Abstracts for conference

presentations on

Wednesday 30th August 2006

Please check Notice Board for any last minute Program Changes
S03 Keynote: Xavier Amador  
30/08/2006 From: 1000 To: 1100 Venue: Auditorium Townsville Entert & Conv Centre  
Keynote Speech: I am Not Sick, I Don't Need Help - How to Help Someone with Mental Illness Accept Treatment.

Poor insight into illness is common in individuals with schizophrenia, bipolar and related disorders. About 50% of all persons with these illnesses do not believe they are ill and do not accept treatment. Research on the problem of poor insight reveals that this is often a symptom of illness (anosognosia) rather than a coping strategy (denial). The research shows that the usual strategies of trying to confront, or convince, someone they are mentally ill and need help is usually ineffective. Dr. Amador will present another approach and give hands on training on how to use it.

S04 Empowerment & Rights  
30/08/2006 From: 1130 To: 1300 Venue: Auditorium Townsville Entert & Conv Centre  
Paper 20 Minutes: Advance Choices: power and respect in connection  
Marianne Bonassi   Tom Ryan

True connection and collaboration in mental health care implies respect for the wishes of people who use mental health services. Disconnection can occur when people are at their most vulnerable and unable to make choices or indeed have their choices respected. This paper will describe our efforts to date to explore ways in which people in recovery have experienced such situations and ways in which they can record their wishes for maximum positive effect on future scenarios in which their decision-making might be compromised. We are very much in the process of exploring effective strategies, from the formality of legally binding advance directives to less formal and perhaps less constraining processes. We would welcome thoughts and stories about effective and ineffective strategies and look forward to sharing our progress to date.


S04 Empowerment & Rights  
30/08/2006 From: 1130 To: 1300 Venue: Auditorium Townsville Entert & Conv Centre  
Sheila Nicolson   Paula Hanlon

My Health Record (MHR), an initiative from the NSW Health Chronic Care Program, 2002 “is a tool to assist consumers and their families and carers to be more informed partners in the management of their illness (NSW Chronic Care Program: phase two 2003 - 2006, NSW Department of Health, 2004, Page 34-35). MHR aims to connect important information in the process of service provision affecting a consumer’s health care. In 2005, NSW Health chose Ryde Community Mental Health Service (RCMHS) and Macquarie Hospital as a pilot site for the implementation of MHR for mental health consumers. The pilot project, with 125 voluntary participants is a partnership between NSW Health, RCMHS, Macquarie Hospital, Ryde Consumer Participation Service and New Horizons Enterprises. It aims to improve communications, enhance continuity of care for mental health consumers with ongoing health care needs who interact with multiple service providers, and to empower the participants by encouraging and promoting personal responsibility for their health record and wellbeing. The
pilot project objectives are to determine the acceptability, user friendliness, and usefulness of MHR for consumers, their carers and families and for health and community service providers. This paper will highlight the participation criteria and outline the extensive education and communication strategies employed for the promotion of and recruitment to the project. Results presented will include evaluation of progress to date which involves review of project implementation against key performance indicators, review of implementation of education strategies and focus group outcomes with consumers and stakeholders based on qualitative and quantitative measures. Learning Objectives: 1.To develop an insight into the design, implementation and evaluation of the use of MHR as a tool in the mental health context. 2.To identify the advantages and challenges in using MHR as a tool for improving the communication and co-ordination of mental and physical health care with multiple service providers and the empowerment of consumers in promoting personal responsibility for their health.


S04 Empowerment & Rights
30/08/2006 From: 1130 To: 1300 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: The Mental Health Branch doesn’t know the difference between Treatment Plans and Advance Directives but consumers do - all the difference in the world!
Merinda Epstein
Living wills or advance directives are documents drawn up by consumers which give directions to mental health services about what they have learned is helpful, and not helpful, during periods when they are ‘unwell’. The Mental Health Legal Centre has been exploring the legal, administrative and creative issues surrounding the introduction of these documents. We are excited that the Senate Inquiry into mental health has also chosen to draw attention to this concept. Select Committee on Mental Health - a national approach to mental health - from crisis to community p43. This paper puts forward convincing arguments why consumer initiated advance directives/living wills are an essential way forward if the system wants to avail itself of the health restorative potential of personal empowerment. An argument will be made that advance directives/living wills are a hopeful way forward in an area where we more frequently hear stories of the harm that can emanate from having choices confiscated especially when people are held against their will. The paper will explore: legal aspects of advance directives and compare these to alternative legal avenues such as powers of Attorney; ethical considerations, which must be explored; debates within clinical and consumer communities about both substance and the process of creating such documents; and the breadth of issues consumers regard as pertinent to include in the conceptualisation of such documentation. Learning Objectives: People in the audience will gain a greater understanding about the legal, ethical and professional issues which affect the formalisation of documentation around consumer decision making about their own mental health; The issue is relevant to mental health services because progressive government reports (Burdekin 1993; Not for Service 2004) give many examples of the harm that can be done to people when they lose the right to make their own decisions about their own lives even on a very temporary basis. References: 1. Fisher, Daniel Making Advance Directives work for you, National Empowerment Centre Newsletter, Boston, February 2004. 2. Bazelon Centre for Mental Health Law, Power in Planning - self-determination through psychiatric advance directives, voices and lessons from the field http://www.google.com/u/bazelon?q=advance+directives&sa=Search; Australian Legal Monographs, Mental Capacity - Powers of Attorney and Advance Health Directives. Eds. Collier B., Coyne C. and Sullivan K. The Federation Press 2005
S05 General Practice Shared Care
30/08/2006 From: 1130 To: 1300 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Connections and Cultural Change. GP Share Care Service.
Lorraine Warren Josephine Tan
The introduction of a shared care service in a Melbourne community mental health service (CMHS) led to innovative approaches in improving physical and mental health for consumers. These innovations impacted on the culture within the CMHS, a shift in connections with consumers and their carers together with strengthening connections of all with primary care. The Paper aims to present some of the learning's from the evolution of the shared care program. Phase one of the project involved developing requirements for a coordinated and smooth transition, building connections with consumers, carers, clinicians and the General Practitioners (GPs), addressing the medicolegal dilemmas for clinicians for consumers managed under a mental health act and managing consumer choices in the least restrictive environment. Phase two involves education of the GP in psychiatric diagnosis and management. Clarifying pathways for providing ongoing support to the GP in delivering optimal care to consumers who are significantly disabled by their mental illness. The benefit of this connection gives the consumer a holistic intervention that is accessible. Physical and mental health issues can be addressed consistently when managed by the GP in a one stop shop approach. References: Current Opinion in Psychiatry 2004, 17:563-569 Bridging general medicine and psychiatry: providing general medical and preventive care for the severely mentally ill. Alexandre Dombrovski and Jason Rosenstock; MJA 1998: 262-265 Establishing a collaborative service model for primary mental health care, Graham Meadows.

S05 General Practice Shared Care
30/08/2006 From: 1130 To: 1300 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Promotion, prevention and early intervention in general practice: Mental health learning modules for GPs.
Anne O'Hanlon Lesley McBride
General practice is recognised as an important setting for promotion, prevention and early intervention (PPEI) approaches to mental health. However, Auseinet and ADGP’s scoping report (O’Hanlon, Wells & Parham, 2004) identified significant gaps in evidence-based resources and training for GPs. To address these gaps, we commissioned a suite of practical, evidence-based learning modules for GPs. A compulsory two hour module presents the conceptual framework for and practical examples of PPEI approaches to mental health in the general practice setting. Three six hour learning modules prepare GPs to recognise and address a range of issues facing people at different stages of the lifespan: behavioural problems in early childhood; the impact of separation or divorce on parents and children; and transitions, grief and connectedness in older adulthood. The modules have been developed to accreditation standards (therefore attracting CPD points for GPs). They are designed for a national audience but have flexibility for local input. We will describe the suite of learning modules and indicate how we will promote and disseminate them nationally. We will also show how our capacity building approach to mental health PPEI, with its emphasis on sustainable workforce development and intersectoral partnership, has practical benefits for consumers, GPs, Divisions of General Practice, and mental health services. Learning objectives: 1. The audience will learn how our capacity building approach to PPEI for mental health fits with recent mental health and primary care policy directions. More broadly, they will gain an appreciation of the benefits of collaborative partnerships between the mental health and general practice sectors. 2. The engagement other sectors in collaborative partnerships is one of the key themes of the second and third National Mental Health Plans (Australian Health Ministers, 1998, 2003). The upskilling of the GP workforce has important implications for referral pathways and collaborative partnerships with mental health services. References: Australian Health Ministers (1998). Second National Mental Health Plan. Canberra: Australian Government Publishing Service. Australian Health Ministers (2003). National Mental Health Plan 2003-2008. Canberra: Australian Government Publishing Service.O’Hanlon, A., Wells, L. & Parham, J. (2004). Partners in Prevention: Mental Health and General Practice Adelaide: Auseinet. http://www.auseinet.com/files/auseinet/pip_mh_gp.pdf
**S05 General Practice Shared Care**  
**30/08/2006 From: 1130 To: 1300 Venue: Palm Room 1 Townsville Entert & Conv Centre**  
**Paper 20 Minutes:** Uniting Stakeholders to Reform the Primary Mental Health Care System in Queensland.  
Leanne Dowse  Kerry Bidwell

Aims of Presentation. The Framework for Primary Mental Health Care in Queensland provides a foundation of best practice principles and strategies for improving service standards and system linkages. This presentation will describe the important and challenging process of uniting primary mental health care stakeholders to develop this Framework both to better utilise available resources and to advocate for system reform. High prevalence mental health disorders (e.g., depression) cause a significant social and economic burden to the community, with an estimated direct cost of treatment at around $500 million a year (Mathers, Vos, & Stevenson, 1999). On average, one in five people will have an episode of depression at least once in their lives. The United Nations has identified that depression is already the fourth highest cause of the global disease burden, and it expects that by 2020, depression will be the second highest cause of disability in the developed world. Queensland Health and the Australian Government Department of Health and Ageing funded the QDGP Partners in Mind Initiative in June 2005 to develop a framework to increase the capacity and improve the quality of service provision in the primary mental health care (PMHC) sector in Queensland. Extensive consultation has been undertaken with regional and state-level stakeholders across Queensland. Forums, surveys, and individual interviews have contributed to the development and refining of the Framework. The Framework has two main purposes. The first is to better utilise currently available resources. This entails encouraging linkages between local stakeholders and providing strategies for improving access to initiatives and resources. The second purpose is to influence policy development and advocate for system reform through dissemination and opportunistic promotion. The Framework has engaged and united PMHC stakeholders across Queensland and provided an opportunity to voice innovative system reform ideas and to identify solutions to long-term problems. Learning Objectives: 1. To learn about the development and content of The Framework for Primary Mental Health Care in Queensland. 2. To recognise the value of uniting stakeholders at a state level to improve service standards and influence policy development in primary mental health care.

References:

**S06 Supported Accommodation**  
**30/08/2006 From: 1130 To: 1300 Venue: Palm Room 2 Townsville Entert & Conv Centre**  
**Paper 20 Minutes: Living well, being well: a report on the evaluation of the NSW Mental Health, Housing and Accommodation Support Initiative (HASI).**  
David Abello  Kristy Muir  Ann Dadich

Over the last few years there has been an increasing acceptance of the social aspects and determinants of mental health, and specifically the influence of unstable and inadequate housing on chronic and acute mental illness. The HASI is a recent policy response in New South Wales, operating as a series of pilot projects since June 2003. The program, a joint venture between the NSW Department of Health and the NSW Department of Housing, funds non-government organisations to provide housing and accommodation support to people who, because of mental illness/psychiatric disability, are unable to maintain tenancies independently. Consumers also receive active case management from their Area Mental Health Services. Coordination between mental health case managers and accommodation support key workers is a feature of the program. This paper draws on the evaluation of the first pilot of the project (HASI 1) which continues to assist 100 people across ten sites in NSW. It details the purpose and processes of the initiative, the key issues in its implementation, and the outcomes for consumers, particularly with regard to their improved wellbeing and health, reduced hospitalisations, severity and chronicity.
of illnesses, enhanced community participation and personal independence. Learning objectives:

S06 Supported Accommodation
30/08/2006 From: 1130 To: 1300 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: The Future of Group Homes
Christine Ball  Neil Ballardie
Over the past few years there has been a shift in support away from group homes to single unit accommodation for mental health service users with medium support needs. The group home model remains the reserve for mental health service users with high/complex support needs. Although there is a clear need for single unit accommodation, this should not mean an abandonment of the group home model for service users with medium support needs. This paper looks at the evidence for this shift in support away from the group home model for mental health service users with medium needs, despite an overwhelming evidence of support for them from stakeholders and vested interest groups. It argues that despite their relatively low level of current funding, group homes, when run well, offer significant opportunity for rehabilitation, growth and the development of social and living skills needed for community participation and integration for large sections of mental health service users. It draws on discussion papers, research articles and interviews with 8 mental health service users with medium support needs currently living or having lived in group homes housing 3 or 4 persons. Learning Objectives: 1. Participants will learn why less funding is being directed to some group home accommodation services and what service users consider the benefits and advantages of group homes compared to other accommodation options. 2. How funding is distributed for accommodation options for the mental health service users is a major issue for stakeholders and vested interest groups. References: DADHC Report: Models of Supported Accommodation for People with a Disability July 2005. The Mental Health Matrix: A Manual to Improve Services. G.Thornicroft & M.Tansella, 2001.

S06 Supported Accommodation
30/08/2006 From: 1130 To: 1300 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Life at Arcadia (Supported Accommodation).
Verona Joan Williams  Christin Coralive
We are going to present in a visual format, a number of consumer's perspectives as they learn about using technology to record their experiences of life at their home, a supported residential facility in a small coastal town. We will highlight what people learnt from viewing parts of these consumers perspective; looking at life in a supported accommodation for people with mental health issues and other health issues that affect day to day living; what support is given and how this gets accomplished, new skills that are learnt as well as talents and skills being used and increased; stories and songs to highlight what life is like for an Arcadian person.
S07  Special Symposium  Community Diversity: Lessons from the bush
30/08/2006  From: 1130 To: 1300  Venue: Ballroom 1 Jupiters Hotel
Symposium 1.5 Hrs:  Community diversity: a theme in providing mental health services
Brian Kelly  Anne Tonna
The symposium will focus on the community factors that influence the development of mental health problems and the models required for mental health services in rural and remote areas. This will highlight some innovative models of partnership between mental health services and community agencies in improving access to services and building community capacity in mental health. Rural areas can provide examples of ways of developing innovative services, and new ways to develop partnerships in mental health care. The symposium will provide an overview of the projects of the NSW Centre for Rural and Remote Mental Health, and the development of partnerships with key rural organisations focusing on mental health of rural communities. The diversity of culture, location, and geography in urban and rural settings are just some of the challenges faced in developing models that are applicable and flexible to a wide range of settings, populations and workforce in the bush. Learning objectives: 1.Informs the audience of the importance, main elements, and practical implications of community factors that can influence mental health and wellbeing. 2.Identifying methods for developing service partnerships, in diverse communities, that improve capacity to deliver appropriate mental health care. Paper 1: 'There’s no place like home': Community, place and mental health(Prof Brian Kelly). Paper 2: Overview: Projects of the Centre for Rural and Remote Mental Health: Building capacity in rural communities through collaborations. (Anne Tonna) Paper 3: Transcultural mental health: diversity of culture and communities.(Carol Hubert, Senior Project Officer, NSW Rural Transcultural Outreach Project)

S08  Employment Opportunities
30/08/2006  From: 1130 To: 1300  Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes:  Vocation in Recovery for Young People with Mental Illness.
Chris Lloyd  Geoff Wagborn
Young people with psychiatric disabilities are particularly disadvantaged when it comes to participating in vocational training, higher education, or seeking employment. This is due to a number of factors including low expectations by health professionals, stigma and discrimination, symptomatology, and lack of clear responsibility for promoting vocational and social outcomes. It is suggested that young people require early intervention and effective vocational and educational assistance to enable them to actively participate in community life. A useful approach is a recovery framework combining evidence-based employment and education assistance with mental health care, provided in parallel with brief vocational counselling, illness management skills, training in stigma countering and disclosure strategies, context-specific social skills, and skills in social network development. This can be supported by staff training in psychiatric vocational rehabilitation and early intervention and better management systems. These ingredients can be encompassed within a local formalised inter-sectoral partnership. We conclude that there seems to be an urgent need to link evidence-based vocational practices with quality mental health care, in order to restore hope among young people of ever realising their vocational goals, and once again feeling included as valued members of society. Learning Objectives: People in the audience will gain an understanding of the barriers to employment and a useful way of addressing the issue by employing evidence based employment and education in conjunction with mental health interventions. This topic is particularly pertinent to mental health services and mental health issues since people with a mental illness are particularly stigmatised and represent a large number of people who are denied their chance of gainful employment.

S08  Employment Opportunities
30/08/2006  From: 1130 To: 1300  Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes:  “You'll Never Work Again”..Or Will You?
Meg Daniels  Judy Muirhead
This presentation aims to challenge any views that subscribe to the theory that someone with a serious mental illness is somehow obvious or visible to others in their workplace. It tells parallel
stories of two women who share many commonalities; both working professionals in the human services, both fit comfortably into their communities and are socially responsible, both are 'mortgaged' and 'mothers' and love it. Yet, in the past two years, one of the women has been listed as a 'missing person', she has slept in public parks, been told by Police she 'is a waste of space', has spent many months in psychiatric care, has been on life support following an overdose, has hidden out in the bush for days at a time and sought refuge with a bikie awaiting trial for manslaughter. Can anyone pick which of the women is recovering from these experiences? And what is it that connects these two women on the recovery journey? This presentation is about mental illness, recovery and the workplace. It's about 'helpers' needing 'help' and serendipitous connections. References: Consumers are able to recover more quickly when their life roles with respect to work and meaningful activities are defined. Hogan M.F. & Martin S.L. 1999. Emerging Best Practices in Mental Health Recovery. Ohio Department of Mental Health. Columbus. A common denominator of recovery is the presence of people who believe in and stand by the person in need of recovery, a person or persons in whom one can trust to 'be there' in times of need. Beale V. & Lambric T. 1995. The Recovery Concept Implementation in the Mental Health System. Ohio Department of Mental Health. Columbus. Learning Objectives: 1. That stigma and negative community attitudes can prevent people who work within the field of human services from disclosing their illness. 2. That work plays a vital role in recovery through the stability, self esteem, valued social role and the opportunity to demonstrate competency in otherwise turbulent times.

S08 Employment Opportunities
30/08/2006 From: 1130 To: 1300 Venue: Ballroom 2 Jupiters Hotel
Cathy O'Toole John Allan
In February 2006 Advance Employment embarked on a project working with Integrated Mental Health Service Townsville District staff to establish an Integrated Team Approach committed to the realisation of increased open and meaningful employment opportunities for people with mental health conditions. This project is funded by the Department of Employment & Workplace Relations (DEWR). The aim of the project is to develop strategies that will ensure a collaborative and empowering approach to service delivery that recognises the importance of employment very early in the treatment planning process. Traditionally mental health professionals work very intensively with a sole focus on the person's 'mental illness', which is centred primarily on medication and treatment issues. As a result people with mental health conditions are often left disconnected from community and on long term welfare benefits. Whereas Advance Employment's core business is centred around the achievement of open and meaningful employment opportunities and to date Advance has an excellent record in this area. Learning Objectives: 1. Challenges and strategies associated with IMHS (State Govt Dept) and Advance Employment (Gederal funded NGO) working in partnership. 2. The importance of employment being raised at the early stages of ill health.

S09 Workshop - Planning for Recovery
30/08/2006 From: 1130 To: 1300 Venue: Ballroom 3 Jupiters Hotel
Workshop 1.5 Hrs: Planning for recovery.
Ronald Coleman Karen Taylor
This workshop will explore the role of person centred planning as a platform for recovery. We will take participants on a journey of discovery of using person centred planning to show how it can enrich their lives & the lives of consumers. PCP enables people to make natural connections with the society they live in. It enables citizenship & gives a person back the ability to dream & to think of a positive future. This workshop will be experiential & totally interactive. We will look at some of the pcp tools & participants will have a chance to use them with each other. By the end of this workshop participants will be able to identify different planning tools & will be able to explore how the tools could help enable recovery. See Ron Coleman's 'recovery an alien concept' & 'working to recovery workbook'.
**Mark Jackson**

Day Programs have been a part of the Psychosocial Rehabilitation landscape for many decades, but have particularly bloomed in Victoria in the last 15 years. Evolving from a variety of origins, Day Programs have been subjected to very few, if any, thorough critiques. In the last two years the Victorian community-based Psychiatric Disability Rehabilitation and Support (PDRS) sector, and its peak body (VICSERV), has engaged in an extensive review of Day Programs. This THEMs paper presents the results of our practice-based reflection and aims to prompt thinking and discussion about the importance and future of Day Programs. It summarises the theories and practices (past, present and future) which have shaped Victorian Day Programs and flags the Review’s recommended strategic directions. Drawing upon accumulated practice wisdom published in such VICSERV publications as Wissmann (2003) and Pepper (2003), the Review reaffirmed the importance of offering a range of support and rehabilitation options within existing practice frameworks whilst also promoting innovations (such as the community-focussed initiatives advocated by, for example, Rapp). Relevant innovations are also explored for their ability to address the increasingly complex needs of consumers and more sophisticated PDRS practices (for instance in relation to youth issues, dual diagnosis, relapse prevention and recovery). Ultimately the paper urges us to go beyond the descriptively lazy, and to more seriously focus upon the critical elements of these Programs which are so much more than 'day'.


**Mark Salter**

This paper will borrow from both philosophy of science and feminist literature to explore the notion of a privileged epistemological standpoint that is, the idea that there are privileged perspectives that arguably can know the real truth. In sum, this paper is a call for open mindedness, more open healthy debate underpinned by an open-mindedness to the view of the other, and a respect for how each person at a conference such as TheMHS gains their expertise.

Learning Objectives: 1. The audience will be challenged to think about lived experience and clinical-academic experience as offering us two parts of the proverbial elephant. All contain elephant-ness, yet neither know all truth about the elephant. 2. This issue goes directly to how we proceed in our understanding of mental illness, how we use conferences such as TheMHS, and how we value the other. A.F. Chalmers (1999). What is this thing called science -Revised Edition. Queensland University Press.

**Glenda Pedwell  Peta Slattery  Tom Trauer  Lisa Gill**

Routine outcome measurement (ROM) has now been introduced into all Australian public mental health services, but experience suggests that many clinical staff lack expertise in using them. There is a need to assist staff to make the measures useful at the clinical level. In 2005, under the title of QUATRO, the Victorian Department of Human Services set up three teams aimed at consolidating the use ROM and furthering sustainability through a variety of peer support activities. We report an initiative undertaken by the North-east team in early 2006. Following a
call for expressions of interest, four adult community teams (three metropolitan and one rural) were recruited. Following introduction of the project, QUATRO team members attended team meetings fortnightly over approximately three months, contributing to the discussion of consumers identified for review, using local and national OM data and tools, and their own expertise. The findings are mainly qualitative, consisting of observations of factors that assist and hinder use of ROM. In addition, attitudes of participants toward ROM were assessed at the beginning and end of the period, and were compared to evaluate the impact of the intervention. The initiative identifies steps that staff can take to make ROM more useful in their work. Learning objectives: 1. Attenders will gain insight into factors that promote and hinder the use of ROM. 2. Routine outcome assessment is now mandatory in Australian mental health services, but utility is patchy, partly because many staff are unsure how to interpret and use the results. References: Garland, A. F., Kruse, M. and Aarons, G. A. (2003). Clinicians and Outcome Measurement: What's the Use? Journal of Behavioral Health Services & Research 30(4): 393-405. Close-Goedjen, J. L. and Saunders, S. M. (2002). The effect of technical support on clinician attitudes toward an outcome assessment instrument. Journal of Behavioral Health Services & Research 29(1): 99-108.

S11 Services Connecting with Carers/Families
Brenda Spencer
Sydney West Area Health Service is actively engaged in implementing a range of practical initiatives focussed on achieving ‘family friendly’ mental health services. The presenter will describe the key part that systemic carer participation played in the initial phase to establish genuine collaborative partnerships between consumers, carers and clinicians. This commitment to participation demonstrated that the relationship between a service and carers could be transformed to one that replaces confrontation with collaboration. The Connecting with Families and Carers project that was recently undertaken within Sydney West Area Mental Health Service explores the clinical and economic gains associated with enhanced support and capacity building for families and clinicians, as discussed in the literature. The challenge is to develop a culture and clinical practices that value effective family and carer participation. The report identifies some strategies for achieving this collaboration with families and Carers. The presenter explains how a combination of comprehensive systemic carer participation coupled with collaborative partnerships at the individual level will pay significant dividends for mental health services. Carer participation and support is cost effective and can provide benefits to all the stakeholders. In short better carers equals better consumers equals reduced demand at acute care services. Learning Objectives: 1. Develop an understanding of the positive outcomes to be gained from carer participation, carer and family support and capacity building, and inclusion in individual care. 2. Identify strategies, which mental health services can develop to achieve collaboration with families and carers, to achieve better consumer outcomes.

S11 Services Connecting with Carers/Families
Jennifer Black Pamela McIntosh Tania Lewis
The Western QUATRO (Quality Through Outcomes) Project aims to involve the perspectives of consumers, carers and clinicians to plan strategies in partnership, which support the meaningful use of Outcome Measures. The Project reaches out to eleven Area Mental Health Services in the western region of Victoria, with Barwon leading the process. The team consisting of a Consumer Consultant, Carer Consultant and Clinicians has been able to demonstrate and mirror a successful collaborative approach. The term ‘triad of care’ has evolved throughout the consultation process, which describes the three way connection desired by consumers in their journey toward mental wellbeing. The symposium will outline the activities of Western QUATRO with particular emphasis on demonstrating the unique triad approach. It will address the challenges and triumphs.
facing the team in their daily work and subsequent learning from this experience. It will describe the achievements attained through a truly collaborative process which include: An extensive consultation process with consumers, carers and clinicians across western Victoria. Collaborative planning process in relation to the meaningful use of Outcome Measures. A reaching out to Consumer and Carer Consultants working in relative isolation in rural areas and provision of opportunities to network and seek support. Development of a training package to up-skill consumer and carer consultants to be involved in training and education programs. Collaboration with AMHOCN (Australian Mental Health Outcomes and Classification Network) to produce training materials for clinicians. This includes the planning and production of a training DVD featuring Consumers, Carers and Clinicians from the Western Cluster. Ongoing support for Consumer and Carer Consultants to be involved in the training of clinicians in relation to the meaningful use of Outcome Measures. Development of promotional materials (brochures, posters etc.) about Outcome Measures designed in this collaborative way. Support for agencies to roll out Outcome Measures training in partnership with their local Consumer and Carer Consultants. The project addresses some of the outcomes and key directions outlined in the National Mental Health Plan 2003-2008. It specifically considers the following objective: Increased levels of full and meaningful consumer, family and carer participation in policy and service planning, delivery and evaluation at all levels with evidence of improvement in quality. This symposium will demonstrate successful connections in action and will outline the details of the project, with particular emphasis on the learning from this collaborative process between consumer, carer and clinician. Learning Objectives: 1. Workshop participants will gain knowledge about the collaborative process between consumers, carers and clinicians in Mental Health Services. 2. The Western QUATRO project directly addresses objectives in the National Mental Health Plan 2003-2008, particularly in relation to meaningful participation of consumers, families and carers in Mental Health Services. References: Australian Health Ministers National Mental Health Plan 2003-2008, Canberra: Australian Government, 2003. National Consumer and Carer Forum of Australia, Consumer and Carer Participation Policy: A Framework for the Mental Health Sector, National Consumer and Carer Forum, Canberra 2004.

**S12 Graffiti, Art & Recovery**

This presentation showcases an innovative art project collaboration between a public mental health service and a local city council youth service that was aimed at young patients on an acute psychiatric inpatient unit in an inner city hospital. The patient group were less likely to become involved in activities or structured programs on the ward and generally remained isolated and disengaged. By utilising a contemporary art medium, such as graffiti art, that had an appeal to young people, the project endeavoured to engage these patients in an activity that was meaningful to them. By linking with local youth services it was envisaged that this would facilitate patient involvement and longer-term connections within the local community after discharge from hospital. Another aim of the art project was to assist the development of patients’ sense of self-esteem and self-worth especially those patients who had experienced difficulties in areas such as motivation, appropriate expression of feelings or social interaction as well as developing artistic and creative talents. The project also provided harm minimization education regarding ‘chroming’. Another benefit of the art project was the reduction in the incidence of ‘tagging’ on fences and walls in the vicinity of the psychiatric inpatient unit by involving a recognised street artist whose artistic work was valued by youth in the area. Learning objectives: 1. Participants will learn about the importance of creatively tailoring service provision that enables patients to connect with themselves, clinicians and the wider community. 2. Participants will learn of the challenge that the mental health service faced to provide appropriate interventions to patients and how the mental health service addressed this challenge by collaborating with available services within the local community.
S12 Graffiti, Art & Recovery
30/08/2006 From: 1130 To: 1300 Venue: Yongala Room Townsville Entert & Conv Centre
Paper 20 Minutes: Journeys: An exploration of personal journeys through the use of art aimed to raise public awareness and promote personal recovery.
Karlee Wilson
Journeys was a joint project by Sussex on Quinn Day Therapy Centre and the Mental Illness Fellowship of North Queensland. The aim of the project was to enable participants to creatively express their personal journey and experiences of living with a mental illness. The end result is the creation of a series of ceramic tiles which are permanently on display to the local community, thus promoting awareness of Mental Illness and the diversity of journeys people with a mental illness have experienced. These tiles explore happy memories, experiences with a Mental Illness and future goals and dreams. Art has many benefits, which include providing an alternate means of communicating thoughts and feelings, as well as enabling a person to be creative in telling their story. This presentation will aim to provide an understanding of the benefits of art as an effective medium in the facilitation of recovery and how organisations can use this medium to promote the awareness of Mental Illness within the community. Learning Objectives: 1. The audience will gain an understanding of the effectiveness and usefulness of art as a therapeutic medium. 2. The audience will gain an understanding of how art can be used to enhance community awareness of the effects of Mental Illness. References: American Art Therapy Association. (1998). About art therapy. Available from the American Art Therapy Association website: www.artherapy.org; Lloyd, C; Papas, V. (1999). Art therapy within occupational therapy in mental health settings: a review of the literature. British Journal of Occupational Therapy, 62(1), 31-35.

S12 Graffiti, Art & Recovery
30/08/2006 From: 1130 To: 1300 Venue: Yongala Room Townsville Entert & Conv Centre
Paper 20 Minutes: Recovery in Connection.
Gary Noel Platz
This paper explores the Recovery/wellbeing journey in a way which gives personal meaning to ones experience. It also explores the issue that the recovery journey doesn't happen in isolation but in connection with others. The paper examines 2 aspects of the mental illness experience the aspect of distress and the aspect of recovery. It examines these as environments people with the experience of mental illness and there families/friends find them selves in. The environment of distress has 4 basic elements: 1. Hopelessness 2. powerlessness 3. controlled by 4. sense of isolation (Adapted by 4 elements of Recovery, Ragin.) The environment of recovery/wellbeing also has 4 basic elements 1. Hope 2. positive use of personal power 3. self-determination 4. Sense of belonging ((Adapted by 4 elements of Recovery, Ragin.) Recovery/wellbeing is an holistic experience which encompasses the whole being so along with exploring the environment which enhances the recovery process the paper also uses a framework to examine the the whole experience. This also has 4 aspects: 1. The Internal Individual Subjective experience of mental illness (eg. in recovery: making sense of the experience. Why those voices saying those things?) 2. The External individual objective (eg. in recovery: positive behaviour changes, symptom reduction) 3. internal collective subjective experience (eg. in recovery: redefining cultural identity. Who am i in my community?) 4. External collective observable, (eg. in recovery: social inclusion, housing, jobs etc.) (Approach such as that being developed by the Integral Institute (www.integralinstitute.org) (Integral Institute website 2003). Learning Objectives: By the end of this workshop participants will be able to identify what recovery means for themselves & family, grasp a language to describe their experience more fully, use a framework for planning how they can create a recovery environment.
S13 Hidden Treasures
30/08/2006 From: 1130 To: 1300 Venue: Poolside Room Jupiters Hotel
Workshop 1.5 Hrs: Hidden Treasures.
Vanessa Hoad  Linda Weedon  Marion Galbraith
This fun experiential workshop explores the world of the family as a whole when faced with the arrival of mental illness, using the colourful analogy of pirates, Skulduggery, and adventure on the High Seas. How do all the people in these families get their needs met? We argue that it's not the illness or lack of care or concern that leads some of these families into difficulties, but how services provide care, and how families respond to their situation individually and as a unit. The workshop will look at some of the multiple barriers created in tandem from the interaction between the service providers, families, and between individual family members. These barriers are at times created by people who are doing their best and collectively want things to be better - how does that happen? Join us on a journey in search of secret map to find the hidden treasure - the children who are often invisible in these systems. The Central Coast young ARAFMI program has to by default work with the whole ship, its crew and the sea in which it floats. By boarding the whole ship, being fascinated by who is on board, and who is doing what, that equality, empowerment and the mask of invisibility can be challenged. The young ARAFMI program provides services for children and adolescent carers whose lives are affected by mental illness. To be able to reach these young carers there is often quite an extended intervention that by its very nature has to seek out the whole system; the whole system includes the family and the services involved with them. Young ARAFMI workers are not by necessity 'family therapists', but connect with the whole system using a style of wonderment and 'joined up thinking' about each individual's contribution to the whole. Workshop objectives: That there is a win / win of inclusive caring styles. That all contacts can be an opportunity to be inclusive. That this kind of connection style can be done by any individual or service, and is not the same as family therapy. The benefits of discovering the hidden treasure can be both immediate and lasting. References: Australian Infant , Child Adolescent and Family Mental Health Association, 'Children of parents affected by a mental illness scoping project report'. Mental health and special programs and branch, Commonwealth Department of Health and Aged Care 2001. Commonwealth Department of Health and Aged Care 2000. Promotion, prevention and early intervention for mental health - A Monograph. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged care, Canberra. Pages 14- 15 and 50.

S13A Innovations
30/08/2006 From: 1130 To: 1300 Venue: Board Room Jupiters Hotel
Paper 20 Minutes: Reaching out to the workforce: The use of a mobile computer lab to support rater and clinical utility training in the National Outcomes and Casemix Collection.
Timothy Coombs
To date all staff in Australian public sector mental health services have been trained and have begun collecting the measures introduced under the national outcomes and casemix collection (NOCC). The challenge now facing services is to ensure the reliability of the data being submitted (Coombs 2005) and that this data is turned into information to support practice improvement and service development (Andrews and Page 2005). This paper will describe a one day workshop that aims to provide rater retraining along with an exploration of the clinical and service development opportunities of the measures introduced into clinical practice. These opportunities include support for clinician assessment, tools to support engagement between consumers, carers and clinicians, support for treatment planning and reflective practice and measures that can be used to evaluate the effectiveness of service provision. The paper will also describe how laptop computers were used to provide access to the NOCC Decision Support Tool (DST), a tool that provides clinicians and service managers with access to clinical reference material that can be used to inform decision making. The paper will conclude with the evaluation of this training and its implications for future workforce development activities. Learning Objectives: 1. As a result of attendance at this paper participants will have a better understanding of workforce development needs and the potential use of NOCC. 2. As a result of attendance at this paper participants will recognize the importance of providing staff with training and

S13A Innovations
30/08/2006 From: 1130 To: 1300 Venue: Board Room Jupiters Hotel
Anthony Hillin  Rob McAlpine  Judith Jones  Ros Montague  Beverley Raphael
School-Link is a unique statewide initiative in NSW. It is a collaborative venture between NSW Health and the NSW Department of Education and Training designed to improve the recognition, understanding, prevention and management of mental health problems in children and adolescents. A significant component of the initiative has been the School-Link Training Program, an innovative, shared training program that commenced in 2000. The training has been delivered to over 2,000 school and higher education counsellors (psychologists), and adolescent mental health workers, drug and alcohol workers and Juvenile Justice and Community Services psychologists throughout urban, regional and rural NSW. Department of Education and Training psychological staff are mandated to attend the training as part of ongoing professional development. The School-Link Training Phase 1 focussed on depression and related disorders in adolescents and a collaborative approach to working with young people with mental health problems. School-Link Training Phase 2 focussed on self-harm in adolescents. School-Link Training Phase 3: Mental distress and wellbeing in Aboriginal, same sex attracted and culturally and linguistically diverse young people dealt with diversity issues in mental health. School-Link Training Phase 4 addresses Coexisting Mental disorder and drug and alcohol problems in adolescents. All courses have been highly evaluated by participants. Outcomes have included improved referral pathways; increased confidence of school psychologists in managing complex cases; and increased appropriateness of referrals to adolescent mental health services. This paper will describe the development, content, delivery and evaluation of the School-Link Training Program and how the achievements of the training program are being sustained within the School-Link initiative. Learning Objectives: 1. The audience will gain an understanding of how the School-Link Training Program has enhanced staff knowledge and skills, improved referral pathways and increased the capacity of school psychologists to manage complex cases. 2. The School-Link Training Program has proved a successful model for creating interagency goodwill, improving collaboration, and enhancing staff competencies. The model has potential to be widely applied in other contexts. References: Jones, J., Scanlon, K., Raphael, B., Hillin, A., Mc Alpine R., Critchley, A., Stonehouse R., McKie, D., Kerr-Roubicek, H., Meerman, G., 2002, Health and Education working together: The New South Wales School-Link Initiative, International Journal of Mental Health Promotion, 4:36-43. NSW Health Department (in print), School-Link health and education working together. School-Link Training Program Evaluation Report, NSW Health Department, Sydney.

B05 Lunch Debate 1 Hr – N.B. CHANGED TO THURSDAY, 31 AUG - OTHER DETAILS SAME
31/08/2006 From: 1230 To: 1330 Venue: Poolside Room Jupiters Hotel
Robert King and Other Team Members
Chair: John Allan, Director Mental Health Service, Townsville Hospital. There will be speakers for Affirmative and Speakers for Negative: In recent years, the concept of ‘recovery’ has become central in orientation of mental health services. A recovery-oriented service does not disavow the traditional focus on symptoms, disabilities, continuity of care, safety and provision of clinical services. However the traditional focus is tempered by also valuing a new set of priorities: consumers working towards personal goals increasing personal management of illness
developing autonomy and a sense of self as a person rather than an illness participation in the community. Many services and clinicians have been exposed to training experiences and policy guidelines designed to foster a recovery orientation. A recovery orientation has the potential to assist people with mental illness to become less identified with mental illness, less dependent on mental health services and better able to develop a sense of being a worthwhile person, despite having a mental illness. However, some have reservations about the capacity of clinical services to contribute to the recovery journey. Involuntary treatment, assertive outreach and duty of care are powerful forces in contemporary clinical service provision. This raises the question: can mental health services actively promote recovery while delivering effective clinical care or are the contradictions between the requirements of clinical care and the recovery model so fundamental that non-clinical, peer-support and self-help services are the only agencies really able to promote recovery? Come and hear consumers, service providers and researchers debate this critical question - and then determine the outcome with your vote!

S14 Recovery and CBT
30/08/2006 From: 1400 To: 1500 Venue: Auditorium Townsville Entert & Conv Centre
John Farhall  Nerelie Freeman  Frances Shawyer  Tom Trauer
Recovery Therapy is a form of cognitive-behavioural therapy (CBT) that aims to help people who have a psychotic disorder understand and come to terms with their experiences, and to find ways to reduce or cope better with persisting symptoms (Farhall & Cotton, 2002). A randomised controlled trial was conducted at two community mental health services in Melbourne, with 92 participants being randomised to either a therapy group (Recovery Therapy plus standard care; n=45) or a monitoring group (standard care only; n=47). While previous studies have demonstrated improvement in positive symptoms (Gaudiano, 2005), the findings of the present study suggested that other recovery needs, such as personal and emotional issues, might be equally important to address. In this study, symptom improvement was similar across the two groups, however, participants in the therapy group showed a significant improvement in self-esteem at the end of therapy compared with the beginning, and this improvement was sustained at 9 month follow-up. Participants who received standard care alone did not show the same levels of improvement in self-esteem across time. Overall, the findings of the project demonstrate the feasibility of applying CBT for psychosis in a community mental health setting, and illustrate the utility of using CBT to address a broader range of issues pertinent to people with severe mental illness.

Learning Objectives: 1. People attending the session will learn about the application of psychological treatment in a community mental health service, and will gain some insight into the main issues that participants chose to address during therapy. 2. This real-world effectiveness study is particularly relevant to mental health services at this time, given the growing interest of professions, governments and the public in evidence-based mental health treatments and services.


S14 Recovery and CBT
30/08/2006 From: 1400 To: 1500 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: Encouraging Evidence-Based Practice in Rural & Remote Mental Health Services: The Delivery of Cognitive Behaviour Therapy Training via Telehealth.
Michelle Jade Tonkin-Smith
Providing mental health clinicians in rural locations with training and supervision in evidence-based interventions increases consumer accessibility to interventions whilst also contributing to workforce development and retention. The emergence of telehealth has allowed rural and remote mental health services to utilise newer technologies, such as videoconferencing, to assist in the assessment and treatment of consumers. Given the availability of telehealth equipment in rural...
locations, it seems a logical extension for formalised training workshops and supervision to also be delivered to clinicians via telehealth. This study aimed to develop, implement and evaluate a training program in Cognitive Behaviour Therapy (CBT) to clinicians in rural locations using videoconferencing. Training in CBT was delivered to participants in six rural sites in Queensland across the Northern, Central and Southern health areas (Northern Downs, Southern Downs, Gladstone, Emerald, Charters Towers and Mount Isa) using videoconferencing. Additional supervision was provided using teleconferencing and electronic mail. Evaluation of this project included analysis of clinician outcomes, such as feelings of competence in the use of CBT interventions. Building upon past research in this area, evaluation also included consumer outcomes, as clinicians were encouraged to collect mental health outcome variables for consumers receiving CBT. Learning Objectives: 1.to gain an understanding of how telehealth avenues may be used to influence the clinical practice of rural and remote clinicians. 2.this topic is relevant to mental health as it relates to evidence-based best practice for mental health clinicians, and thus to increasing positive consumer outcomes in rural and remote mental health services.

S15 Special Workshop – Compassion Fatigue
30/08/2006 From: 1400 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre
Workshop 1 Hr: Compassion Fatigue
Lidia Genovese
The process of compassion fatigue is a transformation in the health professional’s inner experience that results from empathic engagement of people's pain and at times the helplessness felt in transforming that pain. The effects are cumulative and extend beyond the workplace into the personal and interpersonal world. In the personal domain compassion fatigue can affect our identity as a health professional, our world view and even our spirituality. It may affect our self capacities, ego resources, our beliefs, our sensory experiences, and our motivation. We are so busy doing what we do that we do not stop to reflect on the effect that the work we do has on us. An exploration of our attitude towards self care needs to take place as well as re-evaluating the community's expectations that we should be indestructible. A review of literature carried out by Clode (2004) on behalf of the Royal Australian College of General Practitioners reported that there appeared to be 'a conspiracy of silence' among Medical Practitioners regarding their emotional health. The statistics are alarming. The workshop will explore these issues, give participants an opportunity to assess their level of compassion fatigue and suggest strategies to maintain emotional wellbeing. The focus will also be on practical ideas and exercises to invite the audience to participate.

S16 Reducing Stigma with Young People
30/08/2006 From: 1400 To: 1500 Venue: Palm Room 2 Townsville Entert & Conv Centre
Symposium 1 Hr: Reducing stigma with young people - a SANE approach.
Barbara Hocking Mia Davidson
A major focus of SANE's work is to reduce the stigma associated with mental illness. Stigma leaves people with more than hurt feelings - it contributes to loneliness, distress and discrimination. Indeed, more than 40 negative consequences of stigma have been identified, including discrimination in housing, education and employment and increased feelings of hopelessness. The end result is that many people are reluctant to seek help, less likely to cooperate with treatment, and slower to recover self-esteem and confidence. Tragically, this leads many to suicidal behaviour. SANE's Youth Initiative has a special focus on reducing stigma and encouraging help-seeking in young people. The strategy adopted, which will be outlined in this symposium, includes consultations, approaches to schools, youth-friendly resources, the It's All Right website and StigmaWatch activities with this group. Learning Objectives: 1.Better understand the impact of stigma on young people and the value of taking action. 2.Better understand the approach used by SANE to reach young people to improve attitudes and behaviour.
**S17 From Crisis to Community**  
*30/08/2006 From: 1400 To: 1500 Venue: Ballroom 1 Jupiters Hotel*  
A national approach to mental health – from crisis to community  
Claire Moore  
The report, ‘A national approach to mental health – from crisis to community’ was tabled in the senate in two parts on March 30 and April 28. The inquiry was initially established due to the overwhelming need for clarity in governments’ understanding of the needs of people with mental health issues, the needs of service providers and agencies as well as workforce development issues. The report contains many recommendations and calls on Australia’s governments to rethink how they approach mental health service delivery. Senator Claire Moore was a member of the inquiry and will speak about her experiences of engaging with people across the community affected by mental illness, their families and supporters.

**S18 Collaborative Recovery Approach**  
*30/08/2006 From: 1400 To: 1500 Venue: Ballroom 2 Jupiters Hotel*  
Workshop 1 Hr: The development and implementation of recovery focused case management for people with mental illness and high support needs (AIMhi - high support)  
Robert King   Frank Deane   Trevor Crowe   Kathy Arandt   Larry  
The Australian Integrated Mental Health Initiative (AIMhi) is a NHMRC funded project designed to enhance mental health services for people with chronic and recurring mental health problems. The High Support Stream is a collaboration between the University of Wollongong, the University of Queensland and both clinical and non-clinical mental health services in Victoria, NSW and Queensland. The collaboration has developed a distinctive recovery oriented and evidence-based approach to case management that involves practitioners and clients working together to identify goals and plan activities designed to assist with achieving goals. The project involves an intensive training package for practitioners and materials and resources that assist with goal setting and activity scheduling. The project collects regular data that tracks progress with therapeutic alliance, goal and activity setting and objective and subjective indications of recovery. This symposium will present the key features of the Collaborative Recovery Approach, examine the implementation process, explore the experience of practitioners and clients and present preliminary data on the impact of the model.

**S19 Symposium – MindlinX Primary Care**  
*30/08/2006 From: 1400 To: 1500 Venue: Ballroom 3 Jupiters Hotel*  
Symposium 1 Hr: The ‘MindlinX Model’: Innovative initiatives within Primary Mental Health Service delivery.  
Mari Molloy  Gerrie Earley  Lesley Higgs  Leo Coolhaas  Chris Scanlan  Charmaine Morse  
MindlinX Primary Mental Health Team at Barwon Health, Geelong has been in operation for 3 years, with a workforce of 2.6 EFT. The symposium will present the model’ of service delivery developed by MindlinX to provide an insight into the way in which a small resource has maximised its’ aims of capacity building in mental health literacy, and the promotion of evidence-based treatments for high prevalence mental health disorders. The ‘MindlinX Model’ is comprised of a number of elements, with an overview of each as follows. Element 1: Awareness Raising. Flipper Card and the BLOC. Educating children and young people about mental health and resilience can be achieved through taking a fresh and innovative approach which includes the creative use of colour and graphics; the translation of key health messages into child/youth friendly language; and new and exciting products that immediately engage the target groups. The Flipper Card and BLOC incorporate these elements, and are currently being distributed to students in primary and secondary schools in Geelong. Results indicate successful engagement of the target groups and effective delivery of positive mental health messages. Mental Health First Aid (MHFA) MHFA training is used as a spearhead by MindlinX to increase mental health literacy and reduce stigma. It provides skills and knowledge to assist individuals in managing a potential or developing mental health problem, personally or professionally. The course runs for
12 hours and provides information and education about depression, anxiety disorders, psychosis and substance use disorder. Element 2: Clinical Service. Joint Assessment of Clients with GP at GP practice. MindlinX conducts joint assessments of patients within the GP’s practice. Referrals are usually for GP’s patients who have a treatment resistant depression or anxiety disorder, where the GP feels ‘stuck’ or where they require diagnostic clarification. The assessments aim is to educate the GP about the psychological context of the presenting problem, which then informs treatment planning. The response from GP’s has been overwhelmingly positive. SHADES (Self Help Anxiety & Depression Education Sessions) Program A Cognitive-Behavioural Therapy based group run for two hours weekly over 8 weeks. Referral to the program comes from GP or health care workers. Written feedback on assessment and completion of the course is provided to the referrer. Fifty-three participants completed ‘SHADES’ in 2005. Psychometric measures are collected throughout the course and followed on for 2 years post completion. Symptom relief has been shown to be significant, with the gains achieved being maintained or further improved 12 months post completion. Element 3: Secondary Consultation/Supervision & Networking Depression & Anxiety Special Interest (DASI) Group. Representatives from a variety of regional community service agencies, providing services to people with depression or anxiety meet every six weeks. MindlinX delivers a 1.5-hour training sessions, eg. Assessment of Anxiety Disorders. The group also share information about services, review latest research and have an opportunity to network. Community Health Counselling Meetings. MindlinX facilitate monthly meetings with two Community Health Services, providing education on relevant mental health issues and opportunities for secondary consultation on specific cases. These have resulted in improved levels of confidence in staff dealing with mental health issues, and in some instances, changes in policy and procedure within organisations. Element 4: Education & Training. Better Outcomes in Mental Health Initiative (BOHMI) Level 1 Training for GP’s MindlinX provide Level 1 training to GP’s who have elected to meet the requirements for registration under the Commonwealth BOHMI. This training encompasses information on clinical signs of depression and anxiety disorders GP’s are likely to encounter: assessment of the individual; formulation and treatment planning; evidence based treatment emphasising those things the GP can best do in the limited time they have available. SHADES Facilitator Training This program was developed to encourage clinicians to establish their own groups, and introduces the principles and practice of Cognitive Behaviour Therapy. Forty-six allied health/nursing staff from a variety of agencies, including public mental health, general counselling, community health, NGO’s and private practise have now completed this training. Many have used the material with individual clients; others are regularly running SHADES groups with their own clients. Specialist Clinical Education MindlinX provides local agencies and organisations with education and training on specific mental health topics on request, e.g. Regional Child Protection Services staff on working with Borderline Personality Disorder clients and Barwon Prison Education - a general introduction to common mental health problems.

S20 Symposium - Real Participation & Affirmative Accion in an NGO
30/08/2006 From: 1400 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Symposium 1 Hr: Reaching out and connecting with real Consumer Participation in a non-government organization. The PRA Experience.
Janet Meagher Annie Sykes Dodie Bennett Robert Heffernan Peter Bragg
PRA has committed itself to an affirmative action process in recruitment of staff, trainees, contractors as well as enabling service users to participate in the processes of the organization to a great extent. We don't do this at the expense of quality of service provision, in fact, it is believed that quality of service interactions has improved markedly. Staff are employed because we believe that they have something to offer the organization, they are appropriately qualified and they fit position requirements. We employ appropriate individuals for the job and we particularly suggest that people with personal experience of a mental health problem are encouraged to apply. There have been a few difficult issues, there have been some confronting challenges and there has been overwhelming acceptance. Most of all, people have gained opportunities for personal development, growth and self esteem. Their jobs are real jobs, with normal expectations and the usual challenges. The benefits to the organization outweigh any
negative issues. Affirmative action isn't hard or 'rife with problems', it is at times easier than recruiting 'normal' staff. People are more self aware and empathetic with service users, they break down bias and negativity. Sometimes they need more affirmation and honest feed-back, but the reverse of that, is they are very willing to be flexible and adapt to the service model and requirements. Reasonable accommodations may need to be in place but are rarely used. From their own experience we will hear from a range of participants across the spectrum.... -Peter, a service user who is a representative of one of the consumer committees - Robert, a consumer who has moved from a service user role to that of a team leader, - Dodie who as a professional woman and consumer is employed as service coordinator in a very demanding service environment, -Janet has been a consumer activist for many years and is a director of management level in the organization and finally.- Annie, PRA's independent advocate, is contracted directly to PRA's board to provide consumer advocacy in a manner completely independent of PRA management or administration. All will put forward their perspective of strengths, weaknesses, opportunities and threats of this type of consumer participation experience in a non government organization. Hopefully more agencies and organizations will commit to such a program and add to the limited range of opportunities available to consumers. If Australia is moving towards the Consumer Operated Services model we really need to have a number of consumers experienced at multiple levels of organizations. We need to ensure Experience beyond that of being a consumer or of being a consumer worker. Learning Objectives: 1. This Symposium will impart the lessons learned by a traditional NGO engaging in an affirmative action strategy. We will address the strengths weaknesses opportunities and threats that such a process entails. 2. PRA's experiences of actively engaging consumers across the spectrum of service delivery, advocacy and administration as advisors, staff, directors and contractors will illustrate a model that is transferable and real. References: New Paradigm, VICSERV, March 2004, Making it Work! Wendy Steinberg, Canadian Mental Health Association. Toronto. 2001. Business Partnerships, Employment Outcomes. Balser, R., Hornby, H., Fraser, K., McKenzie, C., Maine Medical Center, Portland 2001.

S21 Aboriginal Workforce: Training & Staffing
30/08/2006 From: 1400 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes Joining the dots to amplify Aboriginal and Torres Strait Islander peoples’ mental health issues.

Jane Havelka Tom Brideson Cathy Powell
Within the curriculum of the Djirruwang Program an annual 'Gathering about Professional Issues in Aboriginal Mental Health' has been included. The Gathering (student conference) is a compulsory assessment item for the students of the Djirruwang Program at Charles Sturt University at Wagga Wagga that commenced in 2004 and has now become an annual event. Third year students undertaking the subject HHS 310 Professional Issues in Mental Health are required to organise all aspects of the Gathering including an evaluation report. In addition each Student is required to give a 15 minute presentation on a topic of their choice with a broad focus on Professional Issues in Aboriginal Mental Health. Students are also required to prepare an article on this topic to a quality that could be published in the future. These assessment items will provide a strong foundation in professional development and contribute to the published material on the issues in Aboriginal mental health. Two articles on the Auseinet website relating directly to the Djirruwang Program are; http://auseinet.flinders.edu.au/journal/vol3iss3/brideson kanowski.pdf http://auseinet.flinders.edu.au/journal/vo 13iss3 /bridesoneditorial.pdf. In 2005 both Professor Raphael and Mr Tom Calma gratefully accepted the Djirruwang Program's invitation to attend as Keynote Speakers. Professor Raphael has a long term interest in promotion and prevention in mental health, with special reference to child and adolescent mental health, women's mental health, Aboriginal mental health and family issues. She has also been involved in the development of Aboriginal Mental Health Policy and is the joint author or the Ways Forward Report into Aboriginal and Torres Strait Islander Mental Health. Mr Calma's has an important interest in Aboriginal Mental Health as the Aboriginal and Torres Strait Islander Human Rights Commissioner with the Human Rights and Equal Opportunity Commission. In 2004 at the inaugural gathering Dr Helen Milroy (Child Psychiatrist) was the Keynote Speaker.
Dr Milroy is the only Psychiatrist in Australia that is from an Aboriginal background. Dr Milroy is a prominent member of the Royal Australian and New Zealand College of Psychiatrists Indigenous sub-committee and was instrumental in the development of the College's Position Statement on the Aboriginal Mental Health Workforce. In both 2004 and 2005 student gathering there were more than 70 people ranging from existing students, University Staff, student supervisors, family members, Aboriginal Medical Services and the mainstream Mental Health System as well as representatives from the Rural Mental Health Research Centre at Orange. The Djirruwang Program is particularly interested in promoting valuable role models for students to be inspired by and to continue their learning through the development of important networks. This and other information will be shared in the presentation and paper. Learning Objectives: 1. Participants will understand the innovative ways that the Djirruwang Program is connecting with the mental health industry, educational organisations and Aboriginal communities, throughout its curriculum. 2. Participants will appreciate the multi-dimensional approaches to Aboriginal mental health issues being delivered by the Djirruwang Program. References HHS 310 Professional Issues in Mental Health Subject Outline & Study Guide. Barnes, R., Morris, K., Sanders, L., Powell, C. Aboriginal Mental Health Conference Report 2005 ‘A Gathering about Professional Issues in Aboriginal Mental Health’ Djirruwang Program Third Year Student Conference 29th September, 2005 Charles Sturt University, WaggaWagga. http://www.csu.edu.au/faculty/health/clinical/mentalhealth/http://auseinet.flinders.edu.au/journal/vol3iss3/bridesonkanowski.pdf http://auseinet.flinders.edu.au/journal/vol3iss3/bridesoneditorial.pdf.

S21 Aboriginal Workforce: Training & Staffing 30/08/2006 From: 1400 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre Paper 20 Minutes: Rural and remote Aboriginal mental health - meeting the challenges. Colleen Prideaux Jackie Ah Kit Lourdes Ordasi Inge Kowanko Helen Murray Charlotte de Crespigny

Recent aggregated statistics confirm our experience as Aboriginal health service providers and our participatory action research (2) that Aboriginal people in the Eyre Peninsula region of SA are living with many challenges to their health and wellbeing. Mental health disorders are prevalent and complex, and include substance misuse, grief and loss, and diagnosed mental illnesses, often complicated by other physical health problems, trouble with the law, and social support needs. The effects on individuals are profound, and extend to families/carers and communities. Services are inadequate, under-resourced, often inaccessible or inappropriate, and struggling to meet the complex needs of their clients. Issues identified at CKAHS and PLAHS include: cultural respect, workforce recruitment and retention, professional development, confidentiality, communication, and coordination of care. Practice innovations and strategies being developed through participatory action research include: using traditional and modern approaches side by side, psychiatrist visits communities and works closely with families, flexible short courses based on local workforce training needs, training that brings together workers from different sectors and encourages collaboration, mental health promotion, case management approach, advocacy for policy and legislative change, effective and agreed referral documentation, protocols to ensure sharing of information critical to patient safety while safeguarding confidentiality. Learning objectives: 1. Audience will learn about the challenges for rural/remote Aboriginal health services in providing care for their clients with mental health problems and how they are being addressed in the Eyre region of SA. 2. Mental health services need to understand the complex needs and issues affecting Aboriginal communities, and develop innovative, culturally respectful and collaborative solutions. References: South Australian Aboriginal Health Partnership (2005). Knowing the Business - SA Aboriginal health indicators 2005. SA Department of Health, Adelaide. Kowanko I, de Crespigny C, Murray H (2003). Better medication management for Aboriginal people with mental health disorders and their carers - Final Report 2003 Inprint Design, Bedford Park http://nursing.flinders.edu.au/research/reports/QUMfinalreport.pdf
S22  Working in Partnership
30/08/2006 From: 1400 To: 1500  Venue: Yongala Room  Townsville Entert & Conv Centre
Phil Campbell  Samuel Lesevic
This paper examines the contrast between two models of working in partnership with service users. It will discuss how being involved in any process at a consultative, or participation level can be disempowering to the individuals contributing. It also touches on how the development of actual partnering processes around specific tasks relating to service delivery can provide opportunity for valued and relevant contribution. Two individual models will be examined, one which was trialled within a psychiatric service for four years from 1999 to 2003. This model was based around a format of regular consultation with interested service users. The second model which is currently active within the same service will also be examined; this model is framed around partnering with interested service users on specific service delivery processes. Observations and perspectives from service staff involved in both processes will be presented in the paper, current service user partners will also contribute their observations and perspectives about the process they are involved in developing. Both inspirational and energising this paper will give real life accounts from service users of being respected as equals and partners and how this has positively impacted them. Learning objectives: 1. As we know service user involvement within the sector is vital, but how can this be implemented to provide quality and valued outcomes for everyone involved. This paper will help to answer some of those questions for both service providers and service users and give some assistance in developing strategies when setting up frameworks to work within. 2. Representatives from mental health services are continuing to explore how best to develop valuable relationships with their service users, this paper analyses that process. Issues relevant to mental health will also be explored when touching on actual service user accounts of both positive and negative influences relating to their involvements and partnerships. References: Arnsteins ladder of Participation (Arnstein 1969) http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html. Guiding Principles for consumer Participation, a resource document for Psychiatric Disability support Services and Consumers.http://www.cru.org.au/projects/consumerparticipation/CPPrinciples.pdf

S22  Working in Partnership
30/08/2006 From: 1400 To: 1500  Venue: Yongala Room  Townsville Entert & Conv Centre
Paper 20 Minutes: The PECC-ing Order” The Role of Psychiatric Emergency Care Centres (PECC) in Acute Care
Peter McGeorge
Following on from the reported success of the PECC in Brisbane, 9 PECCS are being funded in NSW. The most recently established include those in the South East Sydney Illawarra Area Health Services, at St Vincent’s Hospital in inner city Sydney and St George Hospital in Kogarah. While over 500 patients have been admitted to the St Vincent’s PECC over the last 9 months with no reported serious after-events such as suicide or access blockage in the Emergency Department. Inpatient admissions have been reduced and consumers appear satisfied with the service. Nevertheless PECC’s have been criticised as stigmatising of consumers and a waste of money. The results of the St Vincent’s PECC are presented and discussed in the light of these criticisms and models of optimal acute care.

S23  Workshop Benchmarking Quality
30/08/2006 From: 1400 To: 1500  Venue: Poolside Room Jupiters Hotel
Workshop 1 Hr: Connecting services for quality improvement: Benchmarking in Mental Health Services.
Timothy Coombs  Grant Sara  Tom Callaly
The need for continuous quality improvement in mental health has long been recognized. One way of supporting this improvement process is through benchmarking. Benchmarking is a systematic process of searching for and implementing a standard of best practice within an individual service or similar groups of services (Bullivant 1994). The challenge for mental health services is to create a meaningful set of indicators along with the culture and processes that
enable benchmarking to take place and become an accepted part of quality improvement activities (Eagar et al 2003). This symposia will provide an opportunity to learn more about the benchmarking activities that are occurring at a national, state and local area level in Australian mental health services. It will describe what to benchmark and who or what to benchmark against. It will not only explore different approaches to benchmarking and the challenges these approaches face but the opportunities for quality improvement uncovered through the process of benchmarking. At a national level the Australian Mental Health Outcomes and Classification Network will describe benchmarking forums that use the national mental health performance framework and 13 agreed national key performance indicators as the basis to connect 24 organisations or 10% of Australian public sector mental health services. At a state level in New South Wales InforMH, the NSW statewide mental health information development service, will outline its activities supporting benchmarking activities connecting non-acute admitted mental health services. Finally at a local level the experience of Barwon mental health service connecting with other services through benchmarking activities will highlight the implications for individual services. Learning Objectives: 1. As a result of attendance at this symposia participants will have a better understanding of the process of benchmarking and current benchmarking activities in Australian mental health services. 2. As a result of attendance at this symposia participants will recognize the importance of connecting services and sharing information to improving the quality of service provision. References: Bullivant, J.R.N. (1994) Benchmarking for continuous improvement in the public sector. UK: Longman. Eagar, K. Burgess, P. and Buckingham, B (2003) Towards National Benchmarks for Australian Mental Health Services. ISC Discussion Paper No 4. Commonwealth Department of Health and Aging, Canberra.

S23A Motivational Interviewing
30/08/2006 From: 1400 To: 1500 Venue: Board Room Jupiters Hotel
Workshop 1 Hr: Motivational Interviews
Tom O'Brien
Active engagement is often difficult to achieve when clients see no reason for change or have developed a habit of passive compliance rather than active participation. Assisting clients to become active participants through goal setting and recovery focused activities is a core skill for clinicians. Motivational interviewing (also known as motivational enhancement) is a well developed, evidence-base set of clinical skills and strategies designed to facilitate this process. This workshop enables participants to develop understanding of and competence in the practice of motivational interviewing. The workshop is experimental and is delivered through interactive teaching methods to ensure participants learn, revise and develop these essential clinical skills. It is suitable for both experienced and relatively new practitioners and will be an opportunity for people to focus on developing highly competent interpersonal skills with the focus on engagement and motivation of both new and existing clients.

S24 Beyond Partnership Towards Quality Services
30/08/2006 From: 1530 To: 1700 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: Quality is Everyone’s Business - RFNSW’s journey to becoming a quality driven service.
Leonie Manns  Kris Sargeant  Paul Langdon
The Richmond Fellowship of NSW (RFNSW) has long been cognisant of the need to provide quality services and has always maintained that all service users have a right to a service that leads the field in its standard of care. Over the recent past RFNSW has been clear that the process of quality service delivery needs to be formalised and that all organisations in the mental health sector must adhere to the highest standards of care and service provision. During 2005 the staff and service users have participated in an internal quality review process with an external review in December 2005. The organisation developed and funded a dedicated position and employed a full time quality assurance coordinator. It is not easy to critically and honestly examine your own organisation and it is essential to motivate all of the stakeholders as you examine the attitudes, values, processes and practices openly and inclusively. Staff and service users need to be fully engaged to sustain their participation and enthusiasm for ongoing
commitment to the development of a quality driven service. This paper will explore the RFNSW quality journey by examining the history of the process as well as the experiences of the past year as the hands on review has occurred. It will seek to identify barriers and obstacles as well as highlight the positive outcomes of the experience. Learning Objectives: 1.To ensure audience has a better understanding of supported accommodation services. 2. To encourage a commitment to the delivery of high quality services.

S24 Beyond Partnership Towards Quality Services
30/08/2006 From: 1530 To: 1700 Venue: Auditorium Townsville Entert & Conv Centre
Stephen Brand
The term partnership is becoming almost cliché within Mental Health parlance, policy and rhetoric. It is jargon, it is a Weasel word meaning what you do with someone. We are there to partner with him in those efforts (Don Watson 2004) But what should it really mean? Mental health clinicians engage in partnerships at a clinical level and services (public, private and NGOs) engage in partnerships at an organisational level. Why has there been such a big deal around partnerships in contemporary service delivery systems? This paper will unpack the meaning of partnership as it applies to the contemporary Mental Health industry. The presenter will use examples from the implementation of the HASI (Housing Accommodation Support Initiative) Program in NSW which is a program where partnership is integral to implementation and outcomes. HASI is a program dependent on partnerships from the minister’s of Health and Housing down to the clinicians on the ground and between Area Mental Health Services, social housing providers and with a number of large NGOs. In a service delivery environment where mental health is everyone’s business, strong partnerships between the providers are required to ensure the success of new programs and funding initiatives. Partnerships are built on mutual respect, knowledge of the each partner’s core business and common agreed on objectives. The key partners are the consumer and their families. How do we ensure the consumer in on the ground level of these crucial partnerships? Learning Objectives: 1.The characteristics of an effective and productive partnership and the pitfalls and barriers. 2.How the application of good partnership practice has produced results for clients. References: Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders. 2002 NSW Health. The Kit, A guide to the advocacy we choose to do, Mental Health Branch, Commonwealth Department of Health and Family Services. 1998

S24 Beyond Partnership Towards Quality Services
30/08/2006 From: 1530 To: 1700 Venue: Auditorium Townsville Entert & Conv Centre
John Mendoza
The commitment by all Australian Governments to act on mental health at the February COAG meeting heralded a once in a generation opportunity for state and federal leaders to cooperate for the good of the four million Australians who experience mental illness each year and their families. The MHCA’s Not For Service report, launched in October 2005, exposed the failures of the existing Australian mental health system and called for urgent and fundamental reform, reaching beyond health to encompass issues of housing, education, community services etc. Central to the Council’s advocacy was that a fundamental reorientation of the Australia’s mental health system was necessary to ensure a concentration on early intervention and home-based care in the new National Action Plan. Mental illness is a key factor in social exclusion, leading to unemployment, poor housing, poor health and family breakdown. Investment in specific strategies designed to prevent this social exclusion is urgently required to re-integrate people with a mental illness who may otherwise fall through the net. The priorities for Australia’s future mental health system are clear. We need: services that re-connect people with mental illness with their families and avoid long term alternative accommodation;a focus on recovery for people with a mental illness so they can complete their education or go back to work and participate in social activity;a much greater role for the community and private sector partnerships with governments. Learning objectives: 1.The views of the peak body in mental health on the new...
mental health action plan. 2. The national action plan is relevant to all people in Australia who currently, or in the future experience a mental illness, along with their carers, service providers etc.

S25 Special Workshop – Compassion Fatigue Continued
30/08/2006 From: 1530 To: 1700 Venue: Palm Room 1 Townsville Entert & Conv Centre
Workshop 1.5 Hrs: Compassion Fatigue continued from S15
Lidia Genovese
The process of compassion fatigue is a transformation in the health professional's inner experience that results from empathic engagement of people's pain and at times the helplessness felt in transforming that pain. The effects are cumulative and extend beyond the workplace into the personal and interpersonal world. In the personal domain compassion fatigue can affect our identity as a health professional, our world view and even our spirituality. It may affect our self capacities, ego resources, our beliefs, our sensory experiences, and our motivation. We are so busy doing what we do that we do not stop to reflect on the effect that the work we do has on us. An exploration of our attitude towards self care needs to take place as well as re-evaluating the community's expectations that we should be indestructible. A review of literature carried out by Clode (2004) on behalf of the Royal Australian College of General Practitioners reported that there appeared to be "a conspiracy of silence" among Medical Practitioners regarding their emotional health. The statistics are alarming. The planned workshop will explore these issues, give participants an opportunity to assess their level of compassion fatigue and suggest strategies to maintain emotional wellbeing. The focus will also be on practical ideas and exercises to invite the audience to participate.

S26 Workforce Training Issues
30/08/2006 From: 1530 To: 1700 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Staff learning needs - Depression; diversity issues; and coexisting mental disorder and substance use problems, in adolescents.
Anthony Hillin  Rob McAlpine
The findings of learning needs analysis conducted for innovative, interagency, multi-profession training in adolescent mental health will be discussed. The needs analysis was conducted for School-Link Training Phase 3: Mental distress and wellbeing in Aboriginal same sex attracted (SSA) and Culturally and Linguistically Diverse (CALD) young people and School-Link Training Phase 4: Comorbid mental disorder and drug and alcohol abuse in adolescents. These courses are delivered to over 2,000 clinicians across NSW, comprising school and TAFE counsellors (psychologists), adolescent mental health workers, drug and alcohol workers, and psychologists in Juvenile Justice and Community Services. An extensive learning needs analysis was undertaken involving focus groups and questionnaire surveying a statewide sample of course participants; a literature review; and consultation with an expert advisory group. Additionally, the assessment of staff learning needs in relation to Aboriginal young people also sort the views of a large representative reference group of key stakeholders, Aboriginal Elders, parents and young people. Participants' location and employing agency as well as experience level were considered variables that might influence learning needs. Learning needs questionnaires were developed for these studies. They were mailed to a structured statewide sample. The participants who responded were representative of the target audience in terms of gender, location, agency and experience. Significant differences were found between learning needs in relation to location but no significant differences were found in relation to agency or experience. Commonality was found between priority learning needs in relation to Aboriginal, SSA and CALD young people and in relation to Coexisting mental disorder and substance use problems in adolescents. This presentation will draw a comparison between the learning needs of staff in rural/regional and metropolitan locations. Differences in learning needs based on staff gender, employing agency and profession are also addressed. Issues of interagency collaboration, service access, client engagement, assessment and treatment will be discussed. The School-Link program is an innovative initiative between NSW Departments of Health and Education and Training with the aim of improving mental health outcomes for young people. Learning Objectives: 1. The

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audience will gain an understanding of the results of research into staff learning needs regarding:
a. mental health and wellbeing in Aboriginal, same sex attracted and CALD young people and b. coexisting mental disorder and substance use problems in adolescents, including differences between rural and metropolitan locations. 2. The research is the first of its kind in Australia measuring the learning needs of interagency staff working with adolescent mental health. It provides a successful model for the development of interagency training, which has potential to be widely applied in other contexts. References: Jones, J., Scanlon, K., Raphael, B., Hillin, A., McAlpine R., Critchley, A., Stonehouse R., McKie, D., Kerr-Roubicek, H., Meerman, G., 2002, Health and Education working together: The New South Wales School-Link Initiative, International Journal of Mental Health Promotion, 4:36-43. Hillin, A and McAlpine B., Staff learning needs regarding mental health of Aboriginal, same sex attracted and culturally and linguistically diverse young people (note in press, contact 0438 972 449 for details).

S26 Workforce Training Issues
30/08/2006 From: 1530 To: 1700 Venue: Palm Room 2 Townsville Entert & Conv Centre
Heidi Freeman
What is the perception and understanding of artist held by a person diagnosed with mental illness? How The presentation outlines developments in the Mental Health Co-ordinating Council’s NGO Development Strategy. The Strategy aims to strengthen the capacity of NGOs providing services to people with a mental illness. The Strategy’s initial work focuses on workforce development and quality review. MHCC is working to build a comprehensive, clear and relevant set of training options for workers in NGOs providing mental health services, including: A voluntary minimum standard of training A traineeship Short training courses - introductory, intermediate, advanced New accredited courses Post graduate qualifications Resources to assist learning A training calendar Research and dissemination of information about best practice in the areas of service provided by NGOs Pathways for consumers to enter the NGO mental health workforce The Strategy is also working to assist NGOs in the use of quality review systems and evidence based practice. Detailed research has been undertaken concerning the implications of quality review systems for the NGO sector and recommends how they should best be introduced within NSW. Learning Objectives: 1. Understanding ways to strengthen the capacity of NGOs providing mental health services. 2. Understand key issues facing and shaping the NSW NGO mental health sector. References: Mental Health Co-ordinating Council, Options Paper - Training and Other Workforce Development for the Mental Health NGO Sector, September 2005, www.mhcc.org.au. Jonine Penrose-Wall, Lets discuss evaluation before we measure outcomes: situating the need to evaluate in mental health NGO theory, practice and aspirational contexts. MHCC Seminar Presentation 2005. www.mhcc.org.au

S26 Workforce Training Issues
30/08/2006 From: 1530 To: 1700 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: A regional and rural outreach model of specialist mental health care for a multicultural NSW.
Terezija (Teresa) Petric
In 2002 the NSW Transcultural Mental Health Centre (TMHC) established a one-day per month outreach service in Wollongong, for people of Portuguese speaking background. The outreach service was developed in partnership with the Illawarra Multicultural Health Unit. The provision of this outreach service enabled the TMHC to address the mental health needs of people from a culturally and linguistically diverse background who live in regional and rural areas of NSW. The outreach service provides mental health assessments, counseling and family and group psychoeducation in the client's own language. Further development of the outreach services followed, with the establishment of the Italian and Macedonian clinics in Wollongong in 2003 and 2004, and in 2005 a service for Macedonian men began in Queanbeyan and also for the Afghani and Italian communities in Griffith, in the Greater Southern area of NSW. This paper presents information about these specialist outreach services/clinics, reflecting the model used, the range of clinical work provided to clients, the mental health issues faced by the clients, the
appropriateness of this model in providing specialist mental health care for CALD communities outside the Sydney metropolitan area and what the implications for the future are given resource and service constraints. Learning Objectives: 1. To enable participants to gain knowledge and understanding of the issues facing people with CALD backgrounds, living in regional and rural areas of NSW. 2. To enhance understanding of current practical problems of appropriate service delivery facing a specialist statewide mental health service trying to address needs of people with CALD backgrounds and show the possibilities and limitations of models of care given resource and service constraints. References: Cord-Udy, N. 'The Medical Specialist Outreach Assistance Programme in South Australia at 2 years' Australasian Psychiatry, 12(2) June 2004 Dossetor DR., Nunn KP, Fairley M, Eggleton D.'A child and adolescent psychiatric outreach service for rural New South Wales: a telemedicine pilot study', Journal of Paediatrics & Child Health, 35(6) December 1999

S27 Community Wellbeing and Services
30/08/2006 From: 1530 To: 1700 Venue: Ballroom 1 Jupiters Hotel
Vanessa Poelina
How do we become more effective and respectful cross-cultural practitioners and organisations in providing services to Aboriginal peoples? What real life factors are involved in providing sensitive and effective services to Aboriginal peoples in the Kimberley? What are the challenges, obstacles and opportunities affecting good cross-cultural work? What are some practical guides to practitioners in developing ourselves and our teams and organisations into effective, best practice cross-cultural services within Aboriginal communities? How do our worldviews shape the ways in which we work? There is extensive discussion in academic and clinical writings, and in policy, on the impact of professional, organisational, and personal worldviews of health practitioners on our capacity to be sensitive, respectful and effective in providing service to Aboriginal peoples. In particular, the AHMAC Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009, and related State policy guidelines, contribute to clearer, action-oriented directions. There is sometimes a gap, however, between such conceptual guidelines and the on-the-ground, practical questions by individuals and teams about how we examine, challenge, adapt or expand, and communicate about our world views and work practices towards becoming more effective service providers with Aboriginal peoples. The aim of the paper is to provide some frameworks for discussion of the question 'How do we become more effective and respectful cross-cultural practitioners and organisations'. The presenter will draw on her own experience in the Kimberley, on current discourse about decolonisation and cultural security, and be encouraging input by and dialogue with participants. Discussion will scope the practical issues for clinicians and managers, and examine individual, team and systemic factors that may contribute to better service provision.

S27 Community Wellbeing and Services
30/08/2006 From: 1530 To: 1700 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: Art Psychotherapy, Borderline Personality Disorder and Dialectical Behaviour Therapy.
Megan Shiell
How can art psychotherapy play a unique role in the treatment of clients with Borderline Personality Disorder (BPD)? Reviewing the art psychotherapy literature and noting the current models of treatment, I will analyse how art psychotherapy can be used in conjunction with Dialectical Behaviour Therapy (DBT) to assist with the symptoms of BPD. Art psychotherapy offers three levels of experience for the client. Firstly, the physical, the unique space containing materials. Secondly, the emotional, accessing of unconscious material and feeling states through creativity, contained in a safe therapeutic relationship. Thirdly, the intellectual, the opportunity to develop an 'observer self' to reflect on the original object created. Clients can become aware of habitual patterns in their behaviour and gain insight into how to moderate their emotional reactions. Clients learn recovery skills in two ways, through the strategies taught in DBT and through the art experience cementing these skills in visual form. I propose that art psychotherapy

S28 Parents with a Mental Illness
30/08/2006 From: 1530 To: 1700 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Service connections for children of parents with mental illness and their families
Vicki Rivers Cowling Matthew Garrett Allison Kokany Joanne Sinclair

This paper describes the development of a collaborative approach to working in community mental health with clients who are parents, and their dependent children. Included in the document Principles and Actions for Services and People Working with Children of Parents with a Mental Illness are guidelines recommending workers assist parents in that role through education and guidance, support children to express their own feelings and experience, and enhance communication within the family. The model described here is one of joint working between adult mental health and child and adolescent mental health, and the family, which aims to achieve these goals. Joint working acknowledges the separate needs, enables clinicians to focus on the parent, or the children respectively, and enables an approach which respects the family as a unit. Sessions begin with the family and clinicians present, the adult mental health Family Worker then meets with the parent, with the child and adolescent mental health clinician talking with the children. The session concludes with family and clinicians meeting together to plan the goals for change during the period until the next meeting. The approach also has an educative component for clinicians in the adult mental health service. They will be able to observe the family work through a one way screen, and later discuss the approaches used in working with the family and the children. Learning Objectives: 1. The model provides a practical example of adult and child and adolescent mental health services working together: to respect the natural structure and hierarchy of the family, and within this framework develop new solutions with the family, (Cooklin & Gorell Barnes, 2004) and to enhance the mental health and wellbeing of the children through giving them the time and opportunity to express their worries about their parent, and for themselves. The structure of a session will be described, and the strategies used to engage with, and elicit the children’s expression of their thoughts and feelings will be outlined. 2. The need for collaboration in mental health service provision to parents with mental illness who have dependent children has been forcefully promoted for some time, and is included in the Principles and Guidelines document. This presentation demonstrates how an effective connection between two service types can work effectively for the family, and at the same time enhance professional knowledge and skills of adult mental health clinicians. References: AICAFMHA (2004). Principles and Actions for Services and People Working with Children of Parents with a Mental Illness. Stepney, S.A.: AICAFMHA. Cooklin, A. & Gorell Barnes, G. (2004). Family therapy when a parent suffers from psychiatric disorder. In M. Gopfert, J. Webster and M.V. Seeman (Eds.) Parental Psychiatric Disorder: Distressed Parents and Their Families (2nd. Ed.). Cambridge: Cambridge University Press.
S28 Parents with a Mental Illness  
**30/08/2006 From: 1530 To: 1700 Venue: Ballroom 2 Jupiters Hotel**

**Paper 20 Minutes:** Connecting it all together: facilitating an adult mental health service to work effectively with consumers who are parents and their children.

**Becca Allchin  Rose Cuff**

Like a puzzle, creating system and culture change requires fitting the right pieces in a specific way together at the right time. This paper will take the participant on the VicChamps (Eastern Health Adult Mental Health Program) project’s three-year journey of enhancing an adult mental health program’s response to consumers as parents, their children and families. It will highlight the key pieces needed to connect it all together: identifying grassroots ‘champions’, senior leadership direction, structures to support the work and the workers, middle management support, clearly defined roles and ongoing skilling of the workforce, and above all, patience. This paper will explore the process of connecting these pieces to provide a more coordinated and comprehensive response to clients who are parents and their families, and the mechanisms in place to sustain these changes. 

Learning objectives: 
1. Participants will gain an understanding of the complex pieces and connections required to create sustainable system change. 
2. Adult mental health services increasingly recognise the benefit of working with their clients who are parents on parenting issues, but often lack the infrastructures to manage this effectively.

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S28 Parents with a Mental Illness  
**30/08/2006 From: 1530 To: 1700 Venue: Ballroom 2 Jupiters Hotel**

**Paper 20 Minutes:** VicChamps: evidence based practice in working with parents affected by mental illness and their children.

**Kirsten Green  Rose Cuff  Becca Allchin  Daryl Maybery  Andrea Reupert  Mel Goodyear**

The three-year VicChamps project (2003 – 2006) has developed a model of best practice in working with parents who have a mental illness and their children including other family members. There are a raft of strategies that the project has employed to directly assist children and families. This has included strategies which increase the capacity of workers and create systemic change. Importantly, it is one of a few such projects to have had the benefit of an independent team conducting a comprehensive evaluation. The evaluation team from Charles Sturt University (Wagga Wagga) looked at a number of components including the impact of the peer support programs on children’s self esteem, coping, problem solving capacity and connectedness as well as the satisfaction of children and parents with the programs in general. Differences between the rural and metropolitan setting were noted as well as working from a community organisation as opposed to a clinical mental health service. Workforce capacity has also been evaluated during the project along with the role of teachers in primary schools. The key findings and recommendations arising from the project will be highlighted from the final report, including the need for further research in this area. 

Learning objectives: 
1. Participants will learn about the findings generated from the VicChamps project and what measures were used most effectively. 
2. The need for evidence based practice in developing best practice models of care for parents with mental illness, their children and families is now indisputable. 

References: Maybery, D., Reupert, A. and Goodyear, M. (VicChamps Evaluation report yet to be published)

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S29 Journeys in Recovery  
**30/08/2006 From: 1530 To: 1700 Venue: Ballroom 3 Jupiters Hotel**

**Paper 20 Minutes:** How We Connect the Worker and the Consumer in the Journey of Recovery.

**Shirley Roberson  Karen Talyor  Ron Coleman**

This presentation will explore the Making Recovery Happen training that has been implemented in New Zealand and the UK. Although the concept of recovery is accepted and recognised (Coleman, 2004), the key skills for staff to work in a recovery focused way have not been explored in depth. This programme was designed to enable staff and consumers to be able to initiate, design and run recovery-based programmes and teach others. The learning outcome for most participants was discovering that recovery was about stripping away the layers of professionalism, about understanding who and what we are. Until a worker has grasped that
concept, it is very difficult to work with a consumer whose identity is in doubt, who is struggling
to find themselves in the chaos of madness. This training is about connectness: finding the
common human links between one human being in distress and another who is there to walk the
journey of recovery with them. Karen and Ron will describe the programme, comment on what it
is like to facilitate and how it has affected them personally. Shirley will describe how this
training fits into broader workforce development efforts (Ministry of Health, 2002) and outline
how participants are implementing the training in their organisations and practice.

Learning Objectives: 1. Attendees will learn about how the Central Region in New Zealand have
progressed the notion of recovery in their services through a training programme. 2. Recovery for
all, service users, carers, workers, organisations is seen as essential in Central Region Mental
Health and Addiction Services.

References:

S29 Journeys in Recovery
30/08/2006  From: 1530 To: 1700  Venue: Ballroom 3  Jupiters Hotel
Paper 20 Minutes:  Moving towards a recovery oriented Mental Health Service in South
Australia: Workers and Consumers leading the change.
Trudy Gilligan  Toni Crisci
As part of the Mental Health Care Improvement Initiative in South Australia the opportunity has
been taken to adopt a systematic approach to reorient the delivery of services to a recovery
oriented framework. The project is using the established Clinical Practice Improvement (CPI)
methodology based in Quality to involve the grassroots workers, consumers, carers and other key
stakeholders in driving the reorientation. The project, which started in April 2006 and is expected
to take 12 months, will define and implement a recovery oriented mental health service that best
promotes recovery outcomes for consumers for metropolitan Adelaide. It will be informed by a
consensus of the principals and values for a recovery oriented service model. The first phase of
the project involves wide consultations with consumers, carers and mental health staff who are
identifying current practices and priorities to be addressed for the achievement of a recovery
orientated service. The second phase has engaged a project team who are using the CPI
methodology to create ‘the burning platform’ and through PDSA (Plan, do, study, act) cycles
implement change in a systematic, spreadable and sustainable way. The presentation of the
project will focus on strategies required to implement and operationalise recovery in the mental
health services.

Learning Objectives: 1. Participants will learn the strategies required to
implement and operationalise recovery oriented services. 2. This issue is relevant to Mental
health services as recovery is the underpinning framework for service delivery and the driving
force for change.

References:
Health. Workforce Leadership Group Workshop presented in Adelaide, South Australia March
2006.
Langley, GJ; Nolan, KM; Nolan, TW; Norman, CL; Provost, LP (1996) The Improvement
Guide: A Practical Approach to enhancing Organizational Performance, Jossey-Bass, San
Francisco.

S29 Journeys in Recovery
30/08/2006  From: 1530 To: 1700  Venue: Ballroom 3  Jupiters Hotel
Paper 20 Minutes:  Recovery based training for mental health staff: Does it make a
difference.
Thomas Meehan
The provision of training for mental health staff in ‘recovery’ has been widely promoted. During
2005, a three-day training program on recovery based practice for mental health staff was
developed and trialled in three health Districts across Queensland. The impact of the training was
evaluated using a pre/post-test design with follow-up at 6 months post-training. Staff from a
separate health District acted as controls (ie. received no training). Attitudes, skills, and
knowledge of recovery were assessed using a battery of questionnaires developed in the US by
Davidson and others. The findings suggest that significant gains found immediately following
training were maintained in two of 4 domains at 6 months post-training. These included delivery of care from a recovery perspective (i.e. recovery focus) and knowledge of the factors that promote recovery (i.e. recovery process). Despite this, there was little evidence at 6 months post-training that staff had altered their practice in any way to accommodate recovery principles. This suggests that training, in the absence of organisational support, follow up training, etc may not be effective in promoting recovery based practice. 

Learning objectives: 1. Participants will learn that staff training on its own tends to have a limited role in promoting recovery based practice. Participants will be invited to consider other strategies such as culture change, follow-up training, linking recovery training to other initiatives such as outcomes assessment, etc. They will learn how to maximise the outcomes of training. 2. The concept of recovery has become the guiding principle for the provision of mental health services in most developed countries, including Australia. How to engage staff in the provision of recovery based practice is a critical challenge for mental health services. 


S30 What Has Evidence Got to Do With it? 
30/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel 
Paper 20 Minutes: A normal life: the goal of recovery for young people in a psychosocial rehabilitation program. 
Loretta Foster 
This paper presents the findings of a research project conducted in 2005 with young consumers of a psychosocial rehabilitation program and their carers. The research used a qualitative approach, incorporating a literature search, semi-structured interviews and thematic analysis of interview data. The study explored the experiences of young people and their carers about recovery from mental illness - what this means, what it looks like and what a psychosocial rehabilitation program can do to facilitate it. Recovery for young people is strongly connected to their aspiration to have a normal life, and this requires them to take control of their life, come to terms with their illness, and develop personal capacity. Psychosocial rehabilitation programs can help through providing the knowledge that the young people and their carers are not alone, offering learning opportunities in a safe environment, and by having enthusiastic, hopeful and skilled staff. This study has demonstrated that recovery for young people may be perceived differently than for older adults, and this presentation will discuss both the findings of the study and the implications for mental health programs in assisting young people to achieve their recovery goal: a normal life. 

Learning objectives: 1. Audience members will gain an understanding of the findings of this study in terms of recovery for young people with mental illness; the features and process of this, and the ways in which services can promote it for young people and their carers. 2. This study is based on the views of consumers and carers, combined with an analysis of the recovery literature. As such it contributes to the evidence base in this field, as well as promoting the development and delivery of services which are responsive to consumer need and preference. 


S30 What Has Evidence Got to Do With it? 
30/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel 
Paper 20 Minutes: I am different hear me roar: A critical examination of trends towards standardised treatment and homogenised care. 
Richard Lakeman 
The discourses that compete to shape mental health service provision may broadly be divided into those that emphasise individual difference, diversity and mystery and those that emphasise
sameness or homogeneity and predictability. Practices such as case-mix determination, standardised outcome measurement, and the standardisation of treatment are vigorously promoted within mental health services (see: Australian Mental Health Outcomes and Classification Network, 2004). The arguments for these are seductive. They promise certainty, meet managerial demands for more and better information, cement the role of health professional as expert and facilitate a certain kind of evidenced based practice. This paper raises questions about the compatibility of these practices and their underlying assumptions with the promotion of personal recovery, the notion of people and groups as complex, therapy as a process of discovery, and the stance of the health professional as one of humility. Discourse is created and perpetuated by those who have the power and means of communication (Foucalt, 1973). This paper argues that logic, reason and 'evidence' alone will not derail current trends towards managed and homogenised care. Real change may only happen when consumers, carers and compassionate health professionals present a loud enough counter-case and are heard and respected. Foucalt, M (1973). The birth of the clinic: An archaeology of medical perception. New York: Pantheon. Australian Mental Health Outcomes and Classification Network. (2004). MHNOC.C.ORG - Home. Retrieved 24/2, 2006, from http://www.mhnocc.org/.

Learning Objectives: 1. The audience will be encouraged to critically reflect on the assumptions underpinning contemporary trends in mental health service delivery. 2. Critical reflection is required of those who develop mental health policy and provide mental health services so that the right conditions for recovery are created.

S30 What Has Evidence Got to Do With it?

30/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Heeding the Call for Evidence Based Clinical Practice: Implications for Mental Health Services.
Cate Bearsley-Smith  Mark Oakley Browne

To uncover the practical implications of the call for ‘evidence based clinical practice’ (EBCP) for mental health clinicians and services. Content: It is increasingly expected that mental health services provide EBCP. The paper will focus on practical implications this has for mental health services and clinicians and ways this can be facilitated. Levels of EBCP will be discussed, from individual client care to involvement in clinical effectiveness trials. Barriers and facilitators to EBCP in mental health practice will be discussed, drawing on the example of the clinical effectiveness trial in development in a rural Victorian CAMHS. Summary: EBCP is the call of the new clinical era. This paper will explore the issues and implications of this development for mental health service delivery, development and clinical work. Learning Objectives: 1. Attendees will gain insight into the practical implications of the call for ‘evidence-based clinical practice’ for mental health services. They will consider issues of implementing EBCP at different levels (i.e. from client to service level) and potential ways this can be facilitated. 2. Mental Health Services and their clinicians frequently hear the call to implement evidence-based best practice in their work. The practical implications for mental health services and clinicians are typically unstated. This paper will uncover the meaning of EBCP for clinicians and mental health services and pathways to assist this development. It will utilize the example of a clinical trial being developed in a multi-site rural CAMHS in Victoria to illustrate these points. References: Marteau TM, Sowden AJ, Armstrong D. Implementing research findings into practice: beyond the information deficit model. In: Haines, A, Donald, A, eds. Getting Research Findings into Practice. Second ed. London: BMJ Books;2002: 29-67. Torrey WC, Lynde DW, Gorman P. Promoting the implementation of practices that are supported by research: The national implementing evidence-based practice project. Child and Adolescent Clinics of North America. 2005; 14: 297-306.
S31 Wellbeing, Services & Carers/Families
30/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: The importance of mental health carers in the delivery of mental health services.
Anthony Fowke AM
The representation of mental health carers [family and friends] at the national level. The paper addresses their role in developing mental health policies and the implementation of them and recognising: 1. Their need to be acknowledged as equal partners with service providers in the mental care team. 2. Their need for support in their own right and for their independent needs to be recognised and respected. The roles outlined above require carers to be educated, trained and fully supported in these roles and the paper will seek to elaborate on this from the experience of the presenter in his role on other national and global organisations and Australian Government working groups.

S31 Wellbeing, Services & Carers/Families
30/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Longitudinal Follow-Up of Adult Carers from the Carers NSW Carers Mental Health Project.
Laraine Toms Deanna Pagnini
This paper presents the findings from a longitudinal survey of 68 adult carers who participated in the Carers NSW Carers Mental Health Project. The research addresses a key gap in the literature by examining the mechanisms through which carer support and training programs have the potential to influence carer well-being in the long-term. We look at changes in the carers’ personal circumstances and their caring situations, the kinds of supports and services carers receive, carers’ relationships with mental health professionals, and their perceptions about changes in the overall environment related to carer awareness and support. The paper examines the long-term impact of each of the three carer support and training programs individually, focusing on the diffusion of the course material, most important things learned, application of course material, perceived impact, and suggestions for improving the programs. The findings provide strong evidence that the suite of carer support and training programs offered as part of the Carers Mental Health Project have led to significant benefits for the carers who participated in this follow-up. Learning objectives: 1. Audience members will learn how participating in the Carers NSW Carers Mental Health Project carer support and training programs led to long-term benefits for carers. 2. From a service perspective, understanding the impact of participating in carer support and training programs is critical in developing effective systems of carer support. References: Arksey et al. Literature review report: Services to support carers of people with mental health problems. SDO R & D Programme, National Co-cordinating Centre for NHS Service Delivery and Organisation Research and Development: July 2002. Pagnini, DL. Carers NSW Carers Mental Health Project (Stage 1): Final Evaluation Report. 2005.

S31 Wellbeing, Services & Carers/Families
30/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Hearing Voices Downunder: Tracking the formation of Hearing Voices Network Australia
Lyn Mahboub
The paradigm shift in understanding the voice hearing experience, which begun in the 1980s by early mapmakers Patsy Hage, Sandra Esher and social psychiatrist Marius Romme, has been trickling ‘downunder’ for some years. In 2005 Richmond Fellowship WA has formalised this trickle. Following a visit to WA, by renowned consultant/voice hearer Ron Coleman, Richmond Fellowship WA has auspiced the formation of the Hearing Voices Network Australia HVNA. HVNA aims to be at the forefront in achieving innovative, consumer-led approaches to recovery by supporting the development of a consumer run organisation, working from a recovery based approach and partnership framework to enhance the lives of voice hearers. It exists to enable acceptance and recovery for people who hear voices through support for self-help groups, education and awareness and is aimed at supporting consumers, carers and service providers to...
commence Hearing Voices Groups Australia wide. This paper tracks the ongoing development of this national network from a consumer-worker perspective by the director of the Hearing Voices Network and the chair of the HVN Development Working Party. It seeks to open the space for trans-continental dialogue and relationships, and tender practical information and strategies to assist in the set up of a Hearing Voices Group. Terms: Hearing Voices, Self-help, Network development. Learning Objectives: 1. Participants will learn information about how consumers, carers and service providers can access the support of the Hearing Voices Network Australia in order to develop their own peer led Hearing Voices Groups. The will gain an understanding of the value of such an approach and be guided in the formation of networks that underpin such setup. But most of all they will gain strong allies and peer supports at the HVNA to sustain them through the developmental process. 2. This innovative, cutting edge approach to hearing voices is vital to permeate all mental health services both government and non government in order to provide, for the first time in Australia, a framework of acceptance for voice hearers. This approach not only reduces stigma but it places real solutions in the hands of voice hearers themselves as well as providing practical tools for service providers. References: Coleman, R., & Smith, M. (1997). Working with voices: Victim to victor. Merseyside: Handsell Publications. Romme, M. A., & Escher, S. (Eds.). (1993). Accepting voices: A new analysis of the experiences of hearing voices outside the illness model. London: Mind.

S32 Understanding Experiences of Recovery 30/08/2006 From: 1530 To: 1700 Venue: Yongala Room Townsville Entert & Conv Centre  Paper 20 Minutes: Best practice partnerships. What worked in a recovery from psychotic depression  Arana James Pearson Helen Brownlie Rehill  Best practice partnerships. What worked in a recovery from psychotic depression. This paper discusses a case study of a service user's experience of effective recovery from major depression between January and January 2006. The paper is presented by three members of the team and co-authored by the consumer involved, a carer and members of the clinical team. The paper's collective authorship demonstrates the key themes of the conference which are partnerships that work and innovation and research within a bio-psycho-social model. In this case all interventions were delivered in the consumers own environment which required community and mental health partnerships in all their possibilities at a local level. The paper identifies the team, describes the partnerships, and discusses how these relationships change over a period of time. The paper outlines the challenges for effective partnerships in a risk adverse environment: the dynamics of power and how issues of power change practice as decisions are made. As a result of reflective practice the paper will identify key aspects of what worked, and the milestones in recovery. There is also some reflection about the barriers to best practice with regard to contracts, policy and service delivery. This paper will be of interest to mental health service providers, mental health consumers, carers and families, government officials, academics, students and the media. Learning Objectives: 1. Clinicians will learn to Reflection on own practice as regards key decision making issues, consumers will learn different experience is possible, Careers will learn some practical skills about ‘walking alongside’. 2. By exploring in depth a recovery process and demonstrating effective partnership amongst Consumer, Support person, community, and clinician. Also a practical example of treatment in the least restrictive environment for serious mental illness without a hospital admission. References: Australian and New Zealand clinical practice guidelines for the treatment of depression Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Depression 2002 2) Effectiveness of complementary and self-help treatments for depression Anthony F Jorm, Helen Christensen, Kathleen M Griffiths and Bryan Rodgers MJA VOL 176 20 May 2002.
S32  Understanding Experiences of Recovery  
30/08/2006  From: 1530 To: 1700  Venue: Yongala Room  Townsville Entert & Conv Centre  
Paper 20 Minutes:  A Content Analysis of Recovery Themes in first-hand accounts of the experience of Mental illness.  
Pam Samra  
There is a great deal of interest in the concepts of recovery in the mental health arena. The recovery movement has originated from strong consumer advocacy in response to a growing discontent with traditional models of care and consumers with serious mental health issues publishing their personal experiences with their personal journey of recovery. This paper will explore the key concepts of the lived experiences of recovery through a content analysis of published first hand recovery stories by people with mental illness. The analysis presents themes identified by consumers as factors that promote recovery and themes identified by consumers as factors that are barriers to recovery. Systematic content analysis of consumer accounts provides an empirical basis for further understanding the lived experience of recovery and has the potential to assist in the development of recovery focused programs as well as to inform research into recovery, including the design of questionnaires. Learning Objectives:1. To gain a deeper understanding of the lived experiences of recovery (issues and barriers) from individuals published first hand accounts 2. To understand how lived experience can inform the development of recovery oriented services that are responsive to better meet the needs of individuals with psychoses.

S32 Understanding Experiences of Recovery  
30/08/2006  From: 1530 To: 1700  Venue: Yongala Room  Townsville Entert & Conv Centre  
Paper 20 Minutes:  Understanding Self Injury:the perspective of a recovered self injurer  
Linda Bromley  Helen Whittington  
Linda Bromley and Helen Whittington journeyed together along a long road to Linda's recovery from self injury, while dealing with related issues from her past, and the impact of mental illness. Linda wrote a paper out of her experience, with the intention of helping other people understand the function self injury took in her journey and to share discoveries made. Linda and Helen have co-presented a number of training sessions for counsellors and other workers in health and community services. We acknowledge the part that Jussey Verco and Kathleen Heath from Central Northern Adelaide Health Service played in developing and supporting this initiative. Linda and Helen will discuss the holistic approach that was developed in their work together. The workshop will include presentation and discussion of a range of understandings of self injury. Participants will actively explore ideas around the power of self injury in people's lives. Reasons why people engage in this behaviour will be acknowledged, and the cycle of self injury will be examined. In sharing aspects of her story, Linda will reflect on responses that were unhelpful and strategies and resources which enabled her to move forward. Linda and Helen will discuss the importance of building connections that lead to active collaboration between mental health services, the community sector and informal networks. Participants will be invited to workshop issues around boundaries, ethical dilemmas and duty of care. An extract from Linda's paper: I prefer to call it self-injury rather than self-harm or self-mutilation, because firstly, it doesn't sound quite so morbid but also because it explains much more clearly that this behaviour is more about hurting one's self rather than attempting suicide. I did however, want those around me to recognize and acknowledge the state of my mental health at the time and the intense emotional pain I was feeling. What I needed was a sympathetic and respectful response from health workers and those around me to support and help me get through the difficult times. Subconsciously I was trying to draw attention to the issues I was reaching out for: to the primary cause of my self-injury which was a history of abuse, rejection and loss, not only to draw attention to the self-injury itself.(L.Bromley, Self Injury: My Perspective) Learning Objectives: Participants will gain a greater awareness and understanding of the role self injury can play in someone's life, and of ways in which helping professionals and support people can assist in management and recovery of a self injurer. Self injury is a hidden part of many mental illnesses. Breaking down the secretive nature of self injury allows people to regain some control over their situations, enabling a more holistic approach to management. References: Inside Out Outside In:Wounded While
The MHS Conference - Book of Abstracts, Townsville, 2006


S33 Workshop - Recovery with Attitude
30/08/2006 From: 1530 To: 1700 Venue: Poolside Room Jupiters Hotel
Workshop 1.5 Hrs: The Groovers experience: Recovery with Attitude!
Ros Thomas Alicia Emmerson-Weber Susan Noone Paul Quinlivan Kelly Bayley
This workshop presents the GROOVERS model of psychosocial rehabilitation and recovery for young people. GROOVERS (Group Recovery Outside Our Various Experiences (Realistically Structured)) is a recovery group developed by the Young People’s Program at Upper Hume Community Health Service in Wodonga, Victoria. The Program caters for people aged 16-26, providing groups, individual and family support and psycho-education, community access/linkages, creative activities and social support. The GROOVERS model is client & carer focused, promotes a sense of hopefulness, examines attitudes and perceptions, shares information and knowledge in a positive supportive environment providing an opportunity for all to make sense of their experience - like putting a jigsaw together. We often use that analogy, along with the concept of strategic planning for life. This dynamic, interactive workshop is designed to provide delegates with an insight into the experience of GROOVERS, along with a sample of exercises and group activities, as well as demonstrating the presentation style which we have found to be most effective for promoting hope and recovery. The workshop includes a brief overview of the Young People’s Program, including its development and the range of activities offered. The GROOVERS model is described in detail, including its development, philosophy, modules, evaluation methods, and outcomes. Three current GROOVERS will then share their thoughts on the model; it’s effectiveness for them, and its role in their recovery. THEN it’s an opportunity to experience this unique group for yourself! So bring along your imagination, and your willingness to be inspired! Delegates will participate in a GROOVERS session, which focuses on some of the skills and strategies involved in strategic planning for life - a key part of recovery for young people. Be prepared to learn, to listen, and probably to laugh! The workshop will conclude with discussion, reflection on the activity and question time, followed by a short acoustic performance by one of the young presenters. Learning Objectives: 1. Delegates will gain understanding of the GROOVERS group model of effective psychosocial rehabilitation and recovery for young people and their families. 2. Delegates will understand the concepts and benefits of respectful timely support for young people and families, including being a hope holder and the process of strategic planning for life, as used in the GROOVERS model. References: Early Psychosis Prevention and Intervention Centre (2000). Working with groups in early psychosis: No 3 in a series of early psychosis manuals. Mental Health Branch, Melbourne, Victoria. Spaniol, L, Koehler, M. & Hutchinson, D., eds (1994). The Recovery Workbook: practical coping and empowerment strategies for people with psychiatric disability, Center for Psychiatric Rehabilitation, Boston. Session Outline: 5 minutes Introduction of presenters and overview of workshop. Brief overview of the model including philosophy, modules of GROOVERS program, other activities and evaluation methods. Three of the young people share their experiences of GROOVERS, exploring the impact it has had on their recovery. Interactive GROOVERS session. Discussion/questions with all presenters, including sharing of experiences and learnings. Closing with an Acoustic performance by Paul.

S34 Poster Session
30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room
Poster: Bridging the barriers with our Melbourne based Consumer Projects.
Mark Warren Hosken Trish Rose James
Living is about connections. From the moment we are born our internal make up. Sharing our thoughts and feelings. Connections create communities. Connections sustain culture. Connections make us whole. It can be difficult to reach out and connect when one feels overwhelmed by psychotic illusions /depression/obsessive compulsive disorder. It is difficult drawing in introverted consumers. By reaching out we can be there for them when they are ready. Together

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we create connections that give us confidence, purpose, knowledge, social outlet, self esteem, meaning and power. Together we produce the Salvation Jane Consumer newsletter. Our consumer project provides an avenue that caters for mental health consumers. It gets consumers out to participate in the wider community. It is empowering to connect hands on with outings like cheap eats and culture vulture. By reaching out we can be there when consumers are ready to participate with us in activities. We are a small link amidst a sea of small links trying to make a difference to our mental health system.

**S34 Poster Session**
**30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room**
**Poster: The BLOC Project: a new approach to Mental Health Promotion in Primary Schools.**
**Chris Scanlan**

Better outcomes in educating children about mental health and resilience can be achieved through taking a fresh and innovative approach. This approach includes the creative use of colour and graphics, the translation of key health messages into youth friendly language and the use of new and exciting products that immediately engage the target group. The BLOC project demonstrates the success of this approach to Mental Health Promotion. The Key messages were as follows: Be Healthy: Eat well, stay active, rest & sleep well, have fun & relax. Be Happy: Talk to a friend, laugh lots, do fun things, enjoy yourself. Be Friendly: Include others, join in, play fair and respect others. Belong: To family, friends, school and community. Colour and graphics were combined with an innovative product the BLOC to provide an ideal vehicle for presenting health information in an engaging format for children. The BLOC is a three-dimensional product (7cmX7cm x1cm) comprised of a series of interconnected panels, which run through a sequence of shapes before returning to their original presentation. Funding for 10,000 copies of the BLOC support posters, stickers and an interactive website was donated by Westfield Bay City Shopping Centre. The BLOC is currently being distributed to all students in Grade five and six in the Geelong Region. Learning Objectives: 1. The audience will learn about an exciting and innovative method of engaging and educating primary school students about mental health and resilience. 2. The aim of the BLOC project is to improve children's mental health literacy and their understanding of factors influencing health and well-being. References: Joyce, A., Allchin, A., Malmborg, J., Cowling, C., & Cowling, V. (2003). Primary Schools: Opportune settings for changing attitudes and promoting mental health. Health Promotion Journal, 14, (3), 216-218. Green, J., Howes, F., Waters, E., Maher, E., & Oberklaid, F. (2005). Promoting the social and emotional health of primary school-aged children: Reviewing the evidence base for school-based interventions. International Journal of Mental Health Promotion, 7, (3), 30-36.

**S34 Poster Session**
**30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room**
**Poster: Antibiotic Treatable Psychosis**
**Andrew Pluta**

Contemporary Australian General Practice Research Antibiotic Treatable Psychosis. Purpose: To assist doctors to identify cases of potentially treatable psychosis. Methods: Long-term work with general practice patients has allowed identification of a characteristic symptom cluster. Longitudinal case control observations of these identified patients has further identified consistent patterns in responses to treatment. A case cluster of patients with thought disorder identified over two years, demonstrate response to antibiotic therapies. Thought disorder is a rare accompaniment of the symptom/blood tests cluster. Learning Objectives: Develop recognition of the Paill Spectrum symptom cluster amongst doctors, as a potentially treatable form of psychosis. Relevant to mental health issues as a form of potentially antibiotic treatable psychosis. Results and Findings: These symptom and blood tests patterns were identified through longitudinal case control studies of patients in general practice. The symptom cluster found variably in these patients includes: Chronic Fatigue or tiredness, Sweaty hands, Abdominal Tenderness in para-aortic regions and Loss of Balance, often called dizziness. A characteristic learning disability (dyslexia like), may also be present. The symptom cluster is associated with a characteristic
profile of pathology blood test results. The blood tests measure nutrition and inflammation. These cases are all associated with a characteristic pattern of medical symptoms and signs as well as a characteristic pattern of blood tests. Other symptoms and signs of illness may be found in other patients with this condition. The symptom intensity is variable. Failure to identify affected patients results in a very poor outlook for the affected children from their treatable medical condition. Social complications for the affected patients also occur.

**S34 Poster Session**

**30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room**

**Poster: Beyondblue and Beyond: Emotional Care of Childbearing Indigenous Women by Partnership with Indigenous Women at three sites in Queensland -- A Work in Progress.**

**Barbara Hayes  Lynore Gela  Margaret Egan  Beryl Buckby  Janese McCulley**

The National Health Strategy for Australian Indigenous People (1992) includes a timely imperative: Do not do anything for us, without us. In the beyondblue National Postnatal Depression Program, culturally sensitive partnerships were formed with Indigenous women at three sites in North Queensland, as part of a combined education and training initiative by the Queensland team of the national program. In previous research (Swan & Raphael, 1995), Aboriginal women strongly preferred to talk with someone about their feelings, rather than simply filling out a questionnaire. This finding was corroborated by Druett (1994) highlighting the fact that there is a need for culturally sensitive and appropriate education programs for Aboriginal women and non-Aboriginal and Aboriginal health workers to enhance the detection and management of Postnatal Depression among Aboriginal women in their communities. The following principles were applied rigorously throughout the initiative: Formation of an Indigenous Women’s Reference Group at each of the three sites; Iterative consultation throughout the initiative; Ownership by each site of the materials produced. Application of these principles required generation of innovative 'grass-roots' institutional and individual strategies to establish a process which can be replicated. These strategies are presented in this poster. Learning Objectives: 1. People will learn about the incidence of antenatal and postnatal depression and the imperative of developing culturally sensitive and culturally appropriate materials for Indigenous women to ensure early recognition and referral of women. 2. People will learn that integration of culturally sensitive emotional/mental health screening of Indigenous women antenatally and postnatally is imperative for inclusion in routine antenatal care.

**S34 Poster Session**

**30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room**

**Poster: Improving mental health-community networks: Mental Health First Aid delivery in rural NSW.**

**Gina Sartore  Fleur Hourihan  Anne Tonna  Jeffrey Fuller  Lyn Fragar  Brian Kelly**

This paper outlines a program of Mental Health First Aid (MHFA) training to workers in agricultural support agencies in NSW as part of a strategy to improve the access to the mental health and wellbeing of farmers and their families, and to improve links across health services. The presentation will also illustrate the development of rural-specific vignettes for use in MHFA training. Mental Health First Aid (MHFA) courses have been shown to increase mental health literacy and decrease stigma and false beliefs in non-specialist populations (Jorm, Kitchener, O'Kearney, & Dear, 2004; Kitchener & Jorm, 2002). In 2005 the Centre for Rural and Remote Mental Health and the Centre for Agricultural Health and Safety, in collaboration with Area Health Services and the NSW Farmers’ Association, conducted five MHFA courses around NSW. We targeted workers from agricultural and community support organisations such as Rural Financial Counsellors and district agronomists. Ninety-six workers participated in the workshops located across 5 different rural locations in NSW. Stated reasons for participation ranged from those relating to their work (40.8%) to a wish to learn more about mental health issues affecting their community (28.2%) to general interest (2.8%). Beliefs about appropriate treatments for mental health problems (measured by pre- and post-survey) changed to become significantly more concordant with those held by health professionals, and a significant decrease in social distance was observed. Delivering MHFA courses to non-health professionals forms one arm of a

S34 Poster Session
30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room
Poster: The steps behind the making of an entry for the Hope Awards.
Douglas Holmes   Lynda Hennessy
The aim of this presentation is to tell people about the steps we took to have an entry ready for the HOPE Awards in March 2006 and to show the 9 minute & 22 second video documentary titled, Harvesting Our Personal Efforts: A conversation with Rod Salvage, that we actually submitted as an entry. The HOPE Awards is an initiative of Eli Lilly; which aims to help reduce the stigma associated with mental illness. They were seeking to counter inaccurate, stereotypical and negative images of people who experience mental illness. The competition encourages the creation of more accurate, realistic and optimistic portrayals of living with mental illness, through the powerful medium of short film developed to encourage people to make either a 10 minute documentary or docu-drama that will lead to reducing the stigma associated with mental illness. The information in the video was filmed during a trip to Townsville in January 2006. Through the medium of short film: The Hope awards have allowed us the opportunity to develop a documentary that we hope will lead to reducing the stigma associated with mental illness. Learning Objectives: 1. People will learn the basic steps in making a video. These include; develop a storyline, obtaining video equipment, script writing, filming, editing and producing the video onto CD for viewing. 2. This topic is relevant to mental health because of the Ottawa Charter and Jakarta declaration call for more collaborative approaches. These encompass such key themes as: healthy public policy; empowering communities; enhancing health literacy; increasing support networks; and reorienting health services to prevention. These new directions attempt to bring together the ‘top down’ requirements of earlier models with a ‘bottom up’ community involvement. This type of approach can also be proactive. These components have been only minimally addressed in mental health from a population perspective chiefly through campaigns informing the public about mental disorders and attempting to ‘destigmatise’ mental illness. References: Australian Health Ministers (1991) Mental Health Statement of Rights and Responsibilities, Report of the Mental Health Consumer Outcomes Taskforce, AGPS, Canberra ACT 2601. Raphael B (2000) A population health model for the provision of mental health care, AGPS, Canberra, ACT, 2601.

S34 Poster Session
30/08/2006 From: 1700 To: 1800 Venue: Magnetic Room
Poster: Improving mental health-community networks: Mental Health First Aid delivery in rural NSW.
Gina Sartore
Aim of the presentation: to outline a program of Mental Health First Aid (MHFA) training to workers in agricultural support agencies in NSW as part of a strategy to improve the access to the mental health and wellbeing of farmers and their families, and to improve links across health
services. The presentation will also illustrate the development of rural-specific vignettes for use in MHFA training.Mental Health First Aid (MHFA) courses have been shown to increase mental health literacy and decrease stigma and false beliefs in non-specialist populations (Jorm, Kitchener, O'Kearney, & Dear, 2004; Kitchener & Jorm, 2002). In 2005 the Centre for Rural and Remote Mental Health and the Centre for Agricultural Health and Safety, in collaboration with Area Health Services and the NSW Farmers’ Association, conducted five MHFA courses around NSW. We targeted workers from agricultural and community support organisations such as Rural Financial Counsellors and district agronomists. Ninety-six workers participated in the workshops located across 5 different rural locations in NSW. Stated reasons for participation ranged from those relating to their work (40.8%) to a wish to learn more about mental health issues affecting their community (28.2%) to general interest (2.8%). Beliefs about appropriate treatments for mental health problems (measured by pre- and post-survey) changed to become significantly more concordant with those held by health professionals, and a significant decrease in social distance was observed. Delivering MHFA courses to non-health professionals forms one arm of a broader strategy we are trialling to strengthen local networks of service providers, including mental health workers. (Fuller, Edwards, Martinez, Edwards, & Reid, 2003). Mental health vignettes with a distinct rural focus were developed over the course of the pilot and will be used in future research and network development to improve the relevance of our work in rural and remote communities.

Learning objectives
1. The audience will gain an understanding of how rural NSW communities benefited from MHFA education.
2. The audience will gain an understanding of how mental health literacy benefits communities and their local mental health services, and how mental health literacy interventions can be tailored to the needs of rural communities.

References:
Abstracts for conference presentations on Thursday 31\textsuperscript{st} August 2006

Please check Notice Board for any last minute Program Changes
S35 Keynote  Jon Jureidini  
31/08/2006  From: 0900 To: 1030  Venue: Auditorium Townsville Entert & Conv Centre  
Keynote Speech:  Children’s rights in 21st century Australia.  
Australian children’s rights have not flourished over the last decade. The government has locked up and abused children in immigration detention. The health system still fails to improve indigenous child health. State welfare systems mind children under their guardianship in unsupported foster placements, under-funded institutions and even in hotel rooms. Meanwhile childcare is increasingly delivered for profit by underpaid, unsupported staff. In this setting, more children are being screened for, diagnosed with and medicated for psychiatric illnesses of doubtful validity. Therefore, we must be vigilant to avoid mental health professionals compounding the damage caused by some of these social changes. I will argue that the mental health and welfare systems will achieve more through advocacy and education than any attempt to provide direct services to the newly created ‘unwell’.

S35 Keynote  Nicholas Procter  
31/08/2006  From: 0900 To: 1030  Venue: Auditorium Townsville Entert & Conv Centre  
Keynote Speech:  They first killed his heart (then) he took his own life’: Reaching out, connecting and responding as key enablers for mental health service provision in multicultural Australia.  
The aim of this paper is to respond to recent reports of incompetence, arrogance and overall poor management of people with mental health problems and mental illness from culturally and linguistically diverse backgrounds in Australia. It draws upon evidence obtained from inquiries into the treatment of culturally and linguistically diverse background Australian citizens and permanent residents with serious mental illness. The paper will argue the benefits of mental health workers and administrators connecting with multicultural Australia by being professionally and emotionally calibrated with processual and inclusive approaches to mental health service delivery. Such connecting and in some instances re-connecting with people can be seen as part of a program of invention where individual, community and organisational empowerment and social inclusion compound over time.

S36 Special Symposium Tolkein II  
31/08/2006  From: 1100 To: 1230  Venue: Auditorium Townsville Entert & Conv Centre  
Workshop 1.5 Hrs:  What would an ideal mental health system look like? Tolkien 2: a stepped care plan for adult mental health services for Australia.  
Gavin Andrews and Nick Titov  
This symposium presents for the first time, a model for an ideal mental health system. This large and complex project provides a synthesis of the evidence and the opinions of experts across the country. This symposium presents what they found and offers opportunity to discuss and comment. Background: The National Mental Health Strategy (Australian Government 2004) reported that expenditure on mental health had only increased over the previous ten years in line with expenditure on other health services. In April 2006 the Commonwealth announced an intention to spend considerable new money on mental health but offered no plan. Presently, acute inpatient beds at an ideal 18/100,000 are in crisis because the number of rehabilitation beds and beds in the community is one quarter that recommended. Staff are leaving because of the difficulty of managing seriously ill people in the community. The National Survey of Mental Health and Well-being showed that less than 4 out of 10 people with mental disorders sought medical help. Method: Prepare a structured summary of each disorder from the literature. Recruit a multidisciplinary expert committee for each disorder and define what is expected of each service provider for each disorder by level of severity. Calculate the number to be treated, and the number and cost of the required GP, psychiatrist, clinical psychologist, and mental health team visits, together with the number and cost of inpatient days, supported accommodation days, and the number and cost of medications required. Repeat this for the three affective, five anxiety disorders, the two alcohol use disorders, and for schizophrenia, personality, somatoform and dieting disorders. Prepare clinical flow charts of who does what how often and estimate the costs of these services. Reconcile with the available workforce and skill base. Discuss the results with
all stakeholder groups.

Results: Ideal treatment is more effective and the cost is not different to what we are currently spending. Radical changes in the coverage and treatment of the major disorders are recommended [see www.crufad.org > research > T2]. In workforce terms it appears we have adequate numbers of psychiatrists, too few clinical psychologists and too few community mental health staff. Primary care physicians need to use the internet for prevention and patient education, and to deploy cognitive behaviour therapy in mild and moderate cases.

Conclusions: Stepped-care with increased coverage will require a 30% increase in services, could reach 50% more people and produce a 90% increase in health gain. Chair: Maree Teesson.

S37 Primary Care & Prevention
31/08/2006 From: 1100 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Better General Health for People with Mental Illness.
Les Drew Fiona DeLacy
People who have serious and enduring mental illness experience higher rates of poor physical health compared to the broader community, in addition to low rates of general health treatment. (Lawrence et al, 2001). This is compounded in the ACT by low rates of general practice bulk-billing. According to the ACT GP Workforce Group, the ACT is currently experiencing the lowest level of bulk-billing of any Australian jurisdiction posing affordability and access issues. The ‘Better General Health in People with Mental Illness Project’ is addressing the barriers to general health care consumers may experience. The project is being fully evaluated utilising both qualitative and quantitative data. A ‘Project Primary Care Nurse’ is employed to engage and collaborate with practices, coordinate consumer participation, and provide a liaison point.

Engaged local general practices bulk-bill participating consumers with the support of the project. This project demonstrates a cutting edge model of systems engagement that improves access to general health care and enhances continuity of care, hence it’s relevance to ‘Reaching Out and Connecting’. Equal access to general health care is a human right’s issue and this presentation aims to describe the model and share our findings in order to promote improved health access in any jurisdiction. Learning objectives: 1. To highlight the general health issues for people with serious mental illness. 2. To demonstrate a cutting edge working model that addresses these issues. References: ACT GP Workforce Working Group. GP Workforce in the ACT. ACT Division of General Practice, 2003. Lawrence, D Coghlan, R Holman, D Jablensky, A. Duty To Care – Physical Illness in People with Mental Illness, University of Western Australia and Dept of Public Health WA, 2001.

S37 Primary Care & Prevention
31/08/2006 From: 1100 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre
Harry Gelber Jenny Mitchell
The Festival for Healthy Living (FHL) is an innovative mental health promotion programme which uses the performing arts to build the capacity of schools and communities to promote the mental health of children and adolescents. In 2005, the programme was delivered for the first time in a rural setting. Pyramid Hill is a small township catering for agriculture and associated industries located one hour north of Bendigo, central Victoria. Like so many rural communities, it has experienced hardship in recent years. The delivery of the Festival programme created a unique opportunity to engage with the whole community in a spirit of collaboration and celebration of achievement. The paper will identify the factors that have contributed to the successful implementation of the Pyramid Hill Festival. As well, the paper will highlight the identified outcomes for students, teachers, parents and the community. A sustainability plan has been developed which will ensure that the benefits remain in the community beyond the life of the Festival. The paper will conclude with an exploration of the key issues that need to be addressed by rural communities that wish to implement this programme and will point to resources available to support them in doing so. Learning Objectives: 1. The audience will learn about the key features of the FHL programme particularly as it applies to a rural setting. They will gain an appreciation of the benefits of an approach to student and community well-being that
integrates the mental health, education and arts sectors. 2. Good mental health is fundamental to the welfare of individuals, families and communities. The FHL provides an example of an innovative mental health promotion strategy which focuses on connectedness and inclusion as essential foundations for enhanced well-being. References: Creative Arts for Mental Health and Connecting Communities, The Royal Children’s Hospital Mental Health Service, 2006, Melbourne. Creative Connections: Promoting Mental Health and Wellbeing through Community Arts participation, VicHealth, 2003, Melbourne.

S37 Primary Care & Prevention
31/08/2006 From: 1100 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre Paper 20 Minutes: HIV Mental Health in Primary Care.
Kurt Andersson-Noorgard
The HIV, Hepatitis C and Mental Health in Primary Care (H2M) Service was created in 2002, in response to a need expressed by local General Practitioners (GPs) for access to a liaison mental health service for people with HIV and/or HCV. GPs reported that since the advent of anti-retroviral medications mental health issues were becoming more prominent and brief consultations could not manage the issues adequately. A request for a mental health service that could follow up, assess and treat referred patients, and could also provide advice and recommendations for GPs themselves, to help them manage patients with complex problems led to the creation of H2M. This presentation will provide an overview of data collected on the presenting mental health issues of people who have attended the H2M service since its inception. The relative frequencies of various presenting problems will be discussed, highlighting the number and complexity of mental health problems often seen in primary care in people with HIV. The presentation will also outline some strategies used to engage GPs and methods that we have found helpful in working with people with complex mental health needs. Learning objectives: 1. To educate participants on alternate service models. 2. Increase knowledge of HIV in the Mental Health arena. References: Blood-Borne Infections and Persons With Mental Illness: Responding to Blood-Borne Infections Among Persons With Severe Mental Illness M. F. Brunette, R. E. Drake, B. J. Marsh, W. C. Torrey, S. D. Rosenberg, and the Five-Site Health and Risk Study Research Commi. Psychiatr Serv, June 1, 2003; 54(6): 860 - 865. Depression and use of mental health services among HIV-infected men.M. H. Katz, J. M. Douglas Jr, G. A. Bolan, R. Marx, M. Sweat, M.-S. Park, S. P. Buchbinder 8:4, August 1, 1996

S38 Reaching out to Communities
Stephanie Jane Shanahan
The aim of this presentation is to provide the audience with an overview of 'Journeys', a program which reaches out to refugee children and increases their connectedness to their families, school communities and local mental health services. The 'Journeys' program has been developed by the Community Group Program (CGP). The CGP is a partnership between RCH MHS and DET. It provides a unique example of how two different services can work together to support children and adolescents who have been identified as 'at risk'. The 'Journeys' program provides students with a safe arena in which to reflect upon their refugee experience, assisting them to identify and explore both past and present feelings. Through the creation of personal story cloths children are given the opportunity to reflect on their ‘journeys’ up until the present. The creation of the story cloths provides a non-verbal medium through which to think through and bear witness to their refugee experience in a safe, sensitive and supportive environment. The creation of the story cloths is paralleled with a series of activities aimed at helping students develop the language and understanding to better explore, identify and communicate their feelings, as well as transfer those learnings into the wider context of their lives. Learning Objectives: 1. The audience will learn different ways in which creative arts medium can be used to help children with limited English language skills explore their experiences. 2. The Journeys program provides a successful example of how partnerships between education and mental health can help secure better outcomes for children and adults ‘at risk’ of or experiencing mental health difficulties. References:

S38 Reaching out to Communities
31/08/2006 From: 1100 To: 1230 Venue: Palm Room 2 Townsville Entert & Conv Centre Paper 20 Minutes: Asylum seekers to citizens: From Detention Centres to Independent Housing.
Robert Habel   Neda Bojnoordi
The Refugee Support Program (RSP) is an initiative of Uniting Care Wesley-Port Adelaide Community Mental Health Programs. The program provides transitional and independent housing and support to asylum seekers in Adelaide, South Australia in partnership with mental health services. The program was initiated at the request of the Special Stay Unit at Glenside Hospital (a psychiatric hospital), following significant trauma and mental health issues experienced within the Baxter detention centre. Uniting Care Wesley was asked to coordinate accommodation and community support services due to the already established accommodation support programs for people with mental health issues and the existing relationships with detainees by volunteers of their organisation. The RSP has evolved in response to the unique and complex needs of the asylum seekers. It has provided housing, assistance with living skills, explored bridging cultural gaps and established education and employment links. It provides these services based on the refugee's goals and in partnership with key organisations such as STTARS (Survivors of Torture and Trauma, Assistance and Rehabilitation Service), Australian Refugee Association's Circle of Friends and other agencies. The RSP has evolved into a dynamic model of care where it is often required to be flexible and responsive due to frequent changes of living status, visa status and the impact of mental health issues, impacting on expectations of refugees for quality accommodation and lifestyle opportunities. The aim of this presentation will be to outline the evolving history of the program in response to the complex needs, the roles and experiences of the range of service providers and to provide personal accounts of the journey towards citizenship from the perspective of the asylum seekers. Learning Objectives: 1. Awareness of the range of issues and needs of refugees when establishing independent living and citizenship as told from the perspective of the asylum seekers. Learning Objectives: 2. Describes a model of care that is responsive to cultural needs, the impact of institutional and system trauma together with the needs and desires of asylum seekers. Identification by refugees and service providers of service models that may be relevant, and service gaps. References: Hawker, F. (2005) Mental Health Issues of Detained Asylum Seekers. (Unpublished) In-service for mental health and non government service providers.Australian Immigration Fact Sheet-Settlement Assistance of Refugees: Integrated Settlement Strategy. [online accessed 12th December 2005] URL http://www.immi.gov.au/facts/66ihss.htm

S38 Reaching out to Communities
31/08/2006 From: 1100 To: 1230 Venue: Palm Room 2 Townsville Entert & Conv Centre Paper 20 Minutes: Working with NESB carers: A model that helps us reach out and make connections.
Chanboramy Var
Reaching out to carers of people with a mental illness from 12 non-English speaking background (NESB) communities can be a challenging task for any service provider, particularly when resources are scarce and the level of need and understanding is very different from one community to another. For the past four years the NESB Carer Support Project has reached out to more than 300 carers across Sydney, using the 'bilingual brokerage model' to provide support and information to NESB carers living across the Sydney metropolitan area. The aim of the presentation is to outline the model, which has been used, evaluated and shown to be effective in making connections with people from NESB communities. The paper discusses the difficulties and successes, the logistics of running the project and the issues encountered when trying to reach out to NESB carers. It also portrays the struggles and barriers that the NESB carers are
experiencing in their caring roles, as well as the impact that this project has had on their lives. Since the 'bilingual brokerage model' is working well for the NESB Carer Support Project to connect with NESB Carers and alleviate their burdens, why do you need to re-invent the wheel? Learning Objectives: 1. The audience will learn about a brokerage model for reaching out to NESB carers. 2. The paper shows how the bilingual brokerage model can transform mental health services to meet the needs of NESB carers and consumers. References: Collins, J., Stolk, Y., Sauders, T., Garlick, R., Stankovska, M., & Lynagh, M. I feel so sad…it breaks my heart. Northwestern Mental Health, Victoria, 2002. Var, C NESB Carer Support Project: Final Project Report. Transcultural Mental Health Centre, NSW, 2004.

S39 Special Workshop - Xavier Amador - Engaging people with poor insight.
31/08/2006 From: 1100 To: 1230 Venue: Ballroom 1 Jupiters Hotel
Workshop 1.5 Hrs: Engaging people with poor insight.
Xavier Amador gave his keynote address yesterday and today he will conduct a workshop which further develops his themes in the keynote talk. The session will focus on how to use science-based practices to help people with poor insight into their illness, to accept treatment. This workshop will be a hands-on training in motivational enhancement techniques designed to engage people with poor insight.

S40 Working Well with Police, Communities, RFDS
31/08/2006 From: 1100 To: 1230 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Victoria Police Region 3 and Mental Illness Fellowship Victoria partnership focused on increasing the effectiveness of police interventions in dealing with people with mental illness.
Jay Myers Jan Merkel-Stol
This presentation serves to highlight the effectiveness of community partnerships. Its an example of innovation and taking action at a local level to raise awareness and understanding of mental illness within our community partners who are part of the service industry for people with a mental illness. Mental Illness Fellowship Victoria partnered with Victoria Police Region 3 to deliver a pilot training project to 500 police members in 2005 in regional and rural areas. The training was aimed at raising awareness and understanding of mental illness and to develop the skills of police members when dealing with people with mental illness. The training came from the consumer perspective of the lived experience of mental illness. At time of print, each of the other 4 regions in Victoria have made contact exploring a similar training program in their regions in both regional and rural areas. The learnings will comment on the success of this pilot which can be measured from feedback from Region 3 police members, project learnings and key developments between clinical mental health services and Victoria Police. At a local level the project has increased community engagement between the PDRS sector and Victoria Police.

S40 Working Well with Police, Communities, RFDS
31/08/2006 From: 1100 To: 1230 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: The South East and North West connect to reach out to Gulf communities: Bridging the cultural divide in mental health training.
Terry Hill Jo Kirk
Health service provision in rural and remote communities is not as well provided for as in regional and metropolitan areas. It is suggested that persons with mental health issues often rely on the informal care of community members to meet many of their needs. In North West Queensland providing accredited training in Mental Health work to informal care providers in remote and isolated communities has eventuated after 2 years of planning and has included specific changes in curriculum and presentation to meet the cultural needs of participants. A partnership between the Mental Health Association (Qld) and the Royal Flying Doctor Service, Mount Isa base has seen the development of a 'Mount Isa' model of training provision which is flexible and accessible to most people in the North West Queensland Region. This paper discusses the needs analysis, process of curriculum development and funding searches before exploring the delivery and outcomes of the Cert IV in Mental Health Work (non clinical) in

S40 Working Well with Police, Communities, RFDS
31/08/2006 From: 1100 To: 1230 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Yes! the RFDS does provide mental health services: Ten years of mental health service provision in rural and remote Queensland.
Robert Williams
Following the ‘Best for the Bush” Report in 1993 the RFDS (Queensland Section) auspiced a Commonwealth funded study to determine the feasibility of providing mental health services to remote communities in Far North Queensland and Cape York Peninsular. This led to the employment of the first mental health worker with the service at the Cairns RFDS base in 1996. The psychologist employed provided a counselling service to communities the RFDS visited, trained staff in psychological skills and implemented a traumatic event management program over the next 4 years. After successful applications for Government funding for mental health service provision the RFDS now employs 14 mental health workers in both clinical and non clinical roles in mental health programs covering the North West, Central West and Far North Queensland. This paper explores the growth and development of service models which were required to meet the needs of the rural and remote communities serviced by these programs, the partnerships which give the programs their strength and the philosophical framework which has enabled the RFD to change and meet the needs of its traditional client base. Royal Flying Doctor Service (1993), The Best for the Bush. Report of the National Health Strategy Working Group. Williams R (1996), Breaking the Mind Barrier: the Feasibility of Providing Mental Health Services in Conjunction with the Royal Flying Doctor Service. Report published by Peninsula and Torres Strait Regional Heath Authority, Cairns. Learning Objectives: 1. The audience will identify the history of mental health service provision in some of the rural and most remote regions of Queensland. 2. The audience will develop an understanding of the dynamics of providing a wide range of mental health services to culturally diverse target groups in extreme and often hostile environmental conditions.

S41 Warmline & Clinical Connections
31/08/2006 From: 1100 To: 1230 Venue: Ballroom 3 Jupiters Hotel
Paper 20 Minutes: Assertive Outreach - an effective, evidenced-based intervention in the care of the Severe and Enduring Mentally Ill in Ireland.
Ciaran Clerkin Monica McKenna
As Irish mental health-care evolves towards greater community-based delivery, improving outcomes for many acute service-users are reported. However, the national relapse rate is 70%, with services for the Severe and Enduring Mentally Ill (SEMI) (Dixon and Goldman, 2003) lacking ambition, in that residential bed-provision is seen as the optimum level of independence achievable. Local research identified the extent of SEMI. International research identified an alternative model, Assertive Community Treatment (Watts and Priebe, 2002), based on the promotion of positive attitudes towards mental health with active inclusion of all stake-holders, by quality collaborative practice. Revision of services led to the establishment of an Assertive Outreach Team (AOT) to serve the Monaghan SEMI. Opening with a short video, this presentation details the progression from pilot project to working model, defines AOT and explores the complex characteristics of SEMI. It establishes the methodology of AOT, how the project was communicated and implemented, obstacles experienced, results evidence, benefits of the project and lessons learned. An interspersed case study illustrates the human experience before, during and after referral. The project won the 2005 National Health Services Innovation Award.
Award, a 2006 Public Service Excellence Award and its methodology informs new Government policy, A Vision for Change. Learning Objectives: 1. The audience will learn how it is possible to effect changes in practice and structures, through full identification of the current state, the role of international evidence in identifying possible desired future states and the importance of inclusive consultation and communication in the implementation of change. 2. This project is both informed by and adds to the body of knowledge and experience in existence regarding service-provision for the Severely Enduring Mentally Ill. It is relevant to service-providers in that it is an effective, yet cost-effective intervention, with greater care outcomes than the traditional admit and discharge (bed-dependent) approach to this population. References: Dixon, L. and Goldman, H. (2003) Forty years of progress in mental health: the role of evidence based practices Australian and New Zealand Journal of Psychiatry Vol. 37 pp. 668-673 Watts, J., and Priebe, S. (2002) A Phenomenological Account of Users’ Experiences of Assertive Community Treatment Bioethics Vol. 16 (5) pp. 439-454.

**S41 Warmline & Clinical Connections**
**31/08/2006 From: 1100 To: 1230 Venue: Ballroom 3 Jupiters Hotel**
**Paper 20 Minutes: Reach for the Phone and Connect with a Peer: The Successful Story of New Zealand’s first Warmline.**

Renee Maree Torrington   Gary Platz
Reaching the Phone and Connect with a Peer: The Successful Story of New Zealand’s first Warmline. This presentation will tell the story of the successful creation of New Zealand’s first peer support telephone line for people who use mental health services. This paper follows on logically from presentation at THEMHS 2003, which proposed the idea of developing a regional peer support line run by consumers for consumers of mental health services. The proposed telephone line would be based on peer support and recovery principles and be available during the evening and early morning hours where access to other mental health services are traditionally limited. Now, this proposal has become a reality. Since its launch by WellLink Trust in February 2004, Warmline has more than doubled its numbers of volunteer’s, extended its opening hours and supported many of its volunteer’s into the paid mental health workforce. During our first 14 months of operation we received the silver award for National Mental Health Workforce Development and first place in the Hutt Valley District Health Board’s award for Innovation in Mental Health. The aim of this presentation will be to describe the principles, practices and philosophies of peer support, genuine connection and shared experiences which have made the Warmline the success it is today. Learning Objectives: 1. Audience will learn how peer support philosophies can be utilised to build, sustain and enrich a successful consumer run service. 2. Audience will learn basic principles of how they, too, may be able to develop a Warmline service in their own local area.

**S41 Warmline & Clinical Connections**
**31/08/2006 From: 1100 To: 1230 Venue: Ballroom 3 Jupiters Hotel**
**Paper 20 Minutes: Reaching Out to Improve The Clinical Connection.**

Judith McDonnell   Mandy Lawrie
Nationally, Mental Health workforce shortages are limiting the capacity of mental health services to maintain the level of clinical service delivery. This limitation contrasts sharply with the increased legislative, National Standards and consumer, carer and community expectation of local access to acute mental health care. As a result of an inability to recruit and retain the necessary level of medical staff, a regional mental health service was unable to safely maintain the 16 bed acute ward resulting in a temporary closure in mid August 2005. Interim arrangements were negotiated for another Authorised Mental Health Service (AMHS) to accept responsibility for Mental Health Act consumers and provide access to acute care. Some of the nursing staff were deployed to expand the community-based team to respond to increased support needs of existing case managed consumers. Support was required for consumers returning from out of district acute admissions. Case managers have highlighted the value of this secondary case management in the maintenance of vulnerable consumers within their own accommodation as well as enhancing the quality of life aspects for other consumers. Direct consumer and carer
feedback reinforced this evaluation. The formalisation into the Assertive Support Program (ASP) and how the Service is better reaching out to clinically connect will be the focus of the paper. Learning objectives: Sharing the learning’s with others on how it is possible to enhance the positive and minimise the negative impact when acute in-patients services are closed temporarily. Medical, nursing and allied health workforce shortages may result in this experience confronting other MH Services. Nationally, Mental Health workforce challenges are limiting the capacity of Mental Health Services to maintain expected services. This limitation contrasts sharply with the increased legislative, national standards and consumer, carer and community expectation of local access to acute mental health care. References: Lemaire G., Mallik K., 2005, Barriers to Community Integration for Participants in Community-Based Psychiatric Rehabilitation, Archives of Psychiatric Nursing, Vol. 10, Issue 3, pages 125 – 132, Science Direct. Robinson S., Murrells T., Smith E.M., 2004, Retaining the mental health nursing workforce: Early Indicators of retention and attrition, International Journal of Mental Health Nursing, Vol. 14, Issue 4, p. 230

S42 Workshop - Aboriginal Womens Theatre
31/08/2006 From: 1100 To: 1230 Venue: Coral Sea Room Jupiters Hotel
Workshop 1.5 Hrs: Port Augusta Nanga Mob - Port Augusta Aboriginal Womens Theatre Group.
Diana Murphy  Valma Ah-Nge  Cheryl Baxter  Marsha Warren  Kathy Verran  Ingrid O’Loughlin
Port Augusta Nanga Mob. In 2005 a partnership was developed between Pika Wiya Health Service (Port Augusta and Region), Northern and Far Western Regional Health Service and Women’s Health Statewide(Children’s Youth and Women’s Health Services Adelaide), to creatively improve the Social and Emotional Well Being of Aboriginal Women in Port Augusta, including women with a diagnosed mental illness, and those who had or were experiencing violence and/or abuse in their lives. The partnership applied for and was successful in obtaining a $10,000 Grant from the Office For Women through the Women’s Safety Strategy, to help commence the project. The culmination of this twelve-month partnership will be the creation of a play depicting the life of women living with mental illness and/or violence, and some of the strategies used to improve their Social and Emotional Well Being outcomes. This interactive workshop will include the performance of the play, a roles and values exercise, and the re performance of the play by workshop participants, with the aim of providing the opportunity to “step into” the shoes of women experiencing mental health difficulties, and raise awareness of the issues impacting on the Social and Emotional Well Being of Aboriginal women living in a rural township. The workshop will showcase a creative alternative to address these issues, which include: Domestic Violence Substance misuse Mental illness Poverty Sexual abuse Unemployment. The core damage from which these issues arise is the Dispossession of Aboriginal Lands and the gradual decimation of Traditional Culture and Law. After much research it is clear that a Western Model of Health does not have a language for the expression and release of the deep emotional and psychological wounds caused by this decimation and dispossession. The task of repairing the myriad of complex and generational damage to Aboriginal Communities is immense and will need a committed, coordinated and cooperative approach to complete, or even in some cases begin the process of Healing. This workshop will illustrate the benefits of one such interagency collaborative partnership approach by utilizing the principles of Community Development through Community Art Practice. A group of women in Port August from diverse cultural backgrounds and age groups have come together with the unified purpose of supporting each other on a Journey of Healing. We all have our Story A Story that needs to be told in its entirety, heard without judgement, criticism or advise, and listened to with compassion and empathy in an environment of safety and support. Community Theatre is a creative alternative for providing this environment, as well as the language necessary for emotional and psychological Healing. The interactive workshop will take participants a few brief steps on this Healing Journey in someone else’s shoes, to experience another perspective from the Shakespeare Within. All the World’s a stage and all the men and women in it merely players each with their entrance and their exit William Shakespeare. Learning Objectives: 1. A kitbagof creative tools to assist the process of Empowerment and Healing through Community Art
This paper outlines the project undertaken by residents and staff of a metropolitan psychosocial rehabilitation program. The concept of producing a cookbook was the result of residents expressing a desire to eat healthier foods and prepare nutritious meals and snacks. To address this issue, staff and residents discussed the idea of a project. The project consisted of three distinct parts. The development and construction of two vegetable gardens, the development of recipes that the residents had chosen, along with learning about safe food preparation and cooking, and the final selection of recipes to include in the book. The name chosen for the cookbook was 'From Garden to Table to Book'. The first stage of the project was to construct, plant and maintain a vegetable and herb garden. At this stage, residents and the staff project worker and other staff visited a number of community gardens to gather ideas and information that could be used in the construction of the gardens. The next stage was to develop recipes that the residents had chosen and adapted to their own tastes and to trial the recepies as part of the routine cooking program.. The final stage was to then design and print a cookbook for the use of residents at the residential program. The book will also be available to other outreach clients and other residents within the service. Evaluation of the project consisted of self reflection comments from participants and observations from staff. There were also self reflection questionnaires at benchmark intervals during the project. Participants also kept a photo diary. To enhance community linkages and increase socialisation skills, we reached out into the community to gain a better understanding of existing vegetable gardens, this generated ideas for our project. We visited a number of community gardens including Veg Out Garden, CERES and SPROUT. We also visited several nurseries and hardware stores, obtaining estimates for materials, selecting and buying suitable plants. Learning Objectives: 1. The audience will learn that residents in psychosocial settings can contribute and participate in their own wellbeing. That they are interested in what goes into their bodies, that they strive for overall health not just their mental health. That individuals have the capacity to be involved in decisions that affect them. 2. The issue of healthy food and diet is relevant to everyone's general health, especially considering that some of the atypical antipsychotic medication has an adverse impact on people's weight and metabolism. The residents involved in this project were aware of these issues and wanted to ensure that they maintained a balance of physical and mental health.

STRIVE the acronym says it all really! Skills, Teamwork and Recovery in Varied Environments – a project to develop a model for integrating outdoor recreation and adventure activities into an existing psychosocial rehabilitation program for young people aged 16-26, recovering from mental illness. STRIVE is a project of Get Together House, a psychosocial rehabilitation program of Upper Hume Community Health Service in Wodonga, Victoria. In our Young People’s Program we have a number of group and individual recovery activities, including psycho-education, living skills, physical activity and music. The STRIVE project was designed to complement these activities through the use of challenge and adventure activities to reinforce learning, to provide opportunities to practice skills, to promote teamwork and leadership, and to enhance self-belief and confidence. This presentation describes the development and
implementation of the project, and details the benefits we have seen and the pitfalls we encountered. The STRIVE model is also presented and discussed. We hope to inspire delegates to consider outdoor recreation, challenge and adventure activities as a valuable adjunct to traditional psychosocial rehabilitation programs for young people, and hope that the STRIVE model may assist services to do this. Learning objectives: 1. The audience will gain an understanding of the STRIVE project, including aims, operation, evaluation and outcomes. Audience members will also gain an appreciation of the role which adventure activities can play in facilitating, supporting and enhancing recovery for young people with mental illness. 2. Adventure activities and other outdoor recreation activities have been used in a variety of settings and with different aims and objectives in mental health services. This presentation describes one specific, integrated model for using these activities to directly support and enhance rehabilitation and recovery for young people with mental illness, and may be of interest to mental health services providing support to this age group. References: Fletcher, T.B. and Hinkle, J.S. 2002. Adventure-based counselling: an innovation in counselling, Journal of Counselling and Development, Summer, Vol 80(3), 277-2792. Gass, M.A. (ed) 1993. Adventure therapy: therapeutic applications of adventure programming, Kendall/Hunt, Dubuque, Iowa, USA.

S43 Still for living
31/08/2006 From: 1100 To: 1230 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Cultural Impact of Sport in Mental health.
Evan Bichara

Leisure, particularly in a sport is considered to be an important part of life for every individual. This is even more so for people with a mental illness, who have limited employment prospects, fewer life options and have a greater need to socially integrate into community. In this presentation, I will outline the benefits of my sporting career as a soccer player, then as a soccer coach, and later to an official soccer referee with the Victorian Soccer Federation. This experience has promoted my adaptive wellbeing with my daily pursuits and living with a mental illness. Through this creative intervention in the community, I (with a mental illness) have been able to demonstrate, not only to myself, but to many others, that it has been absolutely beneficial to engage in a sporting activity - in my case, soccer. It provided me with an opportunity to acquire and improve and acquire social skills through practical application. It increased the circle of acquaintances and friends. It has rewarded me with intellectual stimulation and significant relaxation. It increased self-confidence and allowed me to acquire physical and mental skills and competencies. I was also able to develop a sense of accomplishment and satisfaction. Most importantly - I had fun in the process and created a sense of social identity and belonging to the community. It also has allowed me to integrate with the diverse ethnic communities; understand some of their traditions, their cultural foods, their customs and their ways of doing things back in their homelands. This presentation will address issues of social connectedness and how this can be easily achievable through many facets of the Sporting mediums. My dynamic participation in Soccer has been a real learning curve in the process of getting better, getting actively involved at all different levels of the game. An inspirational insight will be given at this presentation and it is hoped that the audience may be inspired to take away with them the understanding that such sporting participation to others is just as important to their Recovery and that this ideology should manifest into a sporting culture within the Mental Health System. Learning Objectives: 1. Audience will acquire the knowledge of how any Sport can be part of one's Recovery. 2. Absolute benefits are achievable through participating in a continual Sporting Activity over a long period of time for anyone, but more so with people who have a mental health issue. Any Sport engagement by mental health consumers interacting in Sporting Clubs on any nature, on any level, either as a competitor, a spectator, or even a club official can benefit the Club - but more so the mental health consumer in a spectrum of ways.
S44 Treatment Processes and Rights  
31/08/2006 From: 1100 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre  

Malcolm Horsfall  Sarah Joy

Admission to an in-patient psychiatric ward can be a challenging and confusing experience for many consumers, particularly those on their first time to hospital. Many consumers are often unsure of their rights, and responsibilities, in these situations. An initiative that is in operation at Cumberland Hospital in Sydney’s Western Area Health Service, is a consumer-driven and social work facilitated group called Law and Order. This presentation begins with an explanation of how the Law and Order group educates consumers of mental health services about their rights and responsibilities under the NSW mental health system. The result of this group has been the facilitation of an in-patient environment where consumers and their treating team are able to collaborate together to ensure that best practice standards of consumer care occurs. This presentation will proceed to discuss the Law and Order group as a quality improvement project at Cumberland Hospital, before elucidating the impact that skills’ development has had on consumers’ ability to advocate for themselves on an in-patient unit. Qualitative and quantitative data has indicated a strengthening of consumer connections with a system that has not always respected or enforced consumer rights. In conclusion, this presentation will leave conference delegates with narrative evidence to highlight the powerful impact that creating respectful and inclusive systems has had on consumers’ ability to reach out and share their journey to recovery with those that surround them. Learning Objectives:

1. Conference delegates attending this presentation will be able to learn about, and be inspired to, create a consumer rights group in their own practice environment and thereby work towards an inclusive and right-based culture from which consumers and treating teams can collaborate to provide best-practice consumer care.

2. As mental health systems across Australia seek to improve themselves, this presentation provides a practical example of the results that can be achieved through equipping consumers with the skills and knowledge necessary to genuinely participate in the reform of mental health services. Such changes can lead to a improved systems culture from which services can actively embrace National Standards for Mental Health Services, rather than be compelled or obliged to comply with such systems reforms.

References:

S44 Treatment Processes and Rights  
31/08/2006 From: 1100 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre  
Paper 20 Minutes: Seamless Care - Making Discharge Planning Work.

Judith Stamp

This paper summerises recent research conducted by the consumer consultant looking at how improvements could be made to discharge planning in a Victorian area mental health service. It compares the findings of a scottish proect which, although conducted on a much wider scale, shares issues experienced by the vicorian example. the research was conducted as a quality improvement project in response to concerns raised by consumers. a sample base of 25 consumers who had recently been inpatients in a 28 bed psychiatric unit at Monash Medical Centre. 12 staff were also surveyed. the surveys were conducted to ascertain the current discharge planning practices as understood by the consumers and staff. concerns were summed up in the auditor-generals report 2002: ‘poor discharge planning has the potential to compromise ongoing patient care, increase the burden on consumers and carers, and may result in unplanned readmission to hospital’ the paper looks at areas of good practice and areas for improvement - and is a valuable tool for re-evaluating discharge practices in area mental health services where a consumer focus is essential.
S44 Treatment Processes and Rights
31/08/2006 From: 1100 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre
Paper 20 Minutes: Enhancing skills of Consumer, Carers, Staff in the assessment and management of antipsychotic medication side-effects.
Michael Burge
The aim of this paper is to outline the strategies utilized within the LUNSERS (Liverpool University Neuroleptic Side Effects Rating Scale) to reduce the prevalence of antipsychotic medication side-effects by providing a short-term training program on the assessment and management of side-effects to case managers, mental health staff, carers and consumers. Side-effects which impact on the patient's quality of life and may cause even greater levels of distress than the symptoms of the illness that may lead to discontinuation of treatment. The implementation of the scale has the potential to provide the following benefits: Meets with Recovery Principles Consumers feel they have a say and some control in decisions about there treatment and care. Engages the consumer. Consumers feel staff are listening and taking there concerns seriously. Allows the consumer to tell staff about the side effects. Helps staff discuss the side-effects with the consumer. May help to reduce their impact on the lives of people prescribed Neuroleptic medication. Assessment schedules may increase staff awareness of the problems, provide a structured format for assessments and elicit data that may be used as an adjunct to clinical judgments. Provides a checklist for staff. Provides a tool for Consumers and/or Carers to utilize in the home environment. Learning Objectives: 1. Audience will learn about the LUNSERS and have the opportunity to discuss the benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important it is to have a tools which assists in reducing the side effects of medication.

S45 Workshop - Young Carers' Dual Diagnosis Game
31/08/2006 From: 1100 To: 1230 Venue: Poolside Room Jupiters Hotel
Workshop 1.5 Hrs: Through the Cracks- The Young Carers Dual Diagnosis Game.
Lorna Downes  Kerry Bidwell
This interactive workshop includes 3 main activities: 1. The Young Carers Dual Diagnosis Game 2. Reflections on Needs of Dual Diagnosis Young Carers 3. Strategies for Improving Service Delivery. The Young Carers Dual Diagnosis Game was developed from the Referral Game (written by Tim Earnshaw) used in the Family and Carer Training (NSW Health, 2004) for generalist support workers working with families and carers affected by the drug and alcohol use of someone close. It is intended for use with service providers only. The target group includes workers from: mental health, drug and alcohol, family support, education, child protection, youth services and other support services working with children and young people who are caring for a parent with dual diagnosis (mental illness and substance use). The game is not for use with young carers or consumers with a dual diagnosis, or other family members. Objectives: Introduce key issues and experiences of young carers in relation to parental dual diagnosis. Raise awareness and develop service providers’ empathy regarding young carers' experiences in their families. Identify and reflect on the challenges in negotiating service systems as a young carer. Increase service provider’s commitment and identify strategies to improving service delivery to dual diagnosis young carers, including interagency collaboration. The session takes approximately 90 minutes, and is recommended to be conducted with 10-25 participants. Reference: Principles and Actions for Services and People Working with Children of Parents with a Mental Illness. By Australian, Infant, Child, Adolescent & Family Mental Health Association COPMI Project. www.copmi.net.au. Supporting Out Family. By COMIC, Mental Health Resource Centre. www.howstat.com/comic. Workshop Plan: 1. Introduction (10 minutes). This session aims to introduce the participants to facilitators, each other and the learning module. It is an opportunity to clarify participants’ learning questions and to establish a comfortable and safe learning environment. 2. The Game (30 minutes)- Participants to take part in a simulation game about dual diagnosis young carer issues. (The game will take approximately 20 minutes)- Debriefing/Reflection 3. The Experiences and Needs of Young Carers (20 minutes)- This session aims to explore the impact of parental dual diagnosis on young carers. Small Group Work 4. Strategies for Improving Service Delivery (20 minutes) This session aims to identify the
challenges in agencies working together to support children and young people affected by parental dual diagnosis, and aims to promote interagency collaboration.

5. Conclusion (10 minutes) - This session aims to provide participants with the opportunity to review the key learning outcomes of this learning module. Learning Objectives: 1. Participants will gain an awareness of the issues, experiences and needs of children and young people caring for a parent/s with dual diagnosis (mental illness and substance use). 2. Participants will identify and develop practical and innovative ideas to improve service provision to young people caring for a parent/s with dual diagnosis.

S46 The Law, the Family & Mental Illness
31/08/2006 From: 1330 To: 1500 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: Family Law and Children of Mentally Ill Parents
Carolyn Quadrio

Family assessments done in the context of Family Law disputes usually involve questions of the mental status of the parents and their parenting capacity. The author has done several hundred such assessments. For the clinician involved in the care of a mentally ill parent, there may be a dilemma between maintaining a role in advocacy for the parent and protection of the child/ren. Children of separating parents are subject to many difficulties and these are magnified and multiplied when one or other parent suffers from a mental illness. There is no simple correlation between mental disorder and parenting capacity: some mentally ill people care very well for their children and some parents who are frankly abusive cannot be said to be suffering from any psychiatric disorder. This presentation will focus on the issues for those families who are experiencing the multiple difficulties of: coping with mental illness; with family breakdown; and with Family Law conflict, which usually means contested residence and access of children. In particular the question is posed: in cases where one or both parents have a mental illness, what is the role of mental health services and how can they provide the court with useful information about parenting capacity? Learning objectives: 1. Those attending this presentation will learn about the interface between mental health services and Family Law and the issues for separating families wherein one of the parents is mentally ill. 2. The way in which legal processes impact on the mentally ill is highly relevant to mental health but the issues in terms of Family Law are generally less well understood than those involving criminal law. References: Cowling, V. (Ed). (1999), Children of Parents with Mental Illness. Australian Council For Education Research, Melbourne. Farrell, G., Handley, C., Hanke, A., Hazelton, M., Josephs, A. (1999), The Tasmanian Children’s Project Report: The Needs of Children and Adolescents with Parent/Carer with a Mental Illness. University of Tasmania, Launceston.

S46 The Law, the Family & Mental Illness
31/08/2006 From: 1330 To: 1500 Venue: Auditorium Townsville Entert & Conv Centre
Anne Fahey Katy Curtis

Reaching out to people in mental and emotional distress - agency and families. Connecting services to create a holistic approach to service delivery projects for vulnerable families. Service ‘know how’ to reach out. Strengthening connections and reaching out to make a difference. Marginalised and vulnerable members of the community. Some of the most vulnerable and hard to engage families are those involved with both Psychiatric Services and Child Protection Services. Connections between services are often not adequate to meet the needs of these vulnerable families. In 2000, an interagency working party was established to explore mental health issues of families affected by mental illness who are also involved with child protection. The working party attracted funding for the research project ‘Mental Health Issues of Parents of Children on Statutory Orders’ and subsequent report ‘Child Maltreatment and Parental Mental Health Problems’. (Presentation at 2003 TheMHS Conference: ‘Who’s Holding The Baby?’). The report identified barriers to agencies connecting in the delivery of services to these families and recommended a more holistic model of care. These recommendations led to the Collaborative Practice Project in the Loddon Campaspe Southern Mallee Region of Victoria. A senior child
and adolescent mental health clinician is co-located with adult mental health services and a senior adult mental health clinician is co-located with Child Protection and Juvenile Justice. The project has now been in operation for nearly two years and this paper will describe what has been learnt about connecting services so that they can effectively reach out and support vulnerable families and children. The paper will describe support strategies that take into account the many and varied perspectives at play - language and culture, differing priorities, conflicts of interest, and organizational needs vs client needs. This paper will show that the Collaborative Practice Project has provided the skills and resources to work towards a holistic service delivery for these vulnerable families. Learning Objectives: 1. Participants will learn about the implementation of a collaborative model, linking Adult Mental Health, CAMHS, Child Protection and Juvenile Justice, to address services gaps and develop better service delivery and continuity for a vulnerable population of families, who have contact with these services. The evaluation has given indication of the impact of this project for families and service providers. 2. The collaborative model enables service providers to better meet the needs of the whole family, and for parents to incorporate solutions, which both address their mental health requirements and meet the needs of their families.

S46  The Law, the Family & Mental Illness
31/08/2006  From: 1330 To: 1500  Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: Enhancing Indigenous Involvement with CYMHS/CAMHS.
Ian Munt  Lyntette Anderson  Andrea Anderson  Deanne Hellsten
Aim: This paper aims to generate discussion regarding improving the engagement of indigenous families with child & youth mental health services. Method: Significant changes to service delivery style & staff roles (particularly those of the indigenous mental health workers) which have led to the increased engagement of indigenous families are highlighted in a description of how the Townsville CYMHS interaction with indigenous families has evolved. A specific project looking at improving indigenous involvement is discussed. Results: Enhancing the role of the indigenous mental health worker as well as strategies to increase trust in the service are all required to improve engagement of families with a service. Conclusion: Townsville CYMHS has found some ways to increase indigenous involvement. We would like to reach out & share our findings as well as take this opportunity to learn of what other CYMHS/CAMHS are undertaking to improve indigenous participation. Learning Objectives: 1. Audience members will learn of the numerous service related factors involving both processes & content that influence engagement with a service. 2. The health & wellbeing of indigenous children & youth is not commensurate with that of other Australians. Mental health services need to examine their service in terms of acceptance & accessibility to these groups. References: Laugharne, J., Glennen M., Austin, J., (2002). The ‘Maga Barndi’ mental health service for Aboriginal people in Western Australia. Australasian Psychiatry, 10 (1), 13-17. Kahn, M. M., Henry, J., Cawte, J. (1978) Mental health service by and for Aboriginals. Australian & New Zealand Journal of Psychiatry, 10, 221-228

S47  Evaluation of Programs
31/08/2006  From: 1330 To: 1500  Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: A Better Mental Health Services for Psychiatric Patient.
Hui-Ching Wu
Psychiatric hospitals provide rehabilitation programs for psychiatric patients. Does this vulnerable population feel satisfied with received services? The object of this study was to evaluate how mental health services provided at a rural area bring positive rehabilitation for psychiatric patients. Satisfaction with mental health services is correlated to patients’ rehabilitation (e.g., increasing personal life meaning, interpersonal skills, and mental health condition). It is essential for mental health providers to evaluate what is a better service for psychiatric patients. Methods: This paper collected raw scores from a multi-question, self-reported survey instrument answered by participants at Jing-Ho Mental Hospital Yan-Chau Branch in Taiwan. The questionnaire includes three major sections: sociodemographic, job satisfaction, and mental health services satisfaction. Descriptive statistics were used to provide univariate descriptions concerning the study sample. F-Test was applied to describe significant
differences between groups. Regression analysis was applied to examine all hypotheses. Results: Among 45 participants, pervasively diagnosed schizophrenia (n=39), receiving mental health services for a year, 73.3% (n=33) were male and 26.7% (n=12) were female. Job satisfaction was significant correlated with satisfaction with rehabilitation services ($r^2=.57$) and sense of mental illness improvement ($r^2=.49$). The job satisfaction variable alone explained 37.6 percent of the variance ($F=25.87, R^2=.376, p<.0001$) in overall satisfaction with mental health services for psychiatric patients. Learning objectives:1. How to attain an effective mental health services? Do psychiatric feel satisfied with received rehabilitation programs? 2. How to motivate psychiatric patients participate in the rehabilitation services? Reference: Milazzo-Sayre, L.J., Henderson, M.J., & Manderscheid, R.W., (1997), Serious and Severe mental illness and work: What do we know? In Bonnie, R.J. & Monahan, J. (Eds). Mental disorder, work disability, and the law. Chicago: The University of Chicago Press. Provencher, H.L., Gregg, R. Mead, S. & Mueser, K.T. (2002). The role of work in the recovery of persons with psychiatric disabilities. Psychiatric Rehabilitation Journal, 26 (2), 132-144.

S47 Evaluation of Programs
31/08/2006 From: 1330 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre Paper 20 Minutes: The evaluation of the Clinical Consultation & Assessment Service (CCAS) of Transcultural Mental Health Centre, NSW
Teresa Petric
The aim of this presentation is to overview and discuss the methodology and major results to-date of the evaluation of the clinical arm of Transcultural Mental Health Centre, NSW. CCAS has been in operation since 1994, providing assessment and brief clinical interventions to people of CALD backgrounds with mental health problems. Demand for the service has steadily increased, and has the range of referring agencies. In 2005 the service received in excess of 1200 referrals. This presentation describes findings from a comparative analysis of CCAS throughput data with state mental health data, consultations with clients and internal and external stakeholders a quality audit of clinical reports. Although the service model assumes partnership in the care of clients with mainstream mental health services, many clients are referred to CCAS by other services, are ‘orphaned’ with regard to ongoing case management and may have their first and only contact with a mental health service through CCAS. In addition, the heavy demand on mainstream mental health services often makes it difficult for them to provide care in a culturally competent manner. The discussion addresses future directions in the light of these and other findings as CCAS enters its second decade of operation. Learning Objectives: 1. Audience will gain (a) increased awareness of current practical problems of appropriate service delivery facing mental health services trying to address needs of people with CALD backgrounds and (b) ideas about possible models of care given current resource and service constraints. 2. Topic is fundamentally about addressing the mental health service needs of people who may easily be missed, excluded or inappropriately managed because language, culture and their interaction with migration have not been taken into account. References: Kirmayer, L.J., Groleau, D., Guzder, J., Blake, C., Jarvis, E. (2003). Cultural consultation: a model of mental health service for multicultural societies. Can J Psychiatry, 48 (3) April 2003. Long, H., Pirkis, J., Mihalopoulos, C., Naccarella, L., Summers, M., Hunt, D. (1999). Evaluating mental health service frameworks for non-English speaking background communities. Melbourne: Australian Transcultural Mental Health Network.

S47 Evaluation of Programs
31/08/2006 From: 1330 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre Paper 20 Minutes: Evaluation of a Music Therapy Intervention with Treatment-Refractory Schizophrenia In-Patients
Oksana Hrubskyj
The aim of this investigation was to examine the clinical response of a group music therapy intervention, added to the standard care of a group of treatment-refractory patients with schizophrenia. All subjects were inpatients of a state psychiatric hospital. Data of mental state examinations using the expanded version of the Brief Psychiatric Rating Scale (BPRS), was
retrospectively analysed over the duration of the intervention, which included one pre-
intervention measure. Statistically significant reductions were achieved in global
symptomatology as well as in three of the four negative symptoms, those being emotional
withdrawal, tension and distractibility. In spite of its methodological limitations, the results of
this study are consistent with other overseas findings and support the importance and contribution
of music therapy as a psychosocial intervention in the treatment of patients with a severe form of
schizophrenia.

S48 Help and Prevention
31/08/2006 From: 1330 To: 1500 Venue: Palm Room 2 Townsville Entert & Conv Centre
Young People and Their Families to Early Psychosis Services in North Queensland
Benjamin Freedman Barbara Anderson
Early intervention in psychosis (EI) has gained momentum over the past decade, with a growing
body of literature focussing on best-practice principles and models of service (Herrmann-Doig
et al 2003). The potential benefits of early intervention include reduced morbidity, more rapid
recovery, better prognosis, preservation of psychosocial skills, preservation of family and social
supports, and decreased need for hospitalisation (Edwards and McGorry 2002).

In Australia the majority of service development and research comes from large metropolitan services with access
to EI specialists, infrastructure, and resources that are often out of the reach of regional
centres. Recovery of Attitudes and Dreams (ROADS) is a partnership between Mental Illness
Fellowship of North Queensland and Townsville Integrated Mental Health Service that reaches
out and responds to the unique challenges of early psychosis intervention. It provides best-
practice social, psychological and biological intervention treatment for young people and their
families in a regional setting, with efficacy that is comparable to larger programs in major service
centres. This paper explores the evolution of ROADS. It will demonstrate that with creativity,
connection, collaboration, and a clinician-driven bottom-up approach, regional service centres
can provide a best-practice EI service that mirrors those in major metropolitan centres.

Learning Objectives:
1. Learn how to increase service capacity and overcome resourcing gaps by
   collaborating with community organisations.
2. Learn about innovative early intervention services. Regional practitioners will gain a sense of hope that ongoing service improvement is
   achievable through bottom-up clinician-driven development. This topic explores three current
   MHS priority areas; access to quality services for people living in regional Australia, forging
   innovative partnerships between the public and community sectors, and effective early
   Intervention in Psychosis Martin Duntz: London. Herrmann-Doig, T., Maude, D., and Edwards, J.

S48 Help and Prevention
31/08/2006 From: 1330 To: 1500 Venue: Palm Room 2 Townsville Entert & Conv Centre
Michelle Robins

The Prevention and Recovery Care Program (P.A.R.C. on Maude) was the first step up step down
program to open in Shepparton, Victoria in September 2003. The program, managed jointly by
Goulburn Valley Area Mental Health Service and Mental Illness Fellowship, Victoria provides
service to rural, remote, provincial and metropolitan fringe like populations, residing in an area of
over 16,527 square kilometers in Central Victoria (Mental Illness Fellowship, Victoria &
Goulburn Valley Health 2002). This community-based program reaches out over great
geographical, social and emotional distance, where the crisis of mental illness is exacerbated by
scarcity of resources. On the surface, PARC connects traditional clinical services with
psychosocial rehabilitation guided by the Boston model (Ades 2003). However at its core, PARC
is about connecting participants' to their 'whole' life: past experiences, present crisis, illness,
wellness, treatment, recovery and future wellbeing. PARC is, in fact, a conduit for connections.
Statistical data and case studies will be used to illustrate the connections that are enabled for
participants', carers and service providers through the operation of PARC: connections to the
elements of recovery, self, other participants, carers, families, clinicians, services, community, culture and spirituality. Learning Objectives: 1. Attendees will learn how the PARC program reaches out to people with mental illness, their families and friends, other service providers and the community and enables connections to be made that promote recovery and future well being. 2. This topic is relevant to mental health services and mental health issues because it illustrates the future for mental health service delivery, where partnerships between clinical services and PDRS services allow people with mental illness to access treatment and support in a safe community-based environment that is participant focused and less restrictive than an inpatient unit. References: Ades, A. (2003). Mapping the Journey: Goal Setting’ in J. Clarke (ed.). Psychosocial Rehabilitation: Working With People with a Psychiatric Disability. Vol. 5, pp.35-36. Mental Illness Fellowship, Victoria and Goulburn Valley Health (2002). Submission for Step-Up, Step-Down Model in Shepparton: The Maude Street Project.

S48 Help and Prevention
31/08/2006 From: 1330 To: 1500 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: SANE Australia Helpline and it's role in connecting people with services.

Yvonne Santen
As Australia's only national 1800 mental health phone service, the SANE Australia Helpline plays an important role in supporting people concerned about mental illness. The role of SANE Helpline is to provide information and referrals to callers on a range of issues regarding mental health. The aim of the Helpline is to connect people with appropriate services. In addition, SANE Helpline undertakes research and evaluation to identify needs and improve services for those people living with or concerned about mental illness. The SANE Helpline also helps to identify and break down stigma around mental health through the provision of information and resources and SANE's stigma watch program. The SANE Helpline aspires to be as accessible as possible, particularly to rural and remote areas, further reducing boundaries. SANE has developed a user friendly website that allows access to information on mental health 24 hours per day 7 days per week. Understanding the services and resources that the SANE Helpline can provide will be a valuable resource for people working in the mental health field. Learning Objectives: 1. Understanding the usefulness of the SANE Helpline in connecting people with concerns about mental health to appropriate resources. 2. Having a better understanding of the resources that the SANE Helpline is able to provide to support people concerned about mental illness.

S49 National Perspectives
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 1 Jupiters Hotel

Nathan Smythe
Australia’s mental health care system has entered a significant period of national reform. Over $4 billion will be invested into the sector over the next five years, including $1.9 billion in new funding from the Australian Government, under the Council of Australian Governments’ (COAG) National Action Plan on Mental Health 2006 - 2011. The Australian Government’s contribution to the Plan is cross-sectoral targeting key areas of improving health and other services to the community, increasing the mental health workforce, and increasing community awareness. There will be a major increase in clinical and health services available in the community and new team work arrangements for psychiatrists, general practitioners, psychologists and mental health nurses; new non-clinical and respite services for people with mental illness and their families and carers; an increase in the mental health workforce; and new programs for community awareness including alerting the community to links between illicit drugs and mental illness and improving the capacity of workers in Indigenous communities. The Australian Government Department of Health and Ageing will be working across Commonwealth agencies to coordinate the implementation of Commonwealth initiatives, and will also be working with states and territories through joint Commonwealth-State COAG Mental Health Groups to coordinate implementation arrangements. These coordination efforts will
facilitate better integration of services, resulting in a more seamless and connected care system.


S49 National Perspectives
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: National Perspective.
Evan Lewis
The Department of Families, Community Services and Indigenous Affairs (FaCSIA) is responsible for implementing three of the 19 Council of Australian Government (COAG) package of measures announced in the 2006 Budget to address a shortfall in the provision of services for people with mental illness. The measures are: New personal helpers and mentors - 900 personal helpers and mentors will be engaged nationally to assist people with a mental illness who are living in the community to better manage their daily activities. People with a severe mental illness will be assisted in accessing the range of treatment, income support, employment and accommodation services they need. More respite care places to help families and carers - Approximately 650 new respite care places will be provided to help families and carers of people with mental illness or intellectual disability. Community based programmes to help families coping with mental illness - local, community-based projects that support families, children and young people affected by mental illness will be funded. These measures form part of the National Action plan on Mental Health which focuses on promotion, prevention and early intervention; access to mental health services, including in indigenous and rural communities; providing opportunities for increased recovery leading to participation in the community and employment, including through more stable accommodation, providing better coordinated care and building workforce capacity. Learning Objectives: 1. To increase participants awareness of the Commonwealth Government's contribution to the Council of Australian Governments mental health initiatives to improve services for people with mental illness. 2. To increase awareness of new mental health services delivery measures to ensure targeted delivery of Council of Australian Governments measures. References: The Not for Service report (Mental Health Council of Australia 2005) highlighted the lack of services for families and carers of people with mental illness. The Council of Australian Governments - National Action Plan on Mental Health 2006-2011 provides a strategic framework that emphasises coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system, so that people with mental illness are able to fully participate in the community.

S50 Integrating Community Services
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Sub Acute Care Trial - Top End Association for Mental Health
Kirsty Carter Melissa Heywood
The aim of the presentation is to introduce TEAM Health's Sub Acute Care Trial for people with mental illness and psychiatric disability. This community based non residential program is designed to reduce pressure on the psychiatric inpatient unit of Royal Darwin Hospital and services clients who are becoming acutely unwell as well as those who have been in hospital and can be discharged early. The model encapsulates features of evidence based best practice community based programs for clients who have become unwell. These include assertive community treatment programs and hospital at home programs. The program's unique features are that it combines a non residential approach with a psychosocial rehabilitation and recovery focused model. The program works in close partnership with family, community, clinical and other specialist services and is monitored by an independent action research project. The program reaches out to individuals in their own communities and promotes and enhances connections between the individual and the community. People with mental illness are much more able to maintain and develop their connectedness with their communities when they stay in their own homes and environments rather than go into hospital. Learning objectives: 1. People will gain an

SS50 Integrating Community Services
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Outreach for New Clinicians
Deb Zwolsman  Josephine DeCourcey  Emma Haythorpe
This paper discusses what the impacts of ‘reaching out’ and ‘connecting’ to communities can have on new clinicians who are working in rural and remote areas. The difficulties of recruitment and retention of allied health staff in rural and remote areas, is a well-published phenomena in Australia (Battye and McTaggart, 2003). Australians living in rural areas have unique health concerns that can be related directly to their living conditions, social isolation, cultural diversity and distance from health services (Struber, 2004). Health Services in rural and remote areas are often staffed with clinicians who are relatively new and inexperienced and who are often the sole practitioner in an area with limited or no local professional support or supervision (Queensland Health, 2000). Three clinicians interested in mental health outreach that have all had experience working as a relatively new clinician in rural and remote areas in NSW and/or QLD will relate their experiences on this. The themes of responsibility, guilt, support, resources, and complexity will be explored in this narrative of new clinician’s experiences working in rural and remote areas. References: Battye, K.M., McTaggart, K. (2003). Development of a Model for Sustainable Delivery of Outreach Allied Health Services to Remote North-West Queensland, Australia. Rural and Remote Health 3 (online), 2003: no. 194. (accessed March 2006). Director General of Health. Allied Health Recruitment and Retention Taskforce Report. Brisbane: Health Advisory Unit, Queensland Health, 2000. Struber, J. (2004). Recruiting and Retaining Allied Health Professionals in Rural Australia: Why is it so Difficult? Internet Journal of Allied Health Sciences and Practice. Vol 2, No. 2. http://ijahsp.nova.edu/articles/Vol2num2/struber_rural.htm (accessed March 2006).

SS50 Integrating Community Services
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: A Journey of Discovery & Hope for Consumers, Carers, the Organisation & Mental Health Services.
Jenny Hall  Sue Upton
Helping Hand Aged Care received non-recurrent funding in 2005 to provide psychosocial rehabilitation support packages and group based rehabilitation to older people with a mental illness. This aligns strongly with the organisational plan and builds on diverse and innovative range of services supporting mental health in the community; including hospital avoidance, community integration and working with people at risk of homelessness. This boost to the Non-Government mental health sector in South Australia has provided Helping Hand Aged Care with a wonderful opportunity to support consumers in an integrated way. The challenges faced have included working with clinical services to redefine roles and utilising a partnership approach. Case studies will be explored to gain a deeper understanding of this process for consumers and their carers, and how the partnership between NGOs and clinical services has evolved. Learning Objectives: 1. Participants will gain an understanding of the why Helping Hand Aged Care is focusing on mental health and what value an aged care provider brings to this work. 2. The partnership approach will be explored in its ability to enhance mental health and wellbeing for consumers, within group and individual contexts. References: Glover, H. & Thomas, N. (2006). Recovery Training for Mental Health Workforce Leadership Group – Part 1 & 2. Workshop Notes from 1/3/06 & 10/3/06, Enlightened Consultants. Pepper, S (Ed). (2002). Psychosocial rehabilitation: working with people with a psychiatric disability. Volume 1: Towards Recovery. Psychiatric Disability Services of Victoria (VICSERV) Inc. New Paradigm Press, Victoria.
S51 Partnerships, Families & Older People  
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel 
Paper 20 Minutes: The Partnership principle in older people's Mental Health: The NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP). 
Kate Jackson

Specialist Mental Health Services for Older People (SMHSOP) are an essential part of the health and aged care service system. However, these specialist services need to work in partnership with a range of other key services and with older people and their families, carers and communities, if they are to be effective and if they are to contribute to the broader agenda of improving the mental health of older people. Older people often have complex mental and physical health care needs, requiring assessment and management by both medical and psychiatric services. Moreover, responsibility for older people's mental health spans a range of programs, service sectors, agencies and jurisdictional interfaces, making a collaborative approach imperative. This paper will outline key directions in the NSW Service Plan for SMHSOP 2005-2015 and explore the ways in which collaborative partnerships are fundamental to these directions. Key areas to be covered include: SMHSOP community and inpatient service models; Residential care partnership models, and Specialist behavioural assessment and management service models. There is strong evidence for the effectiveness of collaboration in older people's mental health care in achieving good mental health outcomes for consumers. Such collaborative approaches include: Joint geriatric/psychogeriatric assessment and multidisciplinary care of older people with complex mental health problems; SMHSOP outreach services to community-based residential care facilities, where a liaison style with a strong educational component has been found to be particularly effective, and Shared care models between specialist services and GPs, which have led to demonstrated improvements in the identification and management of late-life depression. This paper will outline the ways in which collaboration and partnership approaches have been adopted in a range of service components in the NSW Service Plan for SMHSOP. Learning objectives: 1. Participants will gain an understanding of the principles and practice of partnership approaches in key components of mental health services for older people. 2. This presentation aims to inform policy, planning and service development in specialist mental health services for older people, which is in its early stages in many areas of Australia. References: NSW Service Plan for Specialist Mental Health Services for Older People 2005-2015 (forthcoming, NSW Health) Draper, B and Low, L. 'What is the effectiveness of old-age mental health services?', Synthesis Report for World Health Organisation Regional Office for Europe's Health Evidence Network, July 2004.

S51 Partnerships, Families & Older People  
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel 
Paper 20 Minutes: There's no place like home -intensive home-based support for older persons with mental illness. 
Michael Loh

For many years, community treatment options have been explored for people with acute psychiatric symptoms as an alternative to costly hospitalisation. The paper will discuss an intensive home-based support program for older persons with mental illness. The Hospital Substitution Team (HoST) based at Eastern Health is an innovative 7-day a week multidisciplinary program for mentally ill clients. This 3-year pilot program aims to (a) provide patients and their families with a viable alternative treatment setting during the acute phase of their mental illness in their own homes, and (b) minimise the length of stay in the acute inpatient unit. Since it’s commencement in October 2004, this team has received over 100 referrals and sees 5-8 clients at any given time. The impact of this team on hospital admissions and the other community teams will be discussed. Feedback from consumers, families and general practitioners will be presented. This program in its third year, is well received and utilised, is considered useful in providing intensive case management in the acute illness phase and has a role facilitating early hospital discharge. References: Callaly P, Kriz J, Suters J, Moon K, Dunn P, Henry M, Callaly T, and Berk M. (2004) A study of an intensive home-based treatment program...

S51 Partnerships, Families & Older People
31/08/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel
Paper 20 Minutes: Development of Consumer Partnerships in Aged Care Service Delivery
Karen Wallace Linda Blanchard Birgit Apschner Pauline Higgs Giselle Bygraves
The Aged Care Psychiatry and Neurosciences Unit at St Joseph’s Hospital is a 19-bed facility dedicated to care of the elderly with mental health illness and/or neurodegenerative conditions. An external Consumer Consultant has been actively involved in our service since January 2002 for the purposes of providing objective face-to-face dialogue for consumers, providing guidance to enhance partnerships and ultimately for improving service delivery. We describe the development and expansion of our Consumer Consultant role which commenced with the ‘Consumer Participation Questionnaire’ including questions and opportunities to comment about the following domains: perceptions of staff attitudes, involvement in care and treatment, appropriateness of activities/outings, food services, consumer rights, the Unit environment and overall level of satisfaction. Evaluation of questionnaire responses has resulted in increased consumer activities including education groups. A revision of the questionnaire has resulted in its refinement and validity enhancement for our aged population. We are committed to consumer participation and consumer evaluation through the process of the quality cycle as a method for supporting and delivering better outcomes. The results of our study have implications for broader issues such as the attitudes of older persons to mental health matters and their help-seeking behaviours. Learning Objectives: 1. A practical approach and quality improvement activity to ensure the collection and evaluation of consumers’ opinions. 2. An activity that provides consumers with opportunities to inform service management and development as well as clinical practice. 3. Attendees will also gain an understanding of the benefits of face-to-face consultations for aged consumers. References: Hickson, L., Worrall, L., Yiu, E. and Barnett, H. (1996). Planning a communication education program for older people. Educational Gerontology, 22, pp. 257-269. NSW Health Department. (1999). Caring for Older People’s Mental Health: A strategy for the delivery of mental health care for older people in New South Wales. Australian Health Ministers. National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003.

S52 Employment and Mental Health
31/08/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Working in the mental health area as a recovery tool? A personal perspective of a mental health worker recovering from depression.
Alison Martens
Years of maintaining a family, social and professional life in the often stressful community services industry while hiding the symptoms and stigma of depression meant something had to give and it did. Picking up the pieces, including moving to a supportive work environment and taking some emotional and professional risks, inadvertently assisted in the development of a better personal understanding of depression and advancement along the road to recovery. This paper is a reflective journey highlighting parts of the process. It also looks at some of the personal and ethical dilemmas of working within the mental health field in a small community in which it is known the worker has a mental health problem. Learning Objectives: 1. Participants will improve their understanding of the often faced dilemma’s of professionals working in the helping professions whilst having a mental health problem themselves. 2. Participants will be able to identify strategies which have been useful for the consumer who works in the mental health field. References: Lehman AF, (2000), Putting recovery into practice: A commentary on what recovery means to us, Community Mental Health Journal, New York: June 2000. Vol. 36, No.3 Mead S, Copeland ME, 2000, What Recovery means to Us: Consumers Perspectives. Community Mental Health Journal, June 2000. Vol 36, No 3.
S52  Employment and Mental Health
31/08/2006  From: 1330 To: 1500  Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Jumping in, boots and all: The challenges and benefits of employing peer workers.
Christy Akins  Paul Nestor
This paper reports on an innovative South Australian project where non government organisations have been engaged to develop a system for the education and employment of peer support workers. The trained workers then work alongside mental health services in providing peer specialist activities. The Peer Support Project uses participatory action research methods in the development of all phases of the project including: planning the project, establishing stakeholder groups, partnerships between a number of government and non government agencies, piloting the model of peer support and developing a strategic vision for roll out of the project across the state. As part of an extensive literature review on models of peer support we have identified a number of challenges that organisations face as well as benefits that can flow from employing peer workers and implementing peer support programs. We will also report on preliminary findings from the pilot project and anecdotal accounts of the benefits and challenges of peer support work. Peer work is internationally recognized as a significant factor in people's recovery. With this in mind, we consider that effective peer programs that sufficiently support peer workers are essential to enabling improved service delivery for both government and non government mental health services. Learning Objectives: 1: The problems and benefits of employing peer workers (sighting both anecdotal accounts and evidence based research). 2: Effective peer support programs should be an integral part of mental health services. References: Glover, H. (2005). Recovery based service delivery: are we ready to transform the words into a paradigm shift? Australian e-Journal for the Advancement of Mental Health 4(3). Mead, S. and MacNeil C. (in review): Peer Support: What makes it Unique? Psychiatric Rehabilitation Journal.

S53  Wellbeing: Fitness; Substances
31/08/2006  From: 1330 To: 1500  Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Reaching out and connecting mental health with the community.
Jacqueline Murray  Liz Prowse
People attending mental health services for clozapine medication appear to be at a disadvantage due to the necessity for routine and rigorous monitoring and a consequent lack of progression through the mental health service, even when their mental state is stable. This paper describes a project aimed at connecting clients managed on clozapine with their General Practitioners (GPs) to monitor their medication, mental health and physical health. This creates a holistic approach to well-being, in turn promoting a collaborative care approach to carers involving GPs, clients, carers and mental health professionals. The project has utilized the standard medication monitoring system (CPMS) guidelines. GPs were approached on the basis of having current clients on clozapine who attended their clinic. Education sessions, were offered, and GPs earned professional development points. Community care plans were completed with GP, client, carer and mental health professional. The consultant psychiatrist gave commented and feedback on the community care plan to the GP using the medicare EPC items. Clients and carers attended sessions about diagnostic issues and the collaborative approach. On going education is giventhrough client and carer education sessions on a 4 monthly basis and on a one to one basis. Medication, education sessions were also delivered to Emergency Departments, inpatient units and community teams. Outcomes to date indicate that client care has been enhanced by the improved connection to GPs. This has been validated through improved outcome scores and questionnaires completed by clients, carers and GPs.
S53 Wellbeing: Fitness; Substances
31/08/2006 From: 1330 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Thinking Fit Program
Jan Ball  Mattea Malcolm

Exercise for most of us is hard work and challenging. But what additional barriers do people who suffer with mental illness face with developing healthy lifestyles? There are significant and sometimes overwhelming reasons that inhibit sufferers of mental illness to connect with opportunities to exercise. The Mental Health Council of Australia, 2004 states, People with mental illness are less likely to engage in health-promoting activities such as good diet and exercise. Barriers to these include the illness itself, expense, stigma, and side effects from medication. The Thinking Fit Program model addresses these issues. Sane Australia 'Calls for a better life for those affected by mental illness through improved services, including better coordination of mental health and primary care with a focus on physical health (2001). Thinking Fit responds to that call by integrating public, private and non-government agencies to provide a much-needed program. Noarlunga Health Services, Centacare and Noarlunga Leisure Centre, based in the outer southern suburbs of Adelaide, have been able to work together in supporting mental health consumers progress from inactivity to enthusiastic participation in exercise. Consumer feedback has continued to fuel our enthusiasm for this program, and we are beginning to discuss our successes with other agencies. The good news is that the template for this model can be duplicated in any community! Learning Objectives: 1. People who attend this workshop will learn how they can adapt our model to lead and develop a similar program within their unique community settings. They will gain from this presentation our experiences as well as simple guidelines, equipping them with the tools they need to succeed. 2. Thinking Fit addresses the dual issues faced by consumers of mental health services. It supports the consumers' connection to mainstream organizations, as well as encouraging a healthy lifestyle.

S53 Wellbeing: Fitness; Substances
31/08/2006 From: 1330 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: The MixItUp Project: Building service providers capacities in working with young people presenting with co-morbidity issues.
Colin English

The MixItUp Project is an initiative funded through the National Illicit Drugs Strategy, and operated by Upper Hume Community Health Service which is based in Wodonga in regional North East Victoria. The MixItUp Project was developed in response to difficulties identified in accessing appropriate and timely interventions for young people presenting with alcohol and other drug issues as well as mental health concerns (co-morbidity or dual diagnosis). The paper will take a brief look at issues that impeded each service system in working with people aged 12-25 presenting with co-morbidity issues. This will be followed by the process used to initially engage and build relationships between Adult and Child Mental Health Services and Alcohol, Tobacco and Other Drug Services in Wodonga. Discussion will also highlight a similar process used to engage and build relationships with other key youth service providers such as housing and refuge staff, psychosocial rehabilitation providers and youth workers. In summary, the paper will overview strategies used in identifying professional development and 'system-knowledge' needs of staff and agencies, the strategies which have been developed to address these, and the resultant increase in capacities of workers and services to manage and collaboratively work together with young people presenting with co-morbidity concerns. Learning Objectives: 1. It is hoped that delegates will learn strategies in developing relationships between services and how this can increase capacities of workers in delivering an integrated service for young people. 2. The issue of young people presenting to mental health services with an Alcohol, Tobacco and other drug issue is viewed as 'not the exception but the rule'(1). Recent research indicates that up to 80% of clients accessing mental health services have an Alcohol, Tobacco and/or Other Drug issue.(2). References: Gary Croton. Eastern Hume Dual Diagnosis Service. Mental Health Services, Northeast Health Wangaratta; National Youth Affairs Research Scheme, 2004.
The Station Community Mental Health Centre Inc.
The Station is a psychosocial rehabilitation centre, with the focus being on prevention, early intervention, rehabilitation and recovery. It is situated in the small coastal town of Wallaroo on the Yorke Peninsula of SA, population approximately 2,700. W.A. Anthony considers that recovery is described as a deeply personal, unique process of changing ones attitudes, values, feelings, goals, skills and or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.¹ The Station is an innovative and unique model of psychosocial rehabilitation as it is a non-government primary health care community development project driven and owned by consumers, carers, mental health workers and the broader community. This presentation will describe the establishment of a community mental health centre, as well as the philosophy of The Station, how consumers came to own the project, the development of mission and vision statements, aims and objectives (and how they are met) and also the management structure (including staff and volunteers). The presentation also includes, in the form of poetry and testimonials, the impact The Station has had on consumers, and on the broader community. The programs and activities undertaken at The Station have enabled consumers to reach out and connect with other consumers and the community in general. Members of The Station have held successful art exhibitions, performed in a self-written play, and won the Dr Margaret Tobin Award for Excellence in Promoting Mental Health in the Community. Mental Health Rehabilitation and Recovery needs to support the individual to achieve goals and to achieve an optimal level of functioning, independence and ensure the whole of life needs are addressed in an integrated service response.² References: ¹ Anthony, W.A. The Psychosocial Rehabilitation Journal, volume 16, Number 4, p11-24, 1993. ² A New Millennium. A New Beginning. Workshop Paper Mental Health Rehabilitation and Recovery Services for South Australia. Dept. of human Services, page 5, March 2003. Learning objectives: 1. Given support and an environment that is conducive to recovery, people with severe mental health issues can recover, re-establish their lives and reconnect with the community. 2. The vision of the National Mental Health Strategy is an effective mental health service which places the focus of care in the community. With a fundamental shift in service balanced away from historical reliance on separate psychiatric hospitals to an integrated service. With new models of care being away from the institutional toward community care, The Station is one of these models.

What is the perception and understanding of artist held by a person diagnosed with mental illness? How does their experience and perception of this role impact on contemporary notions of recovery and their role in society? In this paper I will address the impact of creative arts as a tool in recovery and as an agent of social change. The use of art as therapy is not new. However the evidence that art promotes public health and enhances social inclusion remains elusive (Hamilton 2003). For a reduction of the impact of mental illness on society we must challenge the labels that exists in mental health and address social stigma associated with mental illness. There exists a particular kind of power in the medical language of diagnosis. (Hayne 2003). That power can precipitate stigma (Krauss 1989) on the individual, weakening them to a role of powerlessness (Joseph- Kinzelman 1994). For many individuals with a mental illness art can be a positive outlet and provide an alternative identity to the negative identity of being a mental patient. As an artist the individual can be distinguished by his or her strengths rather than by the illness. Awareness of art therapies and their potential benefits for well-being remains relatively low amongst policy makers, the public and those who commission services. (Heenan 2006) Further research is required in this area to enable an informed debate on resources allocation and local and national...
services development.(Heenan2006). Learning Objectives: 1. People will acquire a greater understanding about the potentials of the creative arts as a tool in recovery beyond the boundaries of 'Freudian art-based' therapy. An understanding of the views of the consumers who identify as artists will be gained. Having a mental illness doesn’t necessarily detract or enhance an artist’s talents, but can provide an emotional and educational journey. The audience will also have an insight into the use of art as a challenge to stigmas associated with mental illness, which can enable further debate within the community. 2. This topic is very relevant in that art as a tool, can be used to vent anger and frustration brought on by mental illness. It helps to enable individuals to challenge the negative stigmas of being labelled focusing on strengths rather than weaknesses.

In mental health services art is as important a tool as medication or psychotherapies, as it can used in a number of innovative ways empowering the individual and connecting the community in support of mental health issues. Art is invaluable in highlighting and promoting mental health issues, de-stigmatising through exhibitions and presentation, providing a voice to people who are silenced through their illness. References: Heenan D., Art as therapy: an effective way of promoting positive mental health?, Disability & Society Vol.21 No.2, March 2006, 179-191. Hamilton C., Hinks S., Petticrew M., Arts for Health: still searching for the Holy Grail, journal of Epidemiology and Community Health, 57, 401-402.

S54 Creative Ways
31/08/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre Paper 20 Minutes: Mind Your Head - Developing Innovative Mental Health Resources for Young Adults Experiencing Mental Illness.
Lois Boyd Dion Howard Rita Davis Alistair Eames

Do you want to produce top quality resources that have credibility with young people and can assist them to learn more about mental health issues? This workshop is based on the presenters sharing their perspectives on the development of a multimedia resource called Mind Your Head. Having never been involved in a project of this type, Dion, Lois and many others embarked on a journey to produce a new information resource for young adults experiencing a first episode of psychosis in New Zealand. The end result was Mind Your Head - a 3 part resource including: a music cd, an 18 minute DVD featuring 4 young adults discussing their experiences of psychosis and a 16 page information booklet, about psychosis, built into the cover of the unit. Both Lois and Dion agree that they have learnt a lot in the journey from the initial idea through to the current success the project enjoys. This workshop is an opportunity to share their experiences and what they have learned including: Project Planning, Working an idea into a proposal, Funding, Working with diverse groups, Working collaboratively with consumers, Ethics, Administration, Publicity, Distribution, Evaluation. An important component of the workshop will be workshop participants sharing information and ideas about projects they have been involved in and/or are trying to ‘get off the ground.’ Our aim is to show people with enthusiasm that in spite of often significant barriers such as lack of money and lack of experience, it is possible to produce high quality, credible and effective resources for people experiencing mental illness. Learning objectives: 1. People attending this workshop will learn about the essential elements in creating mental health educational resources that effectively engage young people. 2. Attendee's of this workshop will leave with an appreciation of the importance of providing high quality, credible mental health educational resources to young people and how this is possible.

S55 Workshop - Travelling Road Show
31/08/2006 From: 1330 To: 1500 Venue: Poolside Room Jupiters Hotel Workshop 1.5 Hrs: The Self-harm Traveling Road Show.
Bridget Mary Greaney Jessica Senior

The Self-harm Traveling Road Show. This workshop focuses on self-harm. It is an interactive, youth consumer run work shop that examines the stereo types and misconceptions surrounding self-harm and those who use self-harm as a coping mechanism, emotional outlet, or expression of inner pain. It is a means of connection between those who self harm, and those who are supporting a self-harmer, including; family, friends, medical staff at all levels, and clinicians. The Self-harm Traveling Road Show has been developed by two young mental health service users

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who have personal experience of self-harming. Using stories of our own experience of self-harm, and stories we have gathered from young people who self-harm, Bridget and Jess address common myths and stereotypes surrounding self-harm. By contrasting our backgrounds and life experiences we are able to show workshop participants two very different perspectives on the topic. Our stories are real, honest, occasionally funny, and give participants a deep look into the world of self-harm that is usually only seen by the self-harmer. Audience participation will be used to explore the fact and fiction behind and individuals reason for self-harming; what ‘type of person’ you expect to be self-harming; what self-harm is, in a practical way and what it means to the individual who is doing it; and how self-harm can be reduced, stopped, and prevented.

Presentation Aims.

The Self-harm Traveling Road Show aims to expose the truth behind self-harm and its treatment. Emphasis is placed on providing practical information on how to work with and support those who self-harm in ways that are conducive to prevention, reduction, and recovery. Learning Objectives:

1. Common misconceptions about self-harm are dispelled. Through the breaking of these myths the audience is provided with practical information on how to work with individuals who self-harm in a way that meets individual needs and assists on the journey of recovery.

2. Self-harm remains a taboo subject and is not often talked about. It is a behavior that is occurring regularly, especially in youth mental health consumers. By bringing the topic out into the open we create opportunities for mental health services to develop new and innovative ways to work with individuals that self-harm. By ‘breaking the silence’ we are removing the shame and isolation felt by those who self-harm. This will in turn create environments in which people feel safer disclosing their self-harming behavior, enabling them to connect with support networks, and to find more positive ways of living.

Summary:

Two young women with experience of self-harm have developed an illuminating and practical workshop to dispel the myths and secrecy surrounding self-harm, and provide practical suggestions and ideas for people caring for those who may have or be at risk of self-harming behavior. References:


**S56 Comorbidity**

**31/08/2006 From: 1530 To: 1700 Venue: Auditorium Townsville Entert & Conv Centre**

**Paper 20 Minutes: A Framework for Identifying Problem Gambling as Clinical Risk: Practice and Research Perspectives.**

Judy Chow-Fairhall  David Watkins

Problem gambling (PG) tends to be a hidden problem (Shaffer, Hall & Vander Bilt, 1999) and requires deliberate questioning to elicit admission from people who have this problem. However, screening for PG is not a standard part of the clinical risk assessment protocol for people who present at public hospitals, nor are there any written protocols for liaising/collaborating with PG agencies in the treatment of mental health problems. Estimates of suicidality in certain gamblers range between 17% to 80% for suicidal ideation and 4% to 23% for suicide attempts (Blaszczynski & Marfels, 2002). The authors will discuss the impact of problem gambling on mental health for both the individual and their carers, and will outline an approach to identifying this at-risk group who present to the Emergency Department of The Alfred Hospital. The paper will include (i) a screening tool that has been developed for identifying problem gambling; (ii) a method for immediate and short-term clinical intervention and (iii) will also provide an overview of an associated research project that is being conducted to identify the prevalence and characteristics of an at-risk population group. References: Blaszczynski, A. & Marfels, C.. (2002). A Protocol for Determining Gambling-related Suicides in Psychological Autopsy Studies. Draft paper for presentation at the Discovery 2002 Conference, Responsible Gambling Council, Niagara Falls, 21-24 April 2002. Shaffer, H.J., Hall, M.N. & Vander Bilt, J. (1999). Estimating the prevalence of disordered gambling behavior in the United States and Canada: a research synthesis. American Journal of Public Health, 1369-1379.
This paper will present the process of introducing a manualised dual diagnosis group program in an acute inpatient setting. Nexus DD Service collaborated with nurses from the inpatient service to develop the group-based intervention. Acknowledging various research that between 40-60% of inpatient consumers experience mental illness and substance use co-morbidity on admission, Nexus aimed to improve active treatment and engagement with this client population. Over the previous five years Nexus has been collaborating with the Mental Health Research Institute to develop and research an 8-week manualised, sequential group intervention based in community mental health settings. This program contributed to the development of the inpatient program, but alterations were required to address the short-stay nature of acute admissions. Furthermore, the aim was to develop the inpatient group to compliment the existing community based program. The transition following discharge from the inpatient unit is aided by specifically designed processes and resources enabling both staff and patients to continue working on the intervention tools. The presentation will also cover an evaluation of the effectiveness of the inpatient group based on consumer and staff feedback. Dual diagnosis group work is both possible and effective in an acute mental health facility. Learning objectives: 1. The audience will learn how to set up a dual diagnosis group in an acute inpatient setting and understand the organizational issues related to the capacity building approach of Nexus. 2. Research in this area suggests around 40-60% of consumers of Acute Inpatient Mental Health Services have a dual diagnosis. Furthermore MHRI research data shows that outcomes for these consumers on a range of indices benefit from collaborative group approaches. References: Spencer, C., Castle, D. & Mitchie, P. T. (2002). Motivations that maintain substance use among individuals with psychotic disorders. Schizophrenia Bulletin, 28(2):233-247. Teeson, M. & Proudfoot, M. (2003). Comorbid mental disorders and substance use disorders epidemiology, prevention and treatment. Sydney, Australia: University of New South Wales.

The body of international literature emphasizes the special needs of patients 'dually diagnosed' with psychosis and substance use disorders. Substance abuse disorders are common in people with severe and persistent mental illness. These people are often difficult to treat, suffer poorer outcomes including more frequent relapse, higher rates of incarceration, violence, suicide, hospitalization, homelessness, unemployment, poverty, poorer treatment adherence, higher rates of hepatitis C and HIV infection and greater rates of service utilization and cost of care. However, despite increasing recognition of their problems, there are relatively few integrated treatment facilities available for this group of people: Historically service provision in NSW has been hindered by various barriers ie.separate servicing, funding, and administration as well as a sharing of different philosophies, skills and clinical practice, 'they tend to fall through the cracks' between mental health services and drug and alcohol services. (Ridgely, 1990). Expertise on how to identify and manage this problem has diminished and the people with co-existing substance use disorder are repeatedly referred from one service to another, or left with no where to go (Burdekin, 1993). Over the past year Ryde Community Mental Health services have been developing strategies to reach out and connect with these people. Today the presenters will discuss the development of a Dual Diagnosis community group program 'The Duallers' that commenced in February, 2005 as part of a collaborative partnership between Dr Lisa Juckes from the institute of psychiatry, Ryde Community Mental Health Services, Dr Glennis Door, Gladesville/ Macquarie Hospital and Amanda Baker from University of Newcastle. The aims of this project were to incorporate a framework of an already existing inpatient group program at Figtreee Unit, Macquarie Hospital since April 2000 (based on a University of Maryland model).
Psycho education, CBT, behavioral therapy and motivational interviewing techniques, including drug refusal skills, relapse prevention and social skills are employed in an integrated approach to the treatment of schizophrenia and substance misuse. Evaluation of the effectiveness of the program is ongoing. This was a train-the-trainer model. Major stakeholders were identified who became committed to working directly with Dr Juckes in planning, implementation, negotiation of funding and delivery of the group program. This group program is innovative, flexible, holistic and alternative, better suiting a demographic of people who have historically been difficult to engage and didn't fit well in mainstream mental health services. The group aims to empower individuals to make healthier lifestyle choices.

S57 Support for Socially Marginalised People
31/08/2006 From: 1530 To: 1700 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Pathways of Care for Socially Marginalised People with or at risk of Depression and related Disorders.
David Edwards  Joe Graffam
Socially marginalised people needing assistance often under-utilise support services due to a lack of knowledge about availability, stigma and other isolating social factors. This paper details a study of pathways of care for socially marginalised people with or at risk of depression and related disorders. The research was conducted in two community settings: outer eastern metropolitan Melbourne and in Bass Coast in rural Victoria. The study had three main objectives: 1. identify the mental health care needs of socially marginalised people in the two community settings and the barriers to care that may exist for them; 2. identify the manner in which local primary care providers operate and examine ways in which partnerships and operations may be enhanced to obviate barriers and improve pathways of care; and 3. examine clinical and community educational materials addressing depression. Many community participants in this study were disconnected from family, friends and society and expressed feelings of powerlessness and lack of control over their lives. It was found that this isolation and loneliness could be ameliorated by local government, welfare and health care professionals reaching out to provide service and that community development activities have a therapeutic affect on socially marginalised people. Relevance to conference themes: This research project was about identifying service gaps, enhancing primary care partnerships and identifying barriers to pathways of care and identifying innovative ways in which professionals, local government and community organisations can reach and connect socially marginalised people with depression to care.

S57 Support for Socially Marginalised People
31/08/2006 From: 1530 To: 1700 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: The Effects Of Separation On Identity
Bruce Clayton-Brown
Link-Up is a NSW based Aboriginal Organisation founded in 1980 by Coral Edwards and Peter Reid. The aim of Link-Up is to reunite Aboriginal people who were separated from their families due to previous government policies when they were children and were fostered, adopted or raised in institutions or private homes. Most of the separated children grew up knowing very little or nothing at all of their Aboriginal identity, families, heritage or culture. When the children became adults many did not go home because they were not sure if anyone would recognise them or even remember who they were. They also suffered fear of rejection, anxiety, guilt and worry. Some did not even know their real names. This loss of identity for example could result in
isolation, depression, trauma, generational family separation and/or prolonged distress possibly causing mental health issues. Link-Up also assist the families of people who have been separated from their child/children, also offering counselling/support to the clients and assisting them with some of their concerns or unanswered questions before, during and after their journey. There is also assistance provided for clients who even though they have met their family are still having problems coping with the experience they had as children after they were separated. Learning Objectives: Not only to inform people of the devastating effects that separation has on individual identity but also family, culture and community identities but it will also discuss the inter-racial problems that can occur or barriers that are faced when taking someone home from both Aboriginal and non-Aboriginal people towards the individual.

S57 Support for Socially Marginalised People
31/08/2006 From: 1530 To: 1700 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Mental Illness and Homelessness - Steps towards recovery
Rachel Haines
Since January 2003, the Mental Illness Fellowship Victoria – Hume Region has been delivering Intensive Home Based Outreach services, funded under the Mental Health Homelessness Program 2002. The aims of the Mental Health Homelessness Program are to connect services such as mental health, housing and other community services to provide better outcomes for people who are homeless, have mental health and other complex issues. (Mental Health Homelessness Program, DHS Mental Health Branch, 2002). Brooks, Dalton and Pugh (2002) explain the benefits of holistic shared care that involves collaboratively working with an individual and their entire care and support network, including family and friends, peers, the community and other service providers. This paper will focus on the impact and experiences of staff and participants who have been involved with Intensive Home Based Outreach. It will describe how Intensive Home Based Outreach provides psychosocial rehabilitation to create steps towards recovery that incorporate an individuals’ entire support network and provide meaningful outcomes for this client group including reconnecting with family and their community. It will also discuss how assertive outreach has enhanced service ability to reach out and connect with the homeless who may have been previously not able to access mental health and housing services. Learning Objectives: 1. The audience will learn the unique way in which Intensive Home Based Outreach has been able to effectively reach out and connect people who are homeless and have a mental illness, with mental health, housing and the broader community services. 2. This topic is relevant to mental health services and mental health issues as it illustrates working collaboratively with Clinical and non Clinical mental health services as well as incorporating family and other mainstream service providers such as housing, drug and alcohol, financial and counseling, community health, allied health services, educational and vocational programs.

S58 Youth
31/08/2006 From: 1530 To: 1700 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Ubiquitous Agents: How current technology can effectively support the OCD Child in a School Setting
Vicki Jones Jun Jo Diana Hunt
This paper looks at the use of current technology to aid in the management of Obsessive Compulsive Disorder (OCD). Our research explores ubiquitous agents the way ubiquitous technology can help in our everyday lives, unobtrusively and seamlessly. Relevant data about an OCD child can be held within a network such as a school computer system, thus allowing teachers and counselors access to important information without unnecessary stress to the child. Although children with OCD can usually disguise it well, they often suffer great anxiety about being exposed (Jones and Hunt, 2005). Using this system other classmates would be unaware that the child is in any way different, but teachers can be made aware and attuned to any potential hurdles that may arise; and treat the OCD child in an appropriate manner (Adams and Torchia, 1997). Ubiquitous technology allows non-intrusive assistance to be applied in any situation. Knowing what triggers an OCD child’s obsessions and having strategies to deal with the
compulsions can help the teacher maintain an atmosphere conducive to learning within the classroom. In this way they can remain informed and able to implement coping strategies, encourage the child and provide a supportive safe environment. Learning Objectives: 1. Audience members can expect to learn about the application of Ubiquitous Technology for coping with an OCD child in a school setting. Ubiquitous Technology involves allowing seamless or calm technology to pervade our everyday lives. Children with OCD need their teachers and carers to respect and understand their unique and relevant concerns. With this system, information is available to these people in authority, thus allowing a calmer and stress-free environment at school for these children. 2. The question of whether technology should be used in schools is no longer an issue. It is more important to ask how it should be applied to gain the maximum benefit. Mental Health in our children is often overlooked within our school system. Children's mental health is a big issue and should be taken very seriously. Increased stress within families and the home situation may be responsible for the growth of mental health problems in our children. According to the World Health Organization by 2020 neuro-psychiatric disorders in children will have increased by 50 percent, causing more childhood illnesses, disabilities and even death (DeAngelis, 2004). It is imperative that we address these problems now and apply whatever technology and expertise is available to help our children survive in an ever-changing world. References: Adams, G. B. and Torchia, M. (1997) School Personnel: Critical Link in Identification, treatment, and management of OCD in Children and adolescents, A Booklet produced for the OC Foundation, Connecticut, U.S.A. DeAngelis, T. (2004) Children's mental health problems seen as 'epidemic': Psychologists advocate a systems-wide change with the child at the center, APA Online, Volume 35, No. 11 December 2004 [http://www.apa.org/monitor/dec04/epidemic.html] Accessed March 2006. Jones, V and Hunt, D. (2005) Coping with an OCD Child in the School Setting, Conference Proceedings TheMHS, Adelaide, SA, Australia, Aug/Sept, 2005.

**SS8 Youth**

31/08/2006 From: 1530 To: 1700 Venue: Palm Room 2 Townsville Entert & Conv Centre Paper 20 Minutes: **FIND OUT! What's So Special About Group Work...in CAHMS**

*Tara Pavlidis  Stephanie Shanahan*

Group work interventions access an interactional domain difficult to enter through individual and family work alone. The social world of children and young people consists of coming into contact with a myriad of personalities, pressures and paradoxes they are required to negotiate, and often on their own. A presenting issue for a large proportion of CAMHS clients is their inability to establish and/or sustain peer relationships. Social isolation, social stigma and peer conflict, potentially as a result of earlier attachment difficulties serves to consolidate rather than ameliorate the intrapsychic wounds often carried by our CAMHS clients. Good group work offers a powerful medium through which to not just tackle some of these crippling social difficulties, and in the here and now, but to build their resilience as well as capacity to engage in reparative relational encounters. This workshop aims to provide a theoretical as well as experiential journey into what we believe constitutes good group work. It is based on the actual group work interventions developed by the RCH Mental Health Services (MHS) Community Group Program (CGP), in collaboration with the Travancore School, as well as within the RCH MHS Addressing Family Violence Programs (AFVP). These include programs such as FisT (Feeling is Thinking), MeSaRo (Media, Sexuality and Respecting Others) and the Peek a Boo Club (an infant/mother group where there has been family violence). The CGP and AFVP work is evidenced based and in the past six years, well over 400 group work programs have been delivered in mental health, school and community locations within Western and North Western Metropolitan Melbourne. Learning Objectives: 1. Participants with learn what are the 'good' group work practice principals employed by the CGP and AVFP. These will be presented in theory and through the activities used in the workshop itself. 2. An opportunity will be presented for participants to learn about the variety of programs offered by the CGP and AFVP, from our baby/mother groups, to our primary school art based group work interventions and through to our adventure based programs with high risk adolescents (and run in partnership with Victoria Police). References: Bunston W, Pavlidis T & Leyden P (2003), Putting The GRO into [TheMHS Conference - Book of Abstracts, Townsville, 2006](#)
Jigsaw began in May 2005 with partnerships between Barwon Health Mental Health, drug treatment and community health services, with Clockwork Young People's Health (Barwon GP division) and Pathways, the local provider of Psychiatric Disability and rehabilitation services - Barwon Region. The aim of the partnership is to create a comprehensive, youth friendly, accessible service system designed to engage and collaborate with young people from Corio and District. This presentation will demonstrate the original vision that was a first step in engaging change processes in service delivery to 16-25 year olds with mental health and drug and alcohol issues. Audience members will gain an understanding of the rationale for the change process, which was engaged to start identifying ways of change and progress made. With new services, reflection of our clinical pathways had to occur, which required substantial change management process, with resultant anecdotal staff attitudinal shifts in the workplace, and how three agencies Clockwork, Pathways and Barwon Health Mental Health began to work as one = Jigsaw Young Persons Health service. We will demonstrate the process of community consultation and inclusion into the development of this new age specific service. From residents, schools, young people and the shopping centre management we will discuss the process of engagement and what worked and what didn't. Not only has the internal acceptance improved, but community members, agencies and a sporting team sponsorship has occurred. With incredible opportunities available, the goal is to continuously move towards earlier intervention and greater acceptance of mental health, drug and alcohol and physical health issues. The stigma of mental illness for youth is even more significant than for adults. A study by Young (1997) found youth generally find it hard to respond to or discuss the general term 'mental health', and frequently interpret these terms in a fairly extreme way. Youth are often reluctant to seek help and are discerning with regard to who they seek assistance from. How a service orients towards youth is critical. Particularly for youth who don't necessarily have a 'serious mental illness', the stigma associated with attending a mental health clinic is significant. This strengthens the argument for developing mental health services with a 'youth' focus. Services must be 'youth friendly' both in physical appearance and attitude if young people are to use and accept them. Learning Objectives: 1. Audience participants will gain an understanding of the process of change necessary to enhance early intervention health services to young people, from a community perspective and from within a service system. 2. Early intervention is paramount in changing outcomes for clients. Participants will learn of a model that is implemented, and the success and challenges it has brought with it. Participants will be challenged to reflect on their current philosophy and how could they bring about change in engaging the true understanding of early intervention in mental health. References: Investment in new and better treatments must continue, but we must learn to deliver them effectively in real world setting.(P.D. Mc Gorry (2000) The scope for preventative strategies in early psychosis: logic evidence and momentum Implementing early Intervention in Psychosis: A guide to establishing early psychosis services: Jane Edwards and Patrick Mc Gorry (2002)There is no absolutely reliable cookbook or bible for developing new systems of care. The recipe may vary, and ingredients maybe put together differently, in different places according to demography, culture, government policy and resources. There must always be encouragement to innovate. Rosen A, Diamond RJ. Miller V Stein LI (1997) Becoming real :from model programs to implemented services. Implementing early Intervention in Psychosis: A guide to establishing early psychosis services: Jane Edwards and Patrick Mc Gorry (2002).
The Mental Health Act 1986 of Victoria states that patients must be treated in the least restrictive environment, however this poses a challenge for Mental Health Services in the event of a patient going ‘absent without leave’ (AWOL). How do we ensure patient safety and the right to be treated in the least restrictive environment? St Vincent's Mental Health Service has an ‘Open’ Acute Inpatient unit, of 44 beds in total. It became apparent in 2003/04 that there was a proportion of patients going ‘AWOL’ from the unit. The Inpatient Service has a Police Liaison committee, and it was through this group that we reviewed the data available on AWOL patients. As part of the review process a number of strategies were developed in order to address the issue. The service introduced a two-tier approach, strategies to prevent Patients going AWOL and strategies in response to those who did leave the unit. In this paper we will present both approaches and discuss the benefits and pitfalls of both. Learning Objectives: 1. The audience will learn that in an acute inpatient unit, you can provide a creative response in order to ensure that patients are safe but also treated within the realms of the Mental Health Act. 2. How an Acute Inpatient Service can connect with community agencies to address an issue that impacts on several service providers, e.g. Police, Ambulance, Emergency Dept Reference: Absconding: a Literature review’ L Bowers, M Jarrett & N Clark. A Trial of An Anti-Absconding Intervention in Acute Psychiatric Wards’ L Bowers, J Alexander & C Gaskell.

Changes within mental health service delivery demand the development of cost effective programs that maintain a reduced length of stay and provide better transition between discharge and return to community living (Hampson et al 2000; Reynolds et al 2004). There is also a need for enhanced working relationships between public mental health services and community non-government organisations (NGOs), who together provide much of the needed support to clients in the community. This paper outlines a clinical initiative undertaken in 2006 by the Inner North Brisbane Mental Health Service, Royal Brisbane & Women’s Hospital, called the Early Discharge Support Program. This program provides a brief period of home treatment for clients nearing the end of their hospital admission, delivered by support workers from a local NGO (New Farm Community Options Inc). The program aims to emulate the positive outcomes documented in the literature regarding home treatment (Muijen 1992). Further, it serves to highlight the important role that support staff, when working alongside mental health professionals, can play in assisting a person in the transition home from hospital. The Early Discharge Support Program is reflective of an emerging drive in mental health to reach a new understanding and collaborative working relationship between public mental health services and NGOs. Learning Objectives: 1. The audience will learn about an initiative aimed at improving the transition of clients from discharge back to the community, and enhancing the working relationship between public mental health services and NGOs. This will be addressed by providing an overview of the Early Discharge Support Program, where support workers provide structured and brief home treatment services to clients discharged early from the ward. 2. There is a great need in mental health to continue to work on enhancing communication and inter-sectorial links between the public sector and NGO agencies, to improve the working relationship and better utilise existing skills and resources within the community. The program presented also aims to indirectly address the pertinent issues of pressure on the mental health hospital system (i.e.: limited bed vacancies, over-occupancy and admission waiting times). References: Hampson, M et al (2000) The development of a Community Link Team providing intensive community support to facilitate early discharge from acute psychiatric care. Journal of Mental Health. 9, 517-526. Reynolds, W et al (2004) The effects of a transitional discharge model for psychiatric


S59  Acute & Community Service Integration
31/08/2006  From: 1530 To: 1700  Venue: Ballroom 1 Jupiters Hotel
John Strachan  Karen Humphrey  Liz Prowse

To demonstrate the effectiveness of brief and early intervention counselling provided to mental health consumers from a mental health social worker from within the Emergency Department. To demonstrate the social worker as a successful addition to the range of services provided in the Noarlunga Emergency The ED social work position was found to be a successful addition to the range of services provided in the Noarlunga Emergency Department, with staff feedback confirming the role as a valuable referral point, improving the quality of care provided and allowing timely discharge from ED with appropriate follow up. The position has been evaluated as a success in providing a point of entry for patients presenting to the ED to re-access and connect with community based supports, and in educating staff re community pathways. Feedback from consumers has been positive and there is evidence to suggest that the ED social work position supports hospital admission alternatives, in line with the primary health care focus of NHS and least restrictive care outlined in the National Standards for Mental Health Services. As well as positive consumer outcomes, there is some evidence to suggest that avoidance of both mental health inpatient care and ED short stay admissions may result in substantial cost savings for NHS, which can then be reinvested. In short, the Emergency Department social work position as a point of referral from the Emergency Department, and in particular the availability of responsive brief and early intervention counselling, contributes to improved patient care and avoidance of short stay Emergency Department admissions. Learning objectives: 1. A social work service in an Emergency Department, as a point of entry to the health system, increases a mental health consumer’s access to mainstream community supports. Brief and early intervention counselling from the Emergency Department is a successful hospital avoidance strategy. 2. This topic is relevant to mental health services as it increases consumer’s access to mainstream community services, supports the National Standards for Mental Health and Emergency Demand Management. References: Jackson, N (2002), ‘Cognitive Behaviour Therapy in the emergency for patients with suicidal behaviour’, Centre for Clinical Effectiveness, Series 2002, Monash University. Gordon, J (2001), ‘Cost benefit analysis of social work services in the emergency department’, AcademicEmergencyMedicinevol8. http://www.aemj.org/cgi/content/abstract/8/1/54. Department.

S60  Consumers & Families in the Outback
31/08/2006  From: 1530 To: 1700  Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes:  'An Outback Advocate'
Sarah D Chunys

This presentation provides the audience with a snapshot of the life of Ms Sarah Chunys OAM. It will explore the issues surrounding mental illness, particularly in our youth, seeking help in Central Australia (or as it applies to other remote/rural towns.) Sarah's admission to psych wards at the tender age of 17 will also be a topic of discussion. Sarah will discuss openly her battle with mental illness from the onset to the recovery, to the relapses. Her role as a prominent mental health advocate over the last four years is mentioned. Anyone wanting to gain insight into the effects of mental illness has on adolescents should attend. Straight from the horse's mouth (or out of the mouths of babes, whichever you like to say) Sarah is a straight shooter and invites you into the wonderful world of the mental health consumer advocate.
There is general agreement in the literature that conduct and related disorders represent 30 to 50% of referrals to child and adolescent mental health services. The complications of these disorders are numerous and far-reaching including school expulsion, legal problems, serious accidents, abandonment of family drug addiction, and suicide. The enormous social costs emphasize the need to identify and utilize promising evidenced-based psychosocial treatments. Metanalysis by Kazin 2000 identifies parent management training as one of the more promising options especially for younger children. Delivering programs in a group setting also provides the parent with a powerful source of relief in the disconfirmation that their problems are unique. This presentation will discuss Grampians CAMHS efforts in providing two very different parent groups. The evidence-based Triple P Parent management training program, which aims to enhance parenting competence, and the cognitive-behavioural therapy parent group based on Claudia Lichtes Perceptive parenting program, which aims to empower parents by challenging unhelpful beliefs whilst enhancing problem-solving communication and stress management. The presenter's control group study will supplement the discussion. Unfortunately, the study was limited by inadequate sample size related to a 50% drop-out rate prior to commencement of therapy. Low group numbers are a common problem for rural CAMHS services that usually draw from very scattered populations. There is a dilemma for rural services - are parent groups viable? Are there ways of maximizing attendance or maybe size doesn't matter? Learning Objectives: 1. To learn something about two very different group-based interventions for parents of children with externalizing disorder: Parent management training and C.B.T. parent groups. 2. To think about the social costs of conduct and related disorders further emphasizing the need to utilize evidenced-based therapeutic intervention and other promising treatments worthy of further enquiry.

This paper will outline the basic history of WCAG explaining how we got to where we are now (independent). Along our journey we have gained an understanding of the complexities of establishing and maintaining communication between the health system, those receiving services, and the community. We discovered the importance of getting the communication right between health services and consumers. A key aspect in achieving this level of communication has been by health professionals attending our meetings and services consulting in regards to policy and decision-making. The benefits of being independent include greater freedom of speech (less concern regarding retribution from mental health services), ability to make our own decisions and wear the consequences of these (empowerment), redistribution of positions (opportunities for other members to try new roles). However there were some negatives to this new independency. The group lost a little cohesion as it increased in size, which caused some fragmentation compounded by the restructure. Some people respond well to change, others do not. Increased input and commitment accompanied our newly gained independence. This independence also required a new way of doing things around here. Our paper discusses the development of: Strategic directions, Communication & Marketing Strategy, Partnerships with Non-government and government organisations, new group dynamics, Membership pack, and promotional material. In our efforts to destigmatise mental health we have provided promotional material, presentations, guest speakers, community forums, and family camps. Our vision is to realise the goals identified in our Strategic Directions 2006-2010.
Policy developments in the mental health field recommend a focus on gender in the planning and provision of services to women with a mental illness. Women over the age of 65, who have a mental illness, suffer from social isolation and stigma and frequently have co-morbidity factors relating to loss and grief issues. This presentation describes a successful project, which was developed to offer an opportunity for aged women to gain information and social support, in a form designed specifically for their needs, accommodating their physical and cognitive difficulties. The participants were women 65+ years, living independently, who had received initial treatment for depression/anxiety. The program consisted of individual sessions, pre, mid and post program, a 10 week psycho-education group program and monthly post program group follow up sessions. It was delivered through a partnership between the Centre for Rural Mental Health and Golden City Support Services. The content of this program included information about depression/anxiety symptom management; life stage, role change; loss, grief; meaningfulness and social connection in later life. It was based on a foundation of participants' life experiences, was goal oriented, relevant to participants’ needs; practical and respectful of participants.

Learning Objectives:
1. What will people in the audience gain or learn from attending this presentation? Delegates will learn of the links between loss and grief and social isolation in the experience of depression/anxiety for aged women and of co-morbidity factors involving their physical health status. Reynolds, and Kupfer (1999) suggested the need for the development of a range of strategies to meet the specific needs of these elderly patients. In providing a psycho-education program it is important to address the concepts of 'meaning' and 'purpose in life' with participants. Programs that address the future for the aged must take disability into account. It is also important to allow adequate time for reminiscence and reflection for aged people to define what gives their life 'meaning'. The addition of a psycho-education group provides consumers with another option for gaining the support, knowledge and skills to address their issues and maintain optimal mental health.
2. How is this topic/issue relevant to mental health services and mental health issues? The collaboration resulted in gains for both partners and consumers. It is a common perception that older people do not cope well with therapeutic and cognitively based interventions and that drug therapy is more effective. This project indicated that aged women were also able to benefit greatly from both the social support and the information components of this program. The Centre for Rural Mental Health (CRMH) is a rural Psychiatric Research and Education Centre. The centre provided psycho-education expertise, adult learning concepts, project design and an innovative program model for this age group. Golden City Support Services has expertise in working with clients with chronic mental illness to enhance their recovery and re-integration back into the community. The service contributed the mental health disability perspective; expertise in social, recreational and educational activities for the aged; and resources such as venue and transport.

From OUTside to INcluded.
The staff of the Aged Health and Rehabilitation Program of Inner South Community Health Service use assertive outreach and engagement as legitimate first steps to Community Participation and Community Building. We are involved with our clients in several different community participation/building projects. Clients that participate are affected by many forms of social disadvantage including socioeconomic status, ethnicity, age, environmental disadvantage, physical and mental health status etc. These issues are know to also be barriers to community participation. The way Inner South responds to these known barriers is with an assertive outreach and engagement strategy to participation. We have several different community participation/building projects running at any one time across our area. Browning Walk (Community building on a Housing Estate), Veg Out (Social Connectedness and Food Security), Older Person's High Rise Support (Community Participation and Building on High Rise Estates), Our Rainbow Place (Indigenous Access Program) All of these projects use assertive outreach and engagement as a legitimate first step towards full citizenship participation by our clients. Clients are not included or excluded by any of the forms of social disadvantage. No groups are specifically for clients with Mental Health issues, but are inclusive of these clients. All members have equal membership and participation rights. There will be examples of Community Participation/Building from the assertive engagement stage to clients becoming fully participating members of their community/ies. The benefits of participation for members including the mental health benefits of full membership in community will be discussed.

Learning Objectives: 1. The use of assertive outreach and engagement as a first step in Community Participation and Community Building. 2. People with Mental Health issues included in Community Participation and Community Building projects have beneficial outcomes for Mental Health.

Mental Health Aged Persons Psychosocial Rehabilitation Pilot Program
Jane VanDenBerg  Chris Woodall

Mental Health Aged Persons Psychosocial Rehabilitation Pilot Program. A presentation that looks at an innovative pilot program funded through the Victorian Mental Health Branch, that offers home based outreach and group programs which provide a safe and supportive environment that encourages community connectedness for individuals over the age of 65 who experience disadvantage and social isolation as a result of their mental health issues. There are currently four Victorian Psychosocial Rehabilitation agencies participating in the Mental Health Branch funded Aged Persons Psychosocial Rehabilitation Pilot program. These agencies have built collaborative partnerships within the Aged Care sector, including Clinical services. The program directly supports participants to ‘reach out’ and ‘connect’ with their community through individual outreach, participation and inclusion in peer support and psycho education groups. These groups have become the vehicle for individuals to redevelop self determination, improve self esteem and self worth and create recognition of the part they play within their own journey toward recovery. This pilot program has highlighted the need for our sector to redefine the notion of ‘recovery’ in relation to this target group and how this ‘fits’ with mainstream aged care service structures. The positive outcomes of this program also highlight a need for increased ongoing funding for specialized services for this target group. Learning Objectives: 1. The audience will learn about developments in the Victorian mental health service system for people aged over 65 years. 2. The audience will appreciate the challenges of linking mainstream aged care service systems with specialist clinical and psychosocial rehabilitation services. References: Department Of Human Services (Victoria) Aged Persons Psychosocial Rehabilitation In Mental Health (June 2003). Fiona McDermott ‘Inside Group Work’ Allen and Unwin (2002)
Brief Papers 10 minutes: Barwon Health Early Intervention Service Group Program.

Andrea Morton

Barwon Health Early Intervention Service Group Program. The onset of mental illness for young people often disrupts key areas of life including education, employment, social networks and self esteem. Barwon Health’s Early intervention Service (EIS) recognised this and thus have developed three groups with different aims to assist young people aged 16-25 following an episode of mental illness. These groups are MOTiV8 a social recreation group, 4Kast a consumer advisory committee and Mind Body Life group a healthy lifestyle program. MOTiV8 provides a mix of social and recreational activities in a safe and supportive environment with the aim of keeping participants connected with the community and peer groups during recovery with little focus on mental illness and symptoms. The consumer advisory committee, 4KaST, involves consumers of youth services in Geelong reporting on there strengths and weakness’ in order to improve these services and make them more youth friendly. This has also included developing a youth friendly newsletter. The mind body life program is an 8 week healthy living program. Both educational information and practical activities are undertaken in an attempt to prevent weight gain, unhealthy eating or behavioural patterns developing as a result of medication side effects. Despite all three programs being relatively new they have shown significant benefits for participants as well as client / case manager relationships.

Learning objectives: 1. The audience will gain a better understanding of the important role that group work can play in a person’s recovery. They will learn how normalising the experience of mental illness via young people interacting with others going through similar experiences can lead to a greater acceptance of themselves and a somewhat quicker reintegration into society. 2. The onset of mental illness leads to various disruptions in a persons life, particularly when it is the first episode of a mental illness which often leads to isolation and unhealthy behaviors developing. Therefore the inclusion of people with mental illness in group programs that provide a supportive and constructive environment with other people with similar experiences plays a significant role in not only recovery but also there sense of belonging. The group interaction also provides positive role models through group leaders as well as other participants who may be further along in there recovery. It also instills hope which helps to break down the stigma felt by people with mental illness by being involved with others in a community setting.

S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel


Catherine Wilks Maryellen Haines

This paper examines and provides practical strategies undertaken by the Latrobe Regional Hospital’s Psychiatrist Training Initiative as a positive developmental educational approach to supporting recruitment and retention of overseas trained psychiatrists to Gippsland. The Psychiatrist Training Initiative has been innovative in its approach to designing and delivering a holistic program that considers the social, emotional and educational support for the psychiatrist and the family who are new to an Australian rural community. The program has a strong, validated, educational basis with an exam preparation and acculturation focus. The underpinning learnings are varied and include: development of clinical knowledge, professional interaction through metro/rural exchange, peer support, development of team, development of communication skills and cross cultural understandings. The RANZCP core competencies underpin the program’s individual and group training plans (RANZCP Fellowship Core Competencies 200). Running parallel to the educational framework is a strong emphasis on the individual psychiatrist’s communication and cross-cultural skills to support transition into a rural Australian culture. A specific module on Australian Language and Culture has been developed to assist new arrivals in this process. The combination of individual/group recognition of needs and the clinical, educational and cultural/social support are key factors in the retention and recruitment process.

Learning Objectives: 1. To provide the audience with practical strategies
that consider educational, social and cultural implications for recruitment and retention of overseas staff to a rural environment. 2. To enhance the quality and provision of psychiatric services to a rural region it is critical to ensure valid, quality educational, social and cultural awareness programs that support overseas trained psychiatrists and encourage retention in a climate of shortage of psychiatrists in rural Australia. References: Department of Human Services, 2002, ‘New Directions for Victoria’s Mental Health Services: The Next Five Years.’ Department of Human Services, Melbourne. Department of Human Services, 2005, ‘Direct care mental health workers: The public health workforce study 2003-2004 to 2011-2012.’ Department of Human Services, Melbourne.

S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Reach out with Psychosocial Rehabilitation
Barbara Doogue
The aim of the presentation is to convey the importance of psychosocial Rehabilitation from a consumer's point of view. By attending the presentation it will show consumers that recovery is possible in this exciting program that is expanding in S.A and will show service providers how important this work is. It's not about just looking after consumers but encouraging them to grow and be the best person they can possibly be. It will show how important psychosocial Rehabilitation is, and that many who do not get well in hospital, but in their own home with support, recovery is possible. Learning Objectives: 1. They will learn that recovery is not just a word but is possible. Consumers will get hope and learn of their importance in life. Service providers will learn how important their role is in what they say and do for the consumer. 2. It is relevant as psychosocial rehabilitation is expanding everyday and is very important in the way the mental health services work together in partnership for the welfare of the consumers.

S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: GP Innovations; Connecting Across Sectors to Reach Marginalised clients.
Kent Burgess  Susanne Birks
Exploring the theme of 'Reach Out, Connect' this presentation examines the role of partnerships between primary health, community and welfare sectors to meet the needs of marginalised and homeless people with mental health issues. This presentation aims to highlight achievements from forging partnerships that connect primary health and welfare sectors to address the unmet health needs of the most vulnerable people with mental health issues in our community. An innovative model for the provision of General Practice services to community and welfare settings in Melbourne's inner south will be presented. The GP Innovations Project was established in 2005 as a partnership between a community health service, a welfare service, a crisis-accommodation and a psychiatric disability support program. The Project provides outreach primary medical and nursing drop in clinics within these settings. The practical challenges, successes and learnings gained through the establishment of the project will be detailed. Our experience highlights factors for success in reaching disconnected target groups, partnership development and service implementation. Challenges of sustainability will also be addressed. This paper demonstrates how innovative approaches can reach those people with mental health issues who, through issues of homelessness, substance use or marginalisation do not have their health needs met through conventional service models. Learning Objectives: 1. The audience will learn of an innovative partnership approach to meet the health needs of some of the most marginalised people with mental health issues. How connecting services together across traditional boundaries and in innovative ways can address unmet health need. Participants will also gain an insight into the challenges and learnings in establishing and sustaining successful partnerships across sectors and in implementing a new service model. 2. People with mental health issues experience vastly poorer outcomes across a broad range of health areas. These are further exacerbated in those with issues of homelessness, marginalisation and substance abuse. Traditional approaches to the provision of primary health services do not reach some of those most in need. Innovative service
models and partnership approaches are key to all those interested in tailoring health services to meet the needs of those with mental health issues. References: Victorian Population Health Survey 2003, Public Health Group, Rural and regional Health and Aged Care Services Division, Victorian Government Department of Human Services. - Developing An Integrated Rehabilitation and Care Services System, Consultation Paper, Department of Human Services, Victoria November 2005.

S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Any which way we can.
Robert Lewis
This paper outlines the unique role of an Assertive Mental Health Outreach Program (AMHO) of the Inner South Community Health Service (ISCHS) in Melbourne. This program, located within the broader Psychiatric Disability Rehabilitation and Support Service (PDRSS) of the ISCHS works alongside Area Mental Health Services and other local PDRS services to link people to these larger services. The program targets people who appear to have a mental illness, are living in insecure housing and are unable to access nor engage with treatment services. AMHO works with people where mental illness may not yet be formally diagnosed. This paper will demonstrate how, operating within a social connectedness framework, AMHO uses an assertive outreach model to link clients into mainstream and specialist treatment services. The program works collaboratively with other outreach workers including: our illicit drug program, dental service and Community Connections Program visiting, parks, squats, drop-ins, low cost accommodation and meal programs to engage potential clients. AMHO has developed a flexible approach to working with clients on a short and long term basis. This paper demonstrates what can be learnt from one small program’s approach to the challenges of working with some of the most marginalized members of our community. Learning Objectives: 1. The audience will learn how marginalized people require a flexible and, at times, patient approach to be linked to services. 2. Many people continue to fall between gaps in the mental health service system. This paper demonstrates how marginalized members of the community need more than assessment but also linking into support services.

S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Which is the Best Model for Psychosocial Rehabilitation?
Consumer point of view.
Daniel Cochavy
In the last four years after visiting more than fifty countries I can say for sure there is no one Model that can tell they are better than anther model in all the perspectives of measuring psychosocial Rehabilitation - Since the Consumers needs are differents - For some Consumers the best model group are Consumers run projects for some Consumers they would like more service that should delivered by professional staff. In my point of view the Old fashion day Centres do not give much hope, encouragement and empowerment for Consumers but who is going to take the unpleasant job for giving also a future for Consumers who are both Mentally ill and Mentally Retarted or Suffering also from Brain Damage? Clubhouses are good for Consumers who are wishing to be acting all their life with Standards - Since I have been visiting 100 Clubhouses RTW and till now did not find even one Clubhouse that keeps all 36 Standards. There Should be room also for Dropp in Centres either run by Consumers or alternatively by Professional Staff. In Australia in Melbourne they have established a Social Firm Model which is actually Business run projects which mainly employ disabled people and especially Mental Health Consumers. The main aim of Psychososocial Rehabilitation is to find the proper model and projects for each Consumer individually among the best selection and wide range models since the Consumers are so different from one to anther so the main aim is the diversity of models.
S62 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: A Trainer’s Experience of Delivering the Mental Health First Aid Training throughout Queensland.
Michael Burge
The aim of this paper is to outline my personal experiences of delivering the Mental Health First Aid course throughout Queensland. Areas included Charters Towers, Ayer, Ingham, Townsville, Bundaberg, Toowoomba, Kingaroy, Roma, Cloncurry, Gold Coast & Brisbane. I was overwhelmed by the number of participants in all locations who approached me and shared some very heartfelt moments about mental health. Some participants were also overwhelmed with emotion at the prospect of being able to start their journey of recovery. A large number of participants stated that as a result of attending these courses their own stigmatising attitudes towards people with a mental illness have also been decreased. Many indicated that they would now look at people with a mental illness in a more understanding and non-judgmental way.
Learning Objectives: 1. Conference participants will hear about the impact that the delivery of Mental Health First Aid courses have had throughout Queensland. 2. Audience will learn about benefits of attending the Mental Health First Aid Training.

S63 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Indigenous & Mainstream Connect
Pera Titongi Ngere Ngere  Cathy Milne-Turner
Indigenous & Mainstream Connect. Learning Objectives: 1. What is parity / equality within a mainstream organisation for indigenous peoples. (Q-niques view). 2. How does an indigenous concept survive, connect and maintain its Mana (integrity) and essence within a mainstream organisation? Q-nique Trust is the Governance body for its Operational Arm Q-nique Ltd. Q-nique Ltd is a not for profit organisation based in the community that provide non-clinical mental health services to its surrounding communities. The Presenters will profile a model that incorporates the ability for their organisation to support both Indigenous and non-Indigenous service users of mental health services. Key Points that will be profiled. Brief about Q-nique Ltd. Compositions of the Key Decisions maker’s around Funding / money i.e. What, How, and who determines how the money is disseminated. The composition of the Key Decision maker’s, i.e. Governance Board, Senior Management, Consumer Advisors, Middle management, Staff, Family Advisors, Training Facilitators. The composition of the Quality Management Systems of the organisation, i.e. policy, procedures, evaluation, monitoring, reporting, support for Staff. The positive’s spiritually, culturally and monetary for Q-nique Ltd regarding its dual capacity to meet the needs of Indigenous service users.

S63 Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Resilient Communities Project.
John Mendoza
In the wake of the Not for Service Report, the Mental Health Council of Australia (MHCA) has embarked on a new research project concerning consumer experiences of care. Not for Service is an anthology of consumer experiences of care across all jurisdictions in Australia. The picture is bleak, with consumers often experiencing poor care or not being able to access the care when and where they need it. The aim of the resilience project is to examine what people in regional centres are doing to promote mental health in an environment where services are confronted with acute workforce shortages, changing demographics and growing public demand. The MHCA contends that the current focus of mental health funding and policy is state-based, but in fact, many mental health issues are regional in nature rather than statewide, and it is at the regional level that responses need to be developed. The resilient project is therefore designed to look at existing responses to mental health needs in regional areas and what people are doing in response to these needs. It is hoped that these ideas may be usefully applied to new regions across Australia. Learning objectives: 1. What people in regional centres are doing to promote mental health.
health in an environment where there are few or no services for people with mental illnesses.
2. How people cope in the face of a lack of services is relevant to all people in Australia who currently, or in the future experience a mental illness.

**S63 Brief Papers**
**31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre**
**Brief Papers 10 minutes: Making the CONNECTION with WELWORX. A client educational tool towards wellbeing.**
**Melva Laird rainfall Janet Walker**
WELWORX was created to address the need for an educational tool about wellbeing. WELWORX is a simple tool that promotes discussion and interaction between client and clinician. The WELWORX format is to promote effective ‘connection’ with clients by use of an interactive tool which focuses on relapse prevention and rehabilitation modalities. It is a holistic therapeutic approach to self efficacy which can be easily identified and normalised, empowering clients to assess their own progress, taking control of aspects of their lives. The WELWORX ‘handpopper’ was developed to be a concise visual reference to normalise the importance of psychiatric treatment into generalised philosophy of self-efficacy.

**S63 Brief Papers**
**31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre**
**Brief Papers 10 minutes: Targetting consumer and carer mental health literacy needs on the continuum of care: Episode of Care information packages.**
**Vicki Leigh Rostron**
The mental health literacy information needs of service based consumers and carers was not standardised or responsive to particular episode of care needs. An innovative system has been developed for delivery of information packages specific to identified episodes of care (a term used to denote specific aspects of clinical care and contact). The episodes of care have been identified on the continuum of care, examples of these being Open to Service clients, Non service opened clients who have presented with suicidal or self harming behaviours or risk of same, inpatient admissions and discharges, commencing medication. Each package of information includes fact sheets, service brochures and other appropriate literature. Every consumer package has a second package available to carers, significant others to increase support for the consumer during this episode of care. It includes the same information as well as information on self care. The audience will be able to assess this system of information provision as to its relevance in their own clinical services. It is a readily adoptable and transferrable system and the presentation will provide a how to guide to developing same. The project is relevant to current mental health plans and standards whose objectives are to improve mental health literacy and the provision of timely appropriate consumer/carer information.

**S63 Brief Papers**
**31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre**
**Brief Papers 10 minutes: From There to Here: my story of recovery.**
**David Luc Menghetti**
This is my story of long-term mental health problems and the slow road to recovery. I began to show symptoms in early childhood and my problems became steadily worse as I grew older. I have spent time in a number of institutions from which I emerged with only temporary relief. I am now able to work as a Consumer Consultant with Queensland Health. Why? Because of the years I spent with the Stepping Stones Clubhouse. Stepping Stones is a psycho-social rehabilitation centre. It runs a number of programmes and offers considerable choice about activities. It is an extremely supportive organisation that never gives up on its members. Learning Objectives: 1. To understand some of the problems encountered by a person with mental illness; 2. To learn about the Clubhouse approach to rehabilitaton.
Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Reaching Across Bass Strait.
Steve Morton  Teresa Whyte
In July 2003 a partnership was formed between The Richmond Fellowship of Victoria and The Richmond Fellowship of Tasmania to tender for the provision of a residential psychosocial rehabilitation service in Tasmania. Initially the partnership provided one service at Rokeby for ten Consumers who had suffered the effects of isolation through long term institutionalisation. A subsequent tender has seen the development of another residential service at Glenorchy for twelve Consumers with long term mental health issues and social problems including homelessness. This presentation will look at how the connection between two organisations resulted in unique communities with positive outcomes for Consumers. Connections and supports that need to be made and developed in commencing a new service will be discussed, with emphasis on Consumers, Carers and Staff and how they are supported and encouraged to reach out to one another and the general community. The importance of working together in transition will be covered. Development of peer support and community connections will be described. A paper that will describe meaningful connections that lead to growth and development of a supportive community. Learning Objectives. 1. Consumers’ connection to support workers in a service is mirrored by the support workers’ connection to the organisation. Organisations need to support a framework that enables this connection to direct responsiveness to Consumer need. 2. The Psychiatric Disability Rehabilitation Support sector and the emergence of new services continues to grow. The experience of the two presenters in their work with Consumers, Carers and Clinical Services to develop the two new residential services in Tasmania, is relevant to ongoing growth in the sector. References: Mental Health Branch Commonwealth Dept. of Health and Community Services, (1997) National Standards for Mental Health Services, Canberra ACT. Mental Health Branch & VICSERV (2000) Standards for Psychiatric Disability Support Services. Victorian Department of Human Services Melbourne

Brief Papers
31/08/2006 From: 1530 To: 1700 Venue: Orpheus Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Fun and laughter on our summer holiday the waters fine come on in.
Trish Pain  Lorraine Murray
Our story is of success and fun in the planning and the bringing together of like-minds to enjoy our annual summer holiday. During the holiday people overcome huge obstacles and anxieties. For example people who were uncomfortable around water participated and enjoyed water recreational activities. People who were anxious about heights hopped into the Queenstown gondola and ascended 450 meters to luge rides and magnificent views. People who were uneasy in crowds became relaxed and comfortable in a busy tourist resort. Many firsts were achieved and consequently have been built on. We will share with you how easy it really is to bring people together for fun in restorative surroundings, where we enjoy each others company, support each other, watch confidences grow, and friendships develop. Where there is an acceptance of everyone and a high tolerance, and where people blossom and grow through the encouragement given to each other from the group. It provides a focus every year; something to look forward to and something to reflect back on - a happy time. And then we start planning it all again for next year. Learning Objectives: 1. How to pull away all the barriers, and just be people on holiday together. Allowing people to have ownership in all aspects of their holiday, and to support them to achieve their dreams. 2. All of these services are absolutely necessary, but it is a complete break away from the daily routine and structure of the clinical aspects of the mental health services. It gives people a significant positive to focus on through out the year. References: Recovery/ strengths model. ‘Our lives in 2014’
S63  Brief Papers  
31/08/2006  From: 1530 To: 1700  Venue: Orpheus Room Townsville Entert & Conv Centre  
Brief Papers 10 minutes:  Symptom and recovery management.  
Samuel Lesevic   Kim Louise Clements  
In our paper we would like to look at methods of helping one’s self towards recovery and dealing with symptoms day to day as they occur. Symptom management will deal with actions individuals can choose to take when an illness escalates. There will also be opportunity for the audience to speak of ways they deal with day to day stressors and share strategies relating to maintaining mental wellbeing. Various strategies used by the authors during their personal journeys will be disused such as music stimulation. Recovery strategies come from Kim’s personal experience and her own recovery. Kim would like to speak of some personal strategies that she has used herself successfully and Kim would like to pass on some home grown truth’s that have brought her to recovery.

S64  Brief Papers  
31/08/2006  From: 1530 To: 1700  Venue: Yongala Room Townsville Entert & Conv Centre  
Brief Papers 10 minutes:  A Discussion of the Issues and Challenges Inherent in Implementation of Outreach Psychological Services in a Rural Primary Care Setting  
Helen Ruth Stubbings   Sally Jane OBrien   Lyn Craill  
This presentation will describe some of the experiences and challenges faced in implementing outreach psychological services within a primary care setting in rural North Queensland. These services were enabled through Federal funding provided to North and West Qld Primary Health Care under the Better Outcomes in Mental Health Care and More Access to Allied Health Services strategies. The role of general practitioners in the provision of primary mental health care will be discussed initially, followed by an exploration of the specific issues and challenges faced when working collaboratively with GPs in a rural setting. Qualitative and quantitative data which highlight the success of this innovative model of collaborative service delivery will be displayed. Overall, uptake of outreach psychological services in primary settings has been shown to play an important role in meeting the mental health needs in rural areas covered by North and West Queensland Primary Health Care.

S64  Brief Papers  
31/08/2006  From: 1530 To: 1700  Venue: Yongala Room Townsville Entert & Conv Centre  
Brief Papers 10 minutes:  Victorian Rural Dual Diagnosis Forum.  
Road Soar   Gary Croton   Mark Powell   Owen Connelly   Paul Hurnell   Peter Nathan  
This presentation describes the formation and function of a forum for dual diagnosis workers (co-morbid mental health and alcohol and other drug misuse) in rural Victoria. The rural areas cover ninety six percent of Victoria’s total area. The Victorian Rural Dual Diagnosis Forum (VRDDF) was established in 2001 with the goal of providing leadership in the development of Dual Diagnosis Service delivery to Rural Victoria and is committed to the improvement of health outcomes for people with Co-occurring mental disorders and substance use problems through establishing a coordinated rural approach. The aims of the forum are to reach out and connect with other rural services to: Provide ongoing collegial support and information sharing to all rural dual diagnosis specialists. Identify, flag and address rural issues and priorities in relation to co-occurring disorders. Provide a forum for rural clinicians to network and enhance collaborative working relationships. To initiate the development of a rural response that is based upon best practice principles. Provide a coordinated approach to education needs in rural areas. Provide feedback to lead agencies, DHS and other groups on rural issues. This innovation has aided connections with other services enabling them to gain and maintain dual diagnosis helping to overcome isolation. Learning Objectives: The audience will develop an understanding of the importance of such a forum and cultivate a greater understanding of the term collaboration. This topic covers a common issue and a growing developing trend in mental health services across the world.
Currently, discourses on Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) within Australia are in conflict. There are two dominant and conflicting knowledge bases: the biological and genetic approach, and the psychological approach, which includes behavioural and psychoanalytic theories on the cause of deviant or difficult behaviour. Other minor discourses also exist, including the diet perspective and emerging strengths based discourse arising from support groups. The debate is not purely academic as theory, and the practice developed from that theory, have a huge impact on families. To date there is very little research which documents the experiences of families affected by ADD and there interactions with child health professionals. The author drawing upon recent overseas and Queensland research, aims to demonstrate that the theories and the associated strategies recommended by professionals, result in varying outcomes for families and individuals affected by the disorder. The author will also discuss the strategies that some mothers of children with ADHD/ADD have found to be beneficial. Given the findings from recent research the author advocates for a strengths based approach in dealing with families affected by ADHD/ADD. Learning Objectives: 1. The impact that professional approaches have upon families affected by ADHD/ADD. 2. It will assist health professionals to work with families affected by ADHD/ADD. References relevant to the topic: Harborne, A., Wolpert, M. & Clare, L. (2004) ‘Making sense of ADHD: A battle for understanding? Parents’ views of their children being diagnoses with ADHD’, Clinical Child Psychology and Psychiatry, 9(3), 327-339. Rogers, D. (2006) ‘Mothering and Attention Deficit Disorder: The Impact of Professional Power’, unpublished Doctoral Theses, James Cook, Townsville.

The first consumer participation pilot program in CAMHS in Australia was begun in 1997 in the Royal Children's Hospital Mental Health Service. Nine years later, the service now has a well established and highly regarded consumer participation program. The program can claim an impressive list of achievements, including receiving significant recognition in a recent external accreditation review conducted by Australian Council for Healthcare Standards (ACHS). This presentation will give a brief history of the development of the program covering the program's activities and highlighting its impact on the service. It will discuss some unique implications of the CAMHS context for consumer participation. The presentation will also identify factors that have contributed to the development of this successful program, and will highlight the features that have contributed to its sustainability and established its place within the service. The presentation will conclude with an exploration of the key issues that need to be addressed by organisations aiming to establish a sustainable approach to consumer participation. Learning Objectives: 1. The audience will be presented with an overview of a successful consumer participation program. They will gain insight into the principles behind a sustainable consumer participation program and strategies for integrating consumer perspectives into a service. The contribution of consumer participation to quality improvement and evaluating outcomes of a consumer participation program will also be discussed. 2. This presentation focuses on integrating and sustaining consumer participation in mental health services, and examines the contribution of consumer participation to quality improvement. Sustainable consumer participation is consistent with national policy guidelines for delivery of mental health services. References: Australian Health Ministers, National Mental Health Plan 2003 - 2008, Canberra, Australian Government, 2003. Kylie Critsulis, Julie van Dort, Janet Spink, Helping the Service Listen to You, Narrative Report, Royal Children's Hospital Mental Health Service, Consumer Participation Project,
When consumers from Neami have attempted to access community activities they have at times experienced misunderstanding about mental health. Neami and Banyule Council developed an innovative project enabling Neami consumers to educate the community on mental health through the development of a DVD. The DVD offers consumer perspective education on mental health through six consumer’s personal stories. Two of the consumers involved in the project will present excerpts from the DVD and the intentions and processes of the project will be described. Neami staff will be available to support the presentation. The DVD was directed by well-known community artist Rick Randall and has been a creative process with consumer involvement throughout. Consumers, through the telling of their own stories were able to identify what was helpful in their own recovery processes. Local community agencies including The North East Primary Mental Health Team, North East Community Mental Health Services, Nillumbik Community Health Centre, JobCo. Employment Services, Banyule Community Health Centre, Latrobe University and Banyule/Nillumbik Primary Care Alliance have joined with Neami and Banyule City Council to assist in the funding of this project. The project was recently awarded with a Partnerships in Wellbeing Recognition reward and also received a Community Inclusion grant though ANZ. The title 'How do you eat an elephant' sums up the projects commitment to decreasing stigma within the community. You can only eat an elephant bit by bit. Learning objectives: 1. Consumer perspective education of mental health targeted towards the community in the form of a DVD. 2. Innovative projects to promote mental health awareness within the general community can be made possible by community partnerships between mental health services, local government and other community organisations and institutions. References: People Living with a Psychotic Illness, Jablensky et al. Commonwealth Department of Health and Aging, 1999 www.mentalhealth.gov.au, Community Education: A collaborative approach in the West., Western Region Community Education Team, New paradigm; the Australian journal on psychosocial rehabilitation December 2004.

We hear a lot about cultural input but what does this actually mean in regard to mental health services and the people we are reaching out to? What do we mean by cultural input in regard to mental health services? New Zealand has a founding document, the Treaty of Waitangi, signed in 1840 by the indigenous peoples of New Zealand (Maori) and the government of the day. Maori people agreed to their lands, forests, fisheries being protected and were given the same rights and protection as British subjects. Due to the signing of the treaty, the New Zealand mental health system has a commitment and policy direction to accord Maori equal rights and protection. A key priority of the New Zealand National mental health and Addiction plan is to continue to promote mental health services for Maori as there remains social, health and economic disparities from other populations in New Zealand. This paper will cover how we connect with people from the perspective of a social worker of Maori descent and a New Zealand community mental health nurse working together in the largest urban mental health centre in New Zealand. Learning Objectives: 1. These connections will demonstrate examples from personal perspectives of identity and reaching out to improve the well being of people we connect to. 2. This topic is fundamental to the Second National Mental Health and Addiction Plan 2005-2015 (New Zealand). References: Grace, P. (2003). Earth, Sea, Sky. Auckland. Huia Publishers. Ministry of Health. (2005). Te Tahahu - Improving Mental Health 2005-2015. The Second New Zealand Mental Health Plan. Wellington. Ministry of Health. Walker, R. (2004). Ka Whawahia Tona
S65 Symposium Partners in Sharing Care  
31/08/2006 From: 1530 To: 1700 Venue: Poolside Room Jupiters Hotel

Symposium 1.5 Hrs: Partners in Sharing The Care.
Kiara Garrard  Kerry Bidwell  Fiona Huppatz  Liz Cleland

Presentations will discuss outcomes from a variety of new mental health shared care frameworks in South Australia and Queensland. Building onto many existing examples of good cooperative practice between GPs and government mental health services strategies were developed to overcome historical barriers and encourage improvement of collaborative service provision. South Australia and Queensland will provide an overview of statewide approaches to shared care systems and partnerships, followed by showcases of projects implemented in rural and metro South Australia. All presentations are describing new projects that commenced in late 2005 and continue through to 2007. Presentations are reflecting the current environment where management of mental health problems in primary care is rapidly expanding and as a result is identified as a key priority for both general practice and state governments.

Presentation 1. A NEW FRAMEWORK FOR PRIMARY MENTAL HEALTH CARE (PMHC) IN QUEENSLAND. Organisation: Queensland Divisions of General Practice (QDGP)Author: Kerry Bidwells, Policy & Program Development Coordinator. QDGP in partnership with Queensland Health and the Australian Government Department of Health and Ageing have been working on a collaborative venture at state level to re-engineer the PMHC system in Queensland. This joint venture - Partners in Mind Initiative aimed to: 1. Develop a Queensland Primary Mental Health Care Framework that unites primary mental health care stakeholders and reorients existing local, state and national resources 2. Use the Framework to inform future primary mental health care policy direction 3. Support the utilisation of the Framework in guiding regional implementation of PMHC activities. The PMHC Framework in draft form is to be disseminated to stakeholders for comment and review. This presentation will describe the key components of the Framework and discuss the emerging themes from consultation so far, including: the importance of building respect and quality relationships between local service providers, the value of funded/dedicated positions to provide service liaison/ integration/ coordination.

Presentation 2. PARTNERS IN CARE - SA DIVISIONS MENTAL HEALTH SHARED CARE INITIATIVE. Organisation: SA Divisions of General Practice Inc. (SADI). Author: Kiara Garrard, Coordinator, Statewide Mental Health Shared Care. Kiara has worked with rural and metro health organizations in the areas of community health, regional health, recruitment & retention of GPs and rural Divisions for the last 14 years. Education and training in management, public relations and communications, Kiara commenced in this role in September 2005. The State Department of Health in South Australia directed $2.75m of mental health funds to Divisions of General Practice to implement local projects over two years, in the areas of allied health and shared care, addressing the needs of people with chronic and complex mental illness. This was the first time a substantial amount of state funds was directed towards Divisions for mental health with a strong emphasis on building and strengthening partnerships between GPs and state mental health services. Sixteen projects were funded across metro, rural and remote South Australia. The presentation will discuss the statewide approach, highlight some of the innovative projects (some of the areas covered include: co-morbidities, impacts on physical health, mental health nurses working in general practice, GP liaison coordinator roles, Aboriginal mental health) Patient health outcomes will be presented from the findings of the evaluation, concluding with the planning for future of the Initiative.

Presentation 3. MENTAL HEALTH SHARED CARE IN ACTION. Organisation: Southern Division of General Practice (SA). Author: Fiona Huppatz, Program Coordinator Mental Health. A metro-wide framework approach for shared care in the city of Adelaide will be described within this presentation that was derived by linking the successful components of Divisions of General Practice mental health shared care programs. Highlighting the mapping process of a 'patient's journey' from mental health services to the care of a GP as a way of getting baseline data to advocate for the improvement of care planning. The presentation will also focus on the strong partnerships between inpatient units, state mental health services and general practice.
practitioners, successfully carried out by Southern and Northern Divisions of General Practice. Partnerships are crucial to a patient's appropriate pathway of care, support system and for integration back to home and community. Building onto existing Division systems, increasing the use of the chronic disease items by GPs and linking in with a range of support mental health services enables improved holistic care of patients with a mental illness. Presentation 4.

**IMPROVING MENTAL HEALTH SERVICES TO RURAL REGIONS VIA SHARED CARE.**

Organisation: Adelaide Hills Division of General Practice (SA). Author: Liz Cleland, Manager, Allied Health Programs. Liz Cleland has a background in mental health nursing and is currently the manager of Allied Health Services at the Adelaide Hills Division of General Practice. She has worked in both hospital and community sectors, and has an interest in inter-sectorial collaboration to improve outcomes for mental health patients. A case study will be presented on the Adelaide Hills Division of General Practice project, 'HealthCreate'. This service targets adults with a chronic mental health disorder with complex issues, whose care is managed primarily by a general practitioner. The service model is one of a single point of entry for the patients', achieved by the provision of linkages and sharing the care of these patients amongst various service providers in the area. The approach is to provide a link for information dissemination and education centred on the provision of the services. Service links include: dieticians, diabetic services, drug and alcohol services, fitness and wellbeing programs. The project anticipated that by addressing physical needs, positive social and emotional outcomes would also be achieved in many instances. The results to date will be presented on the Adelaide Hills projects and a number of other innovative projects implemented across rural and remote South Australia. Learning Objectives: 1. The audience will gain knowledge about the important elements of building partnerships between the general practice and government mental health sectors. 2. These presentations provide comprehensive and streamlined approach to managing the care of people with a mental illness to remain within their community and be able to improve their quality of life and self-management of their illness. References: PARC Update, February 2006, Volume 3, Issue 1, Pages 4-6; -Mental Health Shared Care; www.parc.net.au.

**S65A Achievement Awards Workshop**

**31/08/2006 From: 1530 To: 1700 Venue: Board Room Jupiters Hotel**

Workshop 1.5 Hrs: Achievement Awards Workshop.

**Lynne Dunbar  Douglas Holmes**

The purpose of the Achievement Awards workshop is to give participants some basic knowledge about the fundamentals for preparing an Awards application. The workshop will be an interactive session commencing with an outline of the history of the awards, an understanding of the assessment panels and criteria used for judging. Awards assessors look to give awards to those services that are striving to achieve the national policies and plans of Australia and New Zealand respectively, within the constraints of resources available. The major points of these plans and policies will be outlined so that participants can highlight their services strengths in regard to these. The workshop will address what makes an entry stand out from the rest. We will utilise details from previous winning entries as well as describing some of the most common pitfalls which can mar an entry's chance of success. In addition there will be time allowed to exchange ideas with, and ask questions of, some of the current judges. Participants will then have the opportunity to commence initial work on ideas for an application from their service and receive feedback, for example on headings, layout and areas of emphasis. Learning Objectives: 1. Participants will gain a basic knowledge of the background, history and purposes of the Achievement Awards Program. 2. Participants will acquire the understanding required to commence work on an application for an Award in the manner that will most effectively portray their service or program. This topic is relevant to mental health services because the Achievement Awards are a way of highlighting new ideas, excellence and sound practise in service delivery. Information contained in the Awards is readily accessible and disseminated to a wide audience via the TheMHS Conference and web site and the Awards library.
S67 Meeting 3 TheMHS Connect-ing Communities
31/08/2006 From: 1715 To: 1830 Venue: Palm Room 1 Townsville Entert & Conv Centre
Workshop 1.5 Hrs: Activating communities to work alongside each other towards better mental health for all.

A number of reports proposing improvements for mental health services have been published in the past year: eg Senate Select Committee, Time for Service, Tolkien 2. Additionally a large financial package has been announced by the Commonwealth Government. These will influence the future of mental health services. However, now comes the difficult work of matching the appropriate resources with the appropriate service systems to achieve positive outcomes.

Building on last year’s initiative at the Adelaide TheMHS Conference, the progress-to-date will be presented to today’s forum. Come and add your suggestions.
Abstracts for conference presentations on

Friday 1st September 2006

Please check Notice Board for any last minute Program Changes
S76 Keynote - Merinda Epstein  
1/09/2006 From: 0900 To: 1000 Venue: Auditorium Townsville Entert & Conv Centre  
Keynote Speech: The Emperor’s New Clothes: On being invisible and neglected within the mental health system; a gendered perspective from a borderline pioneer.  

Once upon a time I thought triage was a necessary assessment of relative seriousness. I have since learnt that the perception of seriousness is as much about politics as it is about health status. This paper catalogues and reflects on the frustration encountered by Merinda Epstein as she has sought to articulate and champion the rights and human dignity of women labeled borderline personality disorder (BPD). Her central argument is that the collective history of this marginalised and invisible group reflects assumptions about gender as well as the legitimacy of women’s distress. The central canon of psychiatry, the DSM IV, has a political effect that permits compassion for ‘medical illness’ and denies suffering that goes to the heart of the fabric of institutions we are part of and perpetuate. Merinda is particularly keen to explore the paradox that emerges when proof of pathology is a pre requisite for resource legitimacy and an entrée to service provision. She ponders the complex task of ‘bearing witness’ to trauma and abuse and asks: can a system predicated on a ‘medical model’ of human suffering ever articulate the needs of survivors? Merinda uses her extensive experience as a mental health activist to argue that recognition of the human rights of this group of women requires a ‘re thinking’ of dominant models of care and prevailing norms within psychiatry. Services and individual clinicians can and should respond ethically to the experiences of these previously forgotten women. Learning Objectives: 1. People in the audience will learn to more deeply question the political assumptions which underlie the ‘science’ and economics of psychiatry. 2. The issue is relevant to mental health services because in the recent report published by the Mental Health Council of Australia (Not for Service Report, 2005) - stories of an extreme level of neglect and abuse of people labeled with Borderline Personality Disorder were recorded in evidence from every single State and Territory in Australia. References: Bullshit Psychiatric Diagnosis (BPD) - Women at the Margins: Special Edition - Women and Borderline Personality Disorder in Asylum - The Magazine for Democratic Psychiatry; Volume 14 Number 3 - 2004; Morton J and Buckingham B(1994); Service Options for Clients with Severe or Borderline Personality Disorders Appendix 3- Consumer Views, pp 103 - 111. 3: Quadrio Carolyn, Axis One/Axis Two: A Disordered Borderline in Psychology, Psychiatry, and Mental Health Monographs: The Journal of the NSW Institute of Psychiatry, Volume 2: November 2005 pp 141-156

S77 Recovery, Young People and Social Inclusion  
1/09/2006 From: 1030 To: 1230 Venue: Auditorium Townsville Entert & Conv Centre  
Paper 20 Minutes: HOPE (Helping Ourselves through Peer Education).  
Kerry Anne Gartery  
The presentation will provide an overview of the HOPE (Helping Ourselves through Peer Education) project, run in the Riverland region of South Australia from 2004 - 2005. The project assisted young people between the age of 12 -25 years to build positive mental health and wellbeing for themselves and their peers. The project targeted ‘youth at risk’ of mental health problems and aimed to reduce the negative impact of life circumstances such as unemployment, sexuality, exclusion, drugs, alcohol, and relationships on the social and emotional wellbeing of young people. Research indicates that many young people will often turn to their friends for information and assistance. The project is built on the principles of Youth Participation and utilised peer education as a main strategy for equipping young people with the knowledge and skills in relation to a variety of factors that impact on their health. HOPE enabled young people to access current and appropriate mental health information, increase their skills and understanding about the factors affecting their mental health, and increased their capacity to positively manage their own mental health. Concluding sentence in summary: Providing young people with an accessible, appropriate and relevant mental health promotion program assists in addressing some of the inequities in young peoples’ mental health. Learning Objectives: 1. The audience will gain an insight to the advantages and challenges of delivering a Mental Health project to young people. They will learn about the strategies that were implemented to deliver
The project and the positive outcomes from evaluation and participant and parent testimonials. They will learn the effectiveness of utilising the Principles of Youth Participation when working with young people, and how the facilitators involved the participants in decision making, listened, respected and acknowledged their opinions and how this strategy assisted to build their confidence, skills, knowledge and leadership roles. 2. The HOPE project is a successful project that is based on evidence-based principles (peer education), and tackles serious Mental Health issues (depression, self harm, suicide) in a high risk target group. The learning’s from the project have broad applicability for others working with youth in regional areas. For example, youth participation and peer education programs have proven to be effective in delivering mental health promotion with young populations. Depression and related disorders often have their first onset in adolescence. It is justifiable to suggest that a focus on prevention and early intervention is crucial for this population group. The National Youth Suicide Prevention Strategy indicated that young people suffer serious disadvantage in their access to health and social resources compared to other populations, particularly in the area of mental health. Prevention of mental health problems is directly linked to mental health promotion. References: 


S77 Recovery, Young People and Social Inclusion
1/09/2006 From: 1030 To: 1230 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: A Pathway to Social Inclusion
Roz Sorensen
To provide an overview from the literature of understanding and practice in Social Inclusion. To convey research findings from two studies: a comparative study of social, recreational and prevocational mental health services using a Social Inclusion framework, and a survey of fifty people currently accessing these services. To challenge traditional approaches to Social Inclusion with a pathway for the future. Services and activities have been established in many countries to assist those with a mental illness integrate into an ordinary community and live an ordinary life and therefore be socially included. However there has been significant development in thinking and approaches as to how that access occurs, how barriers to participation are reduced or eliminated, and what supports achieve better outcomes. The literature suggests that efforts to address six life domains through targeted activity impact mental, physical and social wellbeing positively. (NIMHE, 2003). A comparative study looked at services provided within the Auckland region using a Social Inclusion framework. In addition, a survey of fifty people currently accessing those services was conducted. Studies showed that services can be reconfigured and targeted to better assist people experiencing mental illness to be socially included in our communities.


S77 Recovery, Young People and Social Inclusion
1/09/2006 From: 1030 To: 1230 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: Complexity - is it in the clients or the service system?
Margaret Hamilton
Most service systems are confronted with the problems associated with people who present a range of difficulties, including significant behavioural problems that contributes to them being classified as high risk either to themselves or to others. The past decade has seen an increasingly differentiated service system, where a specific diagnosis or assessed disability has been the
'qualification' for access to services. In this environment, many people are defined out. The community nevertheless has a responsibility to provide care for them; they are some of our most troubled members. This paper will describe the early phases of the implementation of the Multiple and Complex Needs Initiative (MACNI) in Victoria from the perspective of the Panel that determines eligibility and oversights the development and implementation of Care Plans. It will discuss issues that arise in reflecting on individual consumers experience of (often) long histories of service seeking and service system responses. The paper will start to explore the potential impact of a relatively small initiative on future systemic health service system planning.


S77 Recovery, Young People and Social Inclusion
1/09/2006 From: 1030 To: 1230 Venue: Auditorium Townsville Entert & Conv Centre
Paper 20 Minutes: beyondblue; working with consumers and carers to address depression and related disorders across Australia
Nicole Highet
For too long depression and anxiety related disorders have been left unaddressed, quietly devastating many lives. 1 in 5 Australians has depression and anxiety disorders, that means four others feel the consequences whether they are aware or not. Return these unsuspecting souls are vulnerable of becoming a direct target themselves. The emotional and economic cost of these complex illnesses is underestimated. These statistics will not disappear quickly. The lack of education and stigma that exists in the community exasperates recovery. beyondblue, the national depression initiative has focussed, for the first time on those with the lived experience of depression and anxiety related disorders. The initiative has been bold and brave facing the issues head on by getting out into the community, conducting forums and workshops, encouraging real-life experience to be shared. These issues and those with the lived experience have been embraced and encouraged to come forward and participate in driving change at a political level. The voices have been heard, beyondblue has established a new organisation, bluevoices: a consumer and carer group dedicated to the advocacy, education and support of persons and their families who live with depression and anxiety. This is the story of beyondblue and bluevoices, the activities and hopes. Ultimately this is our story.

S78 Healthy Lifestyles
1/09/2006 From: 1030 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Consultation when designing a healthy lifestyle program that addresses the effects of medication-related weight gain and mental illness.
Rose Waterhouse
Consultation processes were used to identify the support needed by consumers to enable them to address health needs and goals, and maintain commitment and attendance in a healthy lifestyle program designed to manage medication-related weight gain and mental illness effects. Method: Consultation with key stakeholders was undertaken to determine the need and content of the program and the criteria for inclusion, exclusion and withdrawal. A questionnaire at initial interview was used to determine mental illness and medication effects; supports needed to attend a program and maintain commitment; goals; previous activity, weight and health achievements; current living situation and supports. This was followed by an evaluation questionnaire at the conclusion of the program. Findings. The key elements for the development and implementation of the Intervention Program were inclusiveness; consultation; adaptability and flexibility to individual needs during program implementation; ongoing support and encouragement; strategies for engagement, retention and involvement; ongoing negotiation; and the provision of timely, accurate information. A friendly, supportive atmosphere of mutual collaboration around health improvement goals and memory prompt assistance enhanced attendance and information retention from program discussions. Summary. People with a mental illness, with consultation and support can achieve their health goals. Learning Objectives: 1. Consultation with consumers and
carers assists program development and success as it enlists their participation and ownership of
the program and shapes it to meet their needs. 2. Support around attendance and strategies utilized
to assist participants to acquire the knowledge and skills necessary to address their health
concerns are paramount for goal achievement and program success. References: McHaffie, S
2002, 'Health promotion information: sources and significance for people with a mental illness'.
Archives of Psychiatric Nursing, vol xvi, no.6 (Dec), pp.263-264. Tate, F & Ng, J 2002, Needs
assessment: Food- and nutrition-related issues of mental health clients living in the catchment
area of Inner Southern Community Health Services. (Unpublished paper), Inner. Southern
community Health service, Clovelly Park, South Australia.

S78 Healthy Lifestyles
1/09/2006 From: 1030 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: The glass half full- success stories from people with a mental illness who
have attempted and quit smoking.
Kristen Moeller-Saxone Jane Pirkis Cathy Segan Glen Tobias
They say it's harder to quit smoking than give up heroin. People with a mental illness who have
attempted and quit smoking are role models and we need to better understand how they have
gone through the difficult task of quitting smoking, particularly as previous research indicates
some do it without professional support. Research on smoking and mental illness has largely
focused on 'the glass half empty' - reasons why smoking is at least three times more common
among people with a mental illness and the barriers and difficulties associated with quitting
smoking. This presentation reports on research that has involved the collection of people's stories
about the process of quitting smoking and their successes. It also involved looking at any
differences or lessons that emerged from people who have tried to quit smoking. This
understanding needs to be communicated to health professionals and people with a mental illness
so that we can learn and be inspired by these successes. Learning Objectives: 1. Participants will
gain insight into the processes and challenges that face people with a mental illness who attempt
to quit smoking. 2. Mental health services can improve their ability to offer healthy environments
for consumers and workers.

S78 Trauma
1/09/2006 From: 1030 To: 1230 Venue: Palm Room 1 Townsville Entert & Conv Centre
Workshop 1 Hr: Trauma and the diagnosis of mental illness - Bridging the duality of
service provision.
Joanne Campbell Chris McCabe Coralie Haynes Celia Karpfen Danielle Zerk
Recent estimates suggest that between 40-80% of women with a diagnosis of mental illness have
been subjected to abuse or other forms of trauma in childhood and/or adulthood. However,
questions still remain about what this means for each consumer, and the way that mental health
and community support is offered. Too often questions relating to experiences of trauma are not
seen as relevant to consumers' presenting or ongoing issues. Workers often hold the belief that
raising issues of trauma, will cause the consumer to 'decompensate', or that questions will
themselves be retraumatising. Furthermore, the context in which trauma sensitive questions are
asked and the response of workers to disclosure is an area within the mental health sector that
requires serious consideration and exploration. For those at the coalface of the work, whether as
consumer advocates, mental health workers, women's and community workers or trainers, it is
necessary that questions go beyond the debate of whether trauma is a mental health issue.
Research and practice confirm that it is. Therefore, in order to advance our work with individuals
who have experienced trauma and the diagnosis of mental illness, we need to go beyond
questions such as, 'do you ask about trauma and if so, when?' Rather, focus is needed on 'how do
you ask?' and 'what needs to be in place for you to ask?' in the context of current mental health
frameworks. We need to consider how the work is done, including attention to power imbalances
implicit between consumers and workers. It is also imperative that we seek to minimise the
potential retraumatising that can take place within mental health services. This workshop will
consider how we assist individuals to live life beyond the effects of trauma and abuse, and how
asking questions influences or changes the way we work with that individual. This workshop
seeks to provide a space where the challenges of 'how to's' of responding to trauma can be spoken to and addressed. The importance of collaborating with consumers to ensure choice, control and safety will also be discussed as an integral part of trauma sensitive practice. Effective trauma work can only take place when the consumer is involved every step of the way. Coralie Haynes will reflect on the challenges from a consumer advocate perspective. Coralie will speak to how she draws on her own life experiences to educate workers and community members on the intersections between grief, trauma and the diagnosis of mental illness and she will discuss what trauma sensitive approaches need to include based on her experience in several mental health and community projects in outer southern Adelaide. Jo Campbell and Chris McCabe will reflect on their work as Mental Health/Sexual Assault educators at NSW Health's Education Centre Against Violence. They will explore the importance of how training is developed, and how it can be used as a tool for opening up discussions with mental health workers about trauma and trauma sensitive practice. Of particular interest for them is the new training they have been undertaking with in-patient mental health workers, and whether it is possible to be trauma sensitive without also having active collaboration with consumers. Celia Karpfen and Danielle Zerk will reflect on the early results of a collaborative project in outer southern Adelaide that is seeking to develop trauma sensitive workforce development that is grounded in consumer participation. The project is seeking to identify what are helpful responses by crisis services to women with a history of complex trauma/diagnosis of borderline personality disorder at a time of severe emotional distress by undertaking a shared learning process. Learning Objectives: 1. This workshop seeks to showcase different approaches to trauma sensitive practice and the challenges therein. 2. This workshop seeks to provide a space where there can be exchange between all present trauma sensitive practice and ways of moving it forward. References: Goodman, Salyers, Mueser, Rosenberg, Swatz, Essock, Osher, Butterfield & Swanson (2001) 'Recent victimisation in Women and Men with severe mental illness: Prevalence and correlates' in Journal of Traumatic Stress Vol 14, no 4 pp 615-322. 2. Wurr & Partridge (1996), 'The prevalence of a history of childhood sexual abuse in an acute adult inpatient population', in Child Abuse and Neglect, Vol. 20, no.9, pp 867-872.

S79 Human Rights & Laws
1/09/2006 From: 1030 To: 1230 Venue: Palm Room 2 Townsville Entert & Conv Centre Paper 20 Minutes: Ethical conflicts for employed consumer consultants.
Kathryn R Weedon
Using a theoretical and narrative ethics approach this paper will examine some possible ethical conflicts for consumer consultants employed as agents of the state by public mental health services. Truth telling in medical ethics literature traditionally refers to difficult decision making by clinicians about disclosing devastating diagnoses to patients. This paper asserts that consumer consultants are often exposed to difficult decision making about truthful disclosure. I will focus on truth telling for consumer consultants within three different contexts: disclosures to patients about how the mental health system really works; disclosures to staff about systematic institutional failures from a consumer viewpoint; and the costs of personally modelling recovery and hope within a context of institutional and societal stigma and prejudice against people with serious mental illness. In closing I will argue that as a matter of justice or even basic commonsense consumer consultants employed by public mental health services must be provided with appropriate training, supervision and professional development. Learning Objectives: 1. Audience members can expect to gain a deeper appreciation of the day-to-day job complexity and tensions for staff employed as consumer consultants. 2. This paper can provide insights for staff and management of mental health services and state health departments about the necessity of providing genuine supervision, appropriate training and professional development for people employed as consumer consultants. References: Clayton J et al Fostering Coping and Nurturing Hope When Discussing the Future with Terminally Ill Cancer Patients in Cancer 2005; 103(9): 1965-1975Sutton E et al Truth-telling and Turner Syndrome: the importance of diagnostic disclosure in Journal of Pediatrics 2006; 148:102-107
Since its establishment in 2002, the Mental Health Review Tribunal has been concerned by the number of consumers not attending their hearings to participate in decisions about their future. The Tribunal protects the rights of people receiving involuntary treatment under the Mental Health Act 2000 (Qld) and their access to justice. To increase attendance at hearings, the Tribunal has engaged with consumers, and considers consumer attitudes in order to reduce barriers to consumer participation. The Tribunal’s commitment to meaningful participation by consumers has led it to appoint a consumer consultant to facilitate an augmented level of interaction with consumers. The quality of the interaction with the consumer is as important as the outcome in determining how the consumer feels about the experience of participating in a Tribunal hearing. Empowering consumers to actively participate in their own hearings is important in view of the fact that autonomy has been shown to be one of the principles of recovery. This paper addresses the way the Tribunal is meeting the challenge of encouraging consumers to take the fullest role through optimising their participation in decisions about their lives and also ensuring consumer feedback and evaluation results in their views and wishes being incorporated into Tribunal philosophy and practices. Learning Objectives: 1. The role of the Mental Health Review Tribunal - activities undertaken by the Tribunal (MHRT) in relation to consumer participation and involvement and how these can influence the MHRT philosophy and practices. - the Tribunal values the attendance and participation of consumers in their hearing. 2. The topic is relevant to MHS & MH issues as the MHRT has a role to protect the rights of consumers who receive involuntary treatment for their mental illness. One of the principles of the Mental Health Act 2000 (Qld) is that a person is to be encouraged to take part in making decisions affecting the person’s life, especially decisions about treatment. In making a decision about a person, a person’s views are to be taken into account (to the greatest extent possible). In its ongoing quality improvement, the MHRT strives to listen to consumer views so that the dignity and rights of people with a mental illness receiving involuntary treatment are respected. This ensures consumers feel that they are participating in decisions about their future and thereby optimising their autonomy. References: Clair, F., Fisher, S (2003). Powering and Empowering Through Change: The Queensland Tribunal’s Experience of Transition from Old Systems to New. Psychiatry, Psychology and Law, 10 (1), 184-191. Queensland Health (2005) Sharing Responsibility for Recovery: Creating and Sustaining Recovery Oriented Systems of Care for Mental Health.

The Mental Health Tribunal Representation Scheme (MHTRS) is an innovative scheme operating in Tasmania since 2003. It is a therapeutic jurisprudential, non-adversarial model founded on stake-holder partnerships and incorporating concepts and practices aimed at preserving on-going relationships between consumers, carers and clinicians while strongly advocating for the client’s civil rights. Learn how the law and health can work together to guarantee a therapeutic legal environment for the mentally ill by following this human rights award winning scheme (Tasmanian Human Rights Week Award 2005). The state-wide scheme primarily uses law student/legal graduate volunteers that undertake specialist training although other disciplines including social work and nursing are representative amongst volunteers. The role is to articulate and/or help clarify client wishes and views as instructed by the client and ensuring that proper consideration is given to client rights and procedural safeguards. The goal of the exercise is to ensure that the Tribunal make better, more informed decisions. Tasmania
doesn’t provide funded solicitor representation before Administrative Courts of Review. Now because of this scheme, 100% of persons appearing before the MHT in Tasmania can access representation while 65% have chosen to be represented. Learning Objectives: 1. People will learn that there is an established therapeutic jurisprudential model which is an alternative to the adversarial approach used by solicitors when representing persons appearing before Mental Health Tribunals and Boards. They will gain an understanding of the differences between their already established view of legal representation and this new therapeutic jurisprudential model of representation that is this innovative scheme. This understanding will be enhanced by the quantitative and qualitative results of its performance during the past three years. The topic of the MHTRS is important to Governments, Mental Health Tribunals and Boards of Review, clinicians in hospitals and the community, NGO support workers, and consumers and carers. References: Wexler, David B. and Winick, Bruce J. (1991). Therapeutic jurisprudence as a new approach to mental health law policy analysis and research. University of Miami Law Review, 45.3.

S79 Human Rights & Laws
1/09/2006 From: 1030 To: 1230 Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Forced Treatment and Torture: Similarities and Differences.
Ruth Harrison
Mental health laws allow (and even require) clinicians to treat people with disordered minds, when there is possibility of harm. The rationale is that someone whose mind is disordered may not make good treatment decisions, or they may not be able to make any treatment decisions. Increasingly people with mental illness are arguing that they view forced treatment as torture. How to reconcile these views? In personal terms, then, forced treatment is torture, for some people. In legal terms can it be called that? Does this mean that psychiatrists are torturers? Personal and legal perspectives on forced treatment are explored and discussed with reference to international human rights instruments. Those instruments are also examined in terms of how well they might contribute to shaping practice in mental health services.

S80 Reducing Aggression; Forensic issues
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: We’ll come to you: A structured exercise program in a medium-secure forensic unit.
Fiona Amy Lee
There is a growing body of evidence showing people with mental illness experience higher rates of heart disease, obesity and diabetes than the general population. Exercise has been proven to reduce weight gain and improve general physical health. Exercise also has a positive impact on mental health, improving self-esteem, reducing depression and the experience of hallucinations and improving cognitive functioning. People who have mental illnesses face challenges in maintaining adequate levels of exercise, such as amotivation and limited finances. These challenges are exacerbated in in-patient forensic settings by security and minimal access to community facilities. This paper will discuss the pilot of a structured exercise program within a medium-secure forensic psychiatric unit in NSW. During the program 5 clients participated in twice weekly training sessions in the unit’s gym. Qualified personal trainers from a local facility ran these one-hour sessions. Outcomes of the program were evaluated using fitness and psychometric testing at commencement of the program, at three months and at six months. Participants described their perceptions of the program through an interview and self-report measure. At completion of the program participants had reduced body fat, improved cardiovascular endurance and flexibility, increased self-esteem, reduced psychotic symptoms and anxiety with increased hopefulness. Participants reported increasing their activity levels outside of the program and changing their eating habits. Despite the confines of a locked unit the participants formed meaningful connections with a community program. Learning objectives: 1. Learn how a pilot of a structured exercise program was set up in a locked forensic unit and the outcomes of this pilot. 2. The Duty to Care: Physical Illness in people with mental illness (Coghlan, Lawrence, Holman & Jablensky, 2001) document demonstrated beyond doubt that mentally ill Australians are suffering from higher rates of physical illness than the general
population. Evidence that psychiatric medications are a part of this problem has also been established. This paper is relevant to any consumer, carer or health professional who wants to explore innovative ways of addressing the problems of obesity and poor fitness amongst mentally ill populations. References: Callaghan, P. Exercise: a neglected intervention in mental health care? Journal of Psychiatric and Mental Health Nursing 2004; 11: 476-483. Catapano, L. & Castle, D. Obesity in schizophrenia: what can be done about it? Australian Psychiatry 2004; 12: 23-25.

S80 Reducing Aggression; Forensic issues
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: Starting a forensic consumer run group inside a secure forensic unit in NSW
Douglas Holmes  Allison Kokhany
The aim of this presentation is to tell people about the steps taken to develop and start a forensic consumer run group inside a secure forensic unit in NSW. The need for the group was identified in early 2002. NSW CAG had discussions with Mental Health staff from the Kestrel Unit at Morisset Hospital in October 2002. It was agreed to start the group on a trial basis in March 2003 with the following objectives. To develop an understanding of forensic mental health consumers needs To provide an understanding of the mental health problems in the forensic community To introduce forensic consumers to the structure, funding and policy content of mental health service. To provide forensic consumer with a variety of tools to understand, change and improve the system. The group now has several members who have been meeting regularly on the last Monday of the month since March 2003. This has been achieved with the support of the Morisset Nursing Unit Manager, Mark O’Connor, put in title Alan Rose, Consumer Consultant Alison Kokhany and three forensic consumers, Charlie, Michael and Toni who have been the core group that have attended every meeting in that time. The group has achieved a number of there tasks from the original meeting including: A name, Morisset Flames (Forensics, Learning, Achieving, Monitoring, Empowering, Supporting), logo, participate in the Health Ministers yearly cricket match in Sydney each year, two members presented papers at a conference in Wollongong in December 2003, developed terms of reference for the group and are currently working on ways to influence forensic issues in NSW by inviting a representative of Justice Health to one of there meetings. Learning Objectives: 1. People will learn the basic steps in setting up a forensic consumer run group in a secure forensic unit in NSW 2. This topic is relevant to mental health because of the Ottawa Charter and Jakarta declaration call for more collaborative approaches. These encompass such key themes as: healthy public policy; empowering communities; enhancing health literacy; increasing support networks; and reorienting health services to prevention. These new directions attempt to bring together the ‘top down’ requirements of earlier models with a ‘bottom up’ community involvement. This type of approach can also be proactive. These components have been only minimally addressed in mental health from a population perspective chiefly through campaigns informing the public about mental disorders and attempting to ‘destigmatise’ mental illness. References: Australian Health Ministers (1991) Mental Health Statement of Rights and Responsibilities, Report of the Mental Health Consumer Outcomes Taskforce, AGPS, Canberra ACT 2601. Raphael B (2000) A population health model for the provision of mental health care, AGPS, Canberra, ACT, 2601.

S80 Reducing Aggression; Forensic issues
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: Rethinking Youth Violence From What Young Men are Saying.
Shirley Roberson
This presentation explores seven young men's explanations of their violence and their ideas about intervention. These explanations are interrogated drawing on poststructural discourse concepts (Foucault, 1975/77). How these young men spoke of their violence contradicts how mainstream psychology theorises youth violence. The need to 'get it right' as a man was a priority for them and violence was the means to achieve it. Dominant ideas from psychology about violence can be seen to position violent young men as 'abnormal', 'dangerous', 'deviant', 'out-of-control'. Such
pathologising and demonising effects (Fox & Prilleltensky, 1997) compete with the young men's priority of 'being a man'. At the same time, these young men also used some of psychology's theories of youth violence to justify their violence, which enabled them to avoid responsibility for it. An alternative view of youth violence to that provided by mainstream psychology is seen as important, one that emphasises complexity and contradiction is needed. As a consequence a number of questions are posed for intervention approaches with young men who have been violent. Learning Objectives: 1. Attendees will learn of what young men are saying about their own violence and how the presenter has explored this. 2. Consideration of the complexity of youth violence has implications for those in Mental Health services who work with young men who have been violent. References: Foucault, M. (1975/77). Discipline and punish: The birth of the prison. (A. Sheridan, Trans.). London: Penguin Books. Fox, D., & Prilleltensky, I. (Eds.). (1997). Critical psychology: An introduction. London. Sage.

S80 Reducing Aggression; Forensic issues
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: Reducing aggressive behaviour in inpatient mental health facilities.

Thomas Meehan  Kevin Fjeldsoe  Terry Stedman

Aggressive behaviour continues to be a leading source of stress and personal injury for staff (and patients) in inpatient facilities. The aim of this study was to evaluate the impact of a multi-strategy approach on reducing the risk of violence and staff injuries at a large centre for mental health. A multi-strategy aggression management program was developed and introduced over a two-year period. The program had four components; staff education/training, a staff peer support program, the use of risk assessment tools, and the implementation of a computerised incident monitoring system. Aggressive incidents by patients, staff injuries due to patient aggression and compensation payments to staff for the 2 year period prior to implementation of the aggression management program were compared to the 3 year period following implementation of the program. Despite the increasing acuity of the clients at the study facility, there was a significant decrease in staff injuries due to aggressive behaviour following implementation of the program. It is likely that the combined impact of the strategies is greater than the impact of individual strategies implemented consecutively. Learning objectives: 1. Participants will learn that staff training on its own tends to have a limited role in reducing aggressive behaviour in inpatient facilities. Participants will be invited to consider three additional strategies that can be implemented with minimum costs to reduce the risk of violence in inpatient facilities. They will also gain insights into how the program was implemented and evaluated. 2: It is clear that the downsizing of psychiatric hospitals and changes to mental health legislation have restricted access to inpatient care to the most difficult and disturbed patients in the system. The effects of substance misuse and non-adherence to prescribed medications add to the risk of violence in this group. Aggressive behaviour continues to be a leading source of stress and personal injury for mental health staff (and patients) in inpatient facilities. References: Meehan, T., Stedman, T., & Fjeldsoe, K (2006) Reducing aggressive behaviour and injuries to staff: the use of a multi-strategy approach. Australian Health Review (to be published in May 2006) Meehan, T., McIntosh, W., & Bergen, H (2006). Aggressive behaviour in the high-secure forensic setting: the perceptions of patients. Journal of Psychiatric and Mental Health Nursing, 13, 19-25.

S81 Mental Health First Aid
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: An Overview and Update on the Mental Health First Aid Program

Betty Ann Kitchener

The award winning Mental Health First Aid Program began in a voluntary capacity in 2001 in Canberra and has now spread to every state and territory of Australia and internationally to the UK, Hong Kong, Canada, Singapore and Finland. There are over 450 accredited MHFA Instructors within Australia delivering this 12 hour course to members of the public and to workplaces. Rigorous evaluations of this program have shown it increases helping behaviours, improves mental health literacy and reduces stigma. This program's development, content, business model, evaluations and dissemination will be discussed. Learning Objectives: 1. to learn
about a successful program to raise the mental health literacy level of the Australian community. 2. to learn about evaluation of mental health literacy.

S81 Mental Health First Aid
1/09/2006  From: 1030 To: 1230  Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Improving mental health-community networks: Mental Health First Aid delivery in rural NSW.
Gina Sartore  Fleur Hourihan  Anne Tonna  Jeffrey Fuller  Lyn Fragar  Brian Kelly
Aim of the presentation: to outline a program of Mental Health First Aid (MHFA) training to workers in agricultural support agencies in NSW as part of a strategy to improve the access to the mental health and wellbeing of farmers and their families, and to improve links across health services. The presentation will also illustrate the development of rural-specific vignettes for use in MHFA training. Mental Health First Aid (MHFA) courses have been shown to increase mental health literacy and decrease stigma and false beliefs in non-specialist populations (Jorm, Kitchener, O'Kearney, & Dear, 2004; Kitchener & Jorm, 2002). In 2005 the Centre for Rural and Remote Mental Health and the Centre for Agricultural Health and Safety, in collaboration with Area Health Services and the NSW Farmers’ Association, conducted five MHFA courses around NSW. We targeted workers from agricultural and community support organisations such as Rural Financial Counsellors and district agronomists. Ninety-six workers participated in the workshops located across 5 different rural locations in NSW. Stated reasons for participation ranged from those relating to their work (40.8%) to a wish to learn more about mental health issues affecting their community (28.2%) to general interest (2.8%). Beliefs about appropriate treatments for mental health problems (measured by pre- and post-survey) changed to become significantly more concordant with those held by health professionals, and a significant decrease in social distance was observed. Delivering MHFA courses to non-health professionals forms one arm of a broader strategy we are trialling to strengthen local networks of service providers, including mental health workers. (Fuller, Edwards, Martinez, Edwards, & Reid, 2003). Mental health vignettes with a distinct rural focus were developed over the course of the pilot and will be used in future research and network development to improve the relevance of our work in rural and remote communities. Learning objectives: 1. The audience will gain an understanding of how rural NSW communities benefited from MHFA education. 2. The audience will gain an understanding of how mental health literacy benefits communities and their local mental health services, and how mental health literacy interventions can be tailored to the needs of rural communities. References: Fuller, J., Edwards, J., Martinez, L., Edwards, B., & Reid, K. (2003). Collaboration and local networks for rural and remote primary mental healthcare in South Australia. Health and Social Care in the Community, 12(1), 75-84. Jorm, A. F., Kitchener, B. A., O'Kearney, R., & Dear, K. (2004). Mental health first aid training of the public in a rural area: a cluster randomised trial. BMC Psychiatry, 4(33). Kitchener, B. A., & Jorm, A. F. (2002). Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behaviour. BMC Psychiatry, 2(10).

S81 Mental Health First Aid
1/09/2006  From: 1030 To: 1230  Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: An Aboriginal version of the Mental Health First Aid Program
Len Kanowski
The Mental Health First Aid Program (presented elsewhere at this conference) has now been modified for indigenous peoples of Australia. The Indigenous Strategies Working Group (a national group of indigenous mental health workers) has endorsed this version. Suitable aboriginal people will be trained in a 5-day Instructor Training course to be able to deliver the 15 hour course to their own communities. The program aims to empower communities to take action to improve their own mental health and to prevent suicidal behaviours. Learning Objectives: 1. To learn about an aboriginal version of the Mental health First Aid program. 2. To learn how mainstream mental health programs can be modified for CALD communities.
S81 Mental Health First Aid
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Development of international standards for Mental Health First Aid by the public: method, purpose and preliminary results
Claire Kelly Robyn Langlands
The Mental Health First Aid program has been running for several years in Australia and overseas, with substantial evaluation and successful implementation in a number of settings. In order to continue to improve the quality and accuracy of the information given in the Mental Health First Aid course, researchers have been undertaking to develop standards of best practice which will also form the basis of accreditation of the course. The methodology being used in this project is the Delphi method, a systematised method of gathering consensus. Expert panels (of clinicians, consumers and carers) in different areas of mental health are asked to rate statements which have been made in the literature about the best way to help someone with a developing mental health problem or a mental health crisis. The developing disorders currently under investigation are depression and psychosis, with plans to investigate eating disorders and substance use disorders. The mental health crises are suicidal ideation, deliberate self-injury without suicidal intentions, reluctance to seek or accept help, psychosis leading to violent behaviour, panic attacks and traumatic events. Preliminary results and current progress will be discussed. Important note: If this abstract is accepted I would like it included in the MHFA symposium. Betty Kitchener is aware of this. Learning Objectives: 1. People will gain an understanding of the future directions of the Mental Health First Aid program, some key messages about how members of the public should respond to depression and suicidal behaviours, and a picture of the future directions of Mental Health First Aid. 2. Systematising Mental Health First Aid responses in the way that responses are systematised in regular first aid may assist more people to respond appropriately to mental illnesses and mental health crises. This may help people to seek and receive help more quickly, and to undertake self help strategies as needed. References: Kitchener BA, Jorm AF. Mental health first aid training: review of evaluation studies. Australian and New Zealand Journal of Psychiatry. 2006 Jan;40(1):6-8. Kitchener BA, Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. BioMedCentral Psychiatry. 2002 Oct 1;2:10.

S82 Children of Parents with a Mental Illness
1/09/2006 From: 1030 To: 1230 Venue: Ballroom 3 Jupiters Hotel
Paper 20 Minutes: Building links with the Sydney South West Area Health Service Aboriginal Community through Evidence-based practice - Antenatal Postnatal Home Visiting and Education
Chryne Griffiths
This vital link of consultation and networking between the Aboriginal Antenatal Postnatal Home Visiting Team, Aboriginal and Mainstream Health Workers, Perinatal Infant Mental Health Service, Infant Child Adult Mental Health Service, Campbelltown Hospital and Tharawal Aboriginal Medical Service has enabled positive communications between the services. With Aboriginal Health Workers acting as cultural interpreters for mainstream clinicians have learned to work in culturally appropriate ways with the community. This has enhanced the education around early intervention/prevention presenting workshops - attachment, early brain development and the effects of abuse and neglect, due to DV, substance misuse and the cycle of poverty, mental health and the importance of good early relationships between parent and child, always acknowledging the impact of past policies and practices of removal of children and it's trans-generational effects. A brief overview of the workshop on Early Brain Development, the effects of domestic violence and drugs and alcohol on an infants brain and 'Attachment' have been adapted for Aboriginal peoples in conjunction with Patricia Glossop - Clinical Nurse Consultant for ICAMHS at Liverpool.
The needs of children of parents with mental illness have been increasingly recognised in mental health policy and service provision. Whilst initiatives have been immensely valuable in emphasising the need for prevention and early intervention for this previously hidden group of children, there has not been a related focus on the needs of adult children of parents with mental illness, who remain a substantial yet marginalised group affected by parental mental illness including psychosis. Adult children have been identified through previous research as being more at risk of developing mental health problems, and having significant carer responsibilities and burden, whilst also demonstrating considerable resilience. This paper aims to report the findings from an inquiry into the experiences of adult children of parents with psychosis recruited from across Australia. A dual analysis of the data resulted in two sets of findings. From the first phase, four phenomenological themes of this experience were found, and in the second phase, a number of lessons from postmodern narrative interpretations were illuminated. A transformational process of wounding and healing for adult children is discussed in terms of its relevance for current mental health service provision, and how mental health professionals may connect with adult children.

Learning Objectives:
1. The audience will become aware of issues and risks that adult children of parents with psychosis can face, combined with suggested strategies to address these, through presentation of both personal and research-based information.
2. The topic of adult children of parents with psychosis is pertinent to mental health issues and services as it lies within the field of Children of Parents with Mental Illness - a priority area in the Mental Health Promotion and Prevention National Action Plan - and is further relevant as persons in this group may also be consumers and/or carers within mental health services.

References:

The VicChamps/Supporting Kids is a three year project (2003 -2006) funded by VicHealth, Beyondblue and Mental Health Branch - Department of Human Services Victoria to develop a model of best practice for children aged 5-12 who have parents with a mental illness. The project has two sites - one is at a rural family support service, and the other at an urban adult community mental health service. A major component of the VicChamps program was to develop a model of peer support program as a way of providing an early intervention strategy for these children whilst still at primary school age. This has presented the program staff and their partners with both challenges and great opportunities to ascertain what works well for children and their families/carers. Several aspects of the peer support programs have been evaluated. This paper will present the key finding and themes emerging from the programs, the different types of programs, highlight key differences between the rural and urban settings and will discuss the Champs program Guide.

Learning Objectives:
1. Participants will gain an understanding of how the Champs peer support programs are run, how they were evaluated using particular measures and will be shown how to use the Program Guide.
2. Group programs are an effective way of working with children using an early intervention focus. This program is one of the first nationally to be comprehensively evaluated.

S82 Children of Parents with a Mental Illness  
1/09/2006 From: 1030 To: 1230  Venue: Ballroom 3  Jupiters Hotel  
Jodie Shipp  
This paper aims to provide an example of a successful and positive intervention for young people in rural and remote areas whose parents have mental health issues. Research suggests that successful interventions for children whose parents have mental health issues (COPMI) are those that target risk factors experienced by the children and develop their ability to cope with adversity. In developing programs of this ilk, supporting families in remote and isolated areas presents challenges that require alternatives to the programs that are successful in urban and metropolitan areas. Challenges such as limited numbers of workers to run programs, families living in small isolated communities with limited transport options, families unable to access resources and even computer resources such as the internet. In 2005, the Dareton Child and Adolescent Mental Health Team implemented a COPMI program in the far west of NSW, meeting the challenges of a diverse population and geographical area. The program is structured around using fun days as a way of reaching out to children and families and creating connections that offer support and increase resilience. In a supportive, fun filled environment the young people are learning social skills, problem solving skills, teamwork and positive coping strategies, as well as gaining increased knowledge and understanding about parental illness. The paper will discuss how the program has overcome the challenges presented in remote areas, the positive outcomes of the program, and the effect of the program on the young people and their families.  
Learning Objectives:  1. The audience will gain an overview of the development, implementation and evaluation of a successful program that aims to support and promote the mental health and wellbeing of young people in remote NSW whose parents have mental health issues. The audience will see how increasing connectedness is a core principle of this program, how the program has affected young people in this target group and how it may be replicated in other areas. 2. Supporting children whose parents have mental health issues has become a national priority for mental health services. In 1999 the Mental Health Promotion & Prevention National Action Plan identified the needs of children whose parents have mental health issues (COPMI) as a priority area requiring attention. Some of the recommendations included researching and establishing effective community based interventions and developing positive outcomes for children, including improved support, improved mental health, better knowledge and understanding of parental illness. Having a mental illness can at times make it difficult to meet the needs of children and can increase the risk of the children developing poor mental health. Some of the types of difficulties encountered by these children may include: major depression; substance abuse; psychiatric problems; poor academic performance and learning disabilities; persistent emotional or behavioural disturbance; poor social competence and functioning; involvement with the law; personality disorders; sibling and peer rivalry; feelings of social isolation, inattentiveness and withdrawal; being marginalised and ostracised; suicide and post-traumatic stress. References: Australian Infant, Child, Adolescent and Family Mental Health Association, Children of Parents Affected by a Mental Illness Scoping Project Report, Mental Health and Special Programs Branch, Department of Health and Aged Care, 2001; Commonwealth Department of Health & Aged Care 2000, Promotion, Prevention and Early Intervention for Mental Health -National Action Plan, Mental Health & Special Programs Branch, Commonwealth Department of Health & Aged Care, Canberra. 

S83 Including Culture  
1/09/2006 From: 1030 To: 1230  Venue: Coral Sea Room  Jupiters Hotel  
Paper 20 Minutes: Community Mental Health Network: A Turkish Model  
Can Tuncer  
The Turkish Mental Health Network (TMHM) was founded in 1999. It involved Turkish-speaking health care providers in mental health. They included a psychiatrist, psychologist and social workers. One of it's aims was to provide community mental health education to the Turkish community by means of providing forums and lectures. There were quite a few presentations on
depression, schizophrenia, youth and mental health. TMHM also provided mental health support related to the Turkish Earthquake disaster in 1999. The other aim included delivering appropriate information to the mainstream mental health services to enable more culturally appropriate services to the Turkish community. The TMHM also got feedback from the Turkish community about their needs in awareness of mental health and illnesses. The above aims throw light on how establishing a mental health network contributes to community development in mental health, provides support to mainstream mental health services and increases the understanding of mental illness concepts in ethnic communities. Learning Objectives: 1. The audience will have some ideas on the understanding of causation and treatment models of mental illness in Turkish culture. 2. The audience will be provided information on how a community mental health network supports mainstream mental health services by means of capacity building. References: Al-Issa, I.(ed) Handbook of Culture and Mental Illness: An International Perspective, International Universities Press, Inc 1995. Helman, C.G. Culture, Health and Illness 3rd Edition, Butterworth-Heinemann Ltd, 1995.

S83 Including Culture
1/09/2006 From: 1030 To: 1230 Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Reaching out & connecting to CALD carers has created a Cambodian tapestry.
Patricia Berrutti Sotha Suos
Through carer education programs offered by SSW Carer Information & Support Service, we have created strong connections to several CALD communities, but this paper focuses on the extension work with the Khmer community, which is now a Tapestry. How did the Tapestry start? With a Khmer carer reaching out and connecting to carer education programs being offered in Sydney South West by our Carer Information & Support Service with funding provided through the Commonwealth Carer Respite Centre. They were in English, but they helped this carer to learn how to manage her own caring role, and for her to encourage other family members to access the carer education. They felt that these programs should be offered to other Cambodian families and so the tapestry grew. The carer decided to enrol in a counselling diploma and train to facilitate the programs. She has eventually encouraged over 60 Khmer carers, male & female, to participate in the different programs offered. The carer facilitates carer programs in Khmer utilising translated resources. She has now assisted SSW CISS to develop carer packages Navigating the MH System and Khmer Caring Package in Khmer. The Tapestry is still growing!
Learning Objectives: 1. Audience will learn about an innovative model to connect with CALD communities and how to replicate this model in their own area. 2. Audience will learn innovative community capacity development linked to creative writing and art, and the healing impact that this has had with the focussed community, Khmer, to deal with their personal, community and national loss/grief. References: Old & New Generations of Khmer settling in NSW Cambodian Profile 1998 a research project of the Khmer Community in NSW (Oct, 98) Developing Communities Developing Needs, Khmer Needs Analysis 2003 Paul van Reyk for The Cambodian-Australian Welfare Council of NSW Inc, funded by Dept. of Immigration, Multicultural & Indigenous Affairs” under Community Settlement Services Scheme.

S83 Including Culture
1/09/2006 From: 1030 To: 1230 Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Reaching out for help and healing: making connections with other greek carers. AND HEALING:
Antonia Kapsalis
Caring for a family member with a mental illness can be a challenging task and stressful for any carer. For me, I have two adult children who suffer from schizophrenia and dual diagnosis. So you can imagine! The aim of this presentation is to share my journey as a Greek mother caring for two adult children for the past 21 years, and my struggle to reach out for assistance and support that has led to an ongoing process of healing and enlightenment. The paper discusses how the mental illnesses of my children have impacted on my relationship with members of my family, the Greek community, mental health professionals and other service providers. By
reaching out for help, I have learned to heal my pain through Story Telling, Poetry, and Visual Arts, which have helped me to reconnect with my family, other carers and the Greek community. The process has given me the ability to empathise and assist other Greek carers who are trapped and silenced by stigma, cultural and linguistic barriers, and lack of understanding about mental illness. I hope to show that reaching out to others not only meets your needs but may empower you to help others to meet theirs. Learning objectives: 1. The audience will learn about the experiences of a Greek carer and how she used these to support other carers. 2. The role of carers is increasingly being seen as vital in the provision of mental health services. References: Collins, J., Stolk, Y., Sauders, T., Garlick, R., Stankovska, M., & Lynagh, M. I feel so sad…it breaks my heart. NorthWestern Mental Health, Victoria, 2002; Lauren Y. Finley 'The Cultural Context: families coping with severe mental illness', Psychiatric Rehabilitation Journal, Vol. 21, No. 3, Winter 1998, 230-239.

S83 Including Culture
1/09/2006 From: 1030 To: 1230 Venue: Coral Sea Room Jupiters Hotel
Paper 20 Minutes: Culture as Connection: A Culture-Centered and competency based approach to Rehabilitation and Recovery.

Peter John Mckimmin
When properly understood and utilized, culture is a tool for enhancing access by reaching out to the community. Adopting a culture-centered approach to recovery begins when two world views meet, those of the care giver and of the care recipient. To assist the person in recovery (PIR) in their journey, it is essential that care/service providers engage in a continual process of self-assessment to determine what competencies they have and which new ones are needed are to assist each PIR with their particular journey. This course will offer a number of core competencies from which staff can choose to augment their efficacy as care/service providers. Learning Objectives: 1. Each participant will become more aware and knowledgeable of prejudice/bias which may hinder their competency to deliver services. 2. Each participant will select one competency (either awareness, knowledge, or skill) with which to enhance their ability to deliver culturally appropriate mental health services. References: ‘Culture-centered counseling and interviewing Skills’, Paul B. Pederson and Allen E. Ivey, 1993 Praeger Books McKimmin, ‘CULTURAL RESILIENCE: A new tool for rehabilitation and recovery’? IAPRS Newsletter, Fall 2005

S84 From Stigma to Healing & Community
1/09/2006 From: 1030 To: 1230 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Making sure you have the right connections.

Marianne Bonassi
Evidence supports that if mental health services act in a crisis response and maintenance framework then the individual’s connection to recovery and discovery all too often is severed and replaced with crisis reaction and service inaction. It is proposed that if mental health professional’s view mental illness as a biological entity they are ignoring the personal and social dimensions of the illness, and so absolved from addressing the relationship between these factors and heavy service use. To meet the National Standards For Mental Health Care and promote the optimal quality of life for people with mental disorders and/or mental health problems, the widely held belief about the aetiology and pathology of mental illness has to be challenged. This paper will challenge these beliefs and instead of viewing mental illness as a chemically mediated, genetically determined life long brain disease it will present current research on the personal and social factors that contribute to heavy service use. Calling for mental health professional’s and services to question if they are indeed making the right connections between these non clinical factors and heavy service use.
From Stigma to Healing & Community

Monica Treanor  John Murphy  Frances Flynn

This presentation aims to demonstrate how a service-user run and led centre, by investing in social capital and contributing to citizen politics in its local community, influences the onset of recovery.

**Method.** Solas is a service-user run and led centre. Through democratic participation we developed an environment of shared values, mutual trust, understanding and self help with a view to working together to rebuild our lives. We have shifted from a passive reliance on mental health services to developing the capacity to innovate to problem solve. Through civic engagement we address issues of exclusion, isolation, stigma and marginalisation by developing networks of support, educative relationships, engaging in partnerships building links and connections. Robert Putman (2002) describes the importance of social capital. It allows citizens to resolve collective problems more easily. It widens our awareness of the many ways in which our fates are linked, (connecting the unconnected and linking the unlinked) and the networks that constitute social capital also serve as conduits for the flow of helpful information facilitating achievement of goals. Mounting evidence suggests that people whose lives are rich in social capital cope better with traumas and fight illness more effectively.

**Learning Objectives:**
1. The audience will gain an understanding of the importance of social capital in creating opportunities for service-users and recovery from mental illness.
2. The audience will gain an understanding of people with mental health issues in shaping attitudes, creating ownership and connecting in a meaningful and positive way with each other.
3. The audience will gain an understanding of the value of the client in recovering from mental illness and participating in society.

Stigma and Mental illness: What we can do.

Geoff Waghorn  Anneliese Russell

Stigma associated with a diagnosis of mental illness, whilst long recognised, remains a significant barrier in the recovery and community participation of consumers. Stigmatizing attitudes to mental illness are widespread, particularly in developed countries where institutional care is more prevalent and one's status is determined by the external standards such as wealth, appearance, and academic credentials. Cultural conceptions of people with a mental illness as less trustworthy, less intelligent, or less competent, result in them being rejected and devalued by others. Furthermore, the diagnosis of mental illness can result in the individual internalising these beliefs, and therefore expecting rejection from others. Regardless of whether it is actual or perceived, stigma has both social and psychological effects including lowered self esteem, social withdrawal, reduced employability, and difficulty obtaining housing. It may also affect the individual's acceptance of their diagnosis and adherence to treatment. This paper will discuss 1) definitions of stigma and prevalence in different cultures, 2) models of stigma, 3) factors contributing to stigma, 4) consequences of stigma, and 5) ways of reducing stigma by employing stigma countering strategies. Stakeholders will be challenged to question the status quo, and take steps to facilitate cultural change and social justice.

**Learning objectives:**
1. Audience members will learn about the various ways in which stigma affects people with a mental illness, and how they can act to reduce stigma associated with mental illness.
S84 From Stigma to Healing & Community  
1/09/2006 From: 1030 To: 1230 Venue: Orpheus Room Townsville Entert & Conv Centre  
Anne Just  
The importance of a therapeutic relationship is often overlooked, especially in patients who respond poorly to treatment. Chronic non-cancer pain represents an area in which patients often fail to respond to physical interventions and then are referred to Mental Health Services. In these services interactions with chronic pain patients frequently promote negative countertransference. Therefore, patients with chronic pain are used in this presentation as a foundation from which to highlight the significance of therapeutic presencing. By reporting the findings of a Masters study (Just, 1997) exploring the emotional impact on patients with chronic pain not receiving therapeutic presence combined with a another study (Just et al., 2002) exploring the impact on clinicians of interactions with such patients, this paper aims to: Illuminate the concept of therapeutic presence and its healing potential, Provide a view into the negative countertransference that obstruct therapeutic presencing, Present ways to facilitate effective presencing. The presentation closes by providing examples from informants of the studies about the potential for relief of pain and suffering and personal development inherent in therapeutic presencing. Learning Objectives: 1.Increasing awareness and knowledge about what obstructs a healing presence, and ways to have and maintain this presence. 2.Increasing knowledge about ways of improving psychotherapy and improving/maintaining optimal mental health for the therapist. References: Just, A., 1997. Compassion in chronic non-cancer pain treatment - a pilot study. University of New England, Armidale, 113 pp. (Master of Counselling Dissertation).Just, A., Simpson S., Helou A., Loftus S., Taylor I. & Boyes S.,'How do I feel? - What are the Effects on Clinicians Who Work With Chronic Non-Cancer Pain Patients?'. Paper presented at 23rd Annual Scientific Meeting of the Australian Pain Society, Sydney, March 2002.

S85 Collaboration, Recovery, Overcoming Barriers  
1/09/2006 From: 1030 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre  
Paper 20 Minutes: A case study in collaboration to enhance recovery.  
Alex Couley John Monahan  
The challenge to many agencies is the creation of a recovery based service in practice as well as in name (Glover, AeJAMH, 2005). In rural Victoria we have created a service (SNAP Gippsland) where a tri-partite partnership exists. The agency is staffed by disability support workers, clinicians and ex consumers of the service. This exciting partnership has allowed us to reach out to our consumers in a way that facilitates a truly holistic approach to their recovery. All staff were trained in the Collaborative Recovery Model (Oades et al, Australasian Psychiatry, 2005). The use of this shared model allowed workers of differing backgrounds to develop a common language and skill base. This model also recognises the expertise brought by each individual to their own recovery journey. A case study will be presented to illustrate how CRM assists with a) common ground between disciplines and b) individual skills. This having the effect of increasing our client's sense of responsibility for their recovery and connectedness with the community as a whole. Ultimately this led to the individual having less frequent relapses and impending discharge from psychiatric case management. Learning objectives: 1. How the use of a shared model such as the CRM, can increase the effectiveness of a multi-disciplinary recovery orientated team. 2. The topic is relevant to the establishment of recovery focused services.

S85 Collaboration, Recovery, Overcoming Barriers  
1/09/2006 From: 1030 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre  
Paper 20 Minutes: 'Helping Hands' an innovative approach to volunteering that really works.  
Katy Smith  
This paper outlines the ground breaking work of a volunteer program in a rural area and looks at how it can be adapted to your region. Helping Hands is a volunteer service that promotes and improves mental health in the community by minimising the impact of mental illness and assists consumers to function at a optimal level. We aim to reduce reliance on institutional care and
encourage self help ,to gain and maintain independent living . We create connections within our community by training caring members of the community to offer support and direction with living well. Helping Hands has established intimate links with the general community, generating extensive word-of-mouth promotion. Accessing local community resources helps to provide opportunities to participate in practical, recreational and vocational activities as part of the consumer’s recovery. The close relationship that volunteers develop with their consumers makes them well placed to recognise consumer requirements and this interaction has resulted in the introduction of many beneficial activities and projects. Helping Hands program is a powerful means to achieve connection between consumers and the wider community that generates successful recovery and positive well being. Learning Objectives: 1. The audience will learn how Helping Hands program achieves its objectives. 2. Audience will learn how a volunteer program such as Helping Hands can and will compliment your existing rehabilitation services. References: Volunteer Policy Manual for Shoalhaven Mental Health Service; Helping Hands and the Junction Newsletter Feb 06

S85 Collaboration, Recovery, Overcoming Barriers
1/09/2006 From: 1030 To: 1230 Venue: Yongala Room Townsville Entert & Conv Centre
Jennifer Anne Mazlin-Law
This paper outlines the importance of consumers reaching out and connecting with their community in order to facilitate recovery. Connections for consumers can take many forms and depends on various factors including - the individual’s interests, abilities, level of functioning and the availability of opportunities. Community mental health services and non-government organizations play an important role in the provision of a variety of consumer programmes and experiences for consumers. Research also shows that the more a consumer can feel connected with others and be able to participate in their community, the greater is their sense of hope for recovery. The most important finding in our research is that people who have shown significant or complete recovery from severe mental illness (by that I mean schizophrenia, bipolar disorder, or schizoaffective disorder) have cited hope as an extraordinarily important component in their recovery. Part of the recovery was being around people who saw their condition as not permanent, a condition from which they could take increasing control of their life and re-establish a place in society. (Fisher, D 2005) Throughout this paper, I will be referring to a number of specific local services that have played a major role in enabling me to achieve my own sense of connectedness. These services, include – HASI (NSW Housing & Support Initiative), RAFT (Rehabilitative & Assertive Follow-up Team) and the Yakkalla Social and Recreation Programme (Run in partnership with ARAFMI & the local Health Service). My own personal journey along the path, from severe mental illness to wellness, is an excellent case study of how the above innovative services (and my own sheer willpower and strength), have paved the way for a truly miraculous recovery. Learning Objectives: 1. To gain insight into how ongoing connectedness with the community can make a huge difference to the recovery of a consumer with serious mental health issues. This paper will hopefully give the participant an idea as to the types of activities that can facilitate a sense of connecting for mental health consumers, such as recreation and social activities, housing and personal support, rehabilitation services, consumer advocacy and representation, network building and participation in mainstream activities. 2. To emphasise the importance of Community Mental Health services being able to provide long-term supportive programmes that empower consumers to actively participate in their own recovery. Without adequate Government funding services will continue to focus on crisis “care, whilst neglecting the vital need for long-term rehabilitative and supportive services to maintain mental wellness. References: Daniel B. Fisher, MD, PhD, Executive Director, National Empowerment Centre, Lawrence, Massachusetts, Source: Medscape
Mental Illness Fellowship, Victoria provides participants, their families and friends with opportunities to reach out and connect on a local and regional level. To connect with each other, with services, with the community, and most importantly, with themselves. These connections have been strengthened by the development and utilisation of a Single Entry Process, which has an underlying dedication to the four domains within psychosocial rehabilitation (living, learning, working, socialising). Seamless service delivery across all service options provides the opportunity for people, at any stage, to begin ‘living’ their journey towards mental well being. Ades describes an Overall Rehabilitation Goal of being a long term statement of a desired role in the community, from one of four life domains: living, learning, working and socializing (Ades, 2003. The Mental Illness Fellowship Victoria developed and implemented a single entry process that is focused, seamless and underpinned by the Boston Model of Psychosocial Rehabilitation. The Prevention and Recovery Care program enables people with a mental illness to access a community-based acute care facility where clinical and psychosocial rehabilitation staff are connected to a common goal: better mental health outcomes for consumers. Multidisciplinary teams offer many advantages to consumers of services (ANU National Centre for Epidemiology and National Health 2004; Brooks, Dalton and Pugh, 2002) and PARC is testimony to this. MIFV staff are on site 24 hours a day, operating from the philosophy of the Boston Model of Psychosocial Rehabilitation (Ades 2003). Clinical staff, including psychiatrists, case managers, Crisis Assessment and Treatment Team (CATT) clinicians, also engage with participants daily. This innovative model of service delivery provides a ‘step down’ and reduction in inpatient stays and a ‘step up’ aimed at preventing impending crises. PARC reaches out to people with mental illness and connects them to resources crucial for prevention and recovery: biological, psychological and social support (MIFV 2003). The Specialist Residential Rehabilitation Program (SRRP) The Specialist Residential Rehabilitation Program (SRRP) has been operating since May 2001. It is the result of an ongoing partnership between the Goulburn Valley Area Mental Health Service and the Mental Illness Fellowship Victoria. The Camberwell Assessment of Need (Royal College of Psychiatrists, 1999) plays an integral part in this psychosocial rehabilitation process. Teamed with the other service options within the Hume Region, SRRP participants are provided with an opportunity to explore a new environment, or to return to one that is familiar to them. By utilising the Boston Model's Indicators for Psychiatric Rehabilitation Readiness (Farkas et al. 2000), the participants are able to work through a process of identifying their areas of need, setting goals, and actively working with staff to achieve something they once thought to be out of their realm of possibility. Many people are not aware of community services within their local area when requiring support with specific issues. Inviting local organizations within the community to present their services, provides education and practical information for people with a mental illness in a safe and positive environment. Many people with mental illness are anxious about accessing the community but once the barrier has been broken down people are more confident seeking the support and service available in their community. The respite program offers two service options and caters for people aged 16-65 years within the Hume Region. Respite focuses on and promotes psychosocial rehabilitation (Ades, 2003). The In-Home respite option is tailored to suit the individual and is a flexible option that focuses on activities that will reconnect the participant / carer back into the regional community. The Respite Holiday option provides affordable holidays, camps and day trips that incorporate pre-planning sessions to enable participants to build skills necessary to prepare and take part in a specific event. This option provides both carer and participant with opportunities to recover through time out.
Stretching the Boundaries. There are challenges for Clinical Mental Health and PDRSS agencies (Psychiatric Disability Rehabilitation Support Service) to foster partnership and to commit to working creatively and flexibly in order to develop and extend their services to meet the mental health care and support needs for culturally and linguistically diverse (CALD) communities. In this Symposium, the Western Region Health Centre, Werribee Mercy Mental Health Program, and Norwood Association will come together to give the audience an insight into these challenges from the perspectives of individual bi-lingual workers, teams, organisations, and management.

The Vietnamese Mental Health Program in the Western Metropolitan Region of Melbourne has developed, articulated, and implemented a working model of service delivery by stretching the boundaries’. Boundaries which include: Geographic, PDRSS & Clinical Service, Resource Allocation and Service Delivery, Worker / Management / Client / Carer / Family / Community, Cultural, Religious and Spiritual. The audience will be challenged to examine their current or proposed CALD programs to determine whether CALD programs should fit into the existing organisation / service system? or should organisations and service systems adapt - stretch the boundaries - to provide a variety of models of service for their CALD communities? We invite the audience to be part of a journey of continued learning, negotiation, having fun, frustration and stretching the boundaries, in the following areas: Service delivery; Mental Health Promotion; and Management. The following three separate topics will be presented complementarily during this symposium: DUNG HOP Vietnamese Model Supporting Mental Health Recovery Journey. A model of service delivery - Dung Hop - will be introduced. Dung Hop emphasises the effective merging of different cultural philosophies, namely, the PDRSS principles and the Vietnamese Collectivist Philosophical principles. Learning Objectives: 1. The audience will gain insight into the Vietnamese cultural values and belief systems which have informed the establishment of intervention plans, programs and service delivery methods in light of the PDRSS principles. Partnership development and consolidation are strongly reflected within this model which stretches the boundaries. Bringing Mental Health First Aid (MHFA) to the Vietnamese Community. Taking on board the cultural Collectivist approach that the Dung Hop model suggests, community participation and partnership work are important elements in providing a sound platform for addressing the myths and combating the stigma attached to mental illness. Mental Health First Aid is the initial help given to someone experiencing a mental health problem, before they receive professional help (www.mhfa.com.au). 2. To adapt the MHFA contents / knowledge to the Vietnamese context; To encourage key stakeholders in the community, such as religious / spiritual leaders and community workers, to actively seek knowledge, to reach out to their community and to engage in the destigmatisation process; and To encourage the uniformity of mental health language within the Vietnamese community.

Managing CALD Mental Health Programs. It is acknowledged that the majority of CALD mental health programs emerge from the existing culturally ‘westernised’ system of service delivery. It is therefore a task for management to recognise the importance of incorporating knowledge and understanding of cultural factors into the planning, establishment and implementation of CALD programs. The audience will have the opportunity to examine their existing management system which provides support for CALD mental health programs. Aspects, such as funding / resource allocation, support and supervision for bi-lingual workers, commitment to explore and understand the cultural differences and a level of flexibility to adapt to new ideas, will be explored. Importantly, how to support bi-lingual workers to achieve a balance between their CALD program and their mainstream work commitments and how to effectively manage the program in conjunction with other mental health agencies where similar CALD programs exist, will be discussed. All these tasks cannot be achieved effectively without stretching the boundaries. In summary, it is a challenging and yet rewarding task to establish, allocate funding / resources, manage, and implement a CALD mental health program. It requires a high level of commitment, flexibility, patience, and perseverance to: explore, learn, and appreciate the cultural factors that may have impact on the participation of clients / carers /

TheMHS Conference - Book of Abstracts, Townsville, 2006

S86 Workshop 1 Hr: Anti-Discrimination
1/09/2006 From: 1030 To: 1230 Venue: Poolside Room Jupiters Hotel
Workshop 1 Hr: 'Live Connections'- Disability Responsiveness Training and evaluation.
Colin Slade  Sarah O'Connor
The anti-discrimination Like Minds Like Mine project in New Zealand has been promoting training and education projects in mental health since 2000. The disability strategy in New Zealand expects disability responsiveness training to be undertaken within all government agencies. The Office for Disability Issues and the Like Minds Like Mine project are currently working on a training project together to meet this expectation. Case Consulting, a consumer consultancy contracted by Like Minds Like Mine is pioneering two new projects in and beyond the mental health sector to promote social inclusion for consumers. Through reaching out to other disability groups, Case is developing training that will expand the connections with government agencies and involve the wider disability sector and mental health sector. The uniqueness of the work is in the collaboration with other groups; tapping into networks that need to connect, and painting a more visible picture of the importance of an inclusive society. Case's second initiative is the development of a generic National Like Minds training evaluation template and the ongoing analysis of evaluation material around training delivered by Like Minds National providers to counter stigma and discrimination associated with mental illness. The evaluation system enables providers to evaluate the new understandings and most valued aspects of the workshops identified by participants. This method of evaluation highlights the powerful effect of receiving the training by people who have experience of mental illness. The first half of the Live Connections workshop will outline the work that is currently being undertaken by Case Consulting within mental health and the disability sector. The second half of the workshop will outline the implementation, on-going work and effectiveness of the centralised National Like Minds evaluation system. We will explore, through group activities, interactions and debate the connections, relationships, and rewards that come from reaching out to sustain a more connected community and diverse 'culture'. Learning Objectives: 1. Participants will gain an understanding of the effectiveness of collaboration when promoting disability responsiveness training. Participants will gain an understanding of the purpose and aims of having a generic standardised evaluation system for training. It will also highlight the advantages of reaching out to a wide range of audiences, providing evidence of the growth, variations and success of the training. 2. Through this workshop, participants will learn about the importance of workforce opportunities for consumers, as well as the benefits to government agencies and the mental health sector. By reaching out to these diverse groups, social inclusion can become a reality. Participants in this workshop will see the evaluation data base confirms the effectiveness and impact of the 'Power of Contact'. The data base demonstrates connectedness, through training delivery to non-government organisations, tertiary institutions, district health boards and mental health services. References: The Power of Contact. Case Consulting Ltd 2005. Unpublished paper. Development of a Training Programme to Support Government Agency Implementation of the New Zealand Disability Strategy. Case Consulting Ltd 2005.Like Minds, Like Mine Training and Education National Evaluation System. Like Minds, Like Mine, 2005. Lesson plan: 'Live' connection workshop. Time: One hour workshop in 10 minute slots 00.00 Presentation/activity: Introductions/objectives 'Connect' exercise with whole group Person: Sara, Sarah O Resources: Space 10.00 Presentation/activity: Brainstorm responsiveness and Presentation on project Person: Sara. Resources: Whiteboard/ Powerpoint. 20.00 Presentation/activity:Presentation on project/ Set up group activity Person: Sara. Resources: Powerpoint/Whiteboard / paper 30.00
S87 Recovery after Cyclone Disaster
1/09/2006 From: 1330 To: 1500 Venue: Auditorium Townsville Entert & Conv Centre
Workshop 1.5 Hrs: Recovery After Cyclone Larry: What does a Mental Health Service do when a community is struck by a disaster?
John Allan  Brendan Porter  Tony Swain  Tony Swain  Debbie Thompson
In the early of hours of the morning on the 20th March, 2006 severe tropical cyclone Larry crossed the coast near Innisfail. Larry was classified as a category 5 cyclone with destructive winds of up to 300km/hr and was the most powerful cyclone to cross the Queensland coast in the last 100 years. It left a wave of destruction between Cairns and Tully, There was severe damage to houses, public buildings, beaches and farms. In Innisfail 50% of the houses became unliveable, in Babinda 80%. The economic bill has been estimated at 1.5 Billion dollars. This does not include the cost of damage to the environment and to people's lives. Luckily there were no fatalities. There were immediate responses from all levels of Government including Emergency Services, the Australian Defence Forces and countless people volunteering their help. Emergency efforts were hampered by the size of the disaster and ongoing rainfall. The counselling and rebuilding efforts continue. The local Mental Health services responded immediately to the disaster even though many were victims of the disaster themselves. Mental Health Workers from Cairns, Townsville and Brisbane have been part of the ongoing effort. This seminar describes the personal experiences of many involved - Consumers, Carers, Community Members, General Health, Mental Health and Welfare Workers. It explores the nature of immediate emergency supports of the community and implementation of programs aimed at early detection, prevention and treatment of potential psychological problems in the victims and carers. The ongoing issues in promoting recovery for a whole community will be explored. The costs and commitment to this have been high but the results have been rewarding. Learning Objectives: 1:Attendees will have an appreciation of the impact of the cyclone upon the community particularly for those with people involved with existing mental health issues.2:The response of community members and service providers to the situation will act as a model and a discussion point for other services in disaster planning and response.

S88 Culture, Creativity & Lifestyle
1/09/2006 From: 1330 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: Oranga Ngatahi ('Wellness Together') Health Outcomes Programme, a joint venture between Te Whare Puawai O Te Tangata Trust and Taranaki District Health Board MHS.
Philip Galley  Cindy Lubransky
'Oranga Ngatahi' was established in mid 2004 in order to support Service users bridge the artificial (but from a wellness perspective very real) gap between mental health and physical health. The programme is built upon two concepts: that of individualised 'Oranga' plans, and Action Learning. As a Joint venture between TDHB Mental Health Services and Te Whare Puawai O Te Tangata Trust - a Kaupapa Maori NGO - the programme has been able to provide Tangata Whaiora with the clinical, cultural and lifestyle resources to be proactive in their own journey of recovery. Eighteen months into the programme, outcomes were extremely heartening: fifty-four percent of clients were Maori - in a region where health discrepancies for Maori are still extremely high - and consistent reductions in psychopharmacology use and hospital admissions have continued to be demonstrated. Many service users and their families have reported that it is Oranga Ngatahi which has 'made the difference' in terms of securing full-time work or providing the foundation for vocational training. Learning Objectives: 1:Participants can expect to learn how health gains can be factored in to a dynamic 'Oranga' process which focusses simultaneously on mental health and physical health and which has meaning for both Maori and non-Maori. 2:In an age when increased specialisation in Service provision is experienced by
many service users as increased compartmentalisation, the presentation on Oranga Ngatahi will
demonstrate specific ways from the Taranaki context how NGO and provider arm expertise can
be harnessed together to bring about an integrated approach to health outcomes which has
meaning for Tangata Whaiora. References: ‘Our Physical Health... Who Cares?’ Mental Health
Commission Occasional Paper, April 2004. ‘Integrating Treatment with Rehabilitation for
persons with major mental illness’, Psychiatric Services November 2003; 54: 1491-1498.

S88 Culture, Creativity & Lifestyle
1/09/2006 From: 1330 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre
Toni Hines
A promotional CD was developed to highlight the respite programs available by Southern
Respite Services. It has been distributed to various groups including consumers, carer groups,
clinical and PDRS services, throughout the large geographical southern metropolitan region of
Melbourne in the aim of raising awareness and increasing access opportunities for consumers,
carers and families in need of respite. There is a need for assertive promotion of respite & support
services. ‘Consumers and carers often feel they are in a maze of services. They may not access
those they are in need of most. They may not even know about them’. (1)Certainly, there are a
myriad of reasons why consumers and carers do not or cannot access services. Through assertive
service promotion, at least this is one less obstacle for consumers & carers to have to hurdle.

Sane Australia (1998) The Blueprint Guide to Planned Respite Care
(2) Department of Human Services (2002) New Directions for Victoria's Mental Health Services The
Next Five Years. Learning Objectives: 1. The audience will receive an overview of the various
respite programs offered by Southern Respite Services, through the use of positive visual images
capturing consumer participation. They will learn about some of the difficulties Southern Respite
Services faces in attempts to reach out to consumers, carers and families in need throughout a
large geographical region & of some of the ways assertive service promotion is carried out. 2.
Respite services need to assertively and creatively promote themselves within the community to
reach out to consumers, carers and families who would benefit from this much needed and valuable service. This promotional CD showcases one innovative response by Richmond Fellowship of Victoria: Southern Respite Services in an attempt of positively promote the service to various mental health services and carer groups in the metropolitan southern region of Melbourne.

S88 Culture, Creativity & Lifestyle
1/09/2006 From: 1330 To: 1500 Venue: Palm Room 1 Townsville Entert & Conv Centre
Paper 20 Minutes: A 'lived' experience.
Rhonda Wilson
Three psychological elements underpin creative ability: knowledge and skills: creativity
facilitating abilities (such as the ability to make new connections and branch out from what is
known); and motivation. (Schmid 2005). Health is a state of complete physical, mental and social
well-being, not simply the absence of illness and disease'. (World Health Organisation 1948) This
is an exciting collaboration between Central Coast ARAFMI (Social & Recreational program),
Mental Health staff, and the experienced members of the Central Coast Theatre Community.
Together providing a unique opportunity for those affected by mental health issues to participate
in all the stages of the preparation and performance of a theatrical production. The play requires
actors, singers, live musicians, as well as backstage crew. Set construction and costume-making
could be undertaken by people who have no interest in participating in the actual production, but
are seeking to focus their practical skills on a group task. The activities will provide all the
participants with a range of experiences. These include improving personal skills, challenging the

S89 Participation, Support & Training
1/09/2006  From: 1330 To: 1500  Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Everything old is new again. From peer support to a CAG to a peer support group in ten (thousand) painful steps.

Terry Hill
The formation of a peer support group in the 90's and the later 'conversion' to a Consumer Advisory Group with all of the accountability for funding left this Mount Isa group and it's members licking some painful wounds in early 2005. With many of its former members having left the region and only a handful of active members left it was decided to re-think the groups purpose and structure. After a series of community based meetings and informal 'get togethers', the group has now gone back to its peer support roots, is keeping clear of government funding and is enjoying a new and invigorated life. Old and new members offer a level of peer support which is positive to all who come along to the meetings. The presentation discusses some of the processes undertaken which enabled the group to continue and the benefits the peer support model has given them to date. Learning Objectives: 1.Identifying the benefits of community consultation processes in group formation. 2. Linking peer support principles to the real life situation of a group of consumers and carers in Mount Isa. References: Finn L, Bishop B, (2005). Self-help: a path to healing? Balance Journal Winter 2005. Davidson L, Chinman M, Kloos B, Weingarten R, Stayner D, Tebes JK. (1999), Peer support among Individuals with a Severe mental Illness: A Review of the Evidence, Clinical Psychology: Science and Practice, Vol 6, No 2, Summer

S89 Participation, Support & Training
1/09/2006  From: 1330 To: 1500  Venue: Palm Room 2 Townsville Entert & Conv Centre
Paper 20 Minutes: Consumers and Carers Reaching Out and Connecting with the Mental Health Service.

Lynda Hennessy
I have been employed by the South Eastern Sydney and Illawarra Area Health Service to assist in the development of structures, policies and procedures to ensure that consumer and carer participation in the planning and delivery of services is effective and covers the range of views in the Area. My paper will describe how I have set about doing this, and some of the challenges and rewards involved in this role. Consumer and Carer Participation is about forming trusting relationships with all the key stakeholders of mental health. A structure I have put in place is the Area CC Meeting, which meets quarterly. The core business of this meeting is to strengthen consumer and carer participation in SESIAHS. A project I am working on is the ‘Awards for Excellence’ Mental Health Program, the aim of this program is to encourage and reward excellence in service, innovation and support for consumer and carer participation. Another project we are working on in partnership with NSW CAG, is the ‘Our Standards Our Rights’ project. The aim of this project is to promote and enable involvement by consumers, family members, and carers in the planning and decision-making processes of their local Area Mental Health Services. Learning Objective: 1. Through this presentation, the audience will: Learn what it is like for a consumer to work within the mental health system. Identify the benefits of consumer and carer participation, Hear about the successes and achievements of consumers and
carers, Appreciate some of the stresses and strains encountered, and Receive an overview of strategies used to overcome these. 2. This topic is relevant to mental health services, because it has been written in all the Mental Health Policies since the Mental Health Statement of Rights and Responsibilities 1991, through to the 3rd National Mental Health Plan that consumers and cares have a right to participate in the decision making of mental health services.

S89 Participation, Support & Training
1/09/2006 From: 1330 To: 1500 Venue: Palm Room 2 Townsville Entert & Conv Centre
Lyn Mast
Lyn Mast has created a survival kit aimed at people admitted to acute units - newly diagnosed and/or struggling to come to terms with the diagnosis of Mental Illness. Lyn a mental illness survivor tell the story of how she reached out to friend in the midst of an episode in hospital, and how in so doing realized that a few small simple gifts; a message that her friend was not alone had a positive and powerful influence on her friends recovery. An Idea was born that if these few small simple things had helped one person so much then perhaps it was something that could be done on a wider scale to help many. Lyn will give an overview of how, through connecting with her community, this idea was translated into reality. She will talk about the process of distribution, the use of consumer feedback/ideas, and the positive for the community and those receiving the kits. The clinical services of South West Health Care have so appreciated this initiative that they have employed Lyn as a project worker to provide and personally give kits to people in their service. The Logo of this project represents HOPE, by sharing with others you can help ignite the flame of hope in them. RECOVERY, once the flame is ignited people can begin their journey toward recovery. COMMUNITY, by reaching out and connecting with our community we begin to work together building bridges and overcoming barriers to promote Mental Health. In sharing this idea Lyn hopes to inspire other consumers to pass on the flame of hope. Learning Objectives: 1. The audience will gain a new outlook on the positive and powerful role the consumer can play within the Mental Health System. They will learn how one simple project can have a positive effect on people in the acute phase of illness. 2. It helps the professional understand how powerful a simple gesture of kindness from someone who has been unwell and understands what the person is going through can be.

S90 Children & Youth
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: Six Degrees: A Narrative Project of Young People Experiencing Mental Health and Substance Abuse Issues.
Sarah Joy
The National Youth Roundtable is the peak youth consultation mechanism of the Commonwealth Government and is managed by the Department of Families, Community Services and Indigenous Affairs (FaCSIA). It brings together young people, aged 15 to 24 years, to discuss issues that have an impact on youth. A project that the National Youth Roundtable will be supporting in 2005/2006 is one from the Health, Connections and Well-being team that tackles the issue of mental health and substance abuse for young people across Australia. The first aspect of this project that will be discussed in this presentation is the advocacy for improved service delivery to state and federal governments that has occurred over the past 12 months. The second aspect of the project, which will be the main focus of this presentation, is a collection of narratives that will be produced, enabling young people to more effectively have their voice heard by local, state and federal governments. This presentation will utilise narrative evidence to highlight the importance of the project’s four thematic areas: Connection to family, Connection to community, Barriers to accessing services, Successes in accessing services. The presentation will discuss how recommendations, placed at the end of each thematic section, will enable youth to more effectively engage with, and have their voice heard by, government and their local communities. This presentation will conclude by highlighting that in gaining access to this knowledge and skills, young people across Australia will be better equipped to participate,
connect and act as youth leaders, in their local communities and with state and federal governments in regard to mental health and substance abuse issues. Learning Objectives: 1. Conference delegates attending this presentation will be able to learn about an innovative narrative project that enables young people experiencing mental health and substance abuse issues to have their voices heard by their peers and local communities. Conference delegates will also be able to learn how the use of narrative work can act as a catalyst for change in how services and government can move toward more youth-friendly, equitable and non-judgmental service delivery. 2. Given the difficulties that many mental health services across Australia have in engaging young people with dual diagnosis needs, this project offers insight into the power of narrative work when working with this client group. It enables conference delegates to gain insight into one of the ways in which services can integrate the voices of young people into future mental health and drug and alcohol policies, services and government initiatives. References: National Youth Affairs Research Scheme. (2004). Barriers to Service Provisions for Young People with Presenting Substance Misuse and Mental Health Problems. Australian Government Department of Family and Community Services: Canberra. Pitman, S., Herbert, T., Land, C., and O’Neill, C. (2003). Profile of Young Australians: Facts, Figures and Issues. The Foundation for Young Australians: Melbourne.

S90 Children & Youth
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 1 Jupiters Hotel
Paper 20 Minutes: What are young people concerned about when distressed or depressed? A qualitative exploration of the “Our Stories” section of beyondblue’s youth website, ybblue
Claire Kelly Robyn Langlands
Since October 2004, young people have been sending their stories to the Our Stories section of beyondblue’s youth website, ybblue. These stories are screened by Heather Miller and Tana Cumming. Some are published, some are edited and published, and others are not published, usually because of disturbing content. Once they are published, some of them receive comment from the moderators, advising them to seek help. Some receive responses from readers. We have analysed 100 of the submissions (not all of which were published on the site) for common themes. Major themes include recovery, relapse, treatments, relationships, and trauma. Minor themes include self injury, suicidal ideation, eating disorders, the use of alcohol and other drugs, and seeking help for a friend. The aim of this presentation is to show the audience the concerns of young people experiencing depression and other forms of emotional distress. Young people may have different concerns in relation to depression and emotional distress than adults. This project is the first part of an ongoing evaluation of the Our Stories section of the website, and we will also outline the ongoing plans for the ybblue evaluation. Special thanks to beyondblue: the National Depression Initiative, in particular Tana Cumming, ybblue website manager. Special thanks also to Heather Miller from ORYGEN Youth Health. Learning Objectives: 1. People will gain an understanding of the primary issues young people with mental health problems, particularly depression, are concerned with and wish to express. 2. Adolescence and young adulthood is the peak developmental stage for the onset of mental disorders, including depression. Young people may have different concerns in relation to depression and emotional distress than adults. It is valuable for mental health professionals and youth workers to understand the concerns of such young people. References: Borzekowski DL. Adolescents’ Use of the Internet: A Controversial, Coming-of-Age Resource. Adolescent Medicine Clinics. 2006 Feb;17(1):205-16. Lepore SJ. Expressive writing moderates the relation between intrusive thoughts and depressive symptoms. Journal of Personality and Social Psychology. 1997 Nov;73(5):1030-7.
S90 Children & Youth
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 1 Jupiters Hotel
Shaun Dempsey  Pat Woodcock
Children and adolescents in care who have experienced profound abuse and neglect, have historically been a difficult population for whom to provide effective mental health services. Following CMC findings in regard to children in care in Queensland, Forster’s (2004) Blueprint document recommended the provision of a wrap around, interagency approach specifically for this population. A joint project piloted by Queensland Health, the Department of Child Safety, the Department of Education and the Arts, and Disability Services Commission is currently being trialled in three locations throughout Queensland. The multi-disciplinary team at Townsville which includes psychiatrists, psychologists, mental health nurses and social workers began accepting referrals from the Department of Child Safety via a panel in January 2006. The wrap around service for children and adolescents in care includes both inter-agency work and direct work with the children and their foster parents. The Townsville team has chosen to employ a psychodynamic approach based on recent findings in attachment disorder theory (Hughes, 2004). The work of this innovative project will be exampled with a case study and a description of the clinical professional development. This paper will also illustrate this seminal work which uses principles from a psychotherapeutic perspective and attachment disorder theory, as well as outlining the significant advantages of inter-agency cooperation. References:Forster, Peter (2004) A Blueprint for implementing the recommendations of the January 2004 CMC report, Protecting Children: An Inquiry into the Abuse of Children in Foster Care. Queensland Government Publication Services. Hughes, Daniel (2004) An attachment-based treatment of maltreated children and young people. Attachment.& Human Development, 2004, 6, 263-278. Learning Objectives: 1.Participants will gain a deeper understanding of attachment disorder and an appreciation of the complex nature of working with children and adolescents who have experienced profound abuse and neglect. 2.Participants will be exposed to the recent policy shifts resulting from the Forster Blueprint recommendations, which have directed Mental Health Services to a wrap around, interagency service provision model for the treatment of children and adolescents in governmental foster care.

S91 Parents with a Mental Illness
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: A needs assessment: Mothers with mental illness.
June Hopley
Until recently little attention has been given to the needs of women parenting with a mental illness and commonly the existing literature on the subject emphasised the deficits and failures (Hinden et al 2002). A Needs Assessment: Mothers with mental illness. is a project undertaken to better understand the needs of women parenting with a mental illness. Ten service providers and ten mothers with mental illness participated semi-structured interviews. The presentation details themes arising for the interviews which include: women’s motivation to stay well for themselves and their children, the fear of being judged a bad mother and of children being removed, the importance of keeping the family unit communicating, the lack of child appropriate visiting areas in acute wards, the reluctance of child protection workers to trust following a mother’s illness episode, disadvantages for women in the psychiatric service system, stigma and isolation experienced and the impact of the symptoms and treatment for mental illness on parenting. The presentation also describes the needs of mothers parenting with a mental illness and the importance of considering the mothering role when treating and supporting them. Often the most important connection women experiencing mental illness have is with their children. Learning Objectives: 1.The voices of mothers with a mental illness are rarely heard. Participants will gain: An insight into the experiences and needs of mothers parenting with mental illness. An increased awareness of the issues related to providing appropriate services for this group. A greater understanding of the importance of considering the meaning of motherhood when meeting, supporting or treating mothers experiencing mental health challenges. The importance
of reaching out and connecting with mothers experiencing mental illness. 2. Australian studies estimate that mothers with dependant children under eighteen years account for between 29% and 35% of all mental health services clients (Fudge et al 2004). This number would be greater if you include mothers who have occasional access to their children. Research indicates that the mothering role is very important in the lives of women who experience mental illness. Treating the illness without regard for the importance and responsibilities of the mothering role is fraught with contradiction. However parent role function is often ignored when planning treatment. For example the project A needs assessment: Mothers with mental illness revealed the experience of a mother who, during school holidays when all of her children were in her care, received outpatient ECT as part of her treatment without any home based services in place. Consideration for women’s connections with their children is an emergent issue of relevance for mental health services. References: Brunette, M., Dean, W., (2002 ). Community Mental Health Care for Women with Severe Mental Illness Who Are Parents. Community Mental Health Journal, Vol. 38, No.2, April 2002 153-165.Fudge, E., Falkov, A., Kowalenko, N., Robinson, P., Parenting is a mental health issue. Australasian Psychiatry Vol 12, Issue 2, June 2004 P 166Hinden, B, Biebel, MS, Nicholson, J, and Mehnert, L (2002) The invisible children's project: A family centered intervention for parents with mental illness. The Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, MD.

S91 Parents with a Mental Illness
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Richard Lakeman
The National Standards for Mental Health Services (Commonwealth of Australia, 1996) mandate the participation of consumers and carers in the development and evaluation of mental health services, and as partners in the process of care planning and evaluation. Yet recent reports continue to highlight that family members and carer's feel excluded from mental health care (Mental Health Council of Australia, 2005). In late 2004 Townsville Institute of Mental Health introduced practice standards (TIMHS, 2004), or minimum expectations regarding communication and information sharing with family and carers as policy in adult in-patient and community services. This paper describes the promotion and evaluation of these standards and observations from consumers and carers about what is important to them in relation to participation. The adoption of practice standards appears to be a simple and cost effective means of enhancing mental health care. Commonwealth of Australia (1996). National Standards for Mental Health Services, Canberra. Mental Health Council of Australia (2005). Not For Service: Experiences of Injustice and Despair in Mental Health Care in Australia, Canberra. TIMHS. (2004). Practice Standards for Family / Carer Participation. Retrieved 23/2, 2006, from: http://www.health.qld.gov.au/townsville/Documents/IMHS/Practice.Standards.PDF, Townsville. Learning Objectives: 1. The audience will learn of the value of practice standards as a means to enhance family / carer participation. 2. Improving the quality of participation in the provision of direct mental health care is of benefit to consumers, family / carers and mental health services.

S91 Parents with a Mental Illness
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 2 Jupiters Hotel
Paper 20 Minutes: Mental health consumer and carer participation in professional education for those working with children of parents with mental illness and their families.
Vicki Rivers Cowling  Allison Kokany  Joanne Sinclair  Karen Heath
At the THEMHS conference in 2005 CAMHSNET presented a paper (S.13) reporting on a professional development program for adult mental health clinicians who work with parents with a mental illness who have dependent children - Crossing Bridges Downunder. An essential part of the program are accounts by parents, carers, and adult people, of their personal experiences of living with mental illness, and living with a family member with mental illness. As it is not always possible for these presenters to attend in person we have prepared a DVD to accompany the training. The DVD shows their individual presentations, which are followed by a group
discussion which includes all presenters of this 'paper'. A handout will be provided which highlights: key issues each presenter raises concerning children, parents, and carers; and the opinion each presenter has on the role of consumers and carers in professional education. Learning Objectives - Viewers of the DVD will:

1. have increased understanding of the first person experiences of a parent, a carer and mother of 4 children, and an adult person who grew up with a parent with a mental illness.
2. learn that professional education in mental health can be designed to include as integral the participation of consumers and carers, as set out in the National Practice Standards for the Mental Health Workforce (2002).

References:
Cowling, V., Edan, V., Cuff, R., Armitage, P. & Herszberg, D. Mental health consumer and carer participation in professional education: Getting there Together for children of parents with mental illness and their families. (Accepted for publication).

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**S92 Children of Parents with a Mental Illness**

1/09/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel

**Paper 20 Minutes: Developing Programs with a Focus on Young Carers.**

Heidi Gratton  Shaun Hunt

An Innovative Respite Program for Young Carers and their Families. Southern Respite Services (SRS) recently 'branched out' to develop links with the young carer community of the Southern Metropolitan region of Melbourne. An innovative Young Carers' Respite Program was developed to target the 'more hidden group [of carers who] care for someone with a mental health illness'(1). Through this program SRS was able to connect with young carers and their families, by providing relevant and flexible respite. This presentation aims to outline the Young Carers' Respite Program, a program which was designed to recognise both the strains of caring and educational responsibilities, and the need for young carers to make friends, develop peer supports or 'just having time for themselves' (2). These needs were acknowledged in the development of flexible recreational based activities that included a surfing holiday, interesting day outings, in unison with respite for the person with mental illness. A focus on providing positive experiences for young carers and their families was core to this program. The video accounts of these young carers provides a rich insight into their experiences and highlight the positive benefits of 'branching out' to this under serviced group within our community. Learning Objectives:

1. This presentation samples video footage of young carers' voicing their experiences as part of the SRS Young Carers Respite Program. By enlisting these subjective accounts, the audience members will gain a rich understanding of young carers views and experiences of planned respite. On a broader level, the audience will develop an insight into the role of respite in the recovery process.
2. The recently developed national young carers strategy aims to promote respite programs for the under recognised group of young carers. In order to develop effective programs which meet the complex needs of young carers and their families, mental health services need to 'share their experiences' to achieve better outcomes.

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**S92 Children of Parents with a Mental Illness**

1/09/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel


Eleanor Fowler  Debra Parker

A group program for parents with a mental illness and their children has been run each year for 5 years in the North East area of Melbourne. This has involved two concurrent groups; one for parents and one for 8 to 12 year olds. They have been run by a multi-agency team for 10 weeks each year. The groups have aimed to strengthen and support these families (1). The children's group has had goals of increasing children's knowledge of mental illness and how it impacts on their parents, increasing their understanding of coping strategies when their parent is unwell and of
enabling children to increase their social connectedness. To achieve this we have focussed on play, using creative media such as cartoon making, art, use of masks and video making. The parents' group aims to support the goals of the children's group, while enabling participants to share ideas and experiences of being a parent with a mental illness with other parents with a mental illness in a safe and friendly environment. Relevant information is shared with parents. In this paper, we will describe the groups, focussing on the children's group over 3 years and presenting findings from evaluations. Learning Objectives: 1. Participants will learn about issues in establishing a group program which aims to foster resilience in children and to support parents with mental illness. They will learn about ways of encouraging children to address issues surrounding their parent's mental illness in ways which are sensitive to their needs, fun and creative. 2. Children of parents with mental illness are not the 'core business' of any service in our area. This paper describes an innovative program provided by a range of local services cooperating to assist these children and their parents. References: Principles and Actions for Services and People Working with Children of Parents with a Mental Illness. AICAFHA for the Commonwealth Dept. of Health and Ageing. 2003. Joe's Diary. SANE Guide For Young People. See SANE website.

S92 Children of Parents with a Mental Illness
1/09/2006 From: 1330 To: 1500 Venue: Ballroom 3 Jupiters Hotel
Paper 20 Minutes: SCARF A wrap Around Support for Children and Young People whose Parents have a Mental Illness
Dawn Foster  Kylie Cowie
SCARF is an innovative response to the promotion and prevention of mental illness. Specifically this presentation will be highlighting a model of group work and community education service delivery that supports families with mental health issues. The psycho educational group delivery program to children and adolescents will be outlined, along with evaluation outcomes from the program which has been operating since 2003. The role of Scarf in supporting community organisations to work with families with mental health issues will also be explored and discussed. The presentation will provide information on the successful outcome of the group work program and the secondary consultation service of Scarf. A consumer will also discuss her experience of living with a mentally ill parent and the experience of participation in the SCARF program. The benefits of the health sector being co-located in a family support setting will also be examined. Presentation aims to promote a service model that may be transferred to other community settings and generate ideas of capacity building and flexible approaches to families impacted by mental illness. The presentation gives both the lived experience and a service perspective of the children of the mentally ill. Learning Objectives: 1. Participants will learn the benefits of a group program for children and young people. How to work collaboratively with the mental health and family support service system. 2. Providing children and adolescents whose needs have been historically overlooked with education, skills and promotes early intervention in addressing mental health issues. Providing awareness of a service delivery option for mental health and family supports services on support for families, particularly young people around coping with parental mental health issues. References: Children of Parents Affected by a Mental Illness - Scoping Project - March 2001. Department of Health & Aged CareCowling, V., (1999) Children of Parents with a Mental Illness. ACER

S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Antibiotic Treatable Psychosis.
Andrew Pluta
Contemporary Australian General Practice Research. Antibiotic Treatable Psychosis. Purpose: To assist doctors to identify cases of potentially treatable psychosis. Methods: Long-term work with general practice patients has allowed identification of a characteristic symptom cluster. Longitudinal case control observations of these identified patients has further identified consistent patterns in responses to treatment. A case cluster of patients with thought disorder identified over two years, demonstrate response to antibiotic therapies. Thought disorder is a rare
accompaniment of the symptom/blood tests cluster. Learning Objectives: Develop recognition of the Paill Spectrum symptom cluster amongst doctors, as a potentially treatable form of psychosis. Relevant to mental health issues as a form of potentially antibiotic treatable psychosis. Results and Findings: These symptom and blood tests patterns were identified through longitudinal case control studies of patients in general practice. The symptom cluster found variably in these patients includes: Chronic Fatigue or tiredness, Sweaty hands, Abdominal Tenderness in para-aortic regions and Loss of Balance, often called dizziness. A characteristic learning disability (dyslexia like), may also be present. The symptom cluster is associated with a characteristic profile of pathology blood test results. The blood tests measure nutrition and inflammation. These cases are all associated with a characteristic pattern of medical symptoms and signs as well as a characteristic pattern of blood tests. Other symptoms and signs of illness may be found in other patients with this condition. The symptom intensity is variable. Failure to identify affected patients results in a very poor outlook for the affected children from their treatable medical condition. Social complications for the affected patients also occur. References: Original Research.

S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: The Schools Project
Brett McKimmon Michael Sillekens
The Southern Health Care Network Schools project has been running now for in excess of 10 years and provides education to Year 11 & 12 secondary school students about mental illness and mental health management. Key areas addressed include major mental illnesses and their treatment, including recognising early warning signs and where and how to get help. Stigma and managing youth stress are other topics readily addressed. The target demographic are the future generation and also find themselves in the age range where illness predominately present themselves. The program has the financial backing of the Health care network, local government and the business community who all contribute $$ towards awards ceremony that concludes the program. Such an initiative has proved to be a huge success with many secondary colleges factoring the teachings into their yearly calender. The program falls in line with the World Psychiatry Associations plinth to reduce stigma and discrimination against mental illness. Furthermore many authors suggest that early detection and treatment of mental illness increases positive prognosis. The schools project definately reaches out to the wider community and provides education to future leaders of society that mental illness are not a sinister as stigma would suggest.

S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Violence Risk Management in a High Security Inpatient Service
Maureen Barnes Simon Daniels
Until recently there has been no routine usage of standardised, empirically validated forensic risk assessment tools within The Park Centre for Mental Health, High Security Inpatient Service (Queensland Central and Southern Zone). This paper describes the service innovation of implementing the HCR-20 in what is viewed as the ongoing development and refining of violence risk management strategies within an inpatient forensic mental health service. This tool supports clinical decision making relating to risk assessment and management, formulation, rehabilitation and discharge planning. Processes involved in its implementation are described including objectives, benefits, barriers, the training program and factors relating to its success. An advantage of the HCR-20 is its transparent and systematic assessment of violence risk factors leading to the identification of effective risk reduction and management strategies. Historical static risk markers are identified along with clinical dynamic risk factors which can be reduced by effective intervention methods. Furthermore environmental risk management items which relate to planning for community release are also highlighted. As a consequence improvements in safety for patients, staff and the community are anticipated. Learning objectives: 1. Attendees will learn about the processes involved in implementing a standardised, empirically validated risk

S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: 'Creative Ways of Funding - a brave new world.
Janette Jessie Corbishley
The CREATE team as part of North Shore Ryde Community Mental Health Service provides: Avocational Programs; Prevocational Programs (Healthy Lifestyle, Education and Training); Employment opportunities. In this period of economic austerity, funding for programs in many services, is severely restricted. In our service the problems encountered for Pre and Avocational Programs relate to poor motivation, high drop-out rate and lack of funding to cover the costs of qualified teachers and materials. A brave new and creative approach to funding education programs has been introduced by: Using part of the Centrelink Mobility Allowance payment to provide transport for our clients; A user pays scheme - where consumers pay an upfront fee of $35 for a 10 week block (up to $500 for a 10 week program.) Thus our programs which include Yoga, Aqua fitness, Art and Music groups are able to pay for qualified teachers and provide materials. In addition, surplus money from the mobility allowance can be accessed by the client to pay the up-front fees. The effect of the introduction of this scheme has been: High attendance our consumers, like everyone, want value for money; Enrolments have increased opportunities and the quality of the teaching has been improved. Learning objectives: 1 Avocational and Prevocational programs enhance the quality of life and self esteem of individuals with a psychiatric disability. 2. The audience will learn how to fund pre and avocational education programs. References: Determinants of quality of life in people with severe mental illness L. Hansson Acta Psychiatrica Scandinavica. Oxford: Feb 2006. Vol 113, An Evaluation of the Social Recreation Component of a Community Mental Health Program (Petryshank, Hawkins, Fronchak. Canada).

S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Risk Vs Potential: Aiming For Consumer Centred Practice.
Joanne Millington  Michele Maitland
It appears to be an ongoing issue that consumers fall through the gaps and miss out on much needed support and accommodation due to restrictive selection criteria, exclusion criteria and the issue of risk. Often consumers are expected to meet the requirements of the service rather than services thinking outside the square and meeting consumer need. Neami provides support and accommodation through the HASI in NSW across 3 sites. Via the latest round of HASI funding, Neami is opening 5 new service sites in NSW. To date, Neami has observed a lack of flexibility for consumers who have complex needs in the sector including drug and alcohol issues, violence and aggression. The mission statement at Neami is “improving mental health and wellbeing in local communities. With this in mind, as the services develop, Neami aims to continue selecting consumers and to provide support with more realistic concerns for risk, a focus on consumer rights and an open mind which gives people a chance to rise to the occasion. This paper explores the ingredients for a more responsive and consumer centred service. Case studies demonstrate the benefits of balancing risk with optimism and hope, resulting in many inspiring outcomes. Learning Objectives: 1. The audience will learn how to use knowledge of risk to enhance work with consumers. It will encourage service providers to be more inclusive of consumers with complex needs and guide their work from a basis of hope and potential rather than fear. 2. Mental Health services often struggle to work effectively with consumers with complex needs. Flexibility of service delivery and innovative practice is imperative to providing good outcomes for consumers.
S93 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Coral Sea Room Jupiters Hotel
Brief Papers 10 minutes: Development of an internet program in a forensic psychiatric facility.
Shane Thomas    Deborah Wilmoth
This paper will discuss the internet program developed for the long-stay patients of the Frankland Centre which is the psychiatric facility in Western Australia for persons with forensic mental health problems. The internet program was established to provide long-stay patients with the opportunity to develop skills in the use of the internet and email and computer usage. It was also established to provide educational opportunities online for patients unable to access such educational programs because of their longterm hospitalisation and to become more connected to the wider community. This paper will describe the processes undertaken to develop the program rationale and to develop stakeholder support. It will also describe how the program has been utilised by the patients and problems that have been encountered. Results of a patient and staff survey will also be presented and future plans for this program will be discussed.

S94 Understanding Grief and Loss
1/09/2006 From: 1330 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre
Marsat Ketchell
Cultural and traditional protocols for grief and loss in the Torres Strait and Northern Peninsula Area (TS&NPA) can only be described as unique in any culture. If it is practiced anywhere outside the region in another cultural setting, there is a certainty it is influenced by the Islanders and NPA Aboriginal population in that community. In accordance with our culture, from a very early age, Death or a Loss is taught as a normal part of life, there being in our belief, Life - Death - Life. Our cultural protocols are practiced by our people wherever they are. Regardless of their location and the culture they are living with, the Islander and NPA Aborigine will practice and strengthen their family responsibilities, their traditional beliefs, their songs and dances, and their stories. Although our cultural practices have varied or modified to suit outside and recent influences such as Christianity and contemporary laws, our underlying beliefs are purely Torres Strait Islander and Northern Peninsula Aboriginal. The Presenter will demonstrate considerations and appreciations for the clinicians in their clinical practice when dealing with the people from TS&NPA. Highlighted will be a concentration on The protocols that are strictly adhered to by the Family and those deemed significant people including their respective roles and responsibilities. The use of and assistance from significant people in clinical practice Appropriate occasions during the phase for referral/engagement and or offers of the service. (Critical Incidents) How the clinician may fit into ceremonies and rituals.

S94 Understanding Grief and Loss
1/09/2006 From: 1330 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre
Paper 20 Minutes: Cultural issues facing mental health service delivery in top end remote Aboriginal communities: a Unique Personal Story.
Bruce Lee King
Over the past decade or more, a lot of work has been done in the Northern Territory to try to improve on-the-ground services to address primary mental health issues in remote communities. I believe the treatment method of Aboriginal mental health has been overused and a focus of promotion and prevention needs to be encouraged - maybe targeting the next generation. As someone who grew up in remote Aboriginal communities, I have seen the negative impact which results from the lack of service. However, there is a shift in mindset that has occurred through a two way sharing of knowledge between traditional elders and the younger generation. Belonging to the younger Australian Indigenous generation and growing up in a multicultural society, it is a common trend and need within my generation to help bridge the gap between our cultural roots and the mass absorption of western mores within our communities. In saying this I mean
experiencing and articulating what Aboriginal culture is before it is lost to a contemporary Australian viewpoint. A personal touch on my presentation will be given by moving through my life experiences working as an advocate for the well-being of Aboriginal people and looking at the mental health problem from the inside-out. The presentation will focus on an Aboriginal Mental Health Pilot Program in Darwin NT in 2000 in which we sought to address limited statistical and quantitative data concerning Aboriginal mental health clients residing in the urban indigenous communities around Darwin. This involved working with indigenous clients within the community, correctional centers, and the Top End Mental Health Service's (TEMHS) inpatients located near the Royal Darwin Hospital. Learning objectives: 1. The audience will learn about the recommendations for the practical implementation of mental health prevention and promotion that has evolved from the study and now provides an Aboriginal mental health worker program employing around 7 local Aboriginal mental health workers in their own communities. (Borroloola, Yirrkala, Galawin'ku, Angurugu, Maningrida and Katherine.) 2. This presentation will highlight how an individual can make a difference and be a role model to assist the mental health of one's community.

S94 Understanding Grief and Loss
1/09/2006 From: 1330 To: 1500 Venue: Orpheus Room Townsville Entert & Conv Centre

Paper 20 Minutes: Working with Understanding.

Brian Norman Phillips

Understanding is often a taken-for-granted aspect of mental health practice. It is also regarded as an essential prerequisite for effective interventions. Additionally, the experience of being understood is arguably, an essential human need. Drawing on Gadamer's (1975) investigation of understanding, in-depth interviews with four men about their experiences of suicidality showed how understandings shifted and changed in response to personal history and context. These understandings had a subsequent impact on their suicidality (Phillips, 2005). A strong influence on their understandings were gender meanings. Gender continually shaped their worldview, their place in the world, as well as their interpersonal relationships, and in turn, shaped their intentions to die or to survive. Service user's experiences of mental health services is often one of not being understood. Approaches to intervention might usefully take the position that understanding itself is the task, rather than merely the starting point for decisions about which predetermined intervention is best. Learning Objectives: 1. The audience will learn about the concept of understanding and working with understanding. 2. This topic is relevant to mental health services because of the significance that understanding has in relation to approaches to intervention.

References

S95 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre

Brief Papers 10 minutes: Flexible Kaupapa Maori Community Options

Michele Rangiua-Poutu Cavanagh

Te Kotuku Ki Te Rangi (TK) provide mental health services: Supported accommodation, Iwi Support & Packages of Care. 80-90% of our clients are Maori who have both mental health and drug and alcohol addiction issues. Often, the drug and alcohol issues severely interfere with whaiora's commitment and belief in achieving their mental wellness. The impetus for providing specific additional resources, started because we observed whaiora living within our residential services, with a lack of hope and insight, demotivated to move on, selling drugs to other residents etc. The introduction of Maori specialists have helped in providing effective, consistent and meaningful personalised one on one, as well as group interventions. In effect, it has assisted us in cleaning up the residential environment to actually enable consumers to work with their mental illness issues so that they can achieve wellness and recovery. Creating an environment of hope has been a real focus of our services. The outcomes have been effective counselling that promotes cognitive and behavioural skills, leading to harm reduction for many and recovery within the
community for others. The services are used as a tool to enhance and develop the quality and flexibility of options, within the whanau and community, so that clients/whaiora lead their own recovery and wellness. Learning objectives: 1. People in the audience will gain an understanding of how Maori working with Maori can make a difference to Maori health outcomes. This issue directly impacts the effectiveness of mental health services. References: Te Tahuhu & Te Puawaitanga, Te Puawaitanga: Built on key mental health strategies, Looking Forward, Moving Forward and the Mental Health Commission's Blueprint for Mental Health Services in New Zealand, while also incorporating current directions in mental health. An important aspect in the development of Te Puawaitanga is that it has provided, the opportunity to include in one document much of the work that has been achieved so far in relation to Maori mental health. Te Tahuhu Improving Maori Health 2005-2015, Te Tahuhu document: builds on the current mental health strategies and draws together Government interests in mental health and addiction broadens the Government's interest in mental health from people who are severely affected by mental illness to all New Zealanders while continuing to place an emphasis on ensuring that people with the highest needs can access specialist services sets out government outcomes for mental health and addiction clarifies priorities for action to 2015, builds on past successes, establishes a platform to maintain momentum and provides a mandate for leadership.

S95 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Reconnecting with self.
Joyce Waddington
The purpose of this paper is to highlight reconnecting with self (identity), culture, family and profession as a practising community psychiatric nurse. To give an account of living with a mental illness and being able to practise as a nurse, and to be able to work alongside consumers with a 'Like Minded' approach to ensure good delivery of mental health services. Weaving between mental health services in the community with District Health Boards, with the aim of making seamless connections. To be able to assist in the education of others on the aspects of being a Maori in New Zealand, working with consumers as a practise nurse, as well as having a mental illness, and being a Mental Health Advisor for the District Health Board. Blueprint for Mental Health Services in New Zealand, November 1998 Macro-Analysis of the Maori Mental Health Workforce, Te Rau atatini 2004.

S95 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Strategies for Enhanced Consumer and Carer Participation.
Michael Burge
The aim of this paper is to outline the strategies that are utilized to enhance Consumer and Carer Participation (CCP) within the Toowoomba District Mental Health Service (TDMHS). CCP is important to ensure compliance with the National Standards for Mental Health Services, the Second National Mental Health Plan and the 10 Year Mental Health Strategy for Queensland. The strategies used require the TDMHS Consumer Consultant (CC) to conduct ongoing consultation with staff, consumers, carers, and external organisations. The Consumer Consultant will discuss the strategies identified, activities, benefits, risks/barriers, outcomes and people involved. The implementation of these strategies continue to both inspire and encourage the development of further processes that facilitate participation of consumers and carers within Toowoomba and surrounding districts. Learning Objectives: 1. Audience will learn about the strategies implemented within the Toowoomba District Mental Health Service and have the opportunity to discuss the benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of Consumer Representatives is revoicing of consumer views and encouraging participation at every level in the organisation.
I wish to tell my story of my life suffering Anorexia and it affected my physical, mental, spiritual and emotional wellbeing. My journey with anorexia was a 24 hour a day nightmare however I was able to survive, heal and recover from it without any support or help from my family, friends or professionals. I want to share when my prison sentence began and the factors that triggered the illness like trauma, grief and loss etc. I want to include in my talk how I did not choose to have anorexia and how for me it was not about vanity taken to the extreme. I would like to give people at the conference a small experience of what it was like for me to have anorexia by showing a brief demonstration. Anorexia terrorized my life and that's something I will never forget, however it gave me the opportunity to write my experiences in my first book called What do you do when the mirror lies?, my second book, is how I recovered which I am currently writing, and it has also given me the gift to reach out and connect with those who continue to suffer. Learning Objectives: Learn how a sufferer does not choose to have Anorexia. Learn by watching my demonstration what it was like for me to have Anorexia. This topic shares my honest experience of my life suffering Anorexia Nervosa and my hope is that it will open the lines of communication between sufferers, families and mental health services.

Emma Willoughby Agravaine MacLachlan
In June 2005 UnitingCare Wesley Port Adelaide's employed two permanent part-time Consumer Consultants to work across their twelve Community Mental Health Teams. UnitingCare Welsey Port Adelaide is a non-government organisation that offers a wide range of community services including psycho-social rehabilitation in both metropolitan and rural areas of South Australia through their Community Mental Health teams. These teams are conscious of having effective and responsive consumer participation and this lead to the development of the two mental health consumer consultant positions. This paper will explore the successes and difficulties in implementing, integrating and pursuing flexible, appropriate and consumer friendly organisational change. Learning Objectives: 1. The audience will gain and understanding of the barriers to effective consumer participation inherent in this workplace culture and the strategies used to deal with these barriers. 2. The audience will gain insight into the importance of implementing strategies for wellness by the consumer consultants the subsequent impact these strategies had on the flexibility and responsiveness of the work place as well as its implications for resources and budgeting.

Katie Hodgson Gary Sutcliffe James Greenwood
Peer Mentoring is a confidential process through which colleagues review current practices; expand, refine and build new skills; share ideas; teach and learn together and solve problems in the workplace. A fundamental ethos is 'Common learning through shared experiences with my peers'. In essence it is community building, a way to observe and share resources. Peer Mentoring was introduced to Framework Trust, a major Auckland-based (NGO) mental health and intellectual disability service provider. Participants in this initiative are the team of eleven Consumer Representatives engaged by Framework Trust through monthly Forums. It developed as a collaboration between the Consumer Development and Human Resources components of the organization, along with the support of an external consultant. This paper will show that the goals of the Peer Mentoring include: Supporting colleagues in their professional development and growth. Facilitation of mutual learning. Building a sense of community. This presentation will demonstrate the value of integrated service delivery, and partnership in an NGO. Participants
will learn about the simplicity and effectiveness of peer mentoring. It will be shown that it empowers consumers to take leadership roles through learning and practicing peer mentoring skills. Using Peer mentoring consumers have grown in confidence in their recovery journey through meaningful and effective sharing with their peers.

S95 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: Everyone can do it with the right support!
Olivia Jane Roberts
This paper is about my experience of having a mental illness, the stress on my family and the outcome of being connected to a support agency. From inside the psychiatric unit I didn’t want to face my life - fears of failing again and disappointing my family. I didn’t want to ask for help. I thought. If it was possible to change my life I would. Then, funding was available for support. As a team we planned small goals. The support workers helped me to get motivated again and I gained confidence and energy. If I stumbled it was only a hic-up and I could just try again. During this process I came to understand more about the effect of mental illness on my family. Without supports around me the family feels stressed and worried. Having support has improved my relationship with my family. The worker and I can deal with problems, and help me become independent from my parents so I can enjoy being with them as a family member. I will share what I have learned about the relationship between the person experiencing mental illness, the support agency and the family. Learning objectives: 1. I believe that I can bring hope to those who are struggling in life due to mental illness. I want to encourage services not to give up on people even when there seems no hope. It just takes one small step forward to start the ball rolling. Lastly I would like for people to have a understanding of how mental illness has an effect on family. 2. It will encourage the government to provide more funding for people with mental illness to have a service in the community rather than stay in hospital. People need to be motivated to live out in the community and gather skills needed in life. This not to say hospital should not be used in extreme cases and for short stays.

S95 Brief Papers
1/09/2006 From: 1330 To: 1500 Venue: Yongala Room Townsville Entert & Conv Centre
Brief Papers 10 minutes: The 'Spectrum of Cultures' CALD Mental Health Consumer Group.
Evan Bichara
Getting CALD consumers collectively together; giving them voice, visibility & respect in society, and tackling their concerns is at top priority if we are to improve mental health services & supports for CALD communities. Promoting hope; representing consumers in a real & respectful way has been challenging, constructive and self rewarding. As facilitator of the 'Spectrum of Cultures' group; I encourage any CALD consumer's concern; removing their fear to talk. It's delightful visualising friendships establish fostering an understandable, caring & supportive group. Consumers gained more self esteem, self worth, develop & sustain better health with quality of life improvements. Learning, understanding, tolerating & accepting differences of cultural beliefs values & practices - has cultivated the group towards dynamic curiosity seeking knowledge about each other's cultural backgrounds & pastimes back from their homelands. This dialogue externalised psychiatric problems & enhanced interest to participate into group conversation with ease on cultural issues. This boosted confidence & slowly enabled discussion around mental health issues to progress to the group. The Spectrum of Cultures group gives opportunity for consumers to share, discuss & debate CALD consumer participation strategies in planning, delivery & evaluation of services desired. We encountered the knowledge, shared & generated by the group enhanced the relevance, accessibility, equity & quality of mental health provision state wide. Opportunity for sharing information, support & education on CALD consumer needs has been the focal points of the groups function, though added function could establish further into the future. The parameters of involvement through the Spectrum of Cultures group are broad & can include everything from individual decisions about care, to participating in service development. It could involve sharing of information & opinions to joint-problem
solving, joint decision making & joint responsibility in full partnership between CALD consumers & health professionals. Learning Objectives: 1. The audience will be able to acquire knowledge that work can be done from CALD Consumers in setting up, planning, delivery and even evaluating cultural consumer groups to be able to support themselves, as well as support and initiate programs, by being an advisory panel to the many managerial, clinical, academia and even government officials in effort to establish & enhance a joint responsibility towards a better outcome of the Mental Health Services provided throughout the State. 2. This paper is about a well needed group of CALD consumers from various ethnicities throughout Victoria, interacting in a supportive manner and encouraging a proactive voice & visibility in the wider community. The relevance of this topic to the Mental Health system is immensely of prime importance to widening channels of communication among the many ethnic communities on Mental health issues. It allows consumers (& even their Carers) to empower themselves to address issues of importance to them by opening doors to groups such as 'Spectrum of Cultures' & invite them to increase their concerns in a caring atmosphere. Consumers are humans too & need to be treated like so to develop much the same way others develop as people age through society.

S96 Families, Relationships & Recovery
1/09/2006 From: 1330 To: 1500 Venue: Poolside Room Jupiters Hotel
Paper 20 Minutes: Overlooked Rural Resources
Gillian Malone Ros Thomas

Overlooked Rural Resources.Carers are a valuable, resource in rural communities, frequently providing initial assistance to family members with mental health problems (Henderson S, Andrews G, Hall W, Australians Mental Health: An overview of the general population survey. Australian and New Zealand Journal of Psychiatry 2000; 34:197-205). In our rural region key issues identified by carers; of those with a mental illness were/are: The absence of clear, simple information regarding mental illness. A sense of abandonment due to community attitudes, and stigma associated with mental illness. Physical and emotional exhaustion resulting from the constant onus of care, particularly during crisis. Several rural mental health services, in partnership with other service providers in North East Victoria devised an innovative health promotion activity in an attempt to redress some of these issues. Two free respite/education weekends were organized; the locations were selected for their ambience and spaciousness, enabling participants to enjoy solitary or group activities outside the designated program, which was Mental Health First Aid education (MHFA, Jorm T, Mental Health First Aid, available http://www.mhfacom.au/training.htm.) and a selection of evidence based pampering exercises. The outcome aligned with the aim, in increasing participant knowledge of mental illnesses, mental health promoting individual emotional health and wellbeing by implementation of self care strategies, and decreasing carers’ sense of isolation. Learning objectives: 1. The honest exploration of this innovative attempt to redress carer concerns, will provide the audience with increased awareness and understanding of the benefits of thinking laterally of methods to meaningfully engage one of our most valuable, and overlooked rural resource the carer. It will clarify, and define an integrated model that provided a cost effective, efficient, and high quality mental health initiative in our community. 2. High prevalence mental health problems such as anxiety, and depression, are among the most important causes of morbidity and disability in the carer community. The carer outcomes from this cost effective, high quality accessible project were increased knowledge, a greater sense of control and awareness of self care, and a network of like situated people.

S96 Families, Relationships & Recovery
1/09/2006 From: 1330 To: 1500 Venue: Poolside Room Jupiters Hotel
Paper 20 Minutes: Connecting with Recovery - when are people ready to engage in rehabilitation?
Hazel Bassett Chris Lloyd Robert King

People differ in their rehabilitation readiness. People who are ready for rehabilitation perceive a need for rehabilitation to help them pursue their life goals, view change as desirable, and are open to establishing relationships. They are ready to embrace all life can offer. At this point,
clinicians have a supporting role. Promoting and supporting change in an appropriate manner is a difficult task for the clinician. But assessing when a person is ready to change poses even greater challenges (Rogers et al., 2001). One tool that has been used to try and identify this point in the person’s life is the Stages of Change questionnaire developed by McConaughy, Prochaska and Velicer (1983). This paper will present the findings of a pilot study which has used the Stages of Change Questionnaire as a basis for identifying when a person is ready to engage in rehabilitation. The study compared the stage of change identified for each participant with their subsequent involvement in their individualised rehabilitation program. Usefulness of the tool will be discussed as will be possible implications of the study for future practice in the area of rehabilitation. Learning Objectives: 1. People will learn about the stages of change as they relate to recovery from mental illness and will see how one tool assists clinicians in identifying people who are ready to engage in rehabilitation. 2. The paper will present the rationale for the use of the tool which will assist Mental Health Services and NGOs to develop, in conjunction with the person, an appropriate rehabilitation program that considers where the person is on the Stages of Change continuum. References: McConnaughy, E., Prochaska, J., & Velicer, W. (1983). Stages of change in psychotherapy: Measurement and sample profiles. Psychotherapy: Theory, Research and Practice, 20, 368-375. Rogers, E., Martin, R., Anthony, W., Massaro, J., Danley, K., Crean, T., & Penk, W. (2001). Assessing readiness for change among persons with severe mental illness. Community Mental Health Journal, 37, 97-112

S96 Families, Relationships & Recovery
1/09/2006 From: 1330 To: 1500 Venue: Poolside Room Jupiters Hotel
Paper 20 Minutes: Best practice for short, high impact education programs for families of people with mental illness. A review of where we have been and where we are going at Mental Illness Fellowship Victoria.
Sue Farnan
Mental Illness Fellowship Victoria (MIFV) developed and implemented the popular education program for families commonly known as the 14 Principles in 1982. Schizophrenia, Teaching relatives the 14 principles of coping, a course and manual (1) was published in 1995 but is no longer endorsed or used by MIFV. Demand for this program still exists within the carer field and the need for a short, high impact program for families who do not want to spend too much time and for rural settings is evident (2). This paper describes the reasons why MIFV no longer uses or endorses the ‘14 Principles’ manual, and describes the theoretical basis, best practice principles and current research in the mental illness and education fields which underpin the program and the carer and consumer participation processes used in the development of the new program. Learning objectives: 1. To understand the theoretical basis for no longer endorsing the 14 Principles manual. 2. To understand the theoretical, best practice and processes of development of the new short, high impact program. References: Alexander, K., Schizophrenia Teaching relatives the 14 principles of coping A course and manual. 1995. Schizophrenia Fellowship of Victoria. Well Ways - a multi-family peer psycho-educational program. Evaluation report on the transferability from the creators, Mental Illness Fellowship Victoria to other Mental Illness Fellowship Australia members, Aug 2004. Mental Illness Fellowship Victoria (unpublished)