate and sensitive manner, appropriate to maori consumers and maori families. It is also in the way we structure our Mental Health Service to try and alleviate all the disparities in mental health services between maori and non-maori.

S27 CREATIVITY AND DEVELOPMENT: A KAUPAPA FOR MAORI MENTAL HEALTH IN AOTEAROA

30/08/00 – 10.30 – 12.30 Hall C

Paper 20 minute: Elizabeth Cunningham, Kath Fox

Mental health is the major health issue for Maori in Aotearoa. Evidence indicates increasingly poor mental health status and increasing disparities between Maori and non-Maori. The mental health system is neither meeting the needs of Maori nor producing better outcomes - creative approaches are needed. This paper will outline the 'kete' of strategies developed to achieve the overall aim of improving the mental health and wellbeing of Maori and reducing disparities in health status. An analogy will be drawn between the creation and implementation of these strategies, and the creation and use of the 'kete' or traditional Maori basket. The strategies are driven by the Treaty of Waitangi; evidence about Maori mental health status; and a deliberately created opportunity for Maori leadership in funding mental health services. They seek ultimately to promote self-determination - tino rangatiratanga. A long term strategy is in place in Aotearoa to restore wellbeing and good mental health for Maori - it is creative and is premised on the fact that Maori are in the best position to determine and respond to their mental health needs. It is a vision that will enable all people to stand tall with confidence - Kia Tu Kia Puawai.

LEARNING OBJECTIVES: 1. That we Maori communities are in the best position to determine and develop the most relevant approaches to their mental health and wellbeing. Learning Objective 2. Mental health is the major health issue for Maori in Aotearoa and creative approaches are needed to reduce the known and increasing disparities in health.

S28 WHAT HAVE WE LEARNED FROM DESINSTITUTIONALISATION STUDIES IN AUSTRALIA?

30/8/00 – 10.30 – 12.30 Hall D

Symposium 2 hours: John Farhall, Tom Trauer, Liz Newton, Alan Rosen, Coletta Hobbs, Tom Meehan, Suzanne Drake

Symposium Convenor: John Farhall. Over the past few years, research studies in three states have been evaluating the outcomes of separate programs of 'deinstitutionalisation'. Although the patient groups have not been the same, there have been many common threads. In each project, groups of patients who have lived in psychiatric hospitals for some time have moved to accommodation in the community. For each project there has been intensive assistance with housing and with clinical and social supports within a rehabilitation framework. The projects have differed in level of disability of the patients, degree of patient choice, and the nature of accommodation and support systems. The research methods have also varied. In the light of these similarities and differences, this symposium is an attempt to bring together the accumulated wisdom from these three projects for discussion at the conference. The symposium comprises presentations from the Project 300 group in Queensland, the FACTS project in NSW and the Community Care Unit project in Victoria. The presenters will then join a Panel for discussion of the issues with the audience. The focus of the presentations and discussions is, "What have we learned? How might this be of benefit to services for the future?"

LEARNING OBJECTIVES: 1) The audience will have the opportunity to learn about the nature and rate of change in people with long standing disabilities who move living environments, and about issues in researching such changes. 2) This topic is of importance particularly to policy makers and stakeholders in rehabilitation because it adds to our understanding about the nature and possible determinants of change in consumers with high levels of disability. Paper 2: FACTS (Factors Affecting Community Tenure Study) project for Northern Sydney Health. Paper 3: Assessing the impact of moving people with long-term mental illness to independent living in the community - the 'Project 300' experience in Queensland. Panel Discussion with audience: What have we learned from deinstitutionalisation studies in Australia? Paper 1: Closure of long term open wards and their replacement with Community Care Units Victoria: Conclusions from one year follow-up data. Authors: John Farhall, Tom Trauer, Richard Newton, Peter Cheung. In the context of closure of a stand-alone psychiatric hospital in Victoria, 125 patients were considered for placement in one of several new Community Care Units (CCUs). These were purpose built suburban housing developments with 24-hour clinical staffing. The patient group mainly comprised long-stay open ward residents with high levels of persisting symptoms and functional disability. An evaluation study tracked these patients and assessed those who went to a CCU before leaving hospital and one month and one year later. A minority was considered unsuitable for the CCU. One year results for those who moved suggest that the CCUs were a realistic living option for most patients and preferred to hospital. However, most had aspirations to live elsewhere. There were indications that adaptation and change occurred slowly, suggesting that transitional rehabilitation should not be rushed. Those who received less than 4 months preparation for leaving hospital tended to deteriorate after resettlement. Only 5% of all patients reaching a CCU had graduated to less restrictive living arrangement by one year, although additional subsequent change requires further follow-up. We conclude that CCUs are a good option for patients with high levels of symptoms and disability, providing that appropriate time frames are considered.

S29 DEVELOPING A MODEL OF PRACTICE IN THE COMMUNITY REINTEGRATION OF FORENSIC PATIENTS

30/08/00 – 10.30 – 12.30 Hall A

Paper 20 minute: Jim Poulter

"The paper maps the process by which patient rehabilitation experience was explored, with a group of forensic patients going through the final stage of community reintegration. All the patients had been held in secure psychiatric confinement following a finding of Not Guilty for a homicide offence, commonly involving a family member. On joining the rehabilitation unit, the author was asked to conduct group work with some seven patients

who were in the final stages of transition back into community living. Over a six-month period, the patient group reflected on their personal experiences relating to their onset of illness, offence, incarceration, treatment and rehabilitation. Patients reflected deeply on the processes of self disintegration relating to their illness, offence, and incarceration; then on the tasks of personal growth, self reconstruction and self reconciliation that they had commonly faced in reaching a stage of transition back into the community. With the help of the author, the patients constructed a process model of community transition. This model is explicated in the paper, and the author utilises self theories as an organising framework for psycho-social rehabilitation processes undertaken with patients in secure forensic settings. Psychiatric theory is subsumed within this broader framework of self theory.

LEARNING OBJECTIVES 1.The audience will learn how patient wisdom can be utilised to develop knowledge and theory about how practice is actually experienced, and the processes inherent in patient self reconstruction and self reconciliation. 2.The presentation will map the processes by which a group of forensic mental health patients have been able to take responsibility for their recovery and achieve both personal growth and self reconciliation."

S29 MAGISTRATES COURT DIVERSION PROGRAM AND ITS INTERFACE WITH THE MENTAL HEALTH SYSTEM

30/08/00 – 10.30 – 12.30 Hall A

Paper 20 minute: David Christensen

The Magistrates Court Diversion Program is a new criminal justice initiative operating since June of 1999 at the Adelaide Magistrates Court. This voluntary program is available to eligible defendants who come before the court charged with summary and minor indictable offences and who suffer impairment in mental functioning eg. as a result of mental illness or intellectual disability. One of the key features of the program is the linking of individuals to mental health supports and other resources in order that their needs are met and that their offending behaviour is addressed. The program's success has been dependant on the cooperation of agencies in providing a service to participants. The role of the Mental Health Justice Liaison Officer has been vital to the process, operating as the link between this justice program and the Mental Health System. This paper outlines the program and its benefits to all those involved and discusses the experience of linking people with services who may otherwise be lost to treatment. It will also describe how the program can be used as a catalyst in: * Early Psychosis intervention; * Motivation toward change; and * Improved compliance with treatment.

LEARNING OBJECTIVES: 1 Members of the audience should gain an understanding of the nature of the Adelaide Magistrates Court Diversion Program and how this program can benefit mental health consumers. 2 Members of the audience will recognise the relevance of such a program in terms of its potential: * as a source of referrals to the Mental Health System, * as a source of support for mental health consumers in the Criminal Justice system, and * as a source of support to mental health workers in trying to assist their clients.

S29 Without Consent: A Comparative Study of Involuntary Detention of Adolescents Under The NSW Mental Health Act (1990)

30/08/00 – 10.30 – 12.30 Hall A

Paper 20 minute: Jane Pool

The Acute Adolescent Unit is an eight bed gazetted psychiatric unit for the assessment and treatment of adolescents (12 to 18 years) with psychosis and/or major mood disorders. The unit was established in 1993 as a part of Westmead Hospital's comprehensive Child, Adolescent and Family Psychiatry Department, Redbank House, with the aim being to provide psychiatric care in an adolescent friendly environment. It was expected that Redbank would treat adolescents and hopefully prevent some admissions of young people to adult wards. It was anticipated that some adolescents would require admission as involuntary patients under the NSW Mental Health Act (1990). A retrospective study of the first 100 patients revealed that 51(51%) were detained in this way. This paper compares a group of involuntarily detained patients with a group of the same number of voluntary admissions during 1999 across a range of parameters including age, sex, diagnosis, comorbidity and level of family functioning. The results reveal some unanticipated differences between the two groups.

LEARNING OBJECTIVES: 1. It is expected that the participants will learn about the similarities and differences of adolescents admitted for hospital treatment as involuntary Vs voluntary patients. 2. This topic is relevant to mental health issues especially in consideration to the ethical issues of treating young people as involuntary patients in a locked environment.

S29 THE VICTORIAN CRIMES (MENTAL IMPAIRMENT AND UNFITNESS TO BE TRIED) ACT - A NEW EMPHASIS FOR PATIENT, VICTIM AND FAMILY

30/08/00 – 10.30 – 12.30 Hall A

Paper 20 minute: Ruth Vine

In April 1998, the Victorian government introduced a new procedures regarding the disposition of those found unfit to plead or not guilty because of mental impairment. The Crimes (Mental Impairment and Unfitness to be Tried) Act 1997 reformed the law for those previously found not guilty on the grounds of insanity and detained at the Governor's Pleasure. A major component of the new law is the process by which a patient, who has committed a serious offence, accesses the community via graduated leave progressing to variation of the order. The Act establishes the Forensic Leave Panel which hears applications for limited leave, and requires a hearing before the court of origin for the granting of extended leave or to vary the Order. The patient is involved in the application for leave and appears before the Panel resulting in a far more open process than was previously the case. Before a court hearing family members and victims of the offence must be notified, and are entitled to have input to the process. This paper examines the operation of the Crimes (Mental Impairment and Unfitness to be Tried) Act 1997

from a clinical/patient perspective over the first two years of operation. The process and outcome of the court hearings reviewing the status of patients previously detained is described. The effect of involving family and victim (often one and the same) and how this has been experienced by patients and staff is discussed.

LEARNING OBJECTIVES: 1. Participants will gain an understanding of procedures around legislation pertaining to those who commit offences while mentally ill. 2. Participants will gain an appreciation of consumer involvement in leave and variation procedures of this legislation.

S30 'SHAPE UP' HEALTHY LIFESTYLE PROGRAM

30/08/00 - 10.30 - 12.30 Rooms 1 & 2

Paper 20 minute: Julie Rowse, Meagan Walker, Graham Strachan

People with a serious mental illness can easily become physically unhealthy. They have limited or no participation in exercise due to negative symptoms of their illness. They can gain weight as some medications lower the metabolic rate. Clients can also have a poor diet because of limited cooking and meal planning skills. These issues can lead to health complaints including high blood pressure, heart problems, and hip and knee problems. The team at Eastern View are providing a multidisciplinary approach to address these issues through a program called 'Shape Up'. 'Shape Up' aims to improve physical and mental health, build self-esteem and self worth, and maintain lifestyle changes in the long-term. The ten week program consists of weekly dietary information sessions that are easily understood by participants, and weekly low impact exercise based on a variety of enjoyable activities to encourage participation. Consumers participating in the program were assessed prior to commencement and will be re-tested at the conclusion to measure changes. The measures included weight, body mass index, waist and hip measurements, blood pressure, pulse (rest and after exercise), dietary input, and weekly participation in exercise. This program will be incorporated into the psychosocial rehabilitation program as an ongoing component.

S30 THE CHALLENGES OF MANAGING AND ESTABLISHING A COMMUNITY CARE UNIT

30/08/00 - 10.30 - 12.30 Rooms 1 & 2

Paper 20 minute: Anna Love

The transition from Institutional to Community Care has presented major challenges, both for clients and staff alike. I will present my 4 years experience of managing and developing a Community Care Unit in Melbourne, including the Transition from Hospital Grounds housing to purpose built housing in an Inner City neighbourhood . The paper will focus on the experience of the transition from Institutional care to Community based care. The philosophy that supports the work at the unit and the challenges that staff have to deal with on a daily basis to carry out their work . One such challenge was the establishment of a Smoking Policy , at the unit which has meant that staff did not role model smoking , and with its establishment the role on effect that it has had on the residents . I will discuss : the benefits and challenges for both Staff and Residents regards moving from institutional care to the Community. Reactions of the local Community and the Community Consultation process. Rehabilitation process in a Community Care Unit , and the education of staff regards what that meant to their practice. The ongoing process and future directions .

LEARNING OBJECTIVES: The audience will gain an understanding of the development and management of a Community Care Unit, the transition from institutional to community based care and the ongoing management of issues within the unit. 2. This issue has relevant to all mental health services that have deliver community based residential care.

S30 PSYCHIATRIC REHABILITATION: THE HOW TO

30/08/00 - 10.30 - 12.30 Rooms 1 & 2

Paper 20 minute: Nicky Bisogni, Joan Clarke

This paper will show how psychiatric rehabilitation is done. Psychiatric rehabilitation is the learning or relearning of specific skills via the setting of specific goals identified and related to people's learning, living and working environments. In the words of Boston University one has to have had the exposure to, the experience of and the expertise in order to be a skilled psychiatric rehabilitation practitioner. Prahran Mission has been recognised by Boston University as meeting these credentials. Two Boston University accredited trainers from Prahran Mission who have had the exposure to, the experience of and the expertise in providing psychiatric rehabilitation will present this paper. Prahran Mission has been delivering mental health community support programs for over 30 years. In 1997 our programs were recognised by Boston University as demonstrating key characteristics of Psychiatric Rehabilitation. Second Story, a site based day program, JobSupply, a supported employment program, Mothers Support Program, a home based outreach program for women living with mental illness who have children in their care were all subjected to rigorous assessment by Boston University. The assessment included site based visits, scrutiny of program Policies and Procedures, interviews with staff and participants to discern underlying program values and relationship of intended and achieved outcomes with each program's mission. We passed the test.

LEARNING OBJECTIVES: 1. an overview to the Mission, values, principles and practice of Psychiatric Rehabilitation Programs. 2. Psychiatric Rehabilitation is a fundamental mental health community support service and is increasingly recognised for its success in supporting people to live more independent and satisfying lives.

S30 MENTAL ILLNESS NEED NOT BE A BARRIER IN REACHING EMPLOYMENT GOALS**30/08/00 - 10.30 – 12.30 Rooms 1 & 2****Paper 20 minute: Ricky Austin**

The abstract that I wish to present is on a paper that I have been asked to present at several venues in Brisbane. My presentation consists of a little magic and is very entertaining. I am a consumer that has gone through several major milestones and would like to share some of my wisdom and knowledge as well as providing a positive role model. I am currently employed in 2 part time positions the first as a Project Officer for Qld Health on Consumer Initiatives and the 2nd position is as a case manger of long term unemployed jobseekers through the Job Network. I am also currently writing my dissertation for my Masters of Community Mental Health through the Uni. Of Qld. The paper I wish to present is on 'Mental Illness Need Not Be A Barrier in Reaching Employment Goals'. The paper examines a number of barriers and possible solutions for consumers considering entering or re-entering the workforce. The paper looks at positivity and uses the illusions of magic through magical tricks to open people's minds and begins to get the audience to challenge themselves and recognise their skills and abilities through a range of group activities etc. The paper outlines possible labor market disadvantages for person's suffering from a mental illness and raises a number of positive steps to combat this challenge. It discusses and uses real life examples of practical assistance available whilst providing a platform for assessing your individual employment needs. Lastly it provides hope and belief in your own abilities. The paper also is useful for those in the audience that aren't interested in the workforce but broadens knowledge bases and develops options to consider further down the track. I have tried to give you a very brief overview of the presentation and ensure you that it is a very entertaining presentation that is both useful and challenging.

LEARNING OBJECTIVES: 1. To provide information that is informative and empowering to consumers on possible employment issues. 2. To provide a personal perspective at some of my own experiences relating to employment and mental illness.

S31 IMPLEMENTATION OF THE NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES - A CASE STUDY**30/08/00 – 10.30 – 12.30 Room 5****Paper 20 minute: Andrea Taylor, Jenny Ovenden**

The Northern Sydney Mental Health Service has been committed to the implementation of the National Standards for Mental Health Services (NSMHS). The NSMHS as a quality tool provides a base line or minimum standard for the delivery of treatment and care services for persons experiencing a mental illness. The process of implementing the standards has brought to a previous secular sub-area culture a sense of unity and standardisation and has demonstrated resultant practice reviews and improvements for both clients and clinicians alike. The presenters (one who has completed two TRAMHS reviews) will guide the audience through how the Northern Sydney Mental Health Service implemented the process from commencement, and then to completion of the self assessment task with resultant action plans. This approach is multi-layered and has involved all service stakeholders - managers, clients, clinicians, carers, and NGO's alike. Each layer will be presented with how, why and what was undertaken. The presenters have operationalised the local NSMHS implementation utilising two different approaches in their respective services and will present both models within the auspices of the above framework.

S31 21ST CENTURY CASE MANAGEMENT**30/08/00 - 10.30 – 12. 30 Room 5****Paper 20 minute: Lesley Miller, Melina Stepanian**

Case management is seen as the essence of service delivery at Ryde Community Mental Health Service (RCMHS). The role of the case-manager is complex and one which is based on the belief that an individual experiencing a deterioration in mental health is best served when she/he establishes a secure, dependable and supportive relationship with a single clinician. Onyett (1992) argues that 'Through maintaining ongoing relationships with users, case-managers continuously assess emerging needs and strengths, plan and intervene to achieve the best fit of provision and monitor to ensure desired outcomes are being achieved. Case-management should never be a 'hit and miss' exercise. Depending upon the particular model of case-management adopted, case-managers may also identify and assist people through outreach work, act as therapist or counsellor, perform an advocate role, or act as broker for other helping agencies'. The range of roles and responsibilities of case-management clearly demonstrate the varied needs and diagnosis of consumers requiring case-management, previously literature has identified consumers who have an established mental illness as those meeting criteria for case-management services. However, as the scope of mental health service delivery expands to incorporate early intervention and suicide prevention practices the role of case-managers needs to be revisited by Mental Health Services. This presentation focuses on the model of case-management used by RCMH, where crisis intervention is not seen as a separate entity to case-management but rather a process of case-management in providing co-ordinated and continuous care to all consumers receiving service. The integrated model of crisis intervention and case-management utilised by RCMHS enables holistic approaches to manage a broad spectrum of clientele based on the corroborative development of personal care plans. This will be highlighted in the presentation as instrumental to the provision of optimum care outcomes. 21st Century mental health services need to deliver proactive case-management services which address issues such as suicide prevention, but also meet the ongoing needs of those experiencing severe mental illness.

S31 THE RELATIONSHIP BETWEEN CHANGE AND SATISFACTION: PARENTS' EXPERIENCES IN A CHILD AND ADOLESCENT MENTAL HEALTH SERVICE

30/08/00 – 10.30 – 12.30 Room 5

Paper 20 minute: Kathleen Stacey, Stephen Allison, Andrew Wood

Please note, the authors of this work include: Kathleen Stacey, Steve Allison, Vicki Dadds, Leigh Roeger, Andrew Wood & Graham Martin. Explorations of the relationship between change and satisfaction are not strongly evident in the literature on consumer satisfaction. In fact, some research treats them as the same thing, rather than appreciating the complexities and factors that shape the nature of their relationship. This research explored this relationship through eliciting the experiences of parents using child and adolescent mental health services who had received an initial consultation and/or brief therapy. It enabled the development of 'grounded theories' about what parents believe creates satisfaction. The outcomes suggest there are two groups to consider in addition to the obvious ones of 'high change and satisfaction' or 'no change and low satisfaction.' Significant numbers of people for whom there is little or no change are satisfied with a service, while others who experience positive change are not satisfied. Considering the stories of these two other groups can tell us how to address critical things that significantly effect the way services are provided and people are responded to - these are often within the capacity of workers and services to address, even when working with limited resources.

LEARNING OBJECTIVES: 1. Participants will better understand that the relationship between change and consumer satisfaction is complex and appreciate what they can do to improve satisfaction, regardless of change or outcome that is or can be achieved. 2. This work will assist mental health services to develop a more sophisticated approach to investigating change and satisfaction and address issues that lead to both increased change and increased satisfaction.

S31 WHAT IS A CARER?

30/08/00 – 10.30 – 12.30 Room 5

Paper 20 minute: Patricia Sutton

Having four wonderful, seemingly healthy, children was the most important and fantastic thing that has happened in my life. When my two sons, then aged 22, and 18, both developed schizophrenia around seven years ago, it was a catastrophic event for my family. The initial shock was extreme and the grief was, and is, immense.

It did not take long for me to realise that all was not well with the provision of mental health services, but also that many people were disadvantaged by the effects of their illness from speaking out about their concerns. It is a major concern that whilst community mental health services remain inadequate, the burden of care of the chronically mentally ill continues to fall onto carers, yet we are often excluded from a formal role in service provision. This paper describes some of my experiences during the last seven years involved in the mental health sector and explores the issues of early intervention, confidentiality, advocacy, consumer and carer participation in service delivery from a carer's perspective. I will argue that barriers within and between the major stakeholders in mental health actually prevent the provision of quality care. Partnerships between families, clients and mental health staff have the potential to produce the best results in the recovery process, as well as improving the social and economic standing of clients. Mechanisms also need to be developed to better address issues of confidentiality in a family-inclusive way, whilst still preserving the autonomy and rights of the client. I also believe that the differing experiences of my two sons demonstrate the benefits of early intervention, as well as the comprehensive advantages of receiving community mental health services, rather than hospital care. But why isn't this happening? Although there is a slow, but positive, shift occurring in the mental health sector towards a recognition of the value of the expertise of consumers and carers within service provision, I believe that there is still much work to be done. Mental health services must focus on good health outcomes and an increased quality of life for all, not only for the sake of the clients, but also in order to pervade the environment of the services themselves.

S32 ASSESSMENT AND MANAGEMENT OF SELF HARM BY A MENTAL HEALTH ACUTE/CRISIS TEAM

30/08/00 – 10.30 – 12.30 Room 10

Paper 20 minute: Andrea Taylor, Sheila Nicolson

Assessment of the potential to commit or attempt suicide and the management of the presenting risk factors is not an exact science and is 'an important but notoriously unreliable concept' (Cantor 1996:8), unpredictable at an individual level (Goldstein et al 1991, Rosenbluth et al 1995) and likened to cyclone forecasting (Cantor 1996). In light of the above, trends in suicide research (ie significant factors when assessing risk) and lack of comprehensive studies on risk management techniques, the researchers undertook a twelve month case note analysis of all presentations (192) to Ryde Community Mental Health Service for the period July 1998 - June 1999. This presentation will significantly focus on the suicide risk management aspects of the completed research as 'competent management when a patient presents with possible suicidal behaviour [has] a significant influence on both morbidity and mortality outcomes' (NSW Department of Health 98/31:2). Risk management strategies to be presented include psychological interventions such as cognitive and behavioural approaches, a variety of treatment settings, the role of the family/significant others, follow-up arrangements, medication use and the provision of practical assistance. The model of management strategies to be presented consists of appropriate interventions during episodes of crisis, and short and long-term treatment.

S32 DEMYSTIFYING AND MANAGING MENTAL HEALTH PRESENTATIONS IN A GENERAL EMERGENCY DEPARTMENT

30/08/00 - 10.30 – 12.30 Room 10

Paper 20 minute: Ann Crago, Judy Taylor, Terena Slattery

With the mainstreaming of mental health services, the choice for consumers of where they seek emergency service or crisis intervention has broadened. The reliance on the Emergency Departments in Public General Hospitals is increasing, although little support in the past has been forthcoming from mental health sources. An action research project was developed to improve the quality of care provided to mental health clients at the third busiest Emergency Department in the Southern Hemisphere. The project ran for six months and expert psychiatric nurses (level two) were seconded from the Assessment and Crisis Intervention Service (ACIS) team to provide consultation, assessment, bed co-ordination as well as liaison with the broader hospital and community based mental health units. Formal and informal education sessions were conducted with both medical and nursing staff of the Emergency Department. Evaluation data was collected to legitimise the effectiveness of the project. The data disputed the myths re long waiting times, time of presentation, diagnostic categories, busiest days, outcomes and priority triaging for mental health patients. A questionnaire allowed the medical officers and the nursing staff to provide feedback about the effectiveness of the project. The paper suggests that effective and consistent integration of mental health patients is underway in a general emergency department of a large Public Hospital, in South Australia.

S32 INTEGRATING 24 HOUR ACUTE RESPONSE SERVICES WITH A HOSPITAL ACCIDENT AND EMERGENCY SERVICE

30/08/00 – 10.30 – 12.30 Room 10

Paper 20 minute: Eugene Meegan, Glen Prigg

Policy directions from state and federal governments have moved towards integration, both within psychiatric services and also between psychiatric services and general health services. St Vincent's Mental Health Service, together with the RMIT University, was one of the original pilot sites for a national mental health funded project investigating the benefits of placing psychiatric nurses in hospital emergency departments. Following this initiative, St Vincent's Mental Health Service employed psychiatric nurses to operate a psychiatric triage service from the Emergency Department of St Vincent's Hospital on an ongoing basis. Following this pilot program and drawing on the experience of the national taskforce investigating suicide prevention, the St Vincent's model was adopted in Victoria, with funding for a 24-hour triage service in all mental health services across the state. The separation of triage and crisis assessment and treatment services was inconsistent with the integrated team model elsewhere in our service. A further change was made to encompass Emergency Department psychiatric service as a component of CAT rather than a separate triage entity. The Emergency Department psychiatric service was now staffed by CAT clinicians rather than triage clinicians. This change also included Allied Health CAT clinicians as well as psychiatric nurses in the Emergency Department. The movement to this model has created some tensions within the service, however these are being resolved through negotiation and discussion. Overall the implementation has been considered successful, and will enhance the effectiveness and responsiveness of our service.

LEARNING OBJECTIVES: 1: Participants will learn about the benefits, pitfalls, strengths, weaknesses and improvements to service response as a result of integration of a 24 hour crisis assessment response service with a general hospital accident & emergency service. Learning Objective 2: The issue of integration of triage, emergency, crisis assessment and 24 hour response services is integral to all mental health services across Australia and consistent with national and state policy direction.

S32 SINGLE POINT OF ENTRY OR THORN IN THE SIDE OF CONSUMERS: MODELS FOR CLINICAL EXCELLENCE AND TELEPHONE COUNSELLING FOR PSYCHIATRIC TRIAGE WORKERS IN THE EMERGENCY DEPARTMENT

30/08/00 – 10.30 – 12.30 Room 10

Paper 20 minute: Robyn Mills

The role of the Psychiatric Triage Mental Health Worker in the emergency department is a crucial one representing the single point of entry for psychiatric services out of business hours. The emergency department is a fertile ground of opportunities for preventative psychiatry, which at this time are not being addressed by the current system. Pertinent issues regarding this single point of entry will be raised for discussion regarding possibilities for change. This role can be one which enhances the outcomes for consumers or one which slams shut the only door available for them. A major part of this role incorporates telephone counselling, yet clinicians are not educated specifically to this task. Telephone counselling requires special skills which are quite different to face to face assessments. The role of CATT clinicians is not the same as the emergency department triage clinician and as such should have explicit training. Within this presentation two models will be put forward, the first the 'The Valued Partnership Telephone Counselling Model' and the second the 'Model for Clinical Excellence'. A checklist of risk factors for the suicidal client will also be presented. This presentation will conclude with suggestions for optimal work practices in the emergency department which advocate reflective practice, seek to be actively engaged in the plethora of opportunities regarding preventative psychiatry and above all respond to the individual needs of consumers.

LEARNING OBJECTIVES: One: The audience attending this workshop will gain an understanding of the intricacies associated with psychiatry in the emergency department from the perspective of a psychiatric triage nurse position and leave with possible solutions to difficult problems associated with the single point of entry. Two: This topic is highly relevant to mental health issues because it is a relatively new area of psychiatry which has not been fully explored in the public arena. This workshop is relevant because it represents the face of psychiatry out of hours and as such interfaces with many mental health issues, but particularly it focuses on immediate outcomes for mental health consumers.

S33 'A DELICATE QUEST' - USING DRAMA AND PARTNERSHIP TO DISSEMINATE THE DESTIGMATISATION MESSAGE

30/08/00 – 10.30 – 12.30 Room 3

Workshop 2 hour: Debbie Hager

International research indicates that one way to overcome the stigma and discrimination associated with mental illness, is for people to associate with people who experience illness as friends and colleagues. One way we get to know people is through the sharing of their experience via the medium of drama. This is a universal language that can supercede barriers of culture, allowing us an unthreatening glimpse into the realities of another person's life. In October 1999 the play 'A Delicate Quest' was performed in Auckland. It drew an audience of nearly one thousand people. Over 60 people were involved in its production, over an eight month period. This play was written and performed by people who have experienced mental illness, with original music and unique set and costume design. The play, an epic journey, explored experiences associated with having a mental illness as well as those related to stigma and discrimination. Participants in the workshop will see the documentary that was made about the process (for NZTV One), and will gain an understanding of how to replicate this process in their own work. This will include costs, personnel issues and the different areas of responsibility. An important aspect of this will be an examination of the collaboration that occurred between mental health services staff and users of the services.

LEARNING OBJECTIVES. At the end of this workshop participants will have developed a template for organising a large-scale drama production that is collaboration between people who have experienced mental illness and people who haven't. Drama is one medium that can be used to bring messages about stigma, discrimination and other peoples realities to people who may not have wanted to know about such things. It is therefore a valuable tool for people working in mental health.

S34 THE TIP OF ANOTHER ICEBERG!

30/08/00 – 15.30 – 17.00 Room 4

Paper 20 minute: Ann Rymill, Fiona Bartrum

This paper will present information identified by the Dual Disability Programme through the 'Year 2000 Prevalence Survey' which looks at the profile of people in South Australia who have both an intellectual disability and a mental illness. Research at an international level indicates that the incidence of mental illness in people with an intellectual disability is four to five times greater than in the general population. They have emerged as a significant and complex client group over recent years whose difficulties and needs frequently confound workers through their sheer complexity and need for cross agency collaboration. Despite their need for a well-coordinated, seamless service response, people with a dual disability remain poorly served at best by our present disability and mental health services, constantly falling through the gaps of differing service philosophies and priorities whilst placing inordinate demands on a multiplicity of support systems. To further compound the problem there is a paucity of information concerning this group of people in the Australian context. This lack of data impinges significantly on attempts to gain interagency collaboration and cooperation concerning the assessment, treatment, support and service development. Indeed it is easier to disregard the issues of this group of people with special needs and their carers when there is no clear evidence or objective analysis of the situation. The 'Year 2000 Prevalence Survey' has collected and collated data for approximately 450 individuals from case managers of Intellectual Disability Services Council (IDSC) and other South Australian agencies supporting this target group. The paper will present some of the survey findings and begin to identify trends and directions for future service developments.

LEARNING GOALS What will people in the audience gain or learn from attending this presentation? At the end of the session people will have a unique insight into the prevalence and an understanding population profile for people with a co-occurring mental illness and intellectual disability. How is this topic /issue relevant to mental health services and mental health issues? With people who have an intellectual disability suffering from the full range of diagnosable mental illnesses at rates higher than the general community it is imperative to have some understanding of the population to inform both practice and service development.

S34 CARE NOT CURE: INNOVATIVE PRACTICES OF MENTAL HEALTH WORKERS IN A TRANSCULTURAL SETTING

30/08/00 – 10.30 – 12.30 Room 4

Paper 20 minute: Karen Williams, Colin English

Innovative practices of mental health workers in a transcultural setting. This setting is an army barracks on the edge of a rural city and is called "Bandiana Safe Haven" which offers accommodation and support for Kosovo refugees. The aim is to demonstrate the need for creativity, flexibility and consistency of service delivery. The role of the mental health worker in this safe haven includes all levels of consultancy ie: primary, secondary and tertiary. The importance of a systemic approach will be emphasised. A family group, who have been dislocated in an army

barracks with communal living, in a country the other side of the world, will be discussed to highlight some of the complexities that arose. The focus will be what the mental health worker can provide for this family group. These interventions are designed to achieve: Safety: Attention to immediate health needs Provision of information about the families future in an open, honest and genuine way. Reassurance about family members mental health (normalising not pathologising). Management techniques to deal with past and present traumatic stress symptomatology). Encouragement for the family to participate in family life and recreation. The aim of this presentation is to promote discussion re the role of the mental health worker in this unique setting, highlighting the diversity and challenge that this experience offers, emphasising working with a systemic approach for both client and service providers.

LEARNING OBJECTIVES: 1.The need for interagency liaison is a vital aspect of developing appropriate service delivery. Networking and information exchanges ensures information is conveyed to all service providers and that the best possible outcome for the family is achieved. 2.To develop an understanding of the role of the mental health worker when working in a Transcultural setting. In doing so highlighting the need for flexibility, objectivity and advocacy within the framework of a systemic approach.

S34 Development of a Statewide Mental Health Service for Adults with Intellectual Disability and Mental Illness

30/08/00 – 15.30 – 17.00 Room 4

Paper 20 minute: Stephen Edwards, Chad Bennett, Janina Tomasoni, David Watkins

People with intellectual disability and mental illness (dual disability) have experienced difficulties with access to assessment and treatment in public mental health services in Australia for some time. These issues have been raised by a range of commentators and formally highlighted in the Burdekin Report of 1993 This occurs against the background of research showing a greater incidence of mental illness in this population. Despite the notable work of a number of specialist centres around Australia, limited progress has been made on improving the response of the state adult mental health system to the needs of people with a dual disability. The Victorian Dual Disability Service is a state government funded initiative based at St. Vincent's Hospital Melbourne that commenced in March 1999. It aims to improve the provision of mental health services to adults with dual disability across the state through: 1. Primary, secondary and tertiary consultation to consumers and service providers 2. Specialised training and education for mental health professionals. This paper will outline: A The policy context and background to the development of a statewide service for people with dual disability. B The model of clinical practice which the service has developed and C. An evaluation of the first year of operation along with an outline of future plans.

LEARNING OBJECTIVES: 1: The audience will learn about the development and progress of a specialist statewide clinical service for people with mental illness and intellectual disability (dual disability). 2: The audience will learn how a statewide specialist service can enhance services for adults with dual disability within a state public mental health system.

S34 DOING EVERYDAY LIFE ACTIVITIES: INNOVATION IN ASSESSMENT AND INTERVENTION

30/08/00 – 10.30 – 12.30 Room 4

Paper 20 minute: Elli Fossey

Domestic occupations are part of the fabric of everyday life. Activities of daily living may be troublesome, or difficult to manage for some people living with psychiatric disability, of whom some receive assistance from services, many rely on family, and others do not get adequate help. Functional assessments typically focus on whether or not a person can perform some standard range of tasks independently, rather than exploring how tasks relevant to the person are troublesome, or how environmental barriers contribute to difficulties managing everyday tasks. Developed on the premises that a person's performance is influenced by the meaningfulness of the tasks to the person performing them; familiarity with the tasks, and settings in which they are performed, the Assessment of Motor and Process Skills (AMPS) is different from most current functional assessments. AMPS is an observational assessment of the quality of performance of daily living tasks chosen by the person and performed in their usual surroundings. Using AMPS can facilitate collaborating between occupational therapists and consumers to explore aspects of task performance that consumers find troublesome; focusing on strengths, as well as difficulties; identifying the impact of the environment on how people are able to do their own everyday activities; and generating practical strategies to overcome difficulties that may be used by consumers, families, and staff.

LEARNING OBJECTIVES: The audience will gain introductory knowledge about AMPS, an innovative tool used by occupational therapists, and its potential usefulness for exploring ways to enable people's performance of their chosen occupations. The audience will learn about the application of AMPS in a study involving people living with a diagnosis of schizophrenia, and its similarities and differences from other widely used functional assessments in mental health services.

S36 AUSTRALIAN HEALTH SERVICES AND THE MEETING OF NEED FOR MENTAL HEALTH CARE

30/08/00 - 14.00 – 15.00 Hall E

Paper 20 minute: Graham Meadows

This project is analysing the data collected by the Australian National Survey of Mental Health and Well Being in 1997. In this presentation we will: (1) describe differential patterns in utilisation of primary and secondary mental health care services; (2) explore the impacts of different combinations of service providers on consumer rated outcome; and (3) examine perceived barriers to mental health care. We find significant and somewhat complex

inequalities between urban, rural and remote communities in rates of disorder, utilisation and meeting of perceived need. Within cities, greater social disadvantage is related to increased rates of disorder, particularly anxiety disorders, and also to relatively decreased utilisation of specialist services. Usage of primary care in cities is more socially equitable. The type of providers consulted was found to be the most consistent predictor of consumer satisfaction. Those receiving care from multiple providers, including a GP, seemed more satisfied than those receiving care from only one type of provider. The most frequently selected barrier to care was 'self-reliance', followed by 'pessimism' and 'ignorance'. The results present a complex picture of possible relationships between social, environmental and service delivery influences in determining levels of disorder and the meeting of need.

S36 BRINGING IT ALL TOGETHER: DEVELOPMENTS IN NATIONAL MENTAL HEALTH DATA

30/08/00 – 14.00 – 15.00 Hall E

Paper 20 minute: Maryellen Moore, David Braddock

The first results from the national data collection on institutional mental health care were released in January 2000 in the report Institutional Mental Health Services in Australia 1997-98. The report contains demographic, clinical and administrative information on patients who either have a mental health principal diagnosis or who have received specialised psychiatric care during their hospital stay. It found that these patients accounted for 4.4% of all hospital separations in 1997-98, and 14.6% of all patient days. A little over half of the separations with a mental health principal diagnosis received specialised psychiatric care. The national data collection on institutional mental health care forms one part of an information plan developed under the auspices of the National Mental Health Strategy. The developing national data collection on mental health care will include data from both institutional and community based mental health services. Community mental health establishment information was collected for the first time over the 1998-99 financial year. This paper summarises some of the main findings of Institutional Mental Health Services in Australia 1997-98 and presents preliminary information from both the institutional and community establishments collection for 1998-99.

LEARNING OBJECTIVES: What will people in the audience gain or learn from attending this presentation? · An understanding of uniform mental health service delivery data collected under the National Health Information Agreement · An introduction to the AIHW national mental health care data collection and its various applications How is this topic relevant to mental health services and mental health issues? · The AIHW national mental health care data collection aims to provide nationally consistent data to inform mental health service delivery research and policy development · The presentation will provide practical examples of the uses of this data at national and state levels.

S37 EARLY INTERVENTION IN FIRST EPISODE PSYCHOSIS IN A RURAL MENTAL HEALTH SERVICE

30/08/00 - 14.00 – 15.00 Hall B

Presenters Showcase 10 minute: Mark Welch, Graham Garland

Early intervention and prevention in psychotic disorders is increasingly seen as having the potential to produce better outcomes in terms of duration, severity, relapse rates and maintained remission. However, to date, much of the research and many of the concentrated clinical intervention programs have been established in urban centers with a high level of sophisticated infrastructure, and often as discrete or specialized components within mental health services. This paper will address the development and implementation of an early intervention program, based on the best available evidence, in a rural area where many of the demographic factors are significantly different and resources are comparatively scarce. It will outline the process by which all community mental health staff in the Service were trained in the principles and practice of early intervention in a first episode psychosis, early warning and case identification procedures, and protocols and a system of review and clinical evaluation established. It will discuss the development of multi-disciplinary liaison and collaborative care networks with general practitioners and school counselors. It will describe the evolution of the programme following its adoption as a model for rural and regional mental health services, by the NSW. Early Intervention State Steering Committee. It will conclude with an appraisal of the practicalities and pertinence of early intervention paradigms in a rural mental health service, and their active impact on patient care.

LEARNING OBJECTIVES: 'What will people in the audience gain or learn from attending the presentation?' Members of the audience will learn: The way in which the body of complex research data, generated from centres of excellence around the world, was distilled and implemented in a practical, pragmatic, clinician-driven programme. The advantages that a mainstream service can have for rural mental health services. The distinct operationalisation factors and strategic support that allow the transmutation of a project design into substantive reality, for example, the use of telepsychiatry for clinical supervision and education, and the use of process and outcome measurement tools. 'How is this topic/issue relevant to Mental Health Services and mental health issues?' The relevance of this topic can be seen in: The recent recognition by the Australian Institute of Health that chronic schizophrenia represents the greatest individual burden of disease of all conditions, mental or physical. The way in which the body of complex research data, generated from centres of excellence around the world, was distilled and implemented in a practical, pragmatic, clinician-driven programme. The advantages that a mainstream service, as opposed to a highly specialised one, can have for resource-poor rural mental health services. The success of the project and the distinct operationalisation factors and strategic support that allow the transmutation of a project design into substantive reality, for example, the use of telepsychiatry for clinical supervision and education, and the use of process and outcome measurement tools.

S37 AN OUTPATIENT ADOLESCENT GROUP TREATMENT PROGRAM - MEETING THE NEEDS FOR FLEXIBILITY, INTEGRATION AND ACCESS

30/08/00 – 14.00 – 15.00 Hall B

Presenters Showcase 10 minute: Hanna Schotten, Kristine Constantinou, Dianne Albiston, Vivienne Pearson

AUTHORS: Hanna Schotten, Kristine Constantinou, Dianne Albiston and Vivienne Pearson The 1996 Victorian Government Framework Document recommended that Day Program based group treatment be provided for adolescents with mental health problems. In response to this the Older Adolescent Service (OAS) Group Treatment Program was set up to serve the Western region of Melbourne. After analysis and needs assessment, a modular group program model as opposed to a traditional intensive day program was chosen with the following advantages: Young people differ in their needs and readiness for group treatment. The program has been able to meet a broad range of needs and provide individualised treatment. The program has enabled young people to re-integrate or continue attending school whilst receiving group treatment. The OAS group program provides treatment to 2-3 times as many clients as would be possible in a traditional day program. As OAS serves the 250,000 young people of whom 5-22% have mental health problems, access to treatment is a major issue. The presentation will describe the OAS model for delivering group treatment and, three years on, some of the advantages in terms of access, meeting individual need and allowing school attendance.

LEARNING OBJECTIVES: Objective I. The audience will learn about a modular group program for adolescents and some of the gains of this has provided in terms of access to treatment, flexibility and school attendance. Objective II. The presentation describes how one service has interpreted and implemented a Victorian Government recommendation for group based treatment for adolescents and the perceived benefits of this model.

S37 ADVENTURE BASED COUNSELLING FOR ADOLESCENTS

30/08/00 – 14.00 – 15.00 Hall B

Presenters Showcase 10 minute: Paul Leyden, Joanne Pye, Paul Healey

Adventure Based Counselling has been adopted as a therapeutic form of treatment within the Mental Health Service for Kids and Youth (MHSky). This form of therapy has developed through education from Project Adventure from the initial bush-walking and outdoor experience to a more therapeutic focus. The structure of these workshops rely upon various modules to focus on traditional and contemporary teamwork skills such as planning, decision making, co-operation and communication. The aims of this form of therapy are to provide a formal assessment in a therapeutic environment encompassing a number of issues. The staff focus on identifying relevant issues presented by the case manager and the goals set by the young person. The staff utilise group dynamics to facilitate an awareness into the relevant issues affecting adolescents, thus promoting their understanding into their own skills. As the challenges become more difficult, the skills learnt (i.e. communication/trust) can assist in the clients achieving their personal and group goals. This form of therapy has been adopted from various models to provide an avenue for clients who would benefit from the environmental setting, thus creating an 'open' assessment for case managers focussing upon various issues and making proactive links with community clients.

LEARNING OBJECTIVES: 1. Understanding the principles associated with effective implementation of Adventure Based Counselling. The value of reducing inpatient admissions through effective assessments and suggested management strategies. The importance of utilising the environmental setting to create a therapeutic environment for clients and staff. The importance of providing staff modeling to facilitate a normalised environment to assist in modifying young persons behaviours. The intricacy of networking and liaising with community based mental health clinicians. 2. Providing a unique opportunity for young clients between the ages of 12-18, by giving them a positive experience of Mental Health Services in the least restrictive environment. Provide an avenue to develop new strategies to assist in the management of their mental illness.

S38 ABORIGINAL MENTAL HEALTH: BARRIERS TO EFFECTIVE COMMUNICATION AND THEIR RESOLUTION

30/08/00 – 14.00 - 15.00 Hall C

Workshop 1 hour: John Van Der Giezen

This paper will draw on the experience of clients and staff of the Aboriginal Community Support Service in identifying and together attempting to resolve difficulties in communicating effectively with the individuals and services they come into contact with. Aboriginal people in Western Australia are often reluctant to access public psychiatric services and as a result contacts made are more likely to be of a crisis nature. Follow up in the community and outpatient contact is also less likely to be successful than in the wider population. The Aboriginal Community Support Service has developed cooperative work practices which allow clients to develop their knowledge of their disability and of the services available to them in order to make more positive contacts and develop better relationships. This paper will, with the assistance of clients outlining their own experiences, examine some of the dynamics that lead to misunderstanding, or blocks in, communication and which can have a negative effect on the development of therapeutic relationships. Strategies developed by the workers of the Aboriginal Community Support Service which include relationship building, education of clients and other workers and community development initiatives, will be illustrated. Over the past five years the work of A.C.S.S. has resulted in improved outcomes for clients and the agencies they connect with by working on the development of clear and effective communication between all the partners in the therapeutic relationship.

LEARNING OBJECTIVES: (1) People in the audience will gain an insight into the reasons why communication with Aboriginal people can run into difficulties and learn strategies for problem solving for these issues. (2) This

paper aims to improve the prospects for agencies and individuals in engaging with and communicating effectively with Aboriginal people with Psychiatric Disabilities.

S39 ANXIETY SELF-TREATMENT: EVALUATING THE MACARTHUR TOP GROUP

29/08/00 - 11.30-13.00 - No.30 – Hall D

Paper 20 minute: Rosemary Clancy

This paper evaluates the formation of a TOP (Triumph over OCD/Phobia) self-treatment group in Cambelltown, South-West Sydney, as a joint initiative by the Macarthur Mental Health Service and the community organisation Triumph Over Phobia NSW. TOP is a structured self-directed behaviour therapy programme in which phobia and Obsessive-Compulsive Disorder (OCD) sufferers meet weekly to set treatment goals and work through them systematically in a supportive group setting. Begun in the UK by behaviour therapist Isaac Marks and ex-agoraphobia sufferer Celia Bonham-Christie, TOP groups have been established in many areas of NSW. Macarthur Mental Health Service initiated the formation of a TOP group in late 1999 to 1) broaden community access to behaviour therapy by providing a group treatment setting, 2) establish partnership with a consumer organisation with similar aims and a desire to measure outcomes, and 3) to provide an opportunity to compare self-directed behaviour therapy in a group setting with therapist-assisted one-to-one behaviour therapy programmes currently provided by clinical psychologists in the Behaviour Therapy and Research Unit at Macarthur Mental Health Service. Steps and issues in establishing the group (including referral and assessment processes, diagnostic issues, role definition, and service evaluation) and preliminary findings, are discussed.

LEARNING OBJECTIVES: 1. Audience members will learn the process of building a joint mental health service -consumer organisation initiative to: 1) enable greater consumer access to OCD and phobia treatments, and 2) aid the consumer organisation in conducting outcome research. 2. This topic is relevant to mental health services, as closer affiliation with consumer organisations such as TOP will 1) facilitate delivery of effective anxiety treatments to consumers, and 2) broaden awareness of the need for outcome research into these important community initiatives.

S39 THE MULTILINGUAL FAMILY HELP KIT FOR CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES WITHIN NSW

30/08/00 – 14.00 – 15.00 Hall D

Paper 20 minute: John Spiteri

Mental health problems in children, adolescents and young people are increasing in frequency and severity. Young people that are aged between 18-24 years have the highest prevalence of mental disorders of any age group. In particular young people from culturally diverse backgrounds may experience additional stressors on their mental health due to a wide range of factors including: Cultural differences and or language difficulties. Migration or refugee experiences. Issues arising from living in 'two cultures'. Inter-generational conflict. Whether they have been exposed to racism and other difficult life experiences. To help families better understand and recognise mental health problems in children, adolescents and young people, the NSW Health Department developed the Family Help Kit (FHK) in English in 1998. In 1999, the NSW Center for Mental Health in partnership with the Transcultural Mental Health Center (TMHC) embarked upon a range of strategies to help families from culturally and linguistically diverse background better understand children and adolescent mental health issues. The English version of the (FHK) was modified to address the needs of diverse populations and then translated into 15 languages. The Multilingual (FHK) formed the basis for a community education campaign targeting children, adolescents and young people from diverse populations. The Kit was part of a broad based multi-level public education campaign aimed at increasing mental health literacy within the given populations. The impact of the Multilingual (FHK) was evaluated by comparing a number of pre-test data with post test data. Results of the findings subsequent to the intervention and a count of the number of referrals to the TMHC Clinical Services, both point to the success of the intervention at least in the short term. This paper will report on the process carried out in the development of the project, provide an overview of the findings and present a series of recommendations for further mental health promotion initiatives with culturally linguistically diverse communities.

S40 IT'S NOT JUST ABOUT POLITICAL CORRECTNESS:AN ANALYSIS OF THE USE OF LANGUAGE IN MENTAL HEALTH RESEARCH

30/08/00 – 14.00 – 15.00 Hall A

Paper 20 minute: Debbie Peterson

The language used in the writing of articles and research reports often appears to be dry, complicated and boring. Read several of these in a row on the same topic however, and whilst still being dry, complicated and boring, other issues become apparent. Even from reading the abstracts or executive summaries, the nature of the writers' 'political persuasions' may soon appear just from the words or phrases that they use. This is despite researchers being under a strong pressure to remain 'objective' and 'unbiased' in their work. The political nature of mental health means that research in this area is no exception. This paper presents an analysis of observations made during a literature review of research that involves mental health consumers. The analysis focuses on language used in research reports and articles. It looks at the effects this use of language may have in combating and contributing to the ongoing discrimination against mental health consumers. The role that this use of language may play in the development of mental health services and policy is also explored.

LEARNING OBJECTIVES: 1 What will people in the audience gain or learn from attending this presentation? That the way that language is used in writing and presentations of mental health research may be just as important

and influential as the research findings. Learning Objective 2 How is this topic/issue relevant to mental health services and mental health issues? Research is the foundation of improvements to mental health services and policy.

S40 COMMUNITY/INSTITUTIONS: LANGUAGE THAT DIVIDES US

30/08/00 – 14.00 – 15.00 Hall A

Paper 20 minute: Lou Morrow, Jan Thompson

This conference provides an apt opportunity for troubling the rhetoric, the discourse and the effects of the community/institutions debate. For most the debate has been had. Clearly the political/ economic/ managerial discourses around this issue are that institutions represent the past and community the evolving present and future. The rhetoric of policy makers, advisers and managers of today's vastly restructured services is clearly located within the limited (we would contend) discourse of community good - institutions bad rhetoric. In fact it is sacrilegious to speak otherwise in some circles. However, this is what we propose to do. We do not intend to simply argue the opposite i.e. that institutions are good and community is bad. The Foucauldian notion of language as a strategic apparatus, mischievous rhetorical devices and discourse analysis are our interests in troubling what is in the space that represents the community/institution divide. What institutions or ways of being are supported by present emerging trends? Whose interests are served by maintaining this divide? What are the effects of this oppositional positioning on those who are served and those who serve under these ideologies, or stated in another way, in these locations? The relevance of this discussion to the present conference is, we contend, this philosophical split effects service delivery.

LEARNING OBJECTIVES :Provide an opportunity for discussion around the present direction of the dismantling of services described as 'institutional'.

S41 NON-GOVERNMENT ORGANISATIONS PROVIDING MENTAL HEALTH SERVICES - IS THEIR 'REALITY' DIFFERENT?

30/08/00 – 14.00 – 15.00 Rooms 1 & 2

Paper 20 minute: Rob Warriner

Over the last 10 years in particular, the role of Non-Government Organisations (NGOs) as providers of mental health services has grown significantly. We now refer to the NGO 'sector'; this sector is becoming acknowledged as having a key and increasingly fundamental role in the provision of mental health services. Such acknowledgement is a long way away from the not too distant past where such organisations and groups were regarded as well-meaning volunteers who might have an important but limited role in assisting mental health professionals in supporting 'released psychiatric patients' in the community. My own background in the mental health 'industry' has been solely informed by work in the and development and growth of an NGO in Auckland, as well as through initiatives to develop national associations and to represent an 'NGO voice' at various forums. However, these latter initiatives have caused me to reflect upon what it is I am being asked to represent? Whose/what interests am I up-holding? Is the notion of an 'NGO sector' a premature assumption? Is there a group of like-organisations with sufficient shared interests, values, philosophy and history to warrant our referring to ourselves as a 'sector'? What do they stand for? This paper illustrates / discusses the roles and qualities of NGOs in their development and delivery of mental health services, suggesting what may be the unique, invaluable qualities of such organisations. Finally the paper looks at the challenges and opportunities which NGOs can / will need to address to successfully continue their dynamic development.

LEARNING OBJECTIVES: 1) The audience will gain an understanding of the evolution of NGOs within the mental health sector in New Zealand, and the fundamental role they now play in promoting and delivering community-based mental health services. In addition the audience will appreciate the potential for NGOs in this sector, and some of the barriers which inhibit that potential. 2) Non-government organisations, from a position on the fringe of mental health service delivery, have developed over the last 5-6 years, to become a key component. They have by necessity been at the cutting edge of innovation and developments within this industry. Yet their future development remains contingent upon the development and direction of hospital based services.

S41 EMPOWERMENT: ENABLING PEOPLE WITH A MENTAL ILLNESS TO INTEGRATED IN THE COMMUNITY THROUGH RECREATION AND SOCIAL OPPORTUNITIES. A COMMUNITY BASED PERSPECTIVE

30/08/00 – 14.00 – 15.00 Rooms 1 & 2

Paper 20 minute: Jenny Pessios

The Schizophrenia Fellowship of SA (SFSA) is a non government community based organisation that aims to enable people with schizophrenia and other mental illnesses and their carers to share fully in the community with the same rights and opportunities as other citizens. The organisation was formed in 1983 by concerned relatives and others in response to the problems of people with schizophrenia and their families. In the years to follow, consumer driven drop in/activity centres were established with the aim to promote well being towards recovery and to assist in the prevention of relapse by providing a place where people with a mental illness can develop friendships, trust, be accepted and links with the community. Many people with a mental illness who live independently in the community are leading quite lonely and isolated lives and have a limited range of leisure interests and few social contacts. The benefits of leisure are often overlooked with more emphasis being placed on highly professionalised approaches to assisting people. In collaboration with consumers of SFSA, the paper will be presented outlining how SFSA Drop-In Centres provide people access to opportunities in the community based on leisure and recreation having a major role to play in enhancing well being and motivation to be able to integrate

in the community. People with mental health problems face many barriers in the mental health system and general community, they experiences perhaps the highest level of discrimination in society and therefore the Fellowship aims to facilitate access and integration in the community relating to their individual needs, desires and choices with a focus on recreation and leisure activities reconnecting people with social networks and their local communities.

LEARNING OBJECTIVES: 1. Will provide evidence of consumer participation and involvement in the planning, delivery and management of a drop in/activity centre. 2. People suffering from mental illness still face a highly institutionalised, bureaucratised and complex mental health system. SFSA aims to assist people to achieve a presence in the community, increase their participation in social, recreational and political activities that will help them become active participants in communities.

S42 SUSTAINABLE HOUSING - A KEY TO MENTAL HEALTH

30/08/00 – 14.00 – 15.00 Room 5

Paper 20 minute: Suzanne Sondergeld, Karen Wagner , Penny Gillespie, Jennifer Morrison

The achievement of sustainable housing outcomes for people with a mental illness is a key focus for Queensland's Department of Housing. The Department recognises that safe and affordable housing options are vital to maintaining an environment in which an individual's mental health is maximised and to enable people to become part of a local community, to establish support networks and to have a sense of belonging and well being. A range of activities has recently occurred within the Department around improving services to people with a mental illness. These activities include renewing strategic housing policies for people with a disability, and a research project focusing on housing design issues for people with a mental illness. Additionally, three new service delivery models are being piloted within the Department to gather information on the optimum utilisation of resources for providing sustainable housing to people with a mental illness. The pilots are aimed at developing staff and the processes that they use, partnerships with mental health service providers and the creation of an Area Office help desk to support staff in best practice tenancy management. Consumer groups have strong involvement and participation in the construction of the pilots and in establishing the evaluation framework to ensure that the needs of people with a mental illness inform the service delivery models. Queensland's Department of Housing has a strong commitment to improving housing assistance to people with a mental illness, this paper will discuss the service delivery improvements that the Department is evaluating through the three service delivery pilots.

LEARNING OBJECTIVES: 1. What will people in the audience gain or learn from attending this presentation? The audience will gain an understanding of the range of responses that Queensland's Department of Housing has undertaken to improve housing assistance to people with a mental illness, and detail on the service delivery models piloted in Area Offices with preliminary indications of the outcomes. 2. How is this presentation relevant to mental health services/issues?. Safe and affordable housing is a crucial issue for people with a mental illness. This paper will outline the responses developed by Queensland's Department of Housing to improve housing assistance so that people with a mental illness receive a service that is tailored to their individual housing needs.

S42 THE LIVING OPTIONS PROJECT

30/08/00 – 14.00 – 15.00 Room 5

Paper 20 minute: Elizabeth Fraser

The Living Options Service is an exciting and innovative project that will create an efficient and effective electronic information network system to ensure co-ordinated access to existing psychiatric housing and support service in the northern region of Melbourne. The project is managed by Neami, a community based non-profit psychiatric disability support service and over seen by a reference group of all participating services. This two year collaborative project attempts to address some of the long standing difficulties that exist within the psychiatric housing and support referral system such as lack of co-ordinated information on available services, inappropriate referrals, duplication of client assessment and lengthy waiting lists. Effectively, a centralised system will be created to provide consumers, carers, and service providers with information on a range of housing options via a web site or by telephone. Service users could then register their interest in, and be directed to the most appropriate form of housing and support services in the region. The system will ensure greater networking between psychiatric housing services, community mental health services and other community agencies. It will assist in identifying housing stock needs as well as accommodation and support options which are lacking and will further enable area mental health services to monitor the housing and support needs of clients in the region and identify relevant service gaps. This presentation will outline the development of the project as it nears its half way mark towards completion. Issues for discussion will include the aims and purpose of the project, the process involved in the creation of the referral system, collaborative practise among clinical and disability support services, and the challenges in creating an electronically networked information system.

LEARNING OBJECTIVES: 1 Individuals attending this presentation will learn about the Living Options project; its aims and purpose, the use of computer technology to link services together, and the process involved in creating a co-ordinated region wide centralised information, intake and referral system. 2. This topic is very relevant to mental health services as it addresses some significant issues regarding accessing psychiatric housing and support services within our community.

S43 'FAIRY GOODMOTHERS'**30/08/00 – 14.00 – 15.00 Room 10****Workshop 1 hour: Diana Murphy, Cheryl Baxter**

'Fairy Good Mothers' is an Interactive Narrative Play/Workshop; performed and facilitated by Consumers, in partnership with health workers. Evolving from Community consultation, this workshop presents a short play depicting the real-life experiences of women from all walks of life, including those diagnosed with a mental illness. The format of the workshop includes the above described short play, a roles and values exercise, 'Sharing Circles' and the re-performance of the play by workshop participants. This is a dynamic and totally experiential workshop, which aims to highlight how society perceives the role of 'Woman'.

LEARNING OBJECTIVES: To increase community awareness of the issues faced by mothers who are diagnosed with a mental illness in the Port Augusta region. To increase social contact for mothers with a diagnosed mental illness in the Port Augusta region. To improve self esteem, confidence and assertiveness of mothers diagnosed with a mental illness in the Port Augusta region.

S45 THE CONSTRUCTION OF A LIFE - FACT OR FICTION?**30/08/00 – 14.00 – 15.00 Room 4****Paper 20 minute: Meryl McDougall**

"The underlying question is; When the [assumed to be] objective language of service provision is adopted by consumers and applied to their subjective experience does it assist or hinder illness management and/or recovery? With no answer proffered, this witty and insightful exploration by a writer and Ph.D. student (researching the construction of mental illness through cultural representation) juxtaposes analysis with the process of self-invention and the authorship of fiction, illuminated by an eclectic selection of academic references and creative texts. How is diagnosis of a mental illness incorporated into some-one's life narrative? Who is the author of explanations and embellishments of experience? And what vocabulary is used? Is validation about 'truth' or acceptance within a particular context? Illustrated with examples from experience as (a) a consumer and (b) the Artistic Director of Mind Your Head, a community-based mental health arts project, Meryl McDougall examines the telling of life experience and how it changes or can be changed. Finding and using our own voice to tell our story is an important part of being healthy. Our stories - as individuals and a society - are in our art. Through creativity, in all its forms, we shape our identity and understand who we are.

LEARNING OBJECTIVES: 1) The audience will gain insight into the value of incorporating a cultural perspective in discourses that inform our understanding of mental illness and the impact that it has on people's lives. 2) It will be demonstrated that active involvement in creativity (engaging with various expressive tools and vocabularies) is enabling, contributing to recovery from illness and the maintenance of health. N.B. This paper is also being submitted as one of several for a symposium: 'The Relationship between the Arts and Mental Health Service provision'. Should the symposium format not be possible, Meryl will welcome the opportunity to present as an individual grouped with other speakers addressing related issues."

S45 DRUMMING UP ENTHUSIASM**30/08/00 – 14.00 – 15.00 Room 4****Paper 20 minute: Zoe Scrogings**

"The YPPI Creative Arts Project was funded by the National Mental Health Reform and Incentive Funding in recognition that non-verbal interventions are yet to be explored when intervening with young people with a psychosis. The YPPI programme has been lucky to have the opportunity to implement and evaluate the creative arts as an intervention modality to compliment other interventions in the recovery process. The aim of the Creative Arts Project is to develop specific arts based projects for young people who have experienced psychosis. Keeping in mind that every individual is a natural artist and by creating opportunities for young people to explore the possibilities of artistic expression without judgement or criticism can lead to greater self awareness and self esteem. The presentation will look at projects undertaken such as 'Drop In For Art', 'The Big Bang Theory', 'Visions In Valhalla' - TAFE Outreach video project and TAFE Outreach Basic Music Industry Course.

LEARNING OBJECTIVES: 1. the audience will gain an understanding of the rationale behind non-verbal intervention, and the benefits for young people experiencing a psychosis. 2. This topic is relevant to mental health services as it will cover the importance of meeting the needs of young people, through innovation, creativity and youth participation, in a manner which is appropriate to the client group and respectful to youth aesthetic standards."

S45A FUTURE DIRECTIONS FOR MENTAL HEALTH SERVICES: THE LESBIAN WAY AHEAD**30/08/00 – 10.30 – 12.30 Room 4****Paper 20 minute: Chris Walsh, Donna**

Recent research and personal accounts of experiences that lesbians have both as health professionals and consumers in mental health services suggest that mental health services are not meeting the needs of lesbian consumers. They are difficult places for lesbian nurses, consumers and health professionals to work and be in. In particular consumers who identify as lesbian have reported being fearful of 'coming out' and being open about their sexuality in an environment where there is a lack of awareness and knowledge in relation to lesbian mental health and illness. Alternatively mental health professionals and consumers who identify as lesbian have felt unsure about who to 'come out' to and how to relate to consumers who identify as lesbian. Assumptions of heterosexuality and taken for granted understandings about lesbian lifestyle are distinctly unhelpful when working with consumers and nurses who identify as lesbian. There is little evidence to suggest that policies, plans and strategies for future

mental health services have taken account of the distinct culture that is lesbian. This invisibility of lesbians, if it continues, has the potential to further compromise the way(s) that lesbian nurses and consumers both work in and experience mental health services. This workshop will present anecdotal and research findings that explore and expand on the issues identified for lesbians in mental health services. There will be opportunity for small group work and audience participation is strongly encouraged.

LEARNING OBJECTIVES: 1 What will people in the audience gain or learn from attending this presentation? An understanding and raised awareness of some of the issues that lesbian nurses and consumers are faced with in mental health services. Some practical guidelines and solutions to assist working collaboratively with lesbian nurses and consumers will be presented. 2 How is this topic/issue relevant to mental health services and mental health issues? Awareness and understanding can assist to minimise the stigma and discrimination that lesbian mental health professionals and consumers face in their day to day lives. It is time for mental health services to respond positively to the needs of lesbians when planning services for the future.

S46 THE NATIONAL PRIMARY MENTAL HEALTH CARE INITIATIVE: FROM RESEARCH AND POLICY PLANNING TO EFFECTIVE INTERSECTORAL TEAMWORK THROUGH TO EFFECTIVE INTERDISCIPLINARY TEAMWORK

30/08/00 – 15.30 – 17.00 Hall E

Symposium 1.5 hour: Leonie Young, Grace Groom, Duncan Steed, Geoff Riley, Stephen Mills

"UNIFYING THEME Transforming mental health care through primary care partnerships. **CHAIRPERSON:** Grace Groom, Director, Mental Health Support Strategy, Queensland Divisions of General Practice. **PARTICIPATING ORGANISATIONS** Commonwealth Department of Health & Aged Care, Australian Divisions of General Practice, Queensland Divisions of General Practice, Queensland Health, University of Queensland, General Practice Divisions Western Australia, University of Western Australia, National Primary Mental Health Care Initiative Development & Liaison Officers, Australian Mental Health Consumer Network. **OBJECTIVES:** Participants will be expected to have an improved understanding of the: § aspects & benefits of intersectoral and interdisciplinary teamwork in mental health care; § elements of an effective mental health care team; § range of available service delivery models in mental health care; § importance of primary care providers; § use of policy to transform systems of mental health care through the development of effective intersectoral and interdisciplinary teams. **Paper 1:** 'The National Primary Mental Health Care Initiative: Building effective intersectoral teams to provide quality mental health care'. **Presenter:** Leonie Young, Director, Partnerships in Service Reform Section, Mental Health Branch, Commonwealth Department of Health & Aged Care. **Abstract:** This paper will demonstrate how research on primary care psychiatry has underpinned the development of National Mental Health Strategy policy and programs which are supporting effective intersectoral and integrated teams in quality mental health care across Australia. The development of a Primary Mental Health Care Initiative followed extensive national and international consultation and research - building an evidence-base. The Initiative involves partnerships with Commonwealth, State and Territory Mental Health services, consumers, carers and divisions of general practice to improve primary mental health. **Paper 2:** 'Catalysts for change in mental health care' **Presenters:** Duncan Steed, CEO of the Fremantle Regional Division of General Practice, and member of the WA Primary Mental Health Care Strategy Group and Consumer Advocate and PMHCI Reference Group Member, Janet Meagher (TBC). **Abstract:** This paper will present a review of drivers for change in systems of mental health care. A case for Divisions of General Practice as agents for health care reform will be made, with examples relevant to mental health. Opportunities for increased GP involvement in mental health services using the new Medicare Schedule items will be outlined. The role for consumers and carers as catalysts in the change process will be defined. **Paper 3:** 'Challenges for Collaborative Mental Health Care Teams: A Case Example' **Presenters:** Stephen Mills (Team Leader, Rockhampton MHS) (TBC) GP (TBC) Indigenous health worker (TBC). **Abstract:** This paper will present a case study of the establishment of an effective interdisciplinary system of mental health care in a provincial community. The benefits, barriers, and solutions for the development of collaborative relationships between GPs, the Indigenous community and specialist mental health service providers will be discussed. **Paper 4:** 'Building and sustaining teams: implications for funding, research, education and training.' **Presenters:** Associate Professor Geoff Riley, Primary Care Mental Health Unit, University of WA and Dr Robert King, University of Queensland. **Abstract:** A review of the literature on adult and organisation learning theory will be presented, along with its implications for mental health education. This theory will then be related back to the material presented in the Presentation 3, to facilitate discussion on all areas of teamwork in practice. Methods of evaluation of newer systems of mental health care and funding barriers to intersectoral and interdisciplinary teamwork will be discussed. New reference materials will be showcased, eg Primary Mental Health Australian Resource Centre (PARC) Database and including A Manual of Mental Health Care in General Practice. **Presenters** will form a panel and encourage further interaction with the audience through questioning and discussion of the presented papers.

S47 MEDICATION STRATEGIES IN EARLY PSYCHOSIS - THE VOICE OF EXPERIENCE

30/08/00 – 15.30 – 17.00 Hall B

Paper 20 minute: Bev Moss, Nick O'Connor

The Early Intervention Project Officer in Northern Sydney Area has the task of building on the work already done by staff in the field of early psychosis and developing practice guidelines for the mental health service which are evidence-based, practical and user friendly. As part of this process, the Project Officer interviewed 20 Psychiatrists working in Northern Sydney Mental Health and Adolescent services on a range of issues relating to medication for the treatment of first episode psychosis in young people. Their responses were compiled in a report and this formed the basis for further discussion and the development of medication guidelines for the Area. The

aim of this paper is to provide clinicians with an understanding of the process which led to the development of the guidelines, and knowledge of current thinking on medication strategies in Northern Sydney Area. Issues include: · Is there still a role for conventional antipsychotics in the treatment of first episode psychosis?. Options when sedation is required · Choices when a young person is very disturbed and is refusing oral medication · ECT, clozapine and mood stabilisers · Experiences of using risperidone and olanzapine.

LEARNING OBJECTIVES: 1. The audience will gain an understanding of the process of developing the medication guidelines and the range of views and issues that were discussed during that process. 2. The guidelines could be used to stimulate debate or form the basis of practice in other health areas. This paper will be of interest to medical staff and clinicians involved in prescribing and monitoring medication for people with first episode psychosis.

S47 EARLY PSYCHOSIS: INVOLVING CONSUMERS IN THE PLANNING, IMPLEMENTATION AND EVALUATION OF A 'RELATIVES AND FRIENDS' EDUCATION AND SUPPORT GROUP'

30/08/00 – 15.30 – 17.00 Hall B

Paper 20 minute: Gise Paine, Sandra Miller, Wendy Robinson

The North Western Adelaide Mental Health Service has developed a 'Relatives' and Friends' Education and Support Group' for relatives and friends of people aged between 14 and 30 years who are experiencing early psychosis. While the plans provided by EPPIC for such a group have been drawn upon, there are a number of important and innovative aspects to this programme. These include: 1. Consumers and service providers working in partnership to design, implement and evaluate the group programme. 2. The programme is open to relatives and friends of consumers who are not involved with adult mental health services. People may hear about the group through other government and non-government agencies as well as general practitioners. 3. The group programme covers a broader range of topics to those described by EPPIC and is continuous, allowing people to join at any point. 4. Relatives and friends develop relationships with other group members and establish informal support networks outside of the group 5. The group programme is one of several early psychosis strategies, which operate within existing adult mental health service funding. Although there are a number of innovative aspects to this group programme particular focus will be given to the involvement of experienced consumers in the planning, delivery and evaluation of all aspects of the programme. Relatives and friends have identified the involvement of consumers and the hearing of their stories as particularly beneficial and encouraging. Examples of presentations made by consumers will be included, along with a review of their perspective on the experience of working with health workers in this way.

LEARNING OBJECTIVES: 1. People in the audience will learn about a new carers education and support model that has consumers involved as a fundamental component. 2. The presentation will model involvement of consumers in mental health service delivery.

S47 MENTAL HEALTH PROMOTION: AMIGOS ADDRESSING MENTAL ILLNESS AND GIVING OTHERS SUPPORT

30/08/00 – 15.30 – 17.00 Hall B

Paper 20 minute: Liz Higgs, Steven Pitcher, Cherie Przedworski

Aim of Presentation: To present the final report of the Peer Support for Mental Health Program in a context that will provide participants with the opportunity to gain information around an alternative method of supporting young people experiencing mental illness. Adolescence is a time of rapid physical, social and emotional change. During this time of change some young people experience the onset of mental illness. For these young people the issues of identity, community stigma, low self-esteem, peer acceptance, loss of control, lack of choices and information creates difficulties around the maintenance of a healthy mental health status. Poor mental health impacts on the young person's ability to take control understand and accept responsibilities in relation to the mental illness they experience. Some young people resist health professional's support or become quite isolated forever questioning the impact the illness has on their life choices. A feeling of hopelessness, loss of social skills and loneliness results. Through a partnership and accountability process The Second Story a Division of Child and Youth Health supported young people as Peer Consultants living in the southern metropolitan region of Adelaide to address these mental health issues. The project followed a Primary Health Care approach, utilising the principals of primary health, which reorientate health services, create supportive environments, develop personal skill and support community action. The Peer Consultants provided a model for others, which supports the notion of young people taking an active role in their recovery by understanding and maintaining the mental illness through a positive mental health status. By developing these skills then the length of an episode is lessened and further recurrences are minimised. This paper will discuss the innovative strategies followed within the project to achieve a successful out come for young people experiencing mental illness.

LEARNING OBJECTIVES: 1: By the end of the presentation people will have had the opportunity to challenge their beliefs around mental health and it's impact on young people and mental illness. 2: This presentation is relevant to mental health professionals in that it clearly outlines the importance of early intervention through health promotion. The presentation also outlines the success of inter-agency collaboration and its ultimate benefits for young people and their general wellbeing.

S48 THE UNDISCOVERED COUNTRY**30/08/00 – 14.00 - 15.00 Hall C****Paper 20 minute: Darren Bowd**

There are many fields of mental health service delivery that have been explored in detail over time in forums such as TheMHS. Yet there remains the undiscovered country; an uncharted territory in which all parts of the mental health service environment are shaped and determined through their complete dependence on its very existence. Mental health service delivery is inherently first a question of whom; people are the service. However the failure to adequately appreciate this crucial fact has kept a mystery the full significance the workforce has on service expression and delivery. The absence of a detailed understanding of our greatest resource hides opportunities, problems and solutions, maintaining our use of tired ideas to resolve longstanding service issues using lesser questions. The seemingly apparent inability to provide accessible mainstream mental health services for Aboriginal and Torres Strait Island peoples serves as the definitive example of a problem manifested by our limited understanding of the capacity of the workforce. Though we are employed to perform a task based on what we are, we are inherently more than a qualification and a job description. Fully understanding our mental health workforce as a diverse range of real people can facilitate an understanding of opportunities, problems and solutions that can assist services to evolve in a way that benefits funders, providers and customers ... ALL!

LEARNING OBJECTIVES: 1. An increased awareness of the impact workforce diversity has on service development and delivery 2. Workforce diversity is an inherent determinant of mental health services and mental health issues

S48 VICTORIAN KOORI MENTAL HEALTH POLICY PROJECT (INDIGENOUS PEOPLES ISSUES)**30/08/00 – 15.30 – 17.00 Hall C****Paper 20 minute: Shaun Coade, Pat O'Leary**

Presenters Mr Shaun Coade - Victorian Aboriginal Community Controlled Organisation (VACCHO) Mr Pat O'Leary - Victorian Mental Health Branch Learning Objectives · To promote understanding of the Victorian Aboriginal Community perspective on the delivery of mental health services. · To provide information on the strategy being utilised in Victoria to improve the delivery of mental health services to Aboriginal communities. Proposed workshop structure · Overview of outcomes from community consultations - followed by discussion. · Overview of Strategic Plan to improve service delivery - Discussion on each of the major strategies. Description The 'Purro Birik' Koori Mental Health Policy Project commenced in October 1997. The establishment of the Project followed consultation between the Victorian Department of Human Services Mental Health Branch, and the Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) on the Mental Health needs of Aboriginal people in Victoria. The project set out to facilitate discussion between Public Mental Health Services and Aboriginal Communities on local mental health issues, particularly in relation to developing ideas on best practice. A major emphasis of the project has been on providing opportunities for Aboriginal Communities to discuss mental health and related issues, to promote discussion between communities, and to further develop community analysis and recommendations for the improvement of services. The project has been undertaken as a partnership between VACCHO and The Victorian Mental Health Branch and a 3 year commitment has been made to continue to work together on addressing the issues identified through the consultations. This paper presents the results of the consultations with Aboriginal Communities and Public Mental Health Services, and outlines the strategies identified to improve mental health services to Aboriginal people in Victoria.

S48 COMBATING RACISM AND MOVING TOWARD CULTURALLY SENSITIVE SERVICES FOR INDIGENOUS PEOPLE**30/08/00 – 14.00 – 15.00 Hall C****Paper 20 minute: Anthony O'Brien**

Aboriginal psychiatric morbidity, whilst culturally different in presentation to white communities has been suggested to run at a mean prevalence rate of 13.5% of the major disorders found in non-Aboriginal communities (Swan and Raphael, 1997, p.13). This paper discusses the socio-political and cross cultural issues to do with mental health for Australian Aborigines from a non-Aboriginal perspective. The paper is particularly concerned with the effects of racism on Aboriginal mental health and how racism effectively limits Aboriginal people from full participation in the pluralist mainstream. Racism has been seen to be a major contributor to mental illness. The scope of this paper addresses the issue of transforming mainstream culture as well as highlighting the need for cultural safety, protection, participation and collaborative involvement in mental health service delivery.

LEARNING OBJECTIVES: The audience will learn: To recognise racist processes in service delivery which influence care outcomes. Methods of developing a culturally sensitive service focused on collaboration and partnership.

S49 PROFESSIONAL SUPERVISION OF CONSUMER WORKERS AN INITIATIVE OF PARTNERSHIP AND OWNERSHIP**29/08/00 - 11.30 – 13.00 Hall B****Paper 20 minute: Paula Hanlon, Leonie Manns**

Evidence supports that supervision promotes confidence and develops skills within the workforce. However, little thought has been given to the development of models of supervision for consumer workers. The aim of this presentation is to put forward a professional supervision model of a consumer employee by a more experienced consumer from outside the service. Supervision involves facilitating all aspects of professional development. Diverse models exist, such as clinical supervision, concerning the particular professional practices of particular

professions. Guidelines dictate the structure, goals and ground-rules of the clinical supervision practice. Peer supervision is less formal and colleague based. It has been described as the practice of recognizing the learning and development gains by sharing different experiences. The model proposed by the presenters is a mixture of the formal clinical and the less formal practice of peer supervision. The presentation will outline the background, history and development of the supervision model being discussed. The supervisor and supervisee will describe the personal and professional benefits and challenges experienced through the implementation of a supervision model that is distinct and innovative. It is hoped that at the conclusion of this paper the audience will feel enthusiastic about the value of supervision within their consumer workforce.

LEARNING OBJECTIVES: 1) The audience will learn that consumer workers are a valuable part of the workforce and as such should afford the same conditions of employment as any other member of this workforce. 2) True commitment to consumer involvement and the meaningful development of true partnerships is basic to the success of the National Mental Health Strategy. This will ensure that Mental Health Services are relevant to consumer workers.

S49 SELF-ESTEEM AND QUALITY OF LIFE AFTER RECOVERY FROM PSYCHOSIS: A COMMUNITY-BASED EPIDEMIOLOGICAL STUDY

30/08/00 – 15.30 – 17.00 Hall D

Paper 20 minute: Carol Harvey

Improved self-esteem is now a recognised goal in recovery-oriented mental health services. We aimed to investigate whether symptomatic improvement translates to improved self-esteem and, if not, what impact low self-esteem might have on people's quality of life. 61 individuals with a history of psychosis, identified in a community-based epidemiological survey in Melbourne, were assessed (lifetime ICD-10 diagnoses: schizophrenia/schizoaffective disorder: 25; affective psychosis: 23; other psychotic disorders: 13). Participants were currently free of psychotic symptoms, as identified by their primary clinicians, and confirmed with a standardized interview. 43% had scores indicating low self-esteem on a self-rated tool of self-esteem. Low self-esteem was unrelated to gender, employment status, type of psychotic disorder, course of disorder, or current psychological distress (as assessed using the 28-item General Health Questionnaire). Low self-esteem was also unrelated to premorbid social adjustment. Individuals with low self-esteem experienced impairment in diverse domains of quality of life. In keeping with the 'recovery model', this suggests that low self-esteem is common among persons who have achieved symptomatic recovery from psychosis, and may be attributable to the unique experience of psychosis or its social aftermath. Low self-esteem may compromise the gains of symptomatic recovery and may therefore require specific measures to alleviate it.

LEARNING OBJECTIVES: 1) The audience will gain a research-based understanding of the impact of psychotic disorder on the self-esteem and quality of life of individuals recovering from psychosis. 2) Mental health practitioners committed to facilitating individuals' recovery from mental illness will learn: about the need to specifically address the self-esteem of those individuals; that further investigation of the adverse effect of societal attitudes on people living with psychosis, and measures to remedy these, is warranted.

S49 THE EFFECT OF TREATMENT WITH CLOZAPINE ON QUALITY OF LIFE IN SCHIZOPHRENIA

30/08/00 – 15.30 – 17.00 Hall D

Paper 20 minute: Cherrie Galletly, Richard Clark, Sandy McFarlane, Darren Weber

The Australian survey of people living with psychotic illness (1997-1998) found that only a minority of these people had attained a level of functioning and wellbeing commensurate with a good quality of life. People with psychotic illnesses were often tolerating profound and widespread disability, persistent and distressing symptoms, and frequent side effects of medication. Quality of life can be measured using objective indices, such as employment, accommodation, and social contact, or subjective indices such as satisfaction and well-being. A number of studies have reported that treatment with the atypical antipsychotic drug clozapine is associated with improvement in both objective and subjective measures of quality of life. In this study, 19 people with schizophrenia were assessed on measures of symptom severity, cognitive function, and quality of life. They were then treated with clozapine for six months, and the assessment was repeated. Treatment with clozapine was found to be associated with a very significant improvement in quality of life. The potential problems, risks and benefits of treatment with clozapine for people with schizophrenia living in the community will be discussed.

S50 GOOD MENTAL HEALTH: WHAT DO YOU KNOW?

30/08/00 – 15.30 – 17.00 Hall A

Presenters Showcase 10 minute: Anne Watson, Neil Blick, Kevan Pitche

A group of mental health professionals working with schools, health and welfare agencies in regional Victoria collaborated in the design and implementation of an innovative project named 'Good Mental Health: What Do You Know?'. The aims of the project were to promote informed discussion about suicide risk factors, encourage knowledge of personal coping skills, strengthen working relationships between schools and different service sectors and to promote positive mental health messages among youth. School based activities consistent with good curriculum practice were offered to schools. Classroom delivery involved teachers and welfare professionals co-working to support young people in their development of entries for a Mental Health Week competition. A training program and the production of support materials were included in the project. The competition provided the vehicle for education about mental health and positive coping skills, the promotion of good mental health for youth in the media, and the involvement of the community. A number of measures marked the success of the

project. These included high levels of participation, increased interest in positive coping strategies and a strong interest in the continuation of the project. The quality of the 'Good Mental Health: What Do You Know?' competition entries were a further illustration of this success.

LEARNING OBJECTIVES: 1. The audience will learn how to design and implement a collaborative project that improves mental health literacy in teaching staff, health and welfare agency staff, and secondary school aged youth. This will include the strategies that worked well and the pitfalls. 2. Mental Health Promotion and Prevention is one of the three platforms of the second National Mental Health Strategy. Mental Health Services must increasingly factor in this element to services provided. The project demonstrates one successful method of doing this that has a variety of positive outcomes.

S50 COLLABORATION - TOGETHER WE CAN FIND THE WAY IN DUAL DIAGNOSIS

30/08/00 – 14.00 – 15.00 Hall A

Presenters Showcase 10 minute: Annette Coutts

THE AIM: To provide an illustration of how the complex challenges of meeting the needs of a person with a dual disability (Mental Health and Intellectual Disability) can be met through a collaboration of services.

ABSTRACT: Service systems in health and community agencies are struggling to deliver mental health services to adults with an intellectual disability. Many professionals feel ill equipped to assess and treat mental health disorders in this population. This case study describes the collaborative effect required to meet the complex health needs of a client with an intellectual disability and her family, and the role played by a specialist service. The key elements of this successful inter-agency collaboration are outlined, and include good communication, adequate resourcing, and a willingness to resolve dynamic tensions and learn from each other. **SUMMARY:** The person with a dual diagnosis will continue to be poorly serviced and experience delays in assessment, treatment and support until the relevant agencies can respect each others knowledge and expertise as complimentary to what they have to offer and develop a trusting relationship in which they can work together collaboratively.

LEARNING OBJECTIVES: 1) You will learn the key elements of a successful inter-agency collaboration for the assessment and treatment of those, and their family, with a dual diagnosis. 2) As more persons with an intellectual disability are presenting with a mental illness and current services continue to be delivered by separate agencies, from different sites, and there is an expectation that Mental Health agencies would provide Mental Health services to people with an intellectual disability. The professionals employed in them will remain largely unequipped to do so and therefore reluctant to take up the challenge.

S50 TO MEASURE OR NOT TO MEASURE - THE USEFULNESS OF CLINICAL OUTCOME MEASUREMENT IN IMPROVING SERVICES FOR YOUNG PEOPLE

30/08/00 – 15.30 – 17.00 Hall A

Presenters Showcase 10 minute: Liz Temple

"The Young People and Psychiatric Illness - Intervention and Assessment (YPPI-IA) Program was funded by the National Youth Suicide Prevention Strategy and was an innovative partnership between the Youth Health and Mental Health Services of the NSW Central Coast Health Service. The project ran from 1996 to 1999. The program focused on young people (14-20 years) living on the Central Coast, who were experiencing significant mental health problems (particularly psychosis) and were at suicide risk. The program also focused on early intervention and on researching and establishing 'good' practice models of care. Measures of psychiatric disability, depression, suicidality, and drug and alcohol use, were collected for clients on entry to the program, with follow-up measures administered at 6 monthly intervals. Young people on the program demonstrated significant decreases in their levels of psychiatric disability, depression and suicidality, over the duration of the project. The Young People & early Psychosis Intervention (YPPI) Program has continued the data collection initiated by the YPPI-IA Program. Therefore, we now have a significant amount of long-term outcome data to present at this conference. The importance of research findings for planning service delivery will also be discussed.

LEARNING OBJECTIVE: 1.the audience will learn about the long-term outcomes of young people treated for first episode psychosis on the YPPI & YPPI-IA programs, and the importance of such information when planning service delivery for this client group.

Learning objective 2: this topic is directly relevant to mental health services as it discusses issues of research and outcome measurement in service delivery to young people experiencing first episode psychosis."

S50 THE GIPPSLAND DUAL DISABILITY EVALUATION PROJECT: DEVELOPING A SERVICE SYSTEM FOR PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL ILLNESS

30/08/00 – 14.00 – 15.00 Hall A

Presenters Showcase 10 minute: Paul O'Neal, Janice Chesters

The purpose of this research was to develop an effective service system model for people with both intellectual disability and mental illness (dual disability). While there are targeted government funded programs already in place for persons with either intellectual disability or mental illness, there remains considerable scope for the development of an integrated and comprehensive service system for dual disability clients which are clearly amongst the most severely disadvantaged in our society today. The proposed model integrates sociological and clinical theories, practise concepts, and service principles from a range of sources. It was envisaged that a conceptual model of best practice would contribute towards improvements in service processes and delivery. Ultimately, service users will be the beneficiaries of any improvements achieved, particularly the direct consumer groups (clients and carers) towards whom such benefits are targeted. The proposed benchmark model has four main dimensions:INTAKE; ASSESSMENT AND INTERVENTION;CONTINUOUS QUALITY

IMPROVEMENT; EXIT. Once the service system model had been developed, Gippsland region was then evaluated against this benchmark. The intention was to highlight existing good practice and propose recommendations for improvement to the Gippsland service system in accordance with the preferred benchmark model. In overall terms, Gippsland region was evaluated very favourably as it has already made considerable progress towards the development of a comprehensive response to the needs of dually disabled clients. Areas for further improvement are highlighted which include greater coordination and communication between the two programs, targeted needs-specific training for dual disability workers, and a systematic approach to monitoring, evaluation, and Continuous Quality Improvement.

LEARNING OBJECTIVES: 1. The audience will gain a better understanding of what an effective service system for people with dual disability looks like and what are the necessary elements which comprise this. The audience will also gain an understanding of the conceptualization, design and implementation of evaluation studies in this area. 2. 'How is this topic/issue relevant to mental health services and mental health issues?' This topic seeks to make a genuine contribution to the neglected field of dual disability, that is, persons with both intellectual disability and mental illness. The topic relates to the mental health services field as it covers key issues such as dual disability/diagnosis, service development and evaluation, and Continuous Quality Improvement.

S50 PRIMARY MENTAL HEALTH CARE, CONSUMER FOCUSED APPROACHES AND COLLABORATIVE PRACTICE IN THE HILLS MALLEE SOUTHERN REGION: A NARRATIVE OF CHANGE, GROWTH AND SELF-DIRECTION

30/08/00 – 15.30 – 1.700 Hall A

Presenters Showcase 10 minute: David Farrington

This presenters showcase provides a narrative account of the organizational developments in consumer centered and collaborative approaches in the mental health services of the Hills Mallee Southern Region of South Australia. Continuity of care and collaborative practice represents a core component of quality mental health service delivery, yet faces significant organizational, cultural and practice barriers, particularly in isolated rural regions where staff development opportunity is limited and service diversity is restricted. The current presentation provides a narrative account of the evolution of a consumer-based primary health care philosophy of practice in a community mental health setting, the development of novel primary health care strategies in collaborative community care and the relationship building process within and between local general practices, community health services and hospitals. A particular focus of the presentation will be upon the development and evaluation of consumer centered and participation-based management strategies that engage the full resources of the community in providing comprehensive mental health care. Finally, discussion will surround the effective organisational strategies that promoted change in moving towards a consumer-oriented, primary health care based case management system and the several barriers that were overcome. This piece of work derives from a primary health care demonstration initiative aimed to develop improved continuity of care and service collaboration in a rural community of regional South Australia. The project represents the first major stage in the new mental health strategic planning process for this region. From the perspective of the senior project officer managing this work, this project provides valuable insights and experiences to share for other rural regions undergoing similar change management issues in organizational development in mental health services. Its also offers some possible creative solutions to support regional communities in this change process.

S50 QUALITY BUSINESS PLANS IN PRACTICE

30/08/00 – 15.30 – 17.00 Hall A

Presenters Showcase 10 minute: Bill Peplinkhouse, Mario Santilli

Grampians Psychiatric Services (GPS) quality business plan concept has taken the service on to the national stage. GPS partnered the ACHS, with support from the Victorian Department of Human Services, in a project to develop a process to combine hospital accreditation and review of the National Standards for Mental Health Services. GPS had already undertaken a review of the National Standards which were linked to the EQuIP standards in 1997. From this initial review development of the concept of having a totally integrated continuous quality improvement plan linked to a business plan blossomed. On entering the partnership with the ACHS we were able to guide and prepare the idea of an in-depth review for mental health services based on the linking of the NSMHS and EQuIP which would be assessed at the time of routine hospital accreditation. Included in this notion was the need to include consumer surveyors in the review process. The ACHS agreed that this was a necessary component to an in-depth review. GPS was invited to Sydney to train the consumer surveyors. This was the first time that consumers have been involved in surveying a health organisation. This integrated approach to quality business planning was the subject of a site visit by the 16th International Conference of the Society for Quality in Health Care on the 12th of October which was attended by delegates from around the world.

LEARNING OBJECTIVES: 1. The audience will learn how a rural mental health service set about and achieved the first accreditation using the EQuIP and the National Standards for Mental Health Services. They will see how an integrated quality business plan and database can be used to drive service provision and development. Learning Objective 2: Participant will be provided with relevant and contemporary information for ongoing issues of accountability for quality and continuous improvement in mental health care.

S50 EVALUATION OF TELEPSYCHIATRY IN RURAL/REMOTE AUSTRALIA**30/08/00 – 15.30 – 17.00 Hall A****Presenters Showcase 10 minute: Dhamodharan Chinnasamy**

Increasing attention is being paid to telemedicine, with the applications being more actively promoted to widening range of potential users. The Victorian Telepsychiatry Program was established in 1996 with the two fold aim: one to target at specialist services (Mental Health Review Board, Forensic Mental Health Service, Early Psychosis Prevention and Intervention Center, Child and Adolescent Mental Health Services) and secondly to establish linkages within the area mental health services and between the rural and specialist metropolitan services. The primary application of telepsychiatry in South West Health Care has been in regard to: Clinical application Training Research Supervision. Although the clinical application of telepsychiatry is established and commonly used in rural and remote area mental health services, the other components which are applied here in South West Health Care are unique and innovative. 'Isolation' is the major component for a professional to practice in rural remote areas. This is compounded by the factor that rural area mental health services are often staffed by a foreign graduated psychiatrist. This raises the question of the reliability of their training to Australian standards. Establishing quality in service delivery then becomes an important issue with the local mental health services. South West Health Care has gone about addressing this specific issue in providing supervision for their entire 'foreign graduated psychiatrist' through telepsychiatry. **OBJECTIVES OF EVALUATION:** To assess and evaluate the effectiveness of supervision through telepsychiatry - skill levels of psychiatrists - confidence levels of psychiatrists - qualitative effects of the psychiatrists Wider changes which they then bring about within the area mental health services. To ensure to the recommendations of the medical board Quality assurance for the area mental health service As a model practice in rural areas As an innovative practice **METHODOLOGY** The methodology must reflect both the qualitative and the quantitative changes the supervision has brought about in the practice of psychiatry by foreign graduates in rural and remote Australia. The assessments to be done survey conducted by an independent body - Self rating questionnaire - Case notes of the psychiatrists.

S51 ACE: PREVENTING DEPRESSION THROUGH SCHOOL-BASED PROGRAMS**30/08/00 – 15.30 – 17.00 Rooms 1 & 2****Paper 20 minute: Nick Kowalenko, Janne Gibson**

Authors: Nick Kowalenko, Ann Wignall, Ron Rapee, Janne Gibson, Nicole Bateman, Julie Simmons, Roger Stonehouse. Depression is one of the most common mental health problems facing young people today. In Australia, the high prevalence but low level of recognition of depression in young people suggest a major role for school-based early intervention in the future. The Second National Mental Health Strategy promotes mental health partnerships with schools. The nature of collaboratively developed projects demands that health services respond flexibly when partnering other service systems, to trial different approaches and respond to local needs. In response to these needs, a comprehensive depression prevention program was developed and evaluated with students aged 13 - 15, employing both universal and indicated strategies. The ACE (Adolescents Coping with Emotions) Program is an 8 week cognitive-behavioural program developed to build coping skills and resilience in adolescents. Those students most likely to benefit from the program are identified after a screening procedure and a limited number offered places in the program. The management of issues relating to the implementation of the program as a collaborative effort between the health and education sectors will be discussed. This paper will very briefly outline the evaluation of the ACE program, which has been shown to: · improve students' mood, self-esteem and coping skills (on standardised measures of depression such as the CDI, CES-D and coping); · readily engage young people in a school-based mental health project (client satisfaction); and · enhance collaborative partnerships between health and education. Video excerpts from students involved in the program will demonstrate their views and experiences. The paper introduce the ACE program and a glimpse of the internal workings of ACE sessions, examines the feasibility of implementing such programs and explores the creative elements in developing and sustaining effective service partnerships

LEARNING OBJECTIVES: 1. Participants will gain an overview of the ACE program, its effectiveness and collaborative implementation strategies. The workshop will also provide activities allowing participants to experience the content and strategies used in the ACE program. 2. The ACE Program is relevant to mental health services in that it: focuses on the prevention of mental illness; addresses one of the most common mental health problems faced by young people today; contributes to developing and sustaining partnerships between mental health and education services; · is consistent with the NHMRC Clinical Practice Guidelines for Depression In Young People; and · has been, and continues to be, systematically and thoroughly evaluated.

S51 CHRONIC DEPRESSION - WHAT IS IT AND HOW CAN WE MORE EFFECTIVELY MANAGE THIS GROWING PROBLEM?**30/08/00 – 15.30 – 17.00 Rooms 1 & 2****Paper 20 minute: Paul Rushton**

Overview of a clinical, research and training program specifically designed for chronic depression. While there has been much interest in the treatment of major depression in recent years, little is known about how to effectively intervene with chronically depressed consumers. Public mental health services care for many consumers with this condition and provide an array of interventions, but rarely offer treatment programs specifically designed for it. Research clearly needs to examine how different treatment approaches perform in treating consumers with chronic depression. The Gold Coast Integrated Mental Health Service has developed a psychosocial program for consumers that involves a combination of psycho-education, rehabilitation activities and cognitive-behavioural therapy. The program is run over forty-five hours, with the aim of assisting consumers to

better manage their illness. A multi-disciplinary team delivers the program and provides training for post-graduate psychology students from local universities. Self-report measures, clinician rating scales and consumer feedback from the first two programs has been encouraging. In conclusion, this program is innovative as it targets consumers with chronic depression, involves a combination of therapeutic approaches, and provides a clinical laboratory for teaching post-graduate students. This presentation will describe the program and the benefits for consumers.

LEARNING OBJECTIVES: of this paper are to: 1. Provide the audience with an understanding of chronic depression, and outline the benefits of an innovative psychosocial program for chronic depression that includes research and training components. 2. To stimulate interest in creatively addressing a condition which is increasingly challenging the resources of mental health services, and is rapidly becoming an illness of epidemic proportions.

S51 BREAKING THE PATTERNS OF DEPRESSION

30/08/00 – 15.30 – 17.00 Rooms 1 & 2

Paper 20 minute: Karen Peterson

This project represents a whole of service initiative involving key partnerships with mental health, drug and alcohol, public health and the primary health care service. The project focuses on the design, implementation and evaluation of an organisational capacity building and training program in the early detection and best practice management of adult common depressive disorders, targeting primary health care workers (community health and hospital based nurses and sole practitioners). To build in program sustainability, specialist mental health workers throughout the health service participated in the training with the aim of establishing ongoing skills development support in the form of monthly coaching sessions with primary health care workers after the training. The training also focused on improved referral and joint case management work with general practitioners. In the context of mental health priority issues there is significant evidence to support the importance of depression intervention activities. Psychiatric services continue to account for only a small proportion of the need for treatment and focus most of their attention on those with the most severe and debilitating disorders. Therefore, the vast majority of undiagnosed and untreated depression cases will either not present for treatment or will only present to the primary health care sector. It is for this reason that the specialist mental health sector is unlikely to have a major impact on the prevalence of depression and so from a public health perspective we need programs which better support primary health care workers in this role. The program evaluation methodology has been adapted from the national GP depression management project 'Sphere', currently coordinated by Professor Ian Hickie of St George Hospital, Sydney. The project is currently being piloted in three primary health care services throughout Southern NSW, with over a hundred participants involved in the program. Evaluation results will be available in June 2000. This project is a significant initiative as it aims to build the capacity of an entire health service workforce to better prevent, detect and manage common depressive disorders. References 1. The World Health Organisation, Harvard School of Public Health and the World Bank, (1996). The Global Burden Of Disease. 2. NSW Health Survey, (1997). 3. Australian Bureau Of Statistics, (1997). Mental Health and Well being Survey.

LEARNING OBJECTIVES: 1. Conference participants from this presentation will learn what is currently best practice in depression detection and management and how to establish a similar program within their own area. 2. This program is relevant to mental health services and mental health issues as the early detection and management of depression are priority targets stated within the Second National Mental Health Plan.

S52 THE GAINING GROUND ADOLESCENT PROGRAM - HELPING TO FILL THE GGAPS FOR YOUNG PEOPLE WHO HAVE A PARENT WITH A MENTAL HEALTH PROBLEM

30/08/00 – 15.30 – 17.00 Room 5

Paper 20 minute: Michelle Webber

The Gaining Ground Adolescent Program has been developed in South Western Sydney to support young people who have a parent affected by a mental health problem. The pilot program has been funded by the NSW Attorney General's Department - Crime Prevention Division and has been overseen by an interagency steering committee with representatives from Youth Services, Department of Education and Training, and Infant, Child & Adolescent Mental Health Services. The program aims to reduce isolation, expand participants' social networks and increase participant's understanding of their parent's illness, it's causes and treatment. The program aims to facilitate the development of inter-personal and social skills, in order to enhance the young person's resilience. The Adolescent Program has been piloted by two Youth Health Services in South Western Sydney. A training program is also developed for staff interested in establishing the adolescent program in their service. This paper will provide an overview of the Gaining Ground Adolescent Program, the results from the evaluation of the pilot programs and recommendations for the implementation of future programs.

LEARNING OBJECTIVES: 1: The audience will gain an understanding of the Gaining Ground Adolescent Program - it's aims, objectives, program content and future directions. Participants will also learn about the outcomes of this program for young people who have a parent affected by a mental health problem. 2: This presentation outlines early intervention and prevention strategies aimed at developing young people's coping skills and resilience, when their parent is affected by a mental health problem. The program provides education for young people regarding their parent's illness and addresses many of the needs of young people who have a parent who is affected by a mental health problem.

S52 DEVELOPING RESILIENCE IN INFANTS AND CHILDREN OF PARENTS WITH MENTAL ILLNESS

30/08/00 – 15.30 – 17.00 Room 5

Paper 20 minute: Jane West

Less than a generation ago many parents with mental illness would have institutionalised and children from these families were often placed in long term care. In the context of changes which have led to deinstitutionalisation and the current emphasis on keeping children in their families wherever possible, the Benevolent Society launched the 'Families Together' program in 1994 to lessen or prevent the negative effects of parents' mental illness on their infants' development. Because early life experiences have been shown to have disproportionate importance in organising the mature brain, early intervention to prevent or ameliorate disturbances in the earliest nurturing experiences is of critical importance. This is particularly important to children in families where parental mental health issues may lead to disruptions in the parent child relationship. This presentation will discuss how secure attachments contribute to the development of resilience and use case examples from work in the Benevolent Society's Families Together program to explore how attachment is facilitated in families where a parent has a mental illness.

LEARNING OBJECTIVES: 1: It is well documented that children of parents affected by mental illness often lack resilience. The audience will be presented with a range of interventions which aim to strengthen and maximise the child's development and resilience. The audience will learn about ways of working that strengthen the parent-infant bond and/or interventions that enhance resilience in their offspring. Learning Object 2: The focus on children and infants of parents with mental illness are at risk of abuse and neglect without intervention, support and monitoring of their development due to the impacts of parental mental illness. This presentation will reinforce early intervention as a preventative strategy and promote the importance of child focus in delivery of mental health services.

S52 THE WAY IT IS - CHILDREN OF MENTAL ILL CONSUMERS

30/08/00 - 15.30 – 17.00 Room 5

Paper 20 minute: Paola Mason

I am an Adult Child with a mother who has a mental illness. She was diagnosed with Manic Depression and Paranoid Schizophrenia when I was 6 years of age. It is difficult to describe in such a short time what my experiences have been over 34 years but I will give you a few examples. Mum was taken away by men in white and I was so upset I hid under my parents' bed. Mum had been running around naked in our front yard - yelling and screaming and hurting herself. I remember my uncle trying to pull me out from under the bed but I also recall fighting back. This is probably one of the earliest traumas I can remember. My little sister would have been 2½ years old. No one ever took the time to explain to me what was going on and what was wrong with mum. On reflection I now know that my dad and other relatives did not really know either. I was told 'Mum is ill and has to go to hospital for a while'. When Mum came home, she was very vague and lethargic. She could not do much and even now I can not remember how we coped. Dad was working all the time, he had a wife and two young daughters to bring up. He had a mortgage to pay. I remember going to one of my Auntie's mother's house here and there for a day because I can remember playing with my Aunts sister who was intellectually disabled. She was a grown up though, but she and I would play. I cherished her and our friendship. I do not remember where my sister was. As my sister and I were growing up, Mum would allow us to go to the Goodwood playground from 9.00am to just before dark. She would come at lunchtime to feed us but leave again. On reflection, this must have been the only way she could have coped with two young girls. Home was never a happy - good fun place. Home is where you never knew what would happen. Home is where Mum would get angry and hit me with the rope and I would not know why. Home was where Mum would talk to her spirits and make weird sounds. Home was tense and it was good to be away from there sometimes and just play. Now as an adult, I can see we were neglected. Mum could show affection but it was one extreme or the other. I loved my mother but later in life I have learnt that yes, I do love my mother but I detest, despite, hate, loathe her illness. The only way I could and can cope is by thinking I have two mothers - the good one and the horrible one. I love the good one to death but if the horrible one would die - I'd throw the biggest party. What I have found with my interaction with Psychiatrists and Social Workers in the past is the lack of acknowledgment I would receive. If I had questions, I often would receive really strange responses that were totally irrelevant to me and my needs but as a child I could not necessarily explain myself. I can now though! No one explained mental illness to me, no one explained medication and possible side effects to me. I only found out about mental illness when I was a teenager and researched it myself. I grew up believing that my sister and I were the only ones - we have since found and met others because I personally refuse to be ashamed of my mother, even though I have met people that have made me feel ashamed. But there are still some times that her behaviour can embarrass me, but I have learnt to take it on the chin and turn it around - I have developed what I call a Mental Illness sense of humour.

LEARNING OBJECTIVES: 1. To help people understand and appreciate the effects that mental illness has on children's lifestyle. 2. To make people become more aware of the current inadequacies in government policy and practice.

S53 THE THERAPEUTICS OF CREATIVE ACTIVITY AS A WAY OF WELL-BEING**30/08/00 – 15.30 – 17.00 Room 10****Presenters Showcase 10 minute: Wendy Tapper**

A short performance - 'Entrapment of Anti-Psychotic Drugs'. Accompanied by aboriginal didgeridoo player - Owen Love. The performance visually and atmospherically describes how it feels to suffer the entrapment of anti-psychotic drugs. (3 minutes) * My interest in Mental Health Services and the promotion of mental well-being. - As not only a 'consumer' of the system but as a Professional Artist/Designer/Community Artist/Art Teacher, instructing Creative Arts as Therapy techniques to other compatriots who also suffer mental illness. CONTENT: * Using creative activity as a 'tool' to help stabilize my own well-being whilst battling bouts of psychosis. - Describing the use of day by day comparisons to develop a sense of achievement. * CREATIVE ARTS AS THERAPY WORKSHOPS in the SE of South Australia. - Funded by Rural & Remote Mental Health Services, SA. With \$10,000 allocated to run 6 workshops in separate rural locations. * Direct correlations between Psychosis, Art & Psyche. * Effects of Ancient Cultural Initiations on the Higher Consciousness. * Self-initiation through easy self-help integration techniques. * Armageddon a bedda State of Mind. EFFECTIVE PRACTICE: * Left and right brain integration techniques using creative activity.* Soft counselling approaches. - Utilising visual messages expressed in observing Medicine Wheel Mandala translation techniques. * Training in the awareness of 'Initiatic' Art as Therapy processes is a must to help with intervention at crisis point. * Voice Therapy. * Laugh Aerobics. SUMMARY: Natural creativity should and can be unblocked. People would not have to suffer a mental state of creative confusion resulting in socio-psychological implosion, working against the ebb tide of stifling social expectation.

LEARNING OBJECTIVES: 1.To expand one's knowledge of the therapeutic benefits of Creative Activity as a way to well-being. 2. This paper relates directly to the relevance of the Arts as a 'tool' for both preventative care and intervention at crisis point, for those who suffer mental illness, behavioural disorders etc. and intellectual disabilities."

S53 EVALUATION OF THE PARENTS IN PARTNERSHIPS PROJECT**30/08/00 – 15.30 – 17.00 Room 10****Presenters Showcase 10 minute: Helen Mildred, Rose Cuff**

AIM: To describe an innovative project aimed to improve the mental health, and validation as a parent of people who are parents and who have a serious mental illness. METHOD: The Project utilised an action research methodology of service development through setting up consumer consultation with people who are parents and who have a mental illness. From this process evolved: A group program jointly facilitated by a mental health and a family support worker; a consumer run training program for mental health and other workers about issues facing parents with a mental illness; and a network of service providers who work with these consumers. The Project conducted pre and post interviews with consumers to ascertain the relevance and utility of the group program, and also evaluated the training program. OUTCOMES: Group members universally valued the group program extremely highly. Participants in the training sessions found the information very useful and well presented. On the strength of these findings Maroondah Hospital decided to maintain and extend the project to work better with families in which a parent has a mental illness. This paper discusses some of the findings particularly from the group program, and the issues involved in evaluation in a mental health setting.

LEARNING OBJECTIVES: 1: 'What will people in the audience gain or learn from attending this presentation?' An understanding of what parents say they need from service providers. 2: 'How is this topic/issue relevant to mental health services and mental health issues?' The paper outlines some of the sensitivities associated with using 'standard' research methods with mental health consumers.

S53 SPIRIT IN THERAPY**30/08/00 – 15.30 – 17.00 Room 10****Presenters Showcase 10 minute: Maria Chorney**

"The main objective of this presentation is to posit the idea that Spirit in Therapy is connected to inspiration, intuition, creativity and healing. This is a reflective discourse whereby I have sought to look at how I, as a therapist, work with Spirit and how in turn I feel that it affects the therapeutic process. My belief is that we are much more than what the eye can see, consequently more than a diagnosis or illness. We are rich in resources and by learning to be fully present to ourselves we discover these resources. We discover what is true to us; we are able to be fully present for the other and the lines of communication become clearer. We begin to see the other as a conduit of information that we never thought was there. Therapy becomes a situation of receptivity and of offering. In the process of therapy Spirit stirs our creativity and potentiality for seeing things differently, thus making the healing process a possibility. By engaging Spirit, we catalyse hope and in so doing Spirit is seen as not an alternative, or an adjunct to what the therapist does, but as an essential part of a therapeutic relationship.

LEARNING OBJECTIVES: 1.To gain a fresh perspective of what is Spirit in Therapy. 2. By catalysing an understanding and connection of Spirit within therapy. This in turn enhances service delivery of therapy in the mental health area.

S53 SPIRITUALITY AND PSYCHOSOCIAL PRACTICE: THE BELIEFS AND PRACTICES OF OCCUPATIONAL THERAPISTS WORKING IN MENTAL HEALTH

30/08/00 – 15.30 – 17.00 Room 10

Presenters Showcase 10 minute: Bronwyn Sutherland

Spirituality is a topic that is seen to be relevant and important to mental health. Over the last few years its prominence has increased in the psychosocial and occupational therapy literature. Spirituality is described as being the core of the person with which occupational therapists are interacting, yet apart from anecdotal evidence, little is known about whether practising therapists identify and work with clients' spiritual needs, and if so, how they do this. This paper will detail a study that explored mental health occupational therapists' beliefs and practices with regard to spirituality. In this study, participants were surveyed as to their beliefs about spirituality - its role in their own lives, and in the lives of their clients. They were also asked to identify who they think should be responsible for addressing clients' spiritual needs and if they think that occupational therapists should be involved, and if so, what intervention defines this role. Participants were also invited to attend a discussion group to explore the topic of spirituality in more depth. This paper will detail recent research in the area of spirituality, and encourage the audience to reflect on their own beliefs and practices with regard to spirituality in mental health.

LEARNING OBJECTIVES: 1. The audience will: - hear about recent research in spirituality within the mental health field - hear about some mental health occupational therapists' beliefs and practices with regard to spirituality - reflect on their own beliefs about spirituality, and the spiritual needs of consumers of mental health.

2. This topic is relevant to mental health services and mental health issues because: - spirituality is becoming more prominent in the literature, and the importance of spirituality in mental health and that clients have spiritual needs is being acknowledged. This paper will present some therapists' beliefs about spirituality and mental health, and of their clients spiritual needs. - mental health services have a responsibility to meet clients' needs, yet it seems that spiritual needs are often overlooked. This paper explores some practitioners' beliefs about who should be responsible for meeting clients' spiritual needs. It will also detail the practices that enable therapists to meet their clients' spiritual needs.

S53 SPIRITUALITY AND HOLISTIC HEALTH

30/08/00 – 15.30 – 17.00 Room 10

Presenters Showcase 10 minute: Lucy Van Kessel

The spiritual is a part of holistic health. This includes emotional, physical, mental and spiritual well being. Often the dominant Australian culture denies the existence or importance of the spiritual. This denies an essential element of life. The reality is that the spiritual gives meaning to life. Spirituality is common to all and unique to each person. It lies at the core of each person's being and is an essential dimension to life. Spirituality has many expressions. It may be that which brings unity; which makes sense of experience; the overarching meanings, goals and values of individuals and communities; the way people seek, make, celebrate and apply meaning to life; and the way people relate to themselves, others and the transcendental. Spirituality is important in client/worker relationships in the human services. It is evident in relationship to self and others. The attitude and personal awareness brought to the relationship by the worker is important for the holistic health of both client and worker. Personal truth, respect and hope are prerequisites for positive work with clients. Worker spirituality is conveyed in practical ways with clients. How the client is treated, showing genuine enthusiasm in client interests, validating experiences, discussing what gives meaning to life and affirmation are examples of spirituality in action. Spirituality is an essential part of holistic health. It gives life. Denial of it may lead to despair. Human service workers are in a unique position to contribute to spiritual growth of clients with their attitudes of hope, honesty and respect. **LEARNING OBJECTIVES:** 1. Spirituality is an essential part of holistic health. It gives meaning to life. Though often denied in our culture, recognition and awareness of it in worker and client lives enriches the relationship and increases hope. 2. Holistic health is only achieved with recognition of all human dimensions. With increased awareness and recognition of the spiritual in worker's lives the greater the opportunity to assist clients in developing self esteem, confidence and motivation; to be accepting and respectful of themselves as they are.

S53 THE CREATIVE HEALING POWER OF SPIRITUALITY: A VISION FOR THE FUTURE

30/08/00 – 15.30 – 17.00 Room 10

Presenters Showcase 10 minute: Marie Greenall

Definitions of mental health are gradually expanding to include optimal states of consciousness, with many people reporting spiritual or transpersonal experiences incorporating visions and verbal communications with deities, demons and mythological archetypes. Yet anyone experiencing such extreme mental and physical phenomena would instantly be labeled psychotic within the realms of contemporary western mental health and be treated with neurolyptic medication. I will argue in this paper that mental health services in the future need to take a fresh creative look at acute psychosis presenting with religious or spiritual themes. Rather than random and arbitrary products of impaired brain functioning, these experiences are manifestations arising from the deepest recesses of the human psyche that cannot be ordinarily accessible, and can result in breakthrough, not breakdown, if treated with compassion and respect. The focus for this paper is from clinical practice within an acute in-patient psychiatric unit where I have found that there are many significant aspects to experiences of acute psychoses, often spiritual in nature, that cannot be accounted for in a person's current or childhood life history. From recent study within the realms of spirituality and transpersonal psychology I have come to the conclusion that the dominance of the medical model in treating people experiencing acute spiritual states can actually limit their growth and development. Finally, I will suggest ways in which practitioners can creatively acknowledge these

manifestations and propose that the services of the future develop a new model of the psyche, one that acknowledges the creative healing potential of spirituality.

S54 MEASURING THE EFFECTIVENESS AND COST EFFECTIVENESS OF EARLY IDENTIFICATION OF PEOPLE OF NON ENGLISH SPEAKING BACKGROUND EXHIBITING THE EARLY SIGNS AND SYMPTOMS OF MENTAL DISORDER

30/08/00 – 15.30 – 17.00 Room 3

Presenters Showcase 10 minute: Rita Prasad-Ildes

Aim: To provide information about issues that need to be considered when evaluating the effectiveness and cost effectiveness of GP shared care with people from non English speaking background. The Brisbane Inner South Division of General Practice is currently coordinating a NESB Mental Health GP Shared Care Program, which is specifically focused on the early identification of people of non English speaking background exhibiting early symptoms of mental disorder. The program is establishing shared care arrangements between mental health services, services working with people from non English speaking background and general practitioners, particularly bilingual general practitioners. The project has a specific evaluation focus where it is developing criteria to measure the effectiveness and cost effectiveness of the model of shared care being established. When developing such criteria there are a number of key considerations to be made and this presentation will highlight specific evaluation considerations in relation to the program design when working with people from non English speaking background.

LEARNING OBJECTIVES: 1. People in the audience will learn about evaluation issues to consider when measuring the effectiveness and cost effectiveness of a GP shared care program targeting people from non English speaking background exhibiting the early signs and symptoms of mental disorder. 2. This presentation is relevant to mental health service issues because it highlights the important role played by bilingual general practitioners in the care of people of non English speaking background with mental health problems and discusses evaluation strategies. **Learning Objectives:** 1. People in the audience will learn about evaluation issues to consider when measuring the effectiveness and cost effectiveness of a GP shared care program targeting people from non English speaking background exhibiting the early signs and symptoms of mental disorder. 2. This presentation is relevant to mental health service issues because it highlights the important role played by bilingual general practitioners in the care of people of non English speaking background with mental health problems and discusses evaluation strategies.

S54 COFFEE, CAKE & COMPANY: AIDING THE RECOVERY OF WOMENT HOSPITALISED FOR MENTAL ILLNESS

30/08/00 – 15.30 – 17.00 Room 3

Presenters Showcase 10 minute: Tara Crossman

The CAFÉ Club is an innovative program for helping women with Mental Health issues, return to life in their community, often following an admission to Bloomfield Hospital, in Orange. Bloomfield is an inpatient psychiatric hospital in the Mid Western Area. The group commenced in 1998, after staff identified a number of women with extended admissions and who were experiencing difficulty reintegrating back into the community. The group is run weekly and with a multi-disciplinary team providing staff support to the group. A varying number of women attend and they come from all walks of life and backgrounds with one common thread, they have all spent time in Bloomfield Hospital and are finding it hard to regain acceptance and confidence within their community. The women attending have expressed various thoughts on the group, including 'a link with people who understand', 'It's midway between hospital & normality' and as one member noted 'it takes a fair few cups of coffee to trust people'. This presentation will describe the development, aims and outcomes of this group and to discuss the impact the members feel this group has made on their ability to manage 'normality' and life after acute mental illness.

LEARNING OBJECTIVES: 1. Those attending this presentation will learn in-depth about an innovative program, supporting rural women to recover and return to life in their community. They will learn about the group's development, its aims and outcomes and how those who attend this group feel this group has impacted and changed their lives. 2. This topic is relevant to mental health services and mental health issues because the lack of supportive reintegration can lead to increased number of and length of admissions. It may require the need for increased support from community services, which can be difficult in a rural area. Lack of support and skills can lead to isolation from the community, which has detrimental affects on a person's mental health. This group has provided rural women with a constant non-judgemental support network in the community. Encouraging women to provide support to each other in an environment away from conventional services. In doing this they gain confidence that helps them return to their roles within the community, in a way they can feel safe, supported and understood.

S54 LIFESTYLE CHANGES THROUGH RECREATION

30/08/00 – 15.30 – 17.00 Room 3

Presenters Showcase 10 minute: Iwona Glowinski, Kathy Bellhouse, Jean Dumont, Dawn Morgan

There are many ingredients that make up a good social life, but the vital ingredients are people and activities to share with them. We join groups and clubs, do courses, take trips or go out to work functions. Sounds simple but what happens when mental illness with its often debilitating symptoms and the effects of drugs gets in the way and when the income we receive keeps us below the poverty line? We may be motivated to meet and mix with people but lack the opportunities and resources to even try. In response to the above, the Neighbourhood Access project

developed a model for people with mental illness to expand and strengthen their social networks by participating in recreational activities. This framework: § Provides money for recreational activities § Offers maximum information about different opportunities for participation in activities § Supports participants in deciding what they do and at what pace § Enables participants to control how they spend their 'activities fund' § Focuses on achievements only § Creates partnership between participant, mental health worker and project coordinator.

LEARNING OBJECTIVES: To enjoy and share the successes of people who work very hard to get to places many of us take for granted. To find out how a simple approach can create sustainable lifestyle changes. To understand how consumer outcomes are being measured in the project. (Take a free copy of the Neighbourhood Access evaluation report)

S54 RESEARCHING RECREATION AND LEISURE FOR PEOPLE WITH A PSYCHIATRIC DISABILITY

30/08/00 – 15.30 – 17.00 Room 3

Presenters Showcase 10 minute: Kerry Short

SANE Australia's series of Blueprint Guides cover a specific area of psychiatric disability support, pulling together the essential facts and figures on each topic, gathering and interpreting the latest research, examining costs, and setting out principles of good practice based on the experiences of services and programs around Australia. The sixth guide in the series focuses on recreation and leisure programs for people living with a psychiatric disability. This paper will outline the research process undertaken in preparing the Blueprint Guide. With the emphasis on vocational outcomes and skills development within psychosocial rehabilitation, the impact and considerable benefits of recreation programs are often either overlooked in psychiatric disability support seen as an adjunct to the program. For the purposes of this research, it was important to look beyond the psychiatric disability sector to other disability fields in order to understand the different theoretical approaches to recreation and leisure service provision. Key service providers and advocates from other disability agencies were interviewed, and literature from a variety of disciplines and study areas was included. Recreation, including creative arts and sporting pursuits, in other disability fields has been shown to fulfil many of the aims of psychosocial rehabilitation, as well as re-connecting people with communities in a visible and empowered process. Innovative psychiatric disability programs working with communities are also highlighted. The research process and the experiences of workers and consumers have emphasised the importance of working with, and learning from other disability sectors, focusing on the similarities and working with the differences.

S54 MEETING THE NEEDS OF CAREGIVERS THROUGH CASE MANAGEMENT

30/08/00 – 14.00 – 15.00 Room 3

Presenters Showcase 10 minute: Lisa Chaffey, Ellie Fossey

Caregiving for persons with schizophrenia is often done by family members, potentially effecting many aspects of carers' lives. In recent years, health professionals have been encouraged to consult caregivers when planning treatment and intervention. This study utilised naturalistic inquiry to explore parents' experience of caregiving for adults with schizophrenia. Six mothers from 'SFV for people with mental illness, their families and friends', a Melbourne support group, were interviewed about their caregiving experiences. Thematic data analysis revealed several major aspects of the caregiving experience, including 'It's a whole new thing', which described initial confusion, followed by the need to learn about schizophrenia. Other themes centred on the practical support required from carers, and the underlying emotions of caregiving. As family can often be seen as partners in treatment, health professionals must listen to, and address the needs identified by carers, to ensure carer well-being. Many of the needs identified by the mothers in this study can be addressed through case management. Providing information about schizophrenia, and ensuring collaborative intervention planning with consumers and carers can assist in meeting the needs of carers. In summary, this study identified caregivers' needs, and offered ways to meet these within a case management framework.

LEARNING OBJECTIVES: 1. Audience members will gain insight into ways to support family members in the initial stages, after a diagnosis of schizophrenia. 2. Case managers will understand the importance of planning intervention to maximise caregivers' well-being, in addition to supporting the consumer.

S54 WHO CARES FOR CARERS? - THE HIDDEN CLIENTS

30/08/00 – 14.00 – 15.00 Room 3

Presenters Showcase 10 minute: Madeleine Kelly

"Aims To demonstrate from a consumer/carer/health educator's perspectives the array of influences on the well-being of 'carers'. This will allow mental health professionals to identify carers who may benefit from psychotherapeutic intervention for their own well-being and, indirectly, for the well-being of their family member who is already a 'consumer'.

LEARNING OBJECTIVES: 1. To offer new insights into the psychological impacts of mental illness in a family member as compounded by current funding and service contexts; 2. To enable mental health services to draw on these insights to offer services which will enhance the well-being of the 'carer' and the primary 'consumer'.
Abstract The stress, grief and fear created by mental illness in a loved one might be the starting point for 'carers' loss of well-being, but there are other causal factors, all within the capacity of mental health services to resolve. While the cost of care is being shifted onto 'voluntary' carers but, carers' emotional well-being is not being addressed by mental health services. In particular, co-dependence between 'carers' and 'their consumers' is too often not addressed. Consumers are not being assisted to extract themselves from toxic relationships, while many 'carers' could benefit from cognitive techniques to allow them to 'let go' or 'get a life of their own'. Adolescent and

child psychiatry recognises the family dynamics in a child's presentation and treats the parents and siblings as 'consumers' or patients concurrently. The recovery of many adult 'consumers' would be enhanced by addressing the impact of 'carer' behaviour on the primary patient. Mental health services are in a unique position to implement the second national mental health plan by offering preventative education and early intervention to 'carers' suffering a range of 'less serious' conditions."

S54 THE SECOND GENERATION OF CULTURALLY DIVERSE BACKGROUNDS - A NON IDENTIFIABLE POPULATION IN PSYCHIATRIC PRACTICE

30/08/00 – 15.30 – 17.00 Room 3

Presenters Showcase 10 minute: Magio Konidaris

This paper will highlight themes generated from a content analysis, in relation to the experience of migration for the offspring of migrants - the 'second generation' who are diagnosed with mental illness. The qualitative study explores the individual's experiences of growing up between two cultures and how negotiating this process has influenced their cultural identity; and also how sensitive the mental health system has been to their needs, as second generation migrants. Often, the issues for the second generation are covert and not acknowledged adequately by society at large and more so by the mental health system. The small nature of the study does not allow for the findings to be generalised. However, from a theoretical perspective, it substantiates the experience of migration for the second generation to be a deeply complex and significant one. For this cohort, powerful transgenerational issues of trauma, grief and violence are encountered, which ultimately exacerbates their experience as second generation migrants. The implications for clinical practice with this client group will be raised, as workers are challenged to consider implementing creative strategies in working effectively with the second generation, in both their cultural and family contexts.

LEARNING OBJECTIVES: 1: To develop insight into some of the issues of migration for the second generation diagnosed with a mental illness. 2: Due to the high migrant populations connected to the mental health system, clinicians are in a privileged position to assist the second generation as they are confronted with the process of cultural transitions.

S55 YOUNG PEOPLE, ART, CREATIVITY AND MENTAL HEALTH PROMOTION

29/08/00 – 11.30 – 13.00 Room 4

Workshop 1.5 hour: Cindy Turner, Dana Shen, David Arnold

Young People, Art, Creativity and Mental Health Promotion. Presented by: David Arnold, Libby Druce, Dana Shen, Cindy Turner and young people from the CHAMPS, YAC-RAP, SCI and KI HYPe Youth Projects. The young people from these projects will present using drama, role-play and song to demonstrate how they have used the arts to maintain and improve the mental health and well being of young people 13 - 18 yrs. These three projects based in the Hills Southern Mallee Region of SA jointly make up the Regional Youth Health and Well-being Project. Youth Partnership Accountability forms the central philosophy of these projects. Youth Partnership Accountability means these projects are directed by young people and the issues that are dealt with come from the young people themselves. This also means that the way issues are dealt with are different than if we as adults were in control. The use of drugs and alcohol are one example of an issue that has been addressed using art, drama and music to promote health and well-being. These projects are about young people feeling good, looking after themselves and staying out of trouble. The projects work with rural young people who experience all of the normal issues encountered by young people in addition to the barriers of geographical isolation. This presentation will demonstrate how you can use lively entertaining methods to enhance the effectiveness of mental health promotion with young people.

LEARNING OBJECTIVES: 1. To gain an enthusiasm and appreciation of using art and creativity when working with young people and mental health issues. 2. These young people will demonstrate with real life examples how this method of working with young people can be implemented into mental health services. This presentation will demonstrate the personal growth experienced by these young people during the process of working in the project and enhancing their own health and well being and that of other young people.

S64 THE GRIEF OF MENTAL ILLNESS: OUR COMMON AND FERTILE GROUND**31/08/00 – 9.00 – 10 00 - Hall E****Keynote Address: Virginia Lafond**

About ten years ago I first began to present my ideas about working consciously and constructively with the grief of mental illness. I did this to address, as well as I could, what I concluded was a gaping hole in psychiatric service delivery. My ideas about 'assisting with the emotional and psychological consequences of mental illness' early on found a satisfactory conceptual home in grieving theory. Over the course of the last ten years these ideas have, in the main, been met with approval from consumer, their family members, and by other caregivers. As well, there have been many questions asked, and a few vigorous challenges posed. The 'Come again? ...What are you talking about?' kind of questions, as well as 'Is grief really the right metaphor?' and 'Should notions about grieving be introduced to people with early psychosis?' have all been considered important to me. I look forward to offering some answers to six of the most frequently asked questions about working with the grief of mental illness in my keynote address at THEMHS'10th Anniversary.

S65 DEVELOPING GP SHARED CARE: A SYSTEMIC APPROACH IN THE DEVELOPMENT OF RELATIONSHIPS BETWEEN GPs AND ST VINCENT'S MENTAL HEALTH SERVICE**31/08/00 – 11.00 – 12.30 22 Hall E****Paper 20 minute: Margaret Grigg**

Acknowledgments: Judy Hamman, Russell Harris, David Isaac, Bridget Organ, Peter Puszet, Amgad Tanaghow, Abe Winter. This paper describes the process St Vincent's Mental Health Service (SVMHS) has used to develop an effective relationship with GPs to promote integrated care. SVMHS is located in the inner east of Melbourne and incorporates two Divisions of General Practice. Four years ago, a Commonwealth-funded GP familiarisation project provided the impetus to review and improve the working relationship between SVMHS and local GPs. Despite its success in involving over sixty GPs, it was apparent that further work was needed to embed integrated care processes into standard clinical practice. Rather than a project based approach for a small group of enthusiastic GPs or one looking at specific psychiatric diagnoses, the committee has focussed on a comprehensive systemic strategy to promote long term change. Initiatives have included the development and implementation of a shared care policy within the Mental Health Service, enhancement of information systems to ensure the routine transfer of information to GPs and an education program for both GPs and SVMHS case managers. Evaluation of the effectiveness of this approach will include consideration of consumers improved access to primary health care and SVMHS, enhanced understandings of the role of GPs in mental health care and improvement in the quality and quantity of communication between GPs and SVMHS.

LEARNING OBJECTIVES: 1. Participants will understand the importance of a systems approach to facilitating change in the relationships between GPs and mental health services 2. Consumer outcomes will improve if effective collaboration between public mental health services and GPs is fostered.

S65 COGNITIVE BEHAVIOUR THERAPY FOR PSYCHOSIS: ISSUES IN ESTABLISHING A SERVICE**31/08/00 – 11.00 - 12.30 Hall E****Paper 20 minute: Brian O'Grady**

It is now well known that anti-psychotic medications, while largely successful, do not achieve complete absence of symptoms in all individuals. Exciting applications of cognitive behavioural principles are now demonstrating effectiveness in addressing these distressing symptoms, particularly voices and delusions. This paper will outline an innovative program established at the Macarthur Mental Health Service in Sydney's south-west. The 'Voices Clinic' offers a cognitive behavioural intervention to individuals with treatment-resistant positive symptoms of psychosis. The paper will describe the steps and issues in establishing this service, highlighting: staffing and caseload; inclusion and exclusion criteria; referral processes; development of manuals for treatment; service evaluation through assessment and outcome measurement; appropriate supervision and peer review; and the definition of roles for specialist clinicians. In the age of evidence-based practice, mental health services need to find creative ways to offer cognitive behaviour therapy for psychosis from well-trained, skilled, flexible clinicians.

LEARNING OBJECTIVES: 1. The audience will learn the issues involved in establishing a new service, and how to adapt existing services when a new service is not possible. 2. This issue is relevant because the use of cognitive behaviour therapy has the potential to significantly reduce distress, length of admission, relapse rates, and disability levels.

S65 DETERMINANTS OF MEMBER OUTCOMES IN MENTAL HEALTH SELF HELP AGENCIES**31/08/00 – 11.00 - 12.30 Hall E****Paper 20 minute: Steven Segal**

"This study assesses the impact of self help agency (SHA) attendance, satisfaction with the SHA experience, organizationally mediated empowerment-i.e. involvement of clients in decisions about their own services and the services of their peers-and psychological disability on three member outcomes: independent and assisted social functioning and personal empowerment. Methods Long-term users of four client-run mental health SHAs provided information at baseline (N = 310) and six month follow-up (N = 283). Univariate descriptive analyses and 't' tests describe changes in outcomes. Three multiple regression models assess the impact of the four determinants on outcome change after controlling for baseline status on the given outcome. Results SHA member personal empowerment increased, independent social functioning remained the same, and assisted social

functioning decreased during the six month follow-up. Multivariate analyses indicate that organizationally mediated empowerment positively influenced all three outcomes. Psychological disability negatively influenced two of the three. SHA attendance and satisfaction with the SHA experience were not significant outcome determinants. **Conclusions** The significant ingredient promoting positive outcomes in mental health SHAs is the effort by the SHA to use its structure to provide opportunities for members to meaningfully participate in decisions about their care and the care of others in their organization. Abstract word count: 200 **Key Words:** Mental health outcomes, consumers, self-help, self-help agencies, SHAs, mental health services, consumer operated service programs, COSP, empowerment.

LEARNING OBJECTIVES: 1. People will learn that the active involvement of clients in the helping process through the sharing of decision making power regarding their own and the care of peers in a mental health setting appears to be most significant in predicting the achievement of positive client outcomes. 2. This study is relevant to mental health service issues in that it adds to our understanding of outcome driven treatment. While there has been an increased emphasis on outcome driven treatment, empirical documentation of the determinants of outcomes in mental health and self-help agencies (SHAs) has received little attention."

S66 THE CLINICAL PRACTICE OF A COMMUNITY BASED MENTAL HEALTH TEAM: A QUALITATIVE STUDY

31/08/00 – 11.00 – 12.30 Hall B

Paper 20 minute: Vicki Polanowski, Karen Chilcott

"In conjunction with a statewide review of mental health services and the downsizing and eventual closure of Tasmania's only public psychiatric hospital, the Derwent Valley Mental Health Team began a service review. This included response time to new referrals as the National Mental Health Strategy indicates that prompt response is an essential component of mental health services. The methodology outlined is a retrospective, comparative and qualitative review of clinical contacts. This study also aimed to review the type of clinical contact currently offered to service users. Of particular interest was nursing contacts, as this data can be divided into two district geographical regions. Clinical contact categories were drawn from a number of statistical collection formats currently in use. Response time criteria (as determined by DC&HS Business Plan) was met for approximately 80% of new referrals compared with 40% in previous studies. The improvement in response time reflects the team's commitment to providing a responsive and accessible community based rural mental health service. This study showed how clinical contacts changed over two survey periods (18 months apart). 'Shifts' in contact type were demonstrated by an increase in the medical management of service users, reflecting the needs of a more chronic population. This shift may in part be attributed to the downsizing of the local psychiatric facility. Quantitative differences within two geographical regions were found in nursing contacts. There was an increased demand for medical input throughout the catchment area, with the number of nursing home visits varying by as much as 100% between regions. This would appear to reaffirm the ongoing and intensive needs of an unwell population. This study shows that with deinstitutionalisation comes the prospect of burgeoning caseloads of chronically mentally ill for community mental health practitioners. The goals of current mental health strategy; of health promotion, prevention and early intervention would seem to be at odds with the reality of the clinical practice of community mental health teams. The methodology outlined in this paper is a starting point to assess service needs for the future.

LEARNING OBJECTIVES: 1. Provide an example/methodology of an evidence based approach to client demands that may assist (human) resource allocation. 2. Establishes a benchmark of community clinical practice in a climate of deinstitutionalisation of care."

S66 A NARRATIVE FUTURE: A NEW ETHIC IN MENTAL HEALTH SERVICES

31/08/00 – 11.00 – 12.30 Hall B

Paper 20 minute: Julie Johnstone, Jon Kroshel

What has been learnt from consumers' of mental health services is that current services are not sufficient for future needs. The recently released *People Living with Psychotic Illness: An Australia Study 1997-98* indicates that the mental health service system is limited to emergency/crisis response, and does not address peoples problems. The inadequate response to problems results in a range of other problems the study highlighted: high levels of dependence on emergency services, 24% of admission are readmissions, drug induced disability, stigma, social isolation, homelessness, suicide and illegitimate drug use related problems. The aim of this paper is to explore ways in which services can meet the needs of consumers. Acute mental health services can be improved by 1) challenging the fundamental assumption that people with psychosis are not understandable which legitimates the use of coercive practices. This is experienced as traumatising and contributes further damage to consumers already damaged sense of self. What consumers say they most need is to be listened to with respect as a human being. This requires 2) recognising the importance of understanding consumers narrative as central to their ethical identity. Facilitating the recognition of the narrative identity in this difficult area of acute mental health services, requires the development of high levels of competency in skills of listening and understanding. Developing such skills and practices is a creative way to respond to consumer accounts of what is missing in mental health services and create ethically based services for the future.

LEARNING OBJECTIVES: 1) what are people going to learn: Consumers of mental health services' (like providers) identity is embedded in a narrative 2) how is this relevant to mental services/issues? The ethical response required of mental health services is to legitimate listening to consumers narratives.

S66 LESSONS LEARNT FROM PILOT STUDIES INTRODUCING DIALECTICAL BEHAVIOUR THERAPY IN EXISTING SERVICES

31/08/00 – 11.00 - 12.30 Hall B

Paper 20 minute: Anna Banfai, Carole Pitt

More than sixty mental health professionals in public mental health services in Victoria have recently completed a ten day training program in Dialectical Behaviour Therapy (DBT). Trainees have attempted to negotiate pilot programs aimed at introducing DBT into existing treatment approaches in their relevant services. This paper describes how DBT was piloted in a nine month period in two public mental health services in Melbourne. Quantitative and qualitative data will be provided on the various aspects of the treatment model, including individual work, group skills training, after hours support for client and therapist support. Recommendations will be made for effective ways of piloting/using DBT in existing public mental health services.

LEARNING OBJECTIVES: 1 The audience will learn about dialectical behaviour therapy (DBT) and ways of applying it in existing services. They will learn about the different approaches the two mental health services have taken to piloting the DBT programs and the different outcomes. They will gain from our experiences and will be able to consider our recommendations. Learning Objective 2 Public mental health services are constantly faced with the pain and suffering of people with personality disorders as well as the high costs of providing services for this client group. As DBT has proven to be an effective form of therapy for reducing pain and suffering as well as treatment costs, piloting DBT in our services should be a high priority. As our results are encouraging, we feel it is important to discuss our findings.

S67 COMPARATIVE EFFICIENCY RATINGS BETWEEN PUBLIC AND PRIVATE ACUTE INPATIENT FACILITIES AND THE USE OF THE HONOS AS AN EVALUATION INSTRUMENT

31/08/00 – 11.00 – 12.30 Hall C

Paper 20 minute: Malcolm Hugo

The paper presents the results of a study completed last year which has been accepted for publication in the Australian and New Zealand Journal of Psychiatry in 2000. The study compared efficiency ratings of a public acute psychiatric inpatient unit in suburban Adelaide with other similar facilities. The index of efficiency (as derived from previous research) was calculated using Health of the Nation Outcome Scale (HoNOS) and length of hospital stay data. As was previously found, the public facility was found to be more efficient (using this index) than similar private inpatient facilities. Factors contributing to service efficiency, such as admission symptom severity, medico/legal status and service characteristics, are discussed. The paper also presents an overview of the data collected over the past eighteen months following the implementation of an evaluation strategy to measure consumer outcomes in the North Western Adelaide Mental Health Services in both inpatient and community settings. This overview includes a critical analysis of the HoNOS as an evaluation instrument in applied settings (eg predictive validity, staff acceptance, application of findings) and addresses the relevance of outcome research in relation to evidence based practice.

LEARNING OBJECTIVES: (1): The audience will learn more about the use and application of the HoNOS in different treatment settings and extend their knowledge on evaluation methodology. Learning objective (2): This paper is relevant to mental health services as it presents data from outcome research and addresses issues in evaluation methodology and evidence based practice.

S67 COMPARISON OF THREE CONSUMER RATED OUTCOME MEASURES: HONOS-SR, BASIS-32 AND MHI

31/08/00 – 11.00 – 12.30 Hall C

Paper 20 minute: Tom Callaly, Tom Trauer

The aim of this study was to compare the Health of the Nations Outcomes Scales, Self-Report version (HoNOS-SR), the Behavior and Symptom Identification Scale (BASIS-32) and Mental Health Inventory (MHI) with respect to their acceptability to consumers and their perceived utility to clinicians. All three consumer-rated measures were judged to be easy or very easy to complete and most consumers approved of the proposal that a consumer-rated measure (particularly HoNOS-SR) be completed every 6 months. The majority of clinicians believed that the consumers rating was broadly similar to their HoNOS rating completed at about the same time. Very few clinicians whose patients had completed the MHI or HoNOS-SR reported that, if there was a significant difference in their ratings, this had produced a major change in their management strategy. However 30% of clinicians whose patients had completed the BASIS-32 said the difference did lead to a major change in management strategy. There was little difference between the three measures in terms of their acceptability to consumers, and clinicians and consumers indicated that they were enthusiastic about all of the three being used regularly.

LEARNING OBJECTIVES: 1. The audience will learn about the acceptability of self-rated measures to consumers, and the effect they have on the treatment process. 2. It is intended that the routine use of a consumer rated outcome measure (BASIS-32) be introduced to practice in all public mental health settings in Victoria within the next 12 months.

S67 CONCORDANCE BETWEEN CLINICIAN-RATED AND CONSUMER SELF-RATED Honos

31/08/00 – 11.00 - 12.30 Hall C

Paper 20 minute: Tom Trauer, Tom Collaly

In the course of routine community care, psychiatric consumers and their case managers were asked to complete respective versions of the Health of the Nation Outcome Scales (HoNOS). The forms used included some additional questions pertaining to the ease of use of the instrument and practicality of its regular use. On

average, levels of agreement between consumer and case manager were high for the three 'behavioural' items (aggressive, destructive or agitated behaviour; deliberate self-harm; and problematic alcohol and drug use) but low for the other nine items. There were large differences in average severity levels on certain items. Consumers rated themselves significantly worse than their case managers rated them on cognitive problems, depressed mood, activities of daily living and accommodation problems, while case managers rated their consumers significantly worse than did the consumers themselves on one item: hallucinations and delusions. The mean consumers' self-rated total score was significantly higher than the mean case manager total score. Case managers tended to overestimate the true levels of agreement. In summary, consumers and their case managers have different perceptions of the consumer's problems. The process of care will be enhanced if these differing perceptions can be shared and discussed.

LEARNING OBJECTIVES: 1: The audience will learn about how well or poorly clinicians and consumers, using a leading outcome measurement instrument, agree in their ratings of the consumer's mental health problems. Learning objective 2: Regular reviews of outcomes is a key objective of the National Mental Health Strategy. Routine outcome measurement, involving clinician and consumer ratings, is gradually being introduced in many mental health services

S68 ASSESSMENT OF SUBSTANCE USE IN PATIENTS WITH MENTAL HEALTH PROBLEMS - AN INTERACTIVE APPROACH

31/08/00 – 11.00 – 12.30 Hall D

Paper 20 minute: Rinaldo Minniti

Assessment of substance use in persons with mental health problems poses major challenges to clinicians from both domains, given that assessment and management is complicated by their interaction. It is posited that the development of an understanding of the patient's reality with regard to the relationship between their substance use, mental health problems, medication and day-to day functioning is more productive than objectively diagnosing substance abuse or dependence. Clinical research and experience indicates that this population uses alcohol and other drugs for similar reasons as persons without mental health problems although the self-medication hypothesis is often used to explain substance use. An interactive process of assessment based on Motivational Interviewing is presented that facilitates an understanding of the patient's reality. Hypothetically, this will result in better rapport, openness, and motivation to seek treatment and enhance responsiveness to advice. This method of assessment is also posited to enhance the development of the 'self' which has been shown to enhance overall recovery in persons with mental health problems.

S68 THE NATIONAL COMORBIDITY PROJECT: FINDINGS FROM THE FIRST NATIONAL WORKSHOP

31/08/00 – 11.00 – 1230 Hall D

Paper 20 minute: Maree Teesson, Cheryl Wilson, Leonie Young

Comorbidity in mental health and substance use disorders is widespread and often associated with poor treatment outcome, severe illness course, and high service utilisation. This presents a significant challenge with respect to the most appropriate identification, prevention and management strategies. Until recently, Australia has had to rely on data from the US or treatment samples to guide policy in the area of comorbidity. The Australian National Survey of Mental Health and Wellbeing provides for the first time data on the mental health and substance use of a representative sample of 10 641 Australian adults. Results of the survey show a considerable degree of comorbidity in substance use disorders and other mental health disorders. About one in four persons with an anxiety, affective or substance use disorder also had at least one other mental disorder. Those with comorbid disorders were also the most disabled. Comorbidity in mental health and substance use disorders is highly prevalent and disabling in the Australian population. Yet, comorbidity has been largely ignored, until recently, in both research and policy. Few, if any governments take a collaborative approach. In March 2000 the first national workshop on comorbidity was held in Canberra. This paper review our current knowledge on comorbidity and will report on the findings from this landmark collaborative workshop.

LEARNING OBJECTIVE: 1. Understanding of comorbidity and relevance to mental health services 2. Comorbidity significant challenge to mental health services delivery.

S68 A REVIEW OF ALCOHOL & DRUG SERVICES WITHIN THE NORTHERN REGION - CREATING A PLATFORM FOR IMPROVED SERVICE DELIVERY

31/08/00 – 11.00 – 12.30 Hall D

Paper 20 minute: Deirdre Mulligan

Aim: In late 1999 the Health Funding Authority commissioned a review of the specialist Alcohol and Drug sector in the Northern Region of New Zealand, as part of a forward planning process. Principal objectives of the review. The process was managed as a co-operative partnership between the HFA, the Maori Co- Purchasing Organisation (MAPO) and contracted service providers. To complete a 'stocktake' of the specialist alcohol and drug sector in the northern region, to fully describe the extent and range of contracted services and the client groups being served. · To report was to complement a National process of planning for all alcohol & drug services. · Identification of priority areas for service development · Recommend future configuration of services. Outcome of the review. The partnership between service providers, the HFA and MAPO established an excellent context for open communication and co-operation for the review process. Clear indications of issues impeding service development. · Identification of a process to improve and develop service provision within the sector · Agreement of a 'way forward' to plan for future development of the Sector.

LEARNING OBJECTIVES: What will the audience gain/learn from attending this presentation? · Audience will gain an overview of A&D services within the Northern region (New Zealand) and gain an understanding of the process followed during the review from a purchasers perspective · How is this topic/Issue relevant to mental health services & mental health issues? · Describes a collaborative process whereby the purchaser/providers and consumers started a process of formal evaluation of the A&D sector (Northern region - NZ). A process which provides a platform for the development and enhancement of a sector.

S69 MENTAL HEALTH = LOSS AND GRIEF = SPIRITUAL HEALING

31/08/00 – 11.00 – 12.30 Hall A

Workshop 1.5 hour: Rosemary Wanganeen

My counselling work has grown from the realization that loss and unresolved grief is the basis of so many of the problems that beset Indigenous people. In my presentation I will present a model/map which will discuss the many forms of losses that Indigenous people have suffered since colonisation which I identify as historical losses. Grief Management Services say, '...as a result of the first major loss subsequent losses follow...' For Indigenous people, the first major loss has become the culture in its entirety (in some parts of the country). The subsequent losses came from the numerous policies, to name two: the Assimilation policy and the Aborigines Act of 1911 (to remove Aboriginal children from families). I will show how Indigenous people are 'trapped' in the grieving process as individuals, as families, as communities and as a people. Over the years I have gone on to develop my theories and 'researched' my techniques in loss and grief counselling. Through researching my theory in one to one counselling I have structured a 2/3 day Workshop blending Western and Indigenous approaches. This Workshop is to become an Accredited TAFE Module. The overall focus when Indigenous people are grieving is to help them find different ways of honoring their numerous losses and to 'channel' their grief positively. Loss and grief is a human experience, and although originally developed for working with the grieving processes for Indigenous people the programme has also proven successful with non-Indigenous people of any cultural background. **OBJECTIVES:** To have an understanding and an appreciation of how losses and unresolved grief has impacted on Indigenous health and wellbeing. Western mental health services have been limited I their effectiveness for Indigenous people. This presentation will describe a culturally appropriate approach to healing.

S70 SPECIALISED CARE OR DRUGS AND CONTAINMENT

31/08/00 - 11.00 – 12.30 Rooms 1 & 2

Paper 20 minute: Michael Struth

This paper will focus on the contentious issues that relate to the quality of treatment and care in the provision of acute psychiatric inpatient services in a mental health service. The restructure and reform of mental health services during the 1990's directed attention to the establishment of frameworks to provide community based services. This significant initiative diverted attention away from the content of treatment and care provided in inpatient settings. Drug strategies, seclusion, electro-convulsive therapy and critical incidents have always been regulated because of the legal, clinical, medical, moral and political dynamics that govern inpatient service provision. These defensive, reactive, strategies used to manage identified risks developed to ensure legal requirements were addressed. Such things as 'Nursing Observation Categories', rostering of multiple numbers of staff to high dependency units, the use of extensive duress alarm systems, and security cameras were some. But the serious questions largely ignored were such as : What about the quality of the clinical services provided ? What of the level of satisfaction of the consumer and their carer? What of the consideration of the social context in which the person experiences the episode of illness? Did the interventions of inpatient professionals empower consumers in their return to health and facilitate skill development to reduce the likelihood of relapse? These were the questions South West Healthcare began to ask themselves when the Department of Human Services 1997 Consumer and Carer Satisfaction Survey Report was released revealing that the acute inpatient services were rated eighteenth out of the twenty-two Victorian area mental health services in this area of service provision. Based on consumer feedback an acute inpatient unit education and information program was established. Treatment session objectives were developed to assess the needs of consumers in their social context, complete with methods for reviewing their clinical progress in all areas of functioning. Activities that have a sound clinical basis were introduced to target the clinical, social, and leisure needs and were closely coordinated. As well, nursing practice teams were initiated to review critical issues arising from complaints from consumers and their carers. A consumer consultant was also appointed to a full time position to assist in program development. As a result of these initiatives, in 1998 and 1999, South West Healthcare was rated first out of twenty- two Victorian area mental health services for consumer and carer satisfaction with acute psychiatric inpatient services.

S70 THE DEVELOPMENT AND IMPLEMENTATION OF A COLLABORATIVE TREATMENT PLANNING MODEL

31/08/00 – 11.00 – 12.30 Rooms 1 & 2

Paper 20 minute: Margaret Scheil

The Glen, an inpatient rehabilitation ward of Glenside Hospital comprises a multidisciplinary team, which works in partnership with consumers, carers, other agencies and significant people in consumers' lives to develop and modify treatment interventions. The experience of developing and implementing a collaborative decision-making structure to coordinate and prioritise interventions will be outlined. The aims of the process will be described. A range of practical issues will be considered such as the coordination of information, role and accountability of staff, consumer confidentiality, consumer involvement, time commitment and outcome measurement. The presenter will speculate on future directions for this process.

LEARNING OBJECTIVES:1. The audience will learn about a model of collaborative decision-making and consider issues in its implementation. 2. Inpatient services must consider issues of continuity of care in the delivery of effective interventions. The treatment planning model presented facilitates this by promoting the coordination of interventions across people and time.

S70 WAIKATO MENTAL HEALTH SERVICE REORGANISATION: A MODEL TO REDUCE BED NEEDS?

31/08/00 – 11.00 – 12.30 Rooms 1 & 2

Paper 20 minute: Grant O'Brien

"Amongst the most significant problems to confront adult mental health services are firstly, how to provide sufficient acute beds, and secondly how to evaluate different service models. Because of the multiple relevant pressures to provide according to both needs and demands, models of service delivery, as opposed to specific treatments, appear to rarely be evaluated by randomised controlled trials. Often the best that can be done is to use groups matched on as many of the variables as possible, and to apply critical inspection of the available data. The more common technique, and very much a second best, is to use historical controls. The data reported in this paper can be seen as following that methodology. However, because the results are so dramatic, and are consistent with some other published reports we consider the developments at Health Waikato should be available for others to critique or choose to emulate. This presentation will focus on the three basic features that Health Waikato attributes to their success. Firstly a service model which combines the effective components of inpatient and community care into a 'tight-seamless' model of patient care which eliminates the need for inter team communication, and secondly the specialist provision of CAT and MIT functions which assess the value of hospitalisation or continued hospitalisation versus supportive intensive treatment in the patients own home or an alternative community setting, and thirdly the development and integration of a range of community based support services operated by the non governmental sector.

LEARNING OBJECTIVES: 1. A model of service development which has contributed to significant reduction in acute bed utilisation. Learning objective 2: The question that must surely therefore be asked is simply Can we afford to demand more scientific evidence for service design efficacy, in the light of such dramatic results, and in the presence of such terrible problems in many of our overburdened New Zealand mental health services?"

S71 EVIDENCE BASED MENTAL HEALTH CARE: THE RHETORIC AND THE REALITY OF PROVIDING EVIDENCE BASED GUIDELINES FOR CLINICAL PRACTICE

31/08/00 – 11.00 – 12.30 Room 5

Paper 20 minute: Ken Walsh

Aim To increase understanding of issues surrounding evidence based mental health care. Mental health professionals seek to base their clinical decisions on the best available evidence. Much of what we do as mental health professionals is based on customary practice, anecdotal evidence or on evidence derived from out of date texts, and from published papers of sometimes dubious merit rather than on the best available evidence. Even when high quality evidence is available few clinicians have the time or sometimes the expertise to appraise and summarise the information into a form which is transferable into everyday practice. Recent years have seen systematic attempts to gather, appraise and disseminate evidence for clinical practice in medicine, nursing and other disciplines. Researchers in the evidence based movement have discovered that it is not enough summarise the findings of randomised control trials. Issues such as the suitability of topics, the level of evidence and the quality of the evidence all need to be considered. This paper reports on the experience of the clinicians and researchers of The Joanna Briggs Institute for Evidence Based Nursing and Midwifery in summarising and disseminating evidence based practice guidelines for mental health professionals. Issues of topic selection, outcome measures, and clinical relevance will be discussed and examples of practice information guidelines for the treatment of depression and schizophrenia will be given.

LEARNING OBJECTIVES: The audience will gain an understanding of the issues surrounding the movement towards evidence based mental health care. The audience will gain an understanding of difficulties in summarising evidence based information for use by clinicians as well as the benefits and pitfalls of using summarised evidenced based information.

S71 CONSUMER SIGNATURES ON MANAGEMENT PLANS - TRUE PARTNERSHIP OR MERELY A TOKEN GESTURE

31/08/00 – 11.00 – 12.30 Room 5

Paper 20 minute: Trevor Parry, Liz Prowse, John Brayley

'Please sign here.' Increasingly consumers are asked by service providers to sign off on their own management plans. The signature can seal a partnership between the consumer and their treating health professional when both are integrally involved in formulating that plan. It also implies that a consumer has had offered to them a choice in therapies, and have made an informed decision. The signature on a plan can be meaningless though if it is obtained simply to record that a consumer has read a plan that they have not been involved in preparing. At times consumers and service providers may differ in the need for treatment (for example if a Community Treatment Order is in effect), but agreement can still be obtained on some aspects of the plan, even if there is an agreement to disagree on other aspects. This presentation will describe a process of gradual implementation of consumer participation in developing their own plans both within a community and inpatient settings. The effects on service providers and consumers will be described, and observations made on this process from an anthropological perspective. In conclusion whether or not signatures represent true partnership or a token gesture will depend on

what the process means to both the health professional and the consumer. In this regard implementation of processes leading to partnership needs to be accompanied by education programmes examining the rationale and philosophy behind implementation, and any conflicts with long held attitudes.

LEARNING OBJECTIVES: What will people in the audience gain or learn from attending this presentation. An understanding of theoretical and practical issues in achieving true partnership between consumers and service providers at the time of developing management plans. How is this topic/issue relevant to mental health services and mental health issues? Through historical power imbalances, and a tradition of retention of control by health professionals the development of management plans has been undertaken by providers alone. Partnership in developing plans can redress this imbalance, however careful attention needs to be paid to the underlying beliefs of both clinician and consumer in this process.

S71 STRATEGIES TO ENHANCE WORKER EFFECTIVENESS

31/08/00 – 11.00 – 12.30 Room 5

Paper 20 minute: Bronwyn Sutherland, Lynne Yeomans

"Mental health workers require specific strategies to provide them with support and enhance their effectiveness in meeting their clients' needs. This paper will explore four strategies which are currently implemented by the Prahran Mission Mothers Support Program to enhance worker effectiveness. These strategies are: Staff Supervision, Performance Appraisal, Peer Supervision and Secondary Consultation. The presenters will explain the process of implementing these strategies, discuss their benefits and identify their limitations. Staff Supervision is a strategy used throughout Prahran Mission's programs and can be described as 'a form of individualised support and experiential learning' (Prahran Mission, 1995). Prahran Mission is committed to the idea that Staff Supervision is necessary for all workers, regardless of their professional discipline or level of experience. An annual Performance Appraisal process is implemented throughout all of Prahran Mission's programs. Performance Appraisals are structured so as provide 'staff self assessment, as well as critical feedback from the relevant supervisor' (Prahran Mission, 1995). As a program of Prahran Mission, workers in the Mothers Support Program are required to be involved with their own Performance Appraisal. Peer Supervision is a strategy utilised by the Mothers Support Program which provides workers with the opportunity to discuss issues pertaining to their work with clients. The Mothers Support Program engages a person from outside the organisation to provide Secondary Consultation to workers. By providing a different perspective and focus, the worker facilitating Secondary Consultation encourages Mothers Support Program workers to consider other aspects of client issues which may be important. The Mothers Support Program is a Prahran Mission program funded by Mental Health Branch, Department of Human Services, Victoria. Prahran Mission is a non-profit, community managed human service organisation of the Uniting Church in Australia, Synod of Victoria. The Mothers Support Program aims to support women living with mental illness who have children in their care to identify goals, develop skills, and use resources within their community, enabling them to parent as effectively as possible. Prahran Mission Mothers Support Program is committed to enhancing worker effectiveness.

LEARNING OBJECTIVES: 1. People in the audience will be introduced to the Prahran Mission Mothers Support Program's model of Staff Supervision, Performance Appraisal, Peer Supervision and Secondary Consultation. Participants will be engaged in an interactive discussion about the benefits and difficulties with implementing these strategies. They will be encouraged to think about the concept of enhancing worker effectiveness from the perspective of their own service. 2. Strategies to enhance worker effectiveness such as Staff Supervision, Performance Appraisals, Peer Supervision and Secondary Consultation are relevant to all workers in mental health, regardless of their professional discipline or experience.

S72 WORKING WITH PERSONALITY DISORDER

31/08/00 – 11.00 – 1230 Room 10

Workshop 1.5 hour: Andrew Gara

"The second National Mental Health Strategy places the onus on the Mental Health system to provide people with a personality disorder with a service along with other disadvantaged groups left out of the first strategy. We must work out ways of responding to this group because: Personality disordered clients will always attend Mental Health Services, and often use expensive inpatient resources at times of personal crisis. They cause significant disruption to normal clinical programmes particularly on inpatient units. However there is little availability of expert follow-up in the community to prevent further admissions. If we could provide a Specialist service in the community which has the capacity to offer effective treatment it would be of great benefit to community teams who could thereby minimise their involvement with this difficult and at times aggressive or violent group of people. **TWO PRINCIPLES UNDERLIE THIS WORKSHOP:** that clients with personality disorder are just as if not more disabled than people with psychosis that the way of treating clients with severe mental illness and those with personality disorder are 'chalk and cheese'. This workshop will outline a different way of thinking about personality disorder based on the concepts of twentieth century quantum physics rather than the traditional ways of treating people with a mental illness which are based on the concepts of nineteenth century classical physics. This way of thinking maintains that people with a personality disorder do not have a mental illness, however, they act in such a way that they are regarded as mad, bad, sick, stupid or crazy and, in response, the system steps in to look after them. In doing so, the system takes responsibility for these people. This workshop will outline a way of working which empowers clients, gives them hope and choices by helping them to understand their lives and how to take back responsibility for their own decision making. The aim of this workshop is to help you, the worker, understand that you are responsible for conducting the relationship so that the client does more and you do less. The less the worker does the more the client does. As clients do more and more for themselves, they begin to feel

more and more competent and gain an inner feeling of security and self worth. You, the worker are not responsible for: Finding out what the problem is or what the client wants. You are responsible for asking the client. They are responsible for telling you. The progress of the client. They are responsible for getting what they want out of life. The pain of the client. The client is responsible for their pain. Changing the behaviour of the client. The client is responsible for changing their own behaviour. The mental health of the client. The client is responsible for their own mental health. Their budgeting, housing, employment, recreational activities etc. They are responsible for organizing all of these. The success of the client. They are responsible for their own success. The failure of the client. They are responsible for their own failure. Formulating the client's aims, goals and objectives. The client is responsible for all of that. Doing what the client asks you to do. They should do all of that.

LEARNING OBJECTIVES 1. People in the audience will learn to do less for people with personality disorder so that they do more for themselves. 2. This topic is relevant to Mental Health services because people with personality disorder are a difficult group to treat, they consume scarce resources, they can be violent or aggressive and workers often exhaust themselves in vain trying to help."

S73 LINKAGE

31/08/00 - 11.00 – 12.30 Room 3

Paper 20 minute: Jacqui Graham, Julie Nelson, Grant O'Brien

"Integration of services is one of the latest developments to occur within the mental health service architecture. Historically, the development of services has often ignored the mechanisms, which bind services together; thus it has been left to the services themselves to determine the extent to which they work together. This has led to a system, which was fragmented and wasteful of resources and opportunity. The health reforms, which have occurred within many OECD countries, have resulted in new requirements for service development. Needing to do more with less, the provision of smarter and better services, services which are cost effective and the efficient use of societies scarce resources are now common imperatives and form the new vocabulary for mental health planners and service developers. Integration, or sometimes referred to as collaboration is one of the new approaches to encourage services to work together and to achieve positive outcomes for people who use the services while meeting the imperatives mentioned above. LINKAGE is the story of how three independent providers, a Hospital & Health Service, a Residential and Support Service provider and an Independent Practitioner Association (GP's) have overcome their service differences and have worked together to remove a number of the barriers which have prevented people who need services from accessing them. LINKAGE was a finalist in the KPMG Inaugural Awards for Innovation within the NZ Public Sector in 1999, and has recently won the Inaugural Mental Health Award for Service Partnership in New Zealand for 2000. This paper will present the methodology which has resulted in the development of this highly acclaimed service in New Zealand and discuss its significance within the NZ mental health sector.

LEARNING OBJECTIVES: 1. How three inter-dependent but disintegrated organisations overcame their differences, learnt how to work together and produce positive advances in service delivery for people who use the services. 2. Integration provides opportunities for providers to channel knowledge to support innovation and the development of new ways of operating."

S73 IRONS IN THE FIRE - FORGING PARTNERSHIPS BETWEEN CARERS AND MENTAL HEALTH SERVICES

31/08/00 – 11.00 – 12.30 Room 3

Paper 20 minute: Cate Bourke, Liz Ward

Aim: To describe an innovative service component aimed at improving the partnership between service providers and carers. Being a carer can be tough work. It is the responsibility of Mental Health Services and clinicians that work within them to help ease the carers situation. But how can Mental Health Services know what carers in their area want and need? **Method:** This paper outlines one mental health services experience in forging a working and active partnership with local carers, carer support groups and allied services - The Outer East Carers Network. The Network brings together the collective wisdom of local carers service managers and workers. The network is complemented and facilitated by the consultancy services of a senior trainer from a Statewide Adult Mental Health Centre. Through the network issues have been aired, questions answered and possible solutions discussed. **Outcomes:** The Network means carer issues take on a profile and high priority within the service. In this services experience a network such as this can be one of a range of ways of recognising and validating carer issues and in the opinion of the carer representatives who attend, it is an effective way of being heard.

LEARNING OBJECTIVES: 1: 'What will people in the audience gain or learn from attending this presentation?' The value of collective wisdom - carers, workers and managers. 2: 'How is this topic/issue relevant to mental health services and mental health issues?' Mental Health Services are evolving and this is pioneering work

S73 IMPROVED RESPONSE TO WOMEN'S MENTAL HEALTH NEEDS THROUGH PARTNERSHIP

31/08/00 – 11.00 – 12.30 Room 3

Paper 20 minute: Susan Mitchell, Janette Gray

In South Australia gender sensitive approach is one where services take issues of gender into account in their service products and processes. For the purposes of this presentation this means recognising the diversity of women due to factors such as class, poverty or sexual diversity and the impact this has had on their mental health or wellbeing. The model of service provision developed: Promotes optimal quality of life for women with mental disorders and/or mental health problems. Enables equitable access to appropriate mental health services when and

where they are needed. Focuses on consumers and the achievement of positive outcomes for them. The process used to develop and implement this model demonstrates the benefits of working collaboratively to achieve service responsiveness. This process combined the knowledge and expertise of women's health and mental health service providers from both rural and metropolitan areas as well as personnel with policy and planning expertise.

LEARNING OBJECTIVES: 1 Understanding about gender sensitive approach to meeting the mental health needs of women. 2. Demonstrates the benefits of partnership between mental health and women's health programs to achieve service responsiveness.

S74 '...CONTRIBUTING TO THE LIFE OF FLINDERS': REFLECTIONS ON A COMMUNITY ARTS PROJECT AT FLINDERS MEDICAL CENTRE

31/08/00 – 11.00 – 12.30 Room 4

Paper 20 minute: Lisa Philip-Harbutt

This case study video presentation/performance discuss's the philosophy of community cultural development and the principles of action research as agents of change during a community art project within a health setting. The case study video follows the artists in their dealings with community, during the Arts in Health project at Flinders Medical Centre (FMC). The aim of the project was to improve both the physical and the human environment at FMC through the involvement of the different hospital communities in arts practice. The project occurred during 1998-99 and was very successful. There are major differences between the philosophies of art therapy and community arts practice. This presentation will attempt to differentiate the two in relation to working in a hospital along side those with and without mental health related conditions. 'Community Cultural Development (CCD) is an ongoing process in which a community creatively determines and expresses who it is, what it is and where it wants to go.' (CAN Flyer 2000) The use of CCD philosophy within community arts projects gives those within the Mental Health Services new tools for empowerment of both themselves and their clients.

S74 DOUBLE VISION: EXPLORING AND ADOPTING MENTAL HEALTH PROMOTION AND COMMUNITY ARTS PRACTICE WITHIN THE MENTAL HEALTH SECTOR

31/08/00 – 11.00 – 12.30 Room 4

Paper 20 minute: Adrian Booth, Mathew Ives

"There has been an increasing trend, within the mental health sector, toward a focus on the enhancement of overall well-being rather than maintaining an exclusive focus on illness. This shift has been prompted by the development of the Second National Mental Health Plan and the subsequent Mental Health Promotion and Prevention National Action Plan. Community arts practice as an approach is also being used more frequently and works well in promoting positive mental health and wellbeing given its emphasis on community, participation, access and collaboration. The aim of this interactive workshop is to demonstrate the above models of practice and similarities that these two approaches offer the mental health sector. For example; a focus on connectedness to one's community and providing safe, accessible learning environments. A performance based activity will be undertaken as part of the workshop that will visually create a hypothetical scenario within a context of deinstitutionalisation. The focus will centre on how individuals can be 'reintegrated' into a community based setting following discharge from a hospital. Once equipped with the knowledge of how the two approaches can be used, the audience will be invited to think of how the approaches may be used to facilitate 'reintegration'. As mental health moves into a public health, population based approach, newer, creative strategies are required to match this shift. Mental health promotion and community arts practice are two examples of ways of working that provides a sense of purpose and meaning for individuals, groups and their communities (247 words)

LEARNING OBJECTIVES: 1. Participants will have an increased understanding of how mental health promotion and Community arts practice can be used within the mental health sector. 2. The workshop has direct relevance to current themes and issues within the mental health sector. For example, exploring appropriate and creative solutions and strategies for inpatient and community settings and looking at service delivery using mental health promotion and community arts approaches."

S74 BEYOND BREAD AND CIRCUSES: THE ROLE OF THE PERFORMING ARTS IN ENHANCING MENTAL HEALTH IN THE COMMUNITY

31/08/00 – 11.00 - 12.30 Room 4

Paper 20 minute: Lorraine Johnston

Positive identity is as vital to a community as it is to an individual. Christmas Island is an isolated community less than an hour's flight from Jakarta. The island has a confused identity arising from its ambiguous location, tortuous history and cultural and religious mix. Mental health presentations to the island's social work service reflected a community with a disintegrated collective self-image. In response, the service set about working with the community to find and articulate a unique Christmas Island identity, to answer the vexing question: 'What makes us Christmas Islanders?' Performing arts provided a unifying context to begin the search for a sense of identity. First there was the circus, a blend of Malay, Chinese and Western traditions, all collected from the island communities and swirled together in a celebration. From that emerged a Performing Arts Alliance to take on the project of constructing a dynamic and unifying cultural identity. At the same time, as people experienced and participated in the process of community identity building, there has been a reduction in the number and intensity of mental health presentations. This is a story of a remote and isolated community's search for a sense of self, a search that is unearthing resilience and strengths that seem to positively impact on individual as well as collective mental health.

LEARNING OBJECTIVES: 1. Participants will learn about the possibilities for addressing mental health from a whole-of-community perspective, and about one way that preventive strategies might be applied at that level. 2. The topic takes mental health beyond the individual and beyond the individual-in-community, to look at how communities themselves might require nurturing and support from within, to reach and maintain a positive level of mental health. This approach diminishes the boundary between the mental health of individuals and that of their community, treating them as interdependent elements of the same problem. Exploring a sense of identity is the focus for strategies aimed at integrating personal and community level well-being.

S76 EFFECTIVE SERVICE DELIVERY FOR PEOPLE WITH BORDERLINE PERSONALITY DISORDER ACROSS THE CONTINUUM OF CARE

31/08/00 – 13.30 – 15.00 Hall B

Paper 20 minute: Judy Campbell, Michelle Meyer

Traditional forms of service delivery for people diagnosed with borderline personality disorder (BPD) often prove to be unsatisfactory and costly to consumers, carers and health care workers. Common complaints can include revolving door admissions, little response to crisis calls and high rates of staff burnout. Wesley Health Services (WHS) has developed a format for service delivery that covers the continuum of care and actively works to support the development of positive, constructive relationships between consumers, carers, health care workers and organisations. The model is based on Dialectical Behaviour Therapy, an empirically validated treatment for the problems associated with BPD. WHS has adapted this approach for use in both the inpatient and daypatient settings over the past five years. WHS has shown positive outcomes in the areas of admissions, length of stay, retention in treatment, consumer feedback and staff satisfaction.

This paper will encourage participants to explore how current settings may be supporting relationships and behaviours which are negative and to begin identifying opportunities for ongoing development and change at the consumer, health care worker and organisational levels.

LEARNING OBJECTIVES: 1. Participants will be able to identify key factors for constructive and effective service delivery for people with borderline personality disorder in any setting. 2. Participants will be able to identify potential problems in the current format of service delivery which result in dissatisfaction and decreased cost effectiveness.

S76 'NOT THE ALLY MCBEAL SHOW': EATING DISORDER IN RURAL COMMUNITIES - INNOVATIONS AND CHANGE

31/08/00 - 13.30 - 15.00 Hall B

Paper 20 minute: Caitlin Fraser

Eating disorders are a growing problem in Australia with some estimates indicating there has been a 100% increase in the diagnosis of these conditions in the last 10 years. Despite concern about the conditions anorexia, bulimia and binge eating disorder they are still poorly understood. Media emphasis on high profile personalities allegedly experiencing eating disorders, such as film and TV stars, often glamourise and obscure the harmful reality of these conditions. This presentation will briefly outline the representations of eating disorders in the media and discuss eating disorders in rural communities. The paper will examine the issues for rural people who have had an eating disorder, their carers and the service providers treating these conditions. The paper will draw on the research conducted by the Bendigo Health Care Group (BHCG) Division of Psychiatry into eating disorders in 1999. The need for change in the delivery of eating disorder services in rural areas will then be highlighted and one method for achieving this change outlined: The Loddon Southern Mallee Healthy Eating Service. This model, designed by the BHCG Division of Psychiatry, is a community based approach which works within existing structures and organisations to provide high standard, locally available treatment.

S76 DOES BRIEF THERAPY HAVE LONG-TERM EFFECTS?: PARENTS' STORIES FROM THE YEAR AFTER THERAPY

31/08/00 – 13.30 – 15.00 Hall B

Paper 20 minute: Kathleen Stacey, Stephen Allison, Andrew Wood

Please note, the authors of this work include: Kathleen Stacey, Steve Allison, Vicki Dadds, Leigh Roeger, Andrew Wood & Graham Martin. Brief therapy has increasingly been advocated as an appropriate approach to responding to children, young people and families' needs when presenting for therapy. Debates exist regarding whether 'to be brief or not to be brief.' Rather than enter into this narrow debate, with its inherent difficulties and disregard for contextual factors, this research has entertained the following questions. When therapy is brief: 1) to what degree is brief therapy effective as judged by both consumers and clinical measures?; 2) how are people faring twelve months after therapy?; 3) has brief therapy been enough? The outcomes suggest that brief therapy can offer a timely and useful response that can have preventive effects, as well as strengthen families' abilities to take a preventive approach to problems they and their children experience. They also point to the importance of collaborative and multi-strategy approaches to enable better outcomes from brief therapy. This work has implications for the ongoing interest in and commitment to early intervention and prevention approaches advocated at national policy and strategy levels and increasingly practiced by local services.

LEARNING OBJECTIVES: 1. Participants will gain a clearer perspective on the possibilities, justification for and appropriateness of brief therapy approaches and how they can be integrated as one key part of an overall or comprehensive service system. 2. This work will assist mental health services and service systems to place the use of brief therapy approaches in context and value their early intervention/prevention effects in designing service systems that can address a range of population needs.

S77 A WHOLE-OF-GOVERNMENT APPROACH TO ESTABLISHING A MODEL GROUP HOME FOR CONSUMERS WITH A DUAL DIAGNOSIS

31/08/00 – 13.30 – 15.00 Hall C

Paper 20 minute: Frank Flannery, Brett Thomas

This paper describes the planning, establishment and evaluation of a group home, which addresses the high support needs of four mental health consumers with an intellectual disability. The group home is overseen by a management committee made up of a parent, a neighbour and representatives of the Office of the Public Guardian and Departments of Health, Housing, Community Services and Ageing & Disability. The foundation of this unique project was a formal agreement between Health and Community Services to share the ongoing responsibility for the residents of the group home, three of whom were long term residents of a psychiatric hospital in the process of downsizing, and the fourth a community client of DOCS. Since opening two years ago, Squire Street Cottage has achieved the status of a model program by the Government Departments serving it. A range of outcome measures, including quality assurance audits, will be described and highlighted by a progress report on one of the residents. Of significance is the improvement in social skills and independence exhibited by all of the residents since moving into the group home. Squire Street Cottage is a unique example of how good consumer-based outcomes can be achieved by cooperative partnerships at Government level.

LEARNING OBJECTIVES: i. Demonstration of how positive consumer outcomes can be achieved by the committed partnership of multiple Government Departments. ii. Example of an effective deinstitutionalisation program for mental health consumers with high support needs.

S77 INNOVATION: MY PSYCHOTIC VACATION

31/08/00 – 13.30 – 15.00 Hall C

Paper 20 minute: Liz Higgs, Tim Jordon

Aim of presentation: To 'show' a Multi Media approach to education for Young People experiencing early psychosis. Innovation: My Psychotic Vacation: A 'CD Rom' presentation which gives a multi media approach to the personal stories of two young men involved as peer consultants in the Peer Support for Mental Health Project. This 'CD Rom' has the potential to be used as an education tool for Health Professionals, Consumers Youth Workers and Carers. The 'CD' highlights the different experiences young people have of mental illness, the impact these experiences have on their lives and the need to treat and support young people as individuals. This presentation highlights an innovative strategy, which the Peer Support for Mental Health Project used to impart information to the wider community. The Peer Consultants wrote, recorded and arranged the music and visual images to create this 'CD Rom' with the support of a Multi Media Company. Each presentation is approximately ten minutes in length.

LEARNING OBJECTIVES: 1: That young people's stories are different! The needs to listen, support and work with young people if we are to minimise the impact of mental illness on their lives. 2: Often young people experiencing psychosis for the first time believe that there is no light at the end of the dark tunnel. Young people like to know what its like for others? This presentation offers a simple tool by which young people can gather that information. The presentation also offers a valuable teaching tool for health professional working in the area of Early Psychosis.

S77 SEX, LIVES AND VIDEOTAPE

31/08/00 – 13.30 – 15.00 Hall C

Paper 20 minute: Janet Peters

"Consumers experience and research suggests that the portrayal of people with mental illness by the media contributes to negative stereotypes being held by the public. Often 'exceptional' crisis events are shown rather than positive stories of people living, loving, working, playing, creating and contributing to the community. However, the media (for example television) does not 'make up' stories. Journalists get information and interviews from people within the sector and then often put their own 'spin' on the story. These issues will be creatively demonstrated in a somewhat provocative video that was made in order to demonstrate that perhaps we need to assist in 'changing the script'.

LEARNING OBJECTIVES: 1: People will gain an appreciation of how we need to 'change the script' in terms of media portrayal of people with mental illness. 2: Negative attitudes and discriminatory behaviours around mental illness are a barrier to recovery and hope for people with mental illness."

S78 TOBACCO AND MENTAL ILLNESS: WHAT CAN WE DO AND IS IT OUR BUSINESS?

31/08/00 – 13.30 – 15.00 Hall D

Paper 20 minute: Maxie Ashton, Ann Crocker, Mark Weston, Kate Reid

The anti-smoking campaigns of the past 20 years have been very successful in the general population but they have not been very successful for people with mental illness with many still smoking and smoking heavily. Smoking has serious consequences for people with mental illness, affecting physical and mental health, finances, social relationships, independence and involvement in community life. The workshop will address:- 1. Why is the rate of smoking amongst people with mental illness so high, Up to 80 % of people living with schizophrenia smoke and smoke heavily, whilst the rates are not so high for other diagnostic groups they are still concerning. Research suggests that tobacco is used as a form of self-medication, to alleviate some of the side effects of medication, as a way of coping and for social reasons. 2. The impact of smoking. Smoking effects mental and physical health, finances, quality of life and independence. 3. What do people with mental illness tell us about

tobacco. Over 100 people with mental illness were interviewed about what they thought about smoking and mental health, this needs to drive the development of services. 4. The barriers to quitting, There are many reasons why it is difficult for people with mental illness to quit or reduce smoking, what can be done to reduce these barriers. 5. The strategies that help people to quit or reduce smoking, A number of programs are being developed and are proving to be effective including the involvement of Peer Workers. A range of resources are available. 6. The relevance to mental health services, Is this our business and how can we involve Quit, tobacco control, and public and community health in working with mental health in addressing this problem? Smoking tobacco is a serious concern for people with mental illness, and this workshop will provide participants with a greater understanding and more of the skills and resources needed to address it effectively. What will people in the audience gain or learn from attending this presentation? A greater understanding of the issues of tobacco and mental illness and skills and resources that will enable them to begin to assist people with mental illness who want to quit or reduce smoking. How is this topic relevant to mental health services? Tobacco smoking has serious consequences for people with mental illness, affecting physical and mental health, finances, social relationships, independence and involvement in community life.

S78 TOBACCO CONSUMPTION OF RESIDENTS IN BOARDING HOUSES

31/08/00 - 13.30 – 15.00 Hall D

Paper 20 minute: Lynn Norberry, Julie Millard

Currently tobacco consumption in the general population is declining due to an increased awareness of the impact on health and therefore has become far less socially acceptable. For the boarding house environment this change has not occurred. This paper tests the veracity of the assumption that residents of licensed boarding houses, and in particular people with a mental illness, have a higher tobacco consumption rate than the general population. The paper will present data collected about 470 residents living in 19 boarding houses in the Inner West of Sydney. A comprehensive literature search and examination of data has resulted in recommendations regarding required changes and suggested areas for further research.

LEARNING OBJECTIVES: 1. Conference participants will gain an understanding of tobacco consumption by people with a mental illness with a particular focus on people living in boarding houses. 2. The paper will identify the need for mental health services to develop and introduce appropriate smoking cessation programs.

S78 DEVELOPING GUIDELINES FOR GPs ON SMOKING CESSATION AND SCHIZOPHRENIA

31/08/00 –13.30 – 15.00 Hall D

Paper 20 minute: Kristen Moeller-Saxone

General practitioners have long been an important source of information and support to people who wish to quit smoking. When patients present with respiratory and other illnesses that are caused by smoking, GPs will routinely counsel them about the benefits of smoking cessation and how to go about it. However, patients with mental illnesses have not necessarily had access to this counselling for a range of reasons. Research indicates that people with mental illness are more likely to die from diseases caused by smoking than the general population and may be less likely to receive adequate medical care for physical illnesses if they present to a GP. This could be due to a lack of information about health promotion and mental illness or a lack of confidence in communicating with mentally ill patients. In the development of the SANE Smokefree Kit, anecdotal and theoretical evidence suggested that the support of a health professional is important in the smoking cessation process. GPs were seen to be the best people to offer this support, given the extent to which they bridge the mental and physical health domains. This paper will present the results of a project developed by the Consultation Liaison in Primary Care Psychiatry (CLIPP) program and SANE Australia, to pilot the use of guidelines for GPs to help their patients with schizophrenia reduce or quit smoking. Project team: Ms B. Hocking (SANE Australia) Ms P. Kee (Quit Victoria) Dr G. Meadows (Melbourne University) Ms K. Moeller-Saxone (SANE Australia) Dr J. Stanton (Dept. Human Services)

S79 TREATMENT FOR PROBLEMATIC CANNABIS USE WITH PSYCHOTIC CLIENTS WITH A RECENT ONSET

31/08/00 - 13.30 – 15.00 Hall A

Workshop 1.5 hour: Kathryn Elkins, Mark Hinton

Rates of cannabis abuse are substantially higher in young people experiencing a psychotic episode for the first time. Moreover, there is little doubt that ongoing cannabis abuse is associated with a significantly worse outcome for this client group. There is minimal research to guide the formulation of interventions to assist changing cannabis use in the general population, much less the psychosis group. Compared to the normal, healthy population, experience informs us that there is an opportunity to intervene with more success amongst the first episode psychosis group as: (a) these individuals are compelled to seek professional assistance; (b) the onset of psychosis is a marked personal crisis that often stimulates the necessary motivation for change to high risk behaviour; and (c) the negative consequences of cannabis use in the wake of first-episode psychosis can assist to shift ambivalence about cannabis use. Aim: The objective of the Cannabis and Psychosis workshop is to elucidate strategies for brief treatment interventions for individuals experiencing psychosis and 'problematic' cannabis use. Description This workshop aims to provide mental health clinicians with an understanding of the complex relationship between cannabis use and psychosis for the purposes of effective intervention. A harm minimisation philosophy informs a treatment strategy incorporating practical interventions such as motivational interviewing techniques. Key Subject Areas " Brief Review of current literature and research." Assessment issues relating to intervention " Formulation issues. " Integrating motivational interviewing techniques with case management "

Appropriate psychoeducational strategies." Brief introduction to Cognitive Behavioural strategies associated with moderation of cannabis use and the maintenance of non-problematic cannabis use goals. The audience will have an opportunity to practise some of the techniques outlined and to see the techniques as applied to case examples.

S80 VIETNAMESE PATIENTS IN FAIRFIELD-LIVERPOOL LGAS, UTILISATION RATES AND CLINICAL PROFILE

31/08/00 – 13.30 – 15.00 Rooms 1 & 2

Paper 20 minute: Joe Chuong

Learning Objective. An interesting profile (demographic and clinical) of Vietnamese persons with mental health problems in Fairfield-Liverpool area with the highest concentration of Vietnamese persons in NSW and Australia. The profile was drawn from data collected over 5 years from local mental health service. Some implications for mental health service delivery (direct service provision, mental health promotion, education and early intervention) to NESB communities can be drawn from this exercise. Fairfield Local Government Area (LGA) in South Western Sydney has the highest concentration of Vietnam-born population in New South Wales and Australia 23 462 among 181 785. Liverpool LGA is one of the fastest developing LGA in NSW with new affordable housing developments. Both LGAs have remarkably low socio-economic indicators : high unemployment rate, low average household income. (ABS Population Census 1996). Fairfield-Liverpool Mental Health Service (FLMHS) is the first clinical Division of Liverpool Health Service which also developed very quickly from a local district hospital into a teaching hospital in 1996. A clinical profile of Vietnamese patients is drawn using data from two available sources : (1) An Epidemiological Analysis of NSW Inpatient Statistics and Community Mental Health Services Databases 1993/94-96/97; (2) Data & Reports from FLMHS on Inpatient Unit and Community Mental Health during the period 1995-1999. Compared to the general local population and other ethno-cultural groups, Vietnamese patients have a higher utilisation rate of both Inpatient Service and Community Based Mental Health Service. This remarkably high utilisation rate could be explained partly by the high concentration of Vietnamese population in the area, partly by the excellent efforts made by the local mental health service in response to the needs of the Vietnamese patients, especially the well-designed and well-targeted mental health promotion and education campaign over the last few years. Profile of Vietnamese patients in Fairfield-Liverpool LGAs indicated (1) patients are of young age group; (2) slightly more male than female patients ; (3) the majority do not speak English well and need professional interpreters or bi-lingual mental health workers; (4) the majority are diagnosed with schizophrenia and other psychotic disorders; (5) they have a higher rate of involuntary admissions indicating lack of awareness of existing mental health services, reluctance to seek help early, cultural barriers to services; (6) high number are placed under Community Treatment Order; (7) those are managed by a bi-lingual Vietnamese mental health workers seemed to make steady progress in recovery compared to those who are managed by mainstream mental health worker; (8) Vietnamese patients are benefiting from advanced pharmacological treatment provided. Some implications from these findings can be drawn : (1) Local mental health service has responded relatively well to the needs of the target group; (2) Well-designed and target mental health promotion and education campaigns can bring about significant improvement in utilisation rates of disadvantaged groups; (3) Benefits of the bi-lingual case management approach can be applied to other disadvantaged ethnic-cultural groups in other multi-ethnic and multi-cultural areas .

S80 GOOD PRACTICE IN MENTAL HEALTH: ENHANCING CLINICAL PRACTICE THROUGH SYSTEMIC AND STRUCTURAL CHANGES

31/08/00 – 13.30 – 15.00 Rooms 1 & 2

Paper 20 minute: Anna Piperides Lee, Teresa Petric

Workshop (90 minutes) When addressing the needs of clients in a culturally diverse society it is evident that structural, systemic and individual change is required. This paper brings together practical strategies that can be incorporated into mainstream clinical services and thus enhance overall service delivery to clients of non-English speaking background (NESB). We will explore aspects of good practice which are universally espoused but which clients of NESB do not always receive. The benefits of good practice are exemplified when cultural and linguistic aspects are considered and incorporated into overall service provision. The Impact Evaluation of sessional worker intervention questionnaires which is completed by our sessional workers measures the changes in diagnosis, medication, assessment, therapeutic interventions and use of outcome measures. This measurement is applied pre and post intervention by the bilingual sessional workers employed by the TMHC. The workshop will be in three parts. Part one will cover evaluation and implications for practice through experience gained by providing clinical services at the TMHC. Part two will cover those elements of good practice which needs to be addressed if people of culturally and linguistically diverse backgrounds are to achieve equal access and utilisation of services eg conceptual translations of psychoeducative resources. Part three will incorporate participant involvement in the exploration of systemic and structural changes they can make within their own organisations.

LEARNING OBJECTIVES: 1. To provide insight about the benefits of addressing cultural and linguistic needs of their clients of non-English speaking background through the practical experience of the Transcultural Mental Health Centre's Brokerage Program and how service providers can instigate structural and systemic changes to improve their own services. 2. To enhance the knowledge and insight of participants in the area of good practice initiatives in mental health services, which they can implement in their workplace and in turn address the needs of a culturally diverse society.

S80 SOIFUA MALOLOINA (Good Health)**31/08/00 – 13.30 – 15 00 Rooms 1 & 2****Paper 20 minute: David Liu, Fa'aolatoto Iuli**

Soifua Maloloina is the Samoan word for Good Health. The paper will explore and discuss our philosophy in attaining mental health. This is based on the Samoan Perspective of Health and the Fonofale Model. The Samoan perspective of Health is based on balanced relationships between God, people and the environment. Important concepts of Family, kinship and sense of belonging will be discussed. Illness is when there is a disruption in the flow of life causing an imbalance in the relationships mentioned above. The various terms and causes of mental illness will be discussed including those caused by the supernatural or spirits. Natural and traditional therapy (herbs, leaves, massage, and talking treatment) as well as role of modern medicine in the treatment of mental illness. Fonofale Model of Health: The components of the model will be discussed e.g. Culture, Family, the Four Posts of the House consisting of Physical, Mental, Spiritual and Other dimension. The importance of Environment, Context and Time. The paper will then go on to demonstrate how rehabilitation and recovery is achieved in our service using these models. Consumer Perspective: presented by Fa'aolatoto Iuli She will give her account of her journey of recovery since coming through the service three years ago and how the above models of health have assisted that process. The presentation will combine music and use of traditional (tapa and physical 3-dimensional models) and modern aids such as power point overheads.

LEARNING OBJECTIVES: 1. The audience will learn about our way of attaining good health both from a worker and from client perspective. 2. The audience will learn about how we have achieved mental wellness using our Pacific Way.

S81 ATTITUDES OF MENTAL HEALTH WORKERS TOWARDS PEOPLE WITH MENTAL HEALTH PROBLEMS**31/08/00 - 13.30 – 15.00 Room 5****Paper 20 minute: Malcolm Hugo, Barbara Wieland, Trudy Rudge, Steve Crook**

The paper is in response to the National Mental Health Strategy's objective of reducing stigma and discrimination for those experiencing mental health problems amongst mental health professionals, and consists of two parts. The first part presents the results of a questionnaire survey currently being undertaken by the North Western Adelaide Mental Health Service to explore clinical staff (medical, nursing, allied health) attitudes towards people with mental health problems. This survey represents the first phase of a strategy to address staff attitudes towards consumers. The questionnaire was derived from a study undertaken by Jorm et al (1) who surveyed the attitudes of the Australian public towards people with a mental health disorder. As with their study, the survey used vignettes to describe a person with a mental health problem so that responses would be based on behaviours rather than on a diagnostic label. Staff attitudes were assessed as their beliefs about a number of long term outcomes the person may experience if they received treatment. The paper compares staff attitudes with various other factors such as professional training, work setting, work experience, work satisfaction, and personal experience with mental illness. The second part of the paper presents an analysis of the issues requiring consideration for preventing stigmatising practices and a proposed strategy to minimise stigma and discrimination in the workplace.

LEARNING OBJECTIVES: (1): The audience will gain an increased awareness of professional staff attitudes towards people with mental health problems, the potential implications of attitudes on behaviour, the process of attitude formation and strategies to minimise discrimination against consumers by mental health professionals. (2): This paper is relevant to mental health services as it presents survey data and an intervention strategy which addresses the issue of improving the quality of the professional-consumer relationship. (1) Jorm, A f, et al. Attitudes towards people with a mental disorder: a survey of the Australian public and health professionals. Australian and New Zealand Journal of Psychiatry, 1999, 33, 77-83.

S81 HEARING VOICES, HEARING CHANGE: A SUMMATIVE EVALUATION OF 'HEARING VOICES THAT ARE DISTRESSING WORKSHOPS'**31/08/00 – 13.30 – 15.00 Room 5****Paper 20 minute: Kevin Macken, Hamish Mackenzie**

New Zealand mental health services have recently used 'Hearing Voices that are Distressing Workshops' in staff training. The training introduces non voice-hearers to the experience of individually hearing distressing voices (via audio-tape) whilst undertaking tasks expected of voice-hearing clients. We report a summative evaluation based on three aims: (1) how authentic was the voice-hearing experience for participants, (2) what shifts took place in participant perspectives and practices, and (3) how useful was the workshop as a training tool. Three methods - self-report questionnaires completed by workshop participants, a focus group with workshop presenters and interviews with service managers - were used to collect evaluation information for this report. While hearing voices, participants experienced a level of personal discomfort and functional impairment, that altered their performance on tasks they would normally expect of their clients. From this insider experience of hearing distressing voices participants spoke of a positive change in their personal attributes, increased communicative awareness and a shifting of emphasis in some service processes. This report evaluates the training's usefulness for creating an insider perspective on voice-hearing that can produce positive changes in participant perspectives and practices towards their service clients. Acknowledgements: This research is supported by Centre 401 Trust, Hamilton, New Zealand; and (in part) by a grant from the Health Research Council of New Zealand.

LEARNING OBJECTIVES: (1) How to change service staff perspectives and practices towards their clients (2) Improve service delivery for both clients and staff.

S81 CONSUMERS AND CARERS TEACHING HEALTH PROFESSIONALS: AN EFFECTIVE AND ACCEPTED MODEL

31/08/00 - 13.30 – 15.00 Room 5

Paper 20 minute: Barbara Robertson, Trevor Parry

"In 1999 a project was conducted by the Rural Health Training Unit (RHTU, part of South Australian Department of Human Services) to establish a model for mental health consumer and carer participation in the training of health professionals in rural and remote South Australia. The project developed a model for recruitment, training, payment and support of consumers and carers working within a government body. The model was based on extensive, paid consultation with a focus group composed of 5 consumers and 1 carer, [most of whom were rural or remote. It also drew on consumer literature. Case projects were also used, as was the National Mental Health Plan. A three day orientation workshop for selected consumers and carers was conducted and evaluated positively. Participants demonstrated skills necessary for integrating their views into training curriculums. A presentation to trainee psychiatrists received initial positive reviews. Feedback and was enjoyed by presenters. The future of the RHTU is unclear at this stage. However, the project has demonstrated that this collaborative model is both effective and accepted, and aspects of the model can be readily adapted for use in teaching, training and staff development where government bodies interface with consumers. The presenters will share the guidelines which were developed for support of consumers and carers to teach health professionals.

LEARNING OBJECTIVES: The audience will gain an appreciation of: the process involved in the development of this collaborative, teaching model. the factors required to support consumer and carer involvement in teaching including: recruitment orientation pre presentation planning debriefing remuneration"

S82 THE NEEDS OF OLDER WOMEN IN MENTAL HEALTH: CASE MANAGERS' PERSPECTIVES

31/08/00 – 13.30 – 15.00 Room 10

Presenters Showcase 10 minute: Deborah Leighton, Anne Holland

"Older women are understood to have specific needs that may differ from those of other parts of the population. Approximately 10 to 20% of female clients of Maroondah Hospital Area Mental Health Service (AMHS) are aged between 50 and 65. However, there is little available documented information regarding the perceived physical and psychosocial needs of older women with mental illness. (Department of Human Services, 1997). A research project was undertaken at Maroondah AMHS to examine case managers' perceptions of current and future needs of older women with mental illness. This was seen to be important in the context of Australia's ageing population and the potential increased demands on Aged Care services. The aims of this paper are to present the results of the project, the implications to case management practice, and the indications for service development with reference to the areas of: * sexual and physical health monitoring * social integration and support networks * financial and accommodation needs * independence in the community * cultural diversity. This project raised significant questions for case managers about the extent of their clinical responsibilities, particularly in regard to the physical and sexual health of their older women clients.

LEARNING OBJECTIVES: (1): What will people gain or learn: (a) Increased awareness of the needs of older women with mental health issues. (b) Increased awareness of the educational needs of case managers. (c) Increased awareness of the need to work collaboratively with Aged Care services in developing transitional programs. (2): Relevance to Mental Health Issues (a) Provide mental health clinicians and case managers with vital information about the perceived needs of older female clients, thereby contributing to improved clinical practice; (b) Assist services and resources to be developed and/or tailored to better meet the needs of older female clients; (c) Provide valuable information to assist in the transition of older women with mental illness to Aged Care services at the age of 65. **REFERENCE** Department of Human Services. (1997) Victoria's Mental Health Services: Tailoring services to meet the needs of women. Melbourne: Department of Human Services."

S82 SYMPOSIUM: EARLY PSYCHOSIS INTERVENTION BY A COMMUNITY TEAM

30/08/00 - 14.00 – 15.00 Room 10

Presenters Showcase 10 minute: Chris Grierson, Elise Kennewell, Bill Rowston

Over the past decade, there has been a focus on the importance of early intervention for young people who experience psychosis, in order to provide treatment and to promote prevention so as to avoid relapses. The symposium aims to inform participants about an early psychosis programme developed by a community mental health team over the last 3 years. The main components of the program will be outlined, and issues that have arisen will be discussed. Both self management and family education are emphasised in the programme.

LEARNING OBJECTIVES: Participants will learn how an effective early intervention program for first presentation of psychosis was developed within a community mental health service. Participants will learn about a new service model.

S82 COURAGE & CONFIDENCE: OLDER WOMENS' MENTAL HEALTH

31/08/00 – 13.30 – 15.00 Room 10

Presenters Showcase 10 minute: Jude Bulten, Naomi Maguire, Kirsten Miss

Overview: The document released by human services, ' Victoria's Mental Health Services: Tailoring Services to Meet the Needs of Women ' (April 1997) highlights that almost one quarter of women using public mental health services in Victoria are over 65 years of age. It acknowledges that older women generally face - poverty, widowhood and the loss of family members, friends and confidants. It identifies that social isolation and loneliness are major contributing factors to depression. (p.18) The Older Women's Project grew out of a recognition by the Western Aged Psychiatry & Treatment Team (WAPATT) that there were gaps in service provision to meet the

needs of Older Women with depression. The project recognised that older women had a partnership role to play with both Western Respite Services - Richmond Fellowship (WRS - RF) and WAPATT. Their views were held as important to us as service providers in ensuring that future service developments would be relevant and responsive to their needs. The results of this pilot project indicated that the introduction of a 'transitional group' did allow older women who had depression to begin to regain their confidence. The opportunity to have time in a supportive therapeutic environment following acute treatment did demonstrate to be valuable in the recovery of a depressive illness.

LEARNING OBJECTIVES: 1. The audience will gain an understanding of the processes and outcomes of a project that involved a collaborative approach by two service providers and older women. The two agencies involved were the Western Aged Psychiatry Assessment & Treatment Team (WAPATT), and Western Respite Services - Richmond Fellowship (WRS-RF). WAPATT, is a multi-disciplinary community team that is clinically focused. WRS-RF, provides specific programs (traditionally for a younger age group) that have a favourable impact on the quality of life of carers and consumers. The older women were all over the age of 65years and were current clients of the WAPATT. This project stresses the importance of service providers working in partnership with older women, to meet their specific needs. 2. This presentation is relevant to mental health services as the audience will gain an understanding of Older Women & Depression. Older women who have been diagnosed with clinical depression are particularly at 'risk of relapse.' Service providers need to respect the individual whilst simultaneously seek to understand the factors that contribute to their experience of depression. In addition, service providers need to work together with older clients to seek to provide services that are relevant.

S82 GENDER DIFFERENCES IN CHANGE IN DEPRESSION IN AN IN-PATIENT GERIATRIC ELDERLY ASSESSMENT UNIT

31/08/00 - 13.30 15.00 Room 10

Presenters Showcase 10 minute: Tahereh Ziaian

Depression is a major health problem in the elderly and may be quite different from depression in other age groups. The existing literature suggests that depression may be qualitatively different between men and women. This paper presents findings of a survey of 51 male and female clinically depressed patients aged between 63 to 93 who admitted to Elderly Assessment unit in the Adelaide Clinic in a one year period. Patients were screened for depression using the Geriatric Depression Scale (GDS), a 30-item questionnaire, as the screening instrument. GDS was used to measure the severity of depression among the elderly patients. The gender differences in the assessment and in relation to the length of stay in the hospital will be discussed. It is the aim of this paper to present a micro-analysis which compare the structural pattern of male and female responses to depression.

LEARNING OBJECTIVES - 1 The audience will learn how male and female elderly depressed patients respond to their depression and what age groups are at highest risk for under-detection of depression. - 2 Depression in elderly is one of the most common topics of concern in the area of mental health.

S82 BRIDGES TO RECOVERY: A THERAPEUTIC DAY UNIT PROGRAM FOR THE MANAGEMENT AND TREATMENT OF DEPRESSION IN THE OLDER PERSON

31/08/00 – 13.30 – 15.00 Room 10

Presenters Showcase 10 minute: Marie Furler

Aim This presentation will provide information about a highly successful innovative program, which developed out of a need for ongoing support for elderly patients suffering from depression following discharge from hospital. It will also identify and demonstrate other positive outcomes, which have resulted from this new direction in older person's mental health services. Bridges to Recovery an Adelaide Clinic Day Unit Program specifically designed for the management and treatment of depression in the elderly is now in its 8th year. Over 80 day patients are presently active as group members, with several current in-patients from the clinic being involved as part of their discharge planning. This program promotes educative, supportive and diversional strategies to assist the Psychiatrist achieve and maintain the highest standard of care for the patients in the transition from illness to a state of well being. A variety of approaches are incorporated within the various group sessions, and are provided by a multi-disciplinary team. Bridges to Recovery, now while continuing to further reduce the symptoms of depression in the older patient also provides a valuable venue for monitoring progress and recovery, aiding early intervention and treatment there by preventing recurrent in-patient admissions or shortening length of in-patient stay if admission is required.

LEARNING OBJECTIVES: 1. What elderly sufferers of depression participating in a program have identified as being valuable to them in managing their illness. 2. That when implementing programs that are appropriate and conducive to the consumers emotional well being, other secondary benefits can emerge that have positive outcomes for the patient, family and wider community.

S82 Life Stage Challenges

31/08/00 – 13.30 – 15.00 Room 10

Presenters Showcase 10 minute: Val Goodwin, Tricia O'Neill, Petra Smyth

A review of recent literature in the field of depression in women reveals that many women are being treated for depressive illnesses, having presented for assessment following situational, educational, vocational, marital or familial stressors. Many of these women may be said to be negotiating life stage challenges, which may or may not require medical intervention. This paper proposed an alternative approach to the assessment of women in crisis. In the rural setting, these issues are highlighted and compounded by lack of access to services and geographical isolation. To achieve a change in approach, General Practitioners in the Hume Region, North East

Victoria, were surveyed as to their current practices in assessing depression in women. The results of this survey indicated a need for the development of an education package, highlighting the gender specific concerns and potential pitfalls in assessment of depressive symptoms. The efficacy of this package is being evaluated via a longitudinal study of referral rates for depression, and subsequent diagnosis, to the Community Psychiatry Team in the Central Sector of the Hume Region. In short, the study aims to demystify, destigmatise and demedicalise womens' life stage challenges.

S82 A BLOODY GOOD PROGRAM FOR THE TOO BLOODY DIFFICULT: A COLLABORATIVE ACTION PROGRAM BETWEEN MENTAL HEALTH SERVICES FOR OLDER PEOPLE, ADELAIDE CENTRAL MISSION AND THE ROYAL DISTRICT NURSING SERVICE (SA)

31/08/00 – 13.30 – 15.00 Room 10

Presenters Showcase 10 minute: Julie Adam, Andy Kelly, Terry Wilson

In Australia the 'too bloody difficult' include those older Australians who have mental health problems, complex needs and behaviours that are too challenging for mainstream services. Despite the remarkable efforts of many service providers, they are often limited in their ability to sustain these people in their own homes without frequent crises and/or need for re-hospitalisation. Provision of services to this group is often just too hard. The Collaborative Action Program is a partnership of a state funded mental health service and non-government service organisations. This innovative program has challenged and extended the partners in the provision of individualised services for these people. This presentation will. Describe the program and its operational processes · Present a profile of service users · Outline funding arrangements · Describe the main points arising from the Evaluation including: - · Quality outcomes · Cost effectiveness · Recommendations for the future · Use a story to illustrate how this program is able to think outside the square for enhanced client outcomes

LEARNING OBJECTIVES: 1. An appreciation of the advantages of using a collaborative model and how collaboration may differ from partnership 2. that collaboration reduces service gaps by allowing flexibility and increased options for the consumer group whilst saving public money.

S83 A PILOT PROJECT INTRODUCING A COMMUNITY MENTAL HEALTH SERVICE IN THE PRIVATE SECTOR

31/08/00 – 13.30 – 15.00 Room 3

Paper 20 minute: Carolyn Rosenbauer

ABSTRACT: The private sector historically has only provided an in-patient service as present legislation does not allow funding for community follow-up. Following successful lobbying by a private facility and with the backing of the major health funds, the Commonwealth Government approved an inaugural eighteen month pilot project to assess the effectiveness of community follow-up for privately insured patients post discharge. This presentation addresses the setting-up and the implementation of the project by a small team of nurses. Participants will be given the opportunity to identify with the barriers and benefits in the task produced and the acceptance of the service offered from all significant persons involved, consumers, carers and medical officers. Extensive data was collected to indicate the clinical significance of the project, the results of which are included as a point of discussion. **KEY WORDS:** mental health, private sector, community health, pilot project.

LEARNING OBJECTIVES: Strategies employed in community service development from a private sector hospital. Provision of continuity of care in mental health through a support and follow-up service within a community setting.

S83 AN AGED PSYCHIATRY INITIATIVE SHARED CARE PROJECT

31/08/00 – 13.30 – 15.00 Room 3

Paper 20 minute: Gail MacDonal, Kuruvilla George

"This paper presents a General Practitioner Shared Care initiative by an Aged Psychiatry Service. All the General Practitioner divisions in the catchment area of Peter James Centre were contacted and introductory educational sessions organised to request support in adopting the Shared Care. A Shared Care Reference Group was developed which met regularly and a questionnaire distributed to General Practitioners in 4 divisions of general practice. The collation of the questionnaire measured the level of satisfaction of General Practitioners and provided the foundations to Shared Care. A client brochure was developed to introduce the concept of Shared Care at Peter James Centre and an Access of Service Flow Chart was also developed and distributed to every General Practitioner in the catchment area. A further questionnaire was developed and distributed to all staff members in Aged Psychiatry at Peter James Centre. This provided the foundations to improve communication and collaboration, both internally and externally. Ongoing education and feedback were provided to staff. Positive outcomes included production of a data base of General Practitioners, Access to Service Flow Chart, stronger links and the development of agency agreements with the Divisions of General Practitioners, invitations to participate in the CME programs facilitated by the Division of General Practitioners, General Practitioners opinions being included in policy revision and the development of forms to enhance communication. This Shared Care Program has set the foundations for a more integrated approach to patient care and for a more accessible Aged Persons Mental Health Program, in line with the National Standards for Mental Health Service.

LEARNING OBJECTIVES: 1. How to facilitate a more conducive structure for successful and durable General Practitioner integration with an Aged Persons' Mental Health Program to improve service delivery for all consumers. 2. To achieve standards set out in the National Mental Health Policy by improving service delivery for all consumers to an Aged Persons' Mental Health Program."

S83 CHANGING THE CULTURE OF GP/MENTAL HEALTH SHARED CARE**31/08/00 - 13.30 – 15.00 Room 3****Presenters Showcase 10 minute: Tina Philip, Mark Welch**

This paper will describe the implementation and evaluation of an innovative GP/MH Partnerships in Care Project in Southern Area, NSW, and consider how the challenges of changing protocols pale into insignificance when compared to those involved in changing the culture of GP/MH liaison. It is both conventional wisdom and recommended practice that GPs and MHS co-operate and collaborate in the care of clients. Consequently, Southern Area and the SE NSW Division of GP initiated a joint project through which the basis minimum standards of collaboration and shared care were to be researched, designed, implemented and evaluated. However, it quickly became obvious that that was the easy part. It was simply not enough to hand down edicts of 'Best Practice Guidelines'; much greater and careful attention needed to be given to the cultural practices, history and context within which these guidelines for practice were to operate. The project has since begun to address fundamental issues of bringing about change in mental health services. The paper will draw out the lessons of the operational phase of the project, discuss the mechanisms of formal and informal cultural change, and argue for a strategic and tactical reformulation of the aims and objectives of GP/MH shared care.

LEARNING OBJECTIVES: 'What will people in the audience gain or learn from attending the presentation?' Members of the audience will learn: - How a set of Standards in GP/MH Liaison can be researched, designed, implemented and evaluated - What formal and informal obstacles to change may be found in the culture, history and context of GP/MH shared care practices - What strategies and tactics may be employed to overcome these obstacles, and what impact they have on the fundamental aims of shared care. 'How is this topic/issue relevant to mental health services and mental health issues?' The relevance of this issue can be seen in: - Its congruences with the central planks of the 2nd National Mental Health Plan ie. promotion, prevention and, most particularly, partnerships - Its recognition of the limitations of unco-ordinated and discrete mental health services for the MHS, professional allies and, most importantly, the clients - Its presentation of a creative and realistic approach to a common problem in the delivery of high quality mental health care

S83 WORKING IN PARTNERSHIP WITH MAINSTREAM NGOS: LEARNINGS AND CREATIVE OPPORTUNITIES FOR DEVELOPMENT**31/08/00 – 13.30 – 15.00 Room 3****Paper 20 minute: Judy Finch**

The South Western Sydney Area Mental Health Service is sponsoring an initiative aimed at improving the capacity of mainstream non government organisations (NGOs) to work in partnership to provide services for people with mental illnesses. The initiative is called the Partnership Program. It encompasses the dual strands of developing partnerships with under-resourced partners such as carers and encouraging NGOs to enter the service picture under the catch cry of 'Mental health is everybody's business'. The Program has adopted a multi-faceted approach, encompassing strategies to improve the capacity of the Mental Health Service to work more collaboratively with external agencies, extending the range of programs provided by mental health specific NGOs, drawing mainstream NGOs into providing programs and nurturing new partnership relationships. This paper will describe the Program, its genesis, the framework upon which it is founded, its development over the last 12 months and discuss the issues that have arisen. The paper will also explore some of the more subtle challenges inherent in drawing new partners into the mental health service arena. It will talk about moving beyond the rhetoric of partnership, uncovering the access barriers, learning about what NGOs can provide and some practical strategies for developing partnerships. Aims: § To provide participants with an overview of an initiative being undertaken in the South Western region of Sydney that aims to improve partnerships between mental health services and non government organisations § To explore some of the tensions, issues and opportunities that have arisen through the introduction of the Program.

LEARNING OBJECTIVES: 1: Participants will gain an understanding of the issues impacting upon and opportunities arising from working in partnership with mainstream NGOs. 2: Mental health services will better understand the issues that need to be resolved in expanding the general service base to include mainstream NGOs and will gain knowledge about practical strategies that have been used to develop partnerships with mainstream NGOs.

S83 EMPOWERMENT WORKSHOP**31/08/00 – 13.30 – 15.00 Room 3****Presenters Showcase 10 minute: Lynda Hennessy**

My name is Lynda Hennessy and during 1999 I gave Empowerment workshops to Consumers of Aftercare, which is a non-government organisation that provides supported accommodation for people with a mental illness. In the workshops we talked about what does empowerment mean to Consumers, how can Consumers become empowered? This led to Consumers talking about what their goals were while going through the rehabilitation process. Participation, Partnership, Self-determination, and Recovery were discussed. Enabling is the process by which empowerment of the disempowered occurs. An enabler is a person, service or resource, which creates and sustains the opportunity for consumers to empower themselves. The enabling process requires that professionals provide information, support and resources. Listen to Consumers. Share their power with consumers, and support consumers in their decisions. The Consumer and Consumer groups role as a consequence of this enabling partnership is to use - Advocacy, participation, successful organisations, rehabilitation through self-determination and training, as the tools for a successful partnership to happen." Quote from Janet Meagher 'Partnership or Pretence'. The paper will give feedback from participants of the workshops, and talk about why it is important that these workshops continue, because when you become ill you do not become an expert on your illness and how the

mental health service works. Consumers need this information if they are to reach recovery stage. I started all my talks by asking what does Empowerment mean and most people did not know, but at the end of each workshop most participants demonstrated that they did understand what it meant.

LEARNING OBJECTIVES: 1: The people attending this presentation will understand what empowerment means from a Consumer perspective. 2. This topic is relevant to mental health services because it is essential for Consumers recovery and wellbeing that they understand what empowerment really means.

S83 THE ESTABLISHMENT OF A CONSUMER/CARER ADVISORY GROUP FOR A RESIDENTIAL MENTAL HEALTH REHABILITATION SERVICE

31/08/00 - 13.30 - 15.00 Room 3

Presenters Showcase 10 minute: Marilyn Voss, Sean Aroney, Maria Vasquez, Trish Shailer

This paper will describe the establishment and implementation of the Team Advisory Group (TAG) at Kirwan Rehabilitation Unit (KRU). In line with National Mental Health Standards, consumer/carer representatives are playing an increasingly active role in mental health services. The involvement of consumers and carers in the planning, development and delivery of services provides an enriched perspective on service provision and reduces the power difference that characterized the isolation and insularity of the past. During 1998, the Townsville Integrated Mental Health Service and the Consumer Advisory Group conducted a collaborative study to evaluate the satisfaction of 50 consecutive residents of KRU and recommended the formation of a TAG for ongoing consumer/carer involvement in program improvement processes. This is the first TAG in Queensland, an innovation to promote a quality service for the future. We will describe the process from the perspective of the consumer and carer, representatives and of the clinician with responsibility for assisting the TAG during the founding stage. From this presentation topics for discussion will be highlighted in particular how challenging the boundaries between clinicians, consumers and carers may give us direction for future service development. Through partnerships between consumer/carers and clinicians, recovery from mental illness can be promoted.

LEARNING OBJECTIVES: 1: Participants can learn about the process one mental health service used to establish a Team Advisory Group and how TAG involvement in planning and delivery of the program is promoted. 2: Through hearing the different perspectives presented, participants will be invited to consider how partnerships between consumer, carers and clinicians could enhance the delivery of services and aid recovery from mental illness.

S83 WHY DO MENTAL HEALTH CONSUMERS IN NSW NEED A WORK CO-OPERATIVE?

31/08/00 – 13.30 – 15.00 Room 3

Presenters Showcase 10 minute: Douglas Holmes

"This paper will address the issue of work for some mental health consumers in NSW. We are a group of mental health consumer that has continued to meet since the THEMHS Conference in Brisbane in 1996. There has been a several consumer forum held in different Health areas since Nov 1997 to ask NSW Consumers what they have wanted to do. Our group consisting of mental health consumers from 8 of the NSW Health Area have decided to form a Consumer Organised Work Cooperative using 'A guide to Cooperatives' from the Registry of Cooperatives, NSW Department of Fair Trading' as the guide for developing this venture. The following quote from the fall issue of the Psychiatric Rehabilitation Journal reinforces why we are doing this: 'In western societies (this includes NSW) employment plays a central role in individual development, apart from providing economic independence it is a fundamental factor in the way individuals perceive themselves and relate to others'. 'For the individual struggling for recovery after mental illness, unemployment and all that implies may be the last straw' The basis objective of a cooperative is member service and satisfaction, NOT like in a company driven by maximising profits. The other reason we picked the Cooperative model is the 7 principles by which cooperatives put their values into practice: 1 voluntary and open membership 2 Democratic member control 3 Member economic participation 4 Autonomy and independence 5 Education, training and information 6 Cooperation among cooperatives 7 Concern for community. More information about the NSW Consumer Organised Work Cooperative can be gained from the secretary, Suite 201, 479 Olive Street ALBURY NSW 2640: this includes meeting dates and time, membership - how to join, what the cooperative will be doing in the future?

LEARNING OBJECTIVE 1.1 What is a Work Cooperative? 1.2 The process for forming a Work Cooperative 1.3 Where this group of NSW Consumers are up to with the planning process of a Consumer Organised Work Cooperative. 2 the issue of work has not been address adequately for this group of mental health consumer in NSW.

S83 CONSUMERS TELL CONSUMERS

31/08/00 – 13.30 – 15.00 Room 3

Presenters Showcase 10 minute: Malcolm Downes, Marjorie Morritt, Jean Dumont, Kevin Schliefert, Margaret Webb, Faye Davidson

This paper documents the process undertaken by two mental health consumer advocacy groups in the north and west of Adelaide to collect feedback on the quality of mental health care provided to consumers. The paper describes the experiences of the consumers themselves and of the mental health professionals and the facilitator who supported them. The paper explores the difficulties but also the ultimate value of the practice of consumers talking to consumers. The paper also presents the results of the first round of feedback gathering.

S84 A YOUNG MERMAID'S GUIDE TO PLANET EARTH**30/08/00 – 10.30 – 12.30 158 ROOM 4****PAPER 20 MINUTE: Catherine Carroll**

Since 1998 Dale St Women's Health Centre has been running an innovative young women's peer education project. This arts/ health project incorporates performance, visual arts, music and writing which has resulted in the development of a resource, compiled by young women. This resource, 'A Young Mermaids Guide to Planet Earth', has a focus on promotion of positive mental health, self esteem and information provision. A core group of young women from diverse backgrounds have consulted widely with other young women aged between 14 and 26 years, in a range of settings, including schools, shelters, community health centres and an Aboriginal community college. Some of the issues that have been identified as influencing the mental health of young women are racism, experience of violence and sexual violence, sexual harassment, homophobia, effects of poverty, homelessness and unemployment. This project uses creative workshops with community artists and young women as peer educators. This process enables stories to be told, using the techniques of forum theatre or Theatre Of The Oppressed, that opens a space for dialogue with other young women and the broader community. Our conference presentation will parallel this process and will involve the use of forum theatre to demonstrate this model.

LEARNING OBJECTIVES: 1. People attending this presentation will have the opportunity to participate in an interactive demonstration of Forum Theatre. We will address the value of peer education and the importance of partnership and accountability when working with young women. In keeping with the principles of the project the peer educators themselves will present through performance and information sharing. 2. This presentation would be relevant to people who are interested in a community arts/health approach when working with young women around issues that affect their mental health and wellbeing.

S44 THE LIFESKILLS PACKAGE

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Susan Brown, Julie Hidson

S44 OUT AND ABOUT - ESTABLISHMENT OF A RURAL RESIDENTIAL REHABILITATION SERVICE FOR YOUNG PEOPLE WITH A MENTAL ILLNESS

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Deanna Davis, Ivan Thorne

S44 STRESS AND HOW TO HANDLE IT

30/08/00 – 14.00 - 15.00 Exhibition Hall

General Poster: Laura McIntyre

S44 EMERGING ILLNESSES AND PSYCHIATRY

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Neil Reynolds

S44 PROFILES OF AGGRESSION IN A PRIVATE PSYCHIATRIC HOSPITAL POPULATION

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Fred Lawrence, Mark Pitcher

S44 DO IT YOURSELF SERVICE PLANNING AND RESOURCE ALLOC

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Ann O'Kane

S44 HAVE WE HAD A CLOSE LOOK AT THIS 'ILLNESS' PARADIGM?

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Tom Blackbird

S44 PSYCHIATRIC STIGMA AND THE LACK OF EMPLOYMENT CONSIDERATIONS WITHIN DISCHARGE PLANNING

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Hamish Mackenzie

S44 PRIMARY PREVENTION: DETOXIFYING SOCIETY

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Sharon Davis, Jim Sheedy

S44 THE RECREATION PROJECT: AN INNOVATE PEER SUPPORT PROJECT WHERE CONSUMERS INITIATE, PROMOTE AND SUSTAIN SOCIAL CONNECTIONS THROUGH A NEWSLETTER AND RECREATION

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Jan Giffen, Trish James, Tabitha Wallis-Smith, Mark Hoskin

S44 IMPROVING COMMUNITY SUPPORTS FOR PEOPLE WITH BORDERLINE PERSONALITY DISORDER IN THE MORNINGTON PENINSULA AREA OF VICTORIA

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Stephen Knightbridge

S44 PRACTICAL, DOWN-TO-EARTH SKILLS TO PREVENT AND CURE LOW SELF ESTEEM

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Sabine Beecher

S44 CONSUMER USE OF GENETIC INFORMATION

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: David Guthrie

S44 WHY NOT BE A PSYCH NURSE? POTENTIAL GRADUATES TELL

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Jackie Warner

S44 DANCE, MEANING AND MENTAL HEALTH PROMOTION: CAN DANCE CONTRIBUTE TO PROMOTING PEOPLES' MENTAL HEALTH?

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Margaret Petherick

S44 The Self Restoration Process

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Beverley Searle

S44 EPISODE OF CARE IN COMMUNITY MENTAL HEALTH

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Graham Garland, Aleks Konjevic

S44 THE IMPLEMENTATION OF MENTAL HEALTH TRAINING (NON-CLINICAL) IN QUEENSLAND USING AN ACTION LEARNING APPRO

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Carolyn Perry

S44 TAKING CARE OF THE 'YOUNG ONES'

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Kate Schenck

S44 HELP! PROJECT

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Tait Sanders, Lesley Tydeman, Jo Wilson, Sue Fenton

S44 DEMYSTIFYING HEALING - THE POWER OF THE ORDINARY

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Carlien Bannister

S44 MEETING THE CHALLENGE OF MENTAL HEALTH LITERACY

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Susan Mitchell, Beth Arnold, Carole Pinnock

S44 TREATING THE 1ST EPISODE OF PSYCHOSIS: PESSIMISM DILUTED; POSITIVE INFLUENCES

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Ann Crago, Chris Wigg

S44 INFORMATION FOR CARERS OF PEOPLE WITH A MENTAL ILLNESS: WHAT'S OUT THERE AND WHAT'S MISSING

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Brenda Harrison

S44 LINKUP'S EARLY INTERVENTION PROGRAM

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: John Hunting

S25 TREATMENT WITHIN A COMMUNITY CARE UNIT - CASE PRESENTATION

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Georgina Georgiou

S44 FAMILY AND CARER INVOLVEMENT IN ST VINCENT'S MENTAL HEALTH SERVICE: A SYSTEMS APPROACH

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Judy Hamann

S44 THE VICTORIAN DUAL DISABILITY SERVICE: A STATEWIDE SPECIALIST SERVICE FOR ADULTS WITH INTELLECTUAL DISABILITY AND MENTAL ILLNESS

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: David Watkins

S44 THE DANCE OF PSYCHOSIS

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Christine Quigley

S44 INNOVATIVE SOLUTIONS IN A RURAL MENTAL HEALTH SERVICE

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Bill Peplinkhouse, Mario Santilli

S44 FLEXIBLE PREPARATION OF MENTAL HEALTH NURSES AT FLINDERS UNIVERSITY ADELAIDE

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Pat Barkway, Jan Thompson

S44 AN OUTREACH COMMUNITY EDUCATION PROGRAM

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Annette Chan

S44 HOW COMMON ARE ALCOHOL AND DRUG DISORDERS IN AUSTRALIA?

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Maree Teesson, Wayne Hall, Michael Lynskey, Louisa Degenhardt

S44 TURNING NEEDS INTO GOALS: MENTAL HEALTH CONSUMERS OF A REGIONAL AUSTRALIAN PSYCHOSOCIAL REHABILITATION DAY PROGRAM

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Robert Bruseker

S44 MAKING A PEER-EDUCATION VIDEO TO PREVENT ADOLESCENT PREGNANCY

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Carolyn Corkindale

S44 BRIDGING THE GAP - THE DICHOTOMY BETWEEN REALITY AND PERCEPTION IN MENTAL HEALTH FUNDING

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Paul Della

S44 Research and Education Projects in Aboriginal Mental Health

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Lisa Thorpe, Sandy Hall

S44 INTRODUCTION OF A MULTIDISCIPLINARY REHABILITATION SERVICE

30/08/00 - 14.00 – 15.00 Exhibition Hall

General Poster: Scott McMullen

S44 MOLECULAR GENETICS OF SCHIZOPHRENIA

30/08/00 – 14.00 – 15.00 Exhibition Hall

General Poster: Carmel Mc Cormack