S03 Roberto Mezzina: Citizenship - the Social Dimension of Recovery
31/08/2005  From: 1000 To: 1100  Venue: Hall E
People with mental health problems around the world still suffer from social exclusion and deprivation of rights. It ranges from the total deprivation of legal and civil rights in many countries to the lack of social rights in even some of the most 'developed' countries. As pinpointed by the World Health Report, there is a vicious cycle of poverty, mental disorders and economic impact. Following on from these concepts, the 'lived experience of citizenship' should be interpreted as a practice which is essentially the exercise of social rights, thus involving the redistribution of power and the development of capabilities. Critical community psychiatry has a clear commitment to help and contribute to this process. This presentation will highlight the nexus between citizenship and recovery, using the findings of recent international qualitative research. Some of the questions to be addressed are: What are the features of services that foster social inclusion and recovery, and what lessons can be drawn from avant-garde service delivery and good practice? Moreover, can we aim at integrating welfare, politics and mental health issues to favour social inclusion and participation? A recent WHO initiative is the European Mental Health Declaration and Action Plan. What ways in the future could this Plan auspice a general framework of social issues and mental health politics? Learning objectives: 1. People attending the conference will gain an understanding of a worldwide updated view of the concept and practice of citizenship in mental health and the connections with recovery. 2. This topic is relevant to community-based psychiatry which is focussed on the concept of the person and social integration, not on the medical model. It is also relevant for all initiatives and politics promoting mental health as a part of general health and social life. References: WHO European Declaration on Mental Health. Copenhagen, 20052. Nancy Scheper Hughes & Anne Lowell, eds.: Psychiatry Inside Out. Selected Writings of Franco Basaglia. Columbia University Press, New York, 1987.

S04 Human Rights, Mental Health and Detainees
31/08/2005  From: 1130 To: 1300  Venue: Hall E
Symposium 1.5 Hrs: Human Rights and Mental Health.
Jon Jureidini  Jonathan Phillips   John Harley   Kris Hanna   Agravaine MacLaughlin  Sev Ozdowski
Basic human rights and a sense of natural justice are a keystone of being a citizen of a nation. As citizens of Australia (and of New Zealand) we expect our human rights to be respected and upheld, but what happens to people detention? What happens to the mental health and emotional wellbeing of detainees? The symposium will examine these and wider questions.

PAPER 1: Mental health services for immigration detainees: Conflict of interest? Jon Jureidini is part of a team that has assessed and treated over 50 children and adults in detention centres, and after their release. The finding has been of universal suffering and serious psychological damage. Initially the team was banned from advocating for detainees. During that period, little was achieved beyond bearing witness to cruelty and suffering. Staff felt concerned that in being seen to provide services, they were colluding with a harmful system by blunting protest. Subsequently open advocacy has achieved some more positive outcomes. In a federal court matter in May, 2005, Judge Finn indirectly sanctioned advocacy by mental health workers when he ruled that 'that the actual professional impartiality of doctors has not been compromised by their publication of their views'. Learning Objectives: 1. Knowledge of the impact of immigration detention on Mental Health; 2. Clearer understanding of the role of MH clinicians in response to immigration detention. References:Mares S & Jureidini J. (2004) Psychiatric Assessment of Children and Families in Immigration Detention - Clinical, Administrative and Ethical Issues. Australian NZ Journal of Public Health 28:520-6. Steel Z, Momartin S, Bateman C, Hafshejani A, Silove DM, Everson N, Roy K, Dudley M, Newman L, Blick B, Mares S. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. Australian NZ Journal of Public Health 2004 Dec;28(6):527-36. PAPER 2: Human rights, mental health and detainees: John Harley, Public Advocate, SA. PAPER 3: The Palmer Report: A wake up call
to all of us. Jonathan Phillips, private psychiatrist. **PAPER 4**: Paying 'Lip Service' to Human Rights: Kris Hanna, Greens Member for Mitchell, SA. How can Australia’s treatment of asylum seekers over recent years possibly be in accord with international obligations adopted by Australia through the Refugee Convention and commitment to the Universal Declaration of Human Rights? Most governments are sensitive to accusations they have infringed human rights - what happens when these accusations are seen as a political benefit to the Government? The case of Cornelia Rau exposed the lack of care in Australia’s detention centres. While Ms Rau’s illness pre-dated her incarceration in Baxter, it is clear that mandatory detention is actually causing mental illness. In support of this contention Mr Hanna will recount a number of observations from his many visits to Woomera and Baxter. **DISCUSSANT**: Agravaine MacLaughlin.

**S05 Reducing Stigma**

31/08/2005 From: 1130 To: 1300 Venue: Hall B

**Paper 20 Minutes: Working within Maori and Pacific Mental Health Services in the Like Minds, Like Mine Project.**

Maria Glanville  Henare Harrison

This 20 minute presentation is a collaborative effort by Maria Glanville and Henare Harrison both of whom are service user leaders working in ethnic specific mental health services for Pacific and Maori people in the Like Minds, Like Mine Project. Like Minds aims to reduce stigma and discrimination associated with mental illness and is best known for its ad campaigns featuring well-known New Zealand icons and everyday people with experience of mental illness. In this presentation, conference delegates will hear how two Like Minds providers work with service users and the unique way these services are set up to cater for Pacific and Maori specific needs. Mäori and Pacific communities have different ways of raising the topic of mental health and attitudes towards mental illness. This presentation explores the cultural context in which these communities view mental health and mental illness. It will also outline some of the methods used when working with Pacific and Maori service users and their wider communities. **Learning Objectives:**

1. The audience will gain an increased understanding of the cultural context and attitudes towards mental health from a Mäori and Pacific perspective. How these audiences discuss mental health and mental illness differently and the ways in which they relate to people with experience of mental illness.
2. This presentation gives an overview of working with indigenous service users and their cultural needs. It discussed ways that two New Zealand services work with Mäori and Pacific service users and may provide insight for others working with indigenous service users.

**S05 Reducing Stigma**

31/08/2005 From: 1130 To: 1300 Venue: Hall B

**Paper 20 Minutes: Politics of Stigma - the shared experience of family carers and consumers.**

Rosemary Warmington

Carers and consumers share the common experience of stigma associated with mental illness. The stigma prevents families from speaking out, and yet they need to advocate not only for the consumer but also for system change and for themselves. This is a double edged sword for families. The experience of mental illness in our community creates and environment of conflicting values and role for the family: the need for secrecy versus the need to advocate for change. This paper will explore the politics of stigma and secrecy as a barrier to change and articulate the role of family carers in reform mental health care, the key things needed to bring about change using examples and by describing ways the consumers and families can do this together.
S05 Reducing Stigma
31/08/2005 From: 1130 To: 1300 Venue: Hall B
Paper 20 Minutes: Championing the Cause- the costs and benefits of disclosure in antidiscrimination.
Mark Jacobs
Personal engagement with people who have experienced mental illness is one of the most potent anti-discrimination and destigmatisation activities; however little work has been done to identify the impacts of personal disclosure for those service users involved such work. This paper presents the findings of Mental Health Commission qualitative research in 2005, which identifies the costs on 20 mental health champions, and discusses the implications for planning future campaigns and anti-discrimination programmes. Themes discussed include: How and why they got involved Rewarding aspects of the work Personal challenges Employment, support and training issues Identity, self disclosure and recovery.

S06 Acute care, Emergency Departments and Risk Management
31/08/2005 From: 1130 To: 1300 Venue: Hall C
Paper 20 Minutes: Improving Mental Health Care in Emergency Departments.
Lisa Gill   Trish Bulic
St Vincent's Health, Melbourne, has a long history of collaboration between the Emergency Department and Mental Health Service dating back to 1992. This paper will outline the history of this collaboration and the positive outcomes of this relationship. In particular, the paper will discuss the activities over the past year where St Vincent's has participated in two significant projects to continue to improve care to mental health consumers presenting to the Emergency Department. The first of these is the National Institute of Clinical Studies (NICS) Mental Health Emergency Care Interface Project and the second is one funded by the Victorian Department of Human Services' Clinical Innovation Fund. Many mental health consumers, along with the general public, are turning to Emergency Departments to access health care. The reasons for this are multi-factorial. In this context there is much debate about how mental health consumers are supported in their journey through the Emergency Department and the challenges that this department faces in meeting their needs. The paper will discuss one health service's approach to ensuring consumers with mental health issues presenting to the Emergency Department receive the best possible care. Learning Objectives 1.the audience will learn how one service has worked to improve care of people with mental health problems in emergency departments. 2.This paper is particularly relevant at this time when health services are under increasing demand pressure and the focus is often on reducing demand and delays in Emergency Departments. References: Hospital admission risk program (HARP), Mental health working party report, Department of Humans Services, Victoria 2003 .Also published on www.health.vic.gov.au/hdms/harp/index.htm. Broadbent, M., Jarman, H., Berk, M. Improving competence in emergency mental health triage, Accident and Emergency Nursing, 10,1-8. 2002.

S06 Acute care, Emergency Departments and Risk Management
31/08/2005 From: 1130 To: 1300 Venue: Hall C
Paper 20 Minutes: Survey of Mental Health Presentations to Metropolitan Emergency Departments in Adelaide with Service Delivery and Policy Implications.
André Jenkins   Shane Gill
Background and Purpose—Mental health-related presentations to Adelaide’s metropolitan Emergency Departments (EDs) were analysed for volume, acuity, demographics, presenting problem, time and duration. The analysis was designed to identify key factors that influenced patient flows, patient access and thus optimal patient care. From an understanding of these factors, local strategies employed to address these problems, and broader policy implications are discussed. Methods A retrospective analysis was conducted of all presentations and almost all mental health-related presentations to Adelaide’s eight metropolitan EDs between 2001 and 2003. Results A total of 1,380,571 presentations were analysed, from which 52,576 mental health-related presentations (4%) were identified. Mental health-related presentations
increased at five times the rate of all presentations. Most mental health-related presentations occurred between 10:00 and 23:00. Between 2% and 22% of patients waited more than 12 hours to be seen. There was significant variation in access block between hospitals. Conclusions: Despite its limitations, this large longitudinal study strongly suggests that the use of emergency medical services is an important modifiable determinant of timely treatment of acute mental illness. Solutions that identify access block and patient flow problems, and strategies to implement these, along with broader service delivery and policy implications, will be discussed. Learning Objectives: 1. To recognise key factors in Emergency Departments’ service delivery that influences the completion of the mental health patient care journey in a timely fashion. 2. Emergency Departments are critical components in the treatment of acute mental illness. With numbers of mental health-related presentations rising at five times the rate of all presentations, is essential that patients are treated in a timely fashion and progress on to the next phase of their care. This paper discusses ways in which that can be achieved.

**S06 Acute care, Emergency Departments and Risk Management**

31/08/2005 From: 1130 To: 1300 Venue: Hall C

**Paper 20 Minutes: Emergency Mental Health Assessment and Intervention Pilot Project A joint initiative between the South Australian Ambulance Service [SAAS] and mental health services Assessment and Crisis Intervention Service [ACIS].**

**Julie Harrison  Hugh Grantham**

This paper outlines the process of setting up and trialing a pilot project between the South Australian Ambulance Service [SAAS] and mental health services, Assessment and Crisis Intervention Service [ACIS]. It will also present the preliminary findings of the project at time of the conference, in relation to meeting the identified goals. The aim of the pilot is to explore opportunities for improved emergency care for mental health consumers through a coordinated South Australian Ambulance Service [SAAS] and Assessment and Crisis Intervention Service [ACIS] response. The goal is to extend the hours of mobile mental health assessment and crisis intervention services to consumers in the northern and outer southern suburbs of Adelaide, in a safe and supportive environment for consumers, staff and the community when undertaking these activities. The pilot project will include all age ranges, and will develop strong relationships with other agencies both within the specialist mental health service and the broader health portfolio, particularly with Child and Adolescent Mental Health Services and Services for Older Persons, Drug and Alcohol Services Council will also have a major role to play in the provision of services to potential clients identified by the Emergency Response Service. Liaison and committed and mutual assistance by South Australian Police [SAPOL] is an essential requirement to the operation of this service. In particular regard to safety for individuals, whether they are consumers, carers, dependent others, health care professionals, emergency personnel or the wider community. The form of the evaluation process is yet to be decided, but will evaluate some if not all of the following presentations to Emergency Departments number of Ambulance transports of primary mental health cases to Emergency Departments on scene times for Ambulance crews access to face to face assessment for emergency mental health related issues within the person's own environment consumer care and satisfaction access for indigenous, and other culturally and linguistically diverse people information sharing and communication between SAAS and ACIS confidence and skill level of all staff participating in the project. Other areas of evaluation will include cooperation and information sharing between the joint venture parties and other agencies identified service gaps Confidence and skill level of staff from both services participating in the joint venture skill. Learning Objectives: 1. The collaborative process of setting up and trialing of a joint venture project. 2. Preliminary findings of a joint venture emergency mental health extended hours assessment service.
S07  Social Inclusion and Mental Health Promotion  
31/08/2005  From: 1130 To: 1300  Venue: Meeting Room 1  
Paper 20 Minutes: Building capacity for Inclusion.  
Susan Mitchell  
During 2004 Auseinet provided a total of $50000 for small grants for the Mental Health Non Government consumer, carer and community sector. This grant funding was provided to support the sector's work through building its capacity to initiate and provide PPEI activities that enhance the mental health and wellbeing of people with mental illness, their families and carers. We also wanted to support projects with potentially sustainable approaches. We were overwhelmed not only with the extent of interest in the grant funding, but also by the diversity and quality of projects submitted for consideration. Projects were submitted from each state and territory focusing on young people, young carers, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander peoples, rural and remote populations among others. Many demonstrating innovative approaches to addressing promotion, prevention and early intervention needs for their communities. The eleven successful applicants were able to demonstrate a PPEI approach, sustainability inclusive of partnerships. This presentation will draw on the learnings from these projects to discuss capacity building strategies that promote social inclusion and citizenship for people with mental illness.

Learning Objectives:
1. Learn about capacity building strategies used by Mental Health Non Government consumer, carer and community sector that promote social inclusion for people with mental illness, their families and carers.
2. Promotion, Prevention and Early Intervention for mental health is integral to the National Mental Health Plan(223-2008). This presentation discusses the experience and learnings associated with incorporating a PPEI approach in service delivery from the perspective of the Mental Health Non Government consumer, carer and community sector.

References:

S07  Social Inclusion and Mental Health Promotion  
31/08/2005  From: 1130 To: 1300  Venue: Meeting Room 1  
Paper 20 Minutes: Mental Health Promotion Feasibility Study.  
Marietta Davis  Gillian Church  
The Mental Health Association’s Mental Health Promotion Advisory Committee and the NSW Network for Promotion and Prevention for Mental Health discussed the possibility of NSW conducting a state-wide campaign. Our main question was are such campaigns actually effective and, if so, what is the evidence? The Centre for Mental Health authorised the expenditure of a limited amount of funds to employ a consultant to find the answers. The research covered:

1. Major mental health promotion campaigns, Australian and International. For example, what campaigns have been run, how were they evaluated, what conclusions were reached. What are the characteristics of effective and ineffective campaigns?  
2. Major health promotion campaigns, with similar research questions to the first part, as well as noting what lessons could be applied to mental health promotion.  
3. Contextual issues in NSW. Strengths and weaknesses of large state-level campaigns and discuss the pros and cons of conducting such campaigns in NSW. The report, produced towards the end of 2004, reveals in what way a NSW-wide campaign could be effective and efficient in achieving mental health promotion outcomes, with specific recommendations for how to proceed with optimum impact.

Learning Objectives: 1. People will gain a sense of hope and confidence that there is a sound way forward when working on a large scale. As this work is feeding into government strategic planning, it may give people a glimpse of what is to come. The audience will also learn some of the pitfalls to avoid and worthwhile areas to focus on when conducting their own mental health promotion campaigns. 2. The research is completely focussed on how

**S07 Social Inclusion and Mental Health Promotion**

31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 1

**Paper 20 Minutes: Utilising technology to raise mental health literacy in small rural towns.**

**Bryan Hoolahan  Jenny Grosvenor  Heidi Kurtz**

Aim: To provide details about the project development process and reports on participant evaluations. It also discusses the challenges associated with using outreach technologies to deliver consumer/carer and community education. People living and working in small rural communities are often very isolated, invisible to the rest of the health and social welfare system and rarely get local access to mental health information. The Centre for Rural and Remote Mental Health has been funded by the Australian Government's Regional Health Service Program, to deliver and evaluate a mental health education lecture series to health workers and community members in small rural towns using remote mode technologies (eg video-conferencing, web forum etc).

Conclusion: The lecture series has provided participants with an opportunity to network and learn together locally and to communicate more extensively with presenters as well as attendees from other towns using outreach technology modes. It has also provided insights into the effective use of technology in rural areas including do's, don'ts and limitations. Rural and remote mental health education provision is not just about periodically offering learning events. It is also about engaging and listening to rural participants and encouraging them to help set the learning agenda. Learning objectives: 1. Participants will learn about effective strategies and challenges in the development of a mental health education lecture series targeted at health workers and community members in small rural towns using remote mode technologies (eg video-conferencing, web forum etc). 2. Promotion and prevention initiatives are core activities for mental health services, however, people living and working in small rural communities are often very isolated and rarely get local access to mental health information. In rural areas there is a need to be innovative and use the advantages of technology to raise mental health literacy and increase opportunities for workforce development. References: Australian Bureau of Statistics (2001) Census of Population and Housing. 'Brief Community Profiles'. Canberra: ABS. Rosenberg, M.J. (2001) E-Learning: Strategies for Delivering Knowledge in the Digital Age. McGraw-Hill: New York 371.334 Ros.

**S07A Social Inclusion and Mental Health Promotion**

31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 1

**Brief Papers 10 minutes: Room to Stay.**

**Bronwyn Ryan  Jan Roberts**

The aim of my paper is to make people understand the importance of dedicated mental health rooms in rural and remote areas. These rooms ensure that rural clients have the opportunity to stay in their own environment, close to their families and support systems. Following the culmination of two years of work both Port Augusta and Whyalla now have low stimulus rooms in their Accident and Emergency departments and nominated mental health rooms within the hospital, the importance and positive outcomes from these rooms is the basis of this paper. The paper will discuss the barriers and supports how historically clients have had to travel to Adelaide at the first sign of illness only to be estranged from family and support systems how the criteria for the rooms was written in partnership with consumers and carers from the area and how statistically since the opening of the rooms transfers of mental health clients to the metropolitan area has decreased. Feedback from consumers using the rooms has been positive, as has feedback from carers both feel they have more control over their lives.

S07A Social Inclusion and Mental Health Promotion
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 2
Brief Papers 10 minutes: Primary Nursing? Can we do it? Yes we can.
Ann Benson Jo Allen
In April 2004 the model of primary nursing was introduced to two 22 bed acute inpatient wards at St Vincents Hospital Melbourne. Prior to this a manual was developed and all nursing staff were released for a two day training workshop. All staff working on the unit were given an overview of the model before implementation. Allied health staff and the registrars embraced the model and strong support from both the clinical director and senior management was crucial for successful implementation. However there was initially a significant degree of negativity from some nursing staff and from a number of consultant psychiatrists. Primary nursing has the potential to split nursing staff as many were enthusiastic about the introduction while others, those for whom any change is challenging, waited for the new idea to fizzle out and disappear. Some of the consultants initially refused to acknowledge the introduction while others embraced the idea wholeheartedly. This paper will discuss the issues that arose during implementation, the response to a variety of obstacles that emerged and the eventual improvement in the delivery of care to patients experiencing admission to our acute units. Learning objectives 1. the audience will gain a better understanding of the complicated issues surrounding the implementation of the primary nursing model in two acute care units and ways in which obstacles that have prevented implementation in the past have been overcome. 2. Primary nursing is an excellent tool to enhance nursing practice and improve delivery of care to patients during an inpatient admission therefore successful implementation is desirable and achievable. References: David Pontin, Primary Nursing: a mode of care or a philosophy of nursing? Journal of Advanced Nursing Vol 29(3) March 1999. Richard Gray, Assessing primary nursing in mental health, Nursing Standard, Vol12(21), 1998.

S07A Social Inclusion and Mental Health Promotion
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 2
Brief Papers 10 minutes: Drumrolls please: Right here, Right now - group psychotherapy on an Acute Inpatient Unit.
Lorraine Michael Anna Love
In the last year and a half, the authors of this paper have established and have been leading 2 group psychotherapies on a weekly basis, as part of the ward activity program, on the Acute Inpatient Unit at St. Vincent’s Mental Health Service (Melbourne). The groups, ‘Inpatient Psychotherapy Group’ and ‘Theatre of Life’ (a psychodrama group), draw from Yalom’s and Moreno’s work (respectively) and are grounded in sound clinical theory, practice and research. The 2 groups provide an opportunity for group-members to develop healthy functional roles needed to build and/or enhance relationships, both within the group as well as with people in their own lives. These roles may be social and/or psychodramatic in nature. In this paper, we will first, briefly describe the two groups and then, illustrate how we, as group therapists, are using the potency of the ‘here-and-now’ in these group psychotherapies, to communicate meaningful information about group-members to the rest of the treating team. We will also comment on the challenges we face in doing so.

S07A Social Inclusion and Mental Health Promotion
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 2
Brief Papers 10 minutes: A brick ceiling not a glass ceiling; Enrolled nursing staff, the foot soldiers of the psychiatric workforce.
Tuulenana Iuli Ray Smart Rowena Mathers
The 44 bed acute inpatient unit at St Vincents mental health service employees a mixture of nursing staff, the majority are registered psychiatric nurses (RPN's) however state enrolled nurses (SEN's) or division 2 nurses make up at least 40% of staff at any given time. At a time when articles have begun to appear about the future shortage of nursing staff in psychiatry the enrolled nurse seem to have become invisible to the various bodies that plan for the future. While opportunities to convert to RPN status decrease as universities favour the newly graduated year twelve students, paradoxically authorities increasingly restrict areas of responsibility for SEN's. This restriction of practice often leads to SEN's gaining an increase in their workload in areas where practice is not restricted, i.e managing the most difficult of patients. In this paper three SEN's, one female and two male, will describe the experience of working in acute psychiatry, both the frustrations and the fulfillment of working at the coalface and the near immeasurable difficulties that face enrolled nurses ready and willing to study to become a registered nurse. Learning objectives: 1. The audience will gain a better understanding of the role of the SEN and of the current obstacles they face in both limitations of practice and in upgrading their registration. 2. Mental health faces a severe shortage of mental health nursing staff in the immediate future. This paper will examine the issues of both the invaluable role played by our SEN force and of the need to facilitate the conversion of experienced enrolled nursing staff to registered nurse so they can fully realise their potential.

S07A  Social Inclusion and Mental Health Promotion  
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 2  
Brief Papers 10 minutes: Anxiety Management, Cognitive Behavioural Therapy in a regional setting, North Coast Area Health Service, N.S.W.  
Michelle Doenau   John Lam-Po-Tang  
Anxiety disorders are the second most common group of psychiatric conditions in the community. Mental Health Services often do not provide evidence-based treatments for this common cause of morbidity. Residents of rural and regional areas have limited access to evidence-based interventions for anxiety. Coffs Harbour Mental Health Service has developed an outpatient group treatment based on cognitive behaviour therapy principles. This presentation will describe the structure and the content of the anxiety management education program. Results of the program, including data from standardized assessment tools will be presented. This presentation will conclude with discussion about the development, outcomes, benefits and the limitations of the Coffs Harbour Anxiety Education Program. The objectives of the presentation include: 1. To describe the structure, content, role and benefit of an anxiety management education group in a rural mental health service. 2. To present statistical data collected from the anxiety management education group over an 18 month period. The references for this presentation include: 1. D. Castle, Professor M. Brown, Professor F. Judd, A. Baille: Summary of guideline for the treatment of panic disorder and agoraphobia; Australasian Psychiatry 11, No 1. March 2003.

S08  Advanced Directives and Long Term Case Management  
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 4 & 5  
Paper 20 Minutes: Case management in action at one Sydney community-based mental health service: perspectives from the field.  
Sheila Nicolson   Zita Weber  
Case management or care co-ordination in community-based mental health services has become a standard form of service delivery in Australia. The words 'case management' have taken on a life of their own. It seems that everyone 'knows' what it means, yet many are lost for words when it comes to a concise description. This paper is a joint initiative by the University of Sydney and Ryde Community Mental Health Service. It reports on a detailed qualitative analysis of the research data gathered from an exploratory research project which sought to uncover how case managers in one community mental health service in Sydney construct and understand the ways that they conduct their practice. Semi-structured qualitative interviews were employed to explore their perspectives on their case management practice. Respondents were from four professional backgrounds including medicine, nursing,
psychology and social work. In interviewing the respondents, the researchers found that many experienced practitioners tended to confuse the dimensions inherent in the activity of case management. For instance, there was some confusion around the differences between activities, functions and goals of case management. Generally speaking, profession-led responses indicate that the case manager's role will be determined by the knowledge, skills and values held by the particular case manager. Generic, as well as specialist skills might be utilised by every case manager. The necessity for case management is clear and the contributions of professional groups important. However, in order to avoid a tendency for the type of case management provided to be based predominantly on worker influences, guidelines incorporating service models and eligibility are important. As Purtell and Dowling say, 'Role clarification for individual discipline, case manager, and team responsibilities is required to ensure that care planning is as effective as possible for the client and family' ((2001: 213)). Case management models based on theoretical frameworks across professions may then be used in educating the case manager to 'do' case management. Clear procedures, multidisciplinary in-service education and adequate supervision should form an essential tripartite orientation to service delivery. This, in turn, may serve to enhance the assessment, care planning and implementation experience of consumer. References: Purtell, C. and Dowling, R.M. (2001). Case management models: similarities and differences. In G. Meadows and B. Singh. (eds.) Mental Health in Australia. South Melbourne. Oxford University Press.

S08 Advanced Directives and Long Term Case Management
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 4 & 5
Paper 20 Minutes: The Safety Of An Assertive Discharge Policy In Case Management Of The Severely Mentally Ill.
Linda Backus  John Weinkove  Marilyn Lucas  Sean Jespersen
Case management is a core feature of care for people with severe mental illness in Australian public mental health services. Reluctance to discharge clients from case management appears to be due to a perception that long-term case management is the best way of maintaining them in the community. This implies that primary care providers may be unable to adequately monitor early signs of relapse or faltering compliance. Assertive discharge guidelines were implemented and this study aimed to ascertain whether higher rates of relapse or a heightened risk resulted. All contacts made by clients with the service post-discharge were reviewed. Forty-six clients were discharged from case management. Twenty-two had no further contact. Of the twenty-four clients who did contact the service again, only nine required acute intervention because of a risk of relapse or harm to themselves or others. The remaining fifteen clients who contacted the service were managed successfully either by the triage service or non-urgent referral for psychiatric consultation. Over three years, only nineteen clients required acute intervention because of a risk of relapse or harm to themselves or others. The remaining fifteen clients who contacted the service were managed successfully either by the triage service or non-urgent referral for psychiatric consultation. Over three years, only nineteen clients required acute interventions. Having been on a Community Treatment Order was the only valid predictor of service contacts after discharge in that a higher number of people who did not make Service contacts after discharge had been on CTO during treatment. In spite of its limitations this study suggests that fears regarding assertive discharge are unfounded. Learning objectives: 1. The audience will learn about the concept of assertive discharge and feel greater confidence assertively discharging clients from case management. 2. Assertive discharge not only enhances the throughput of clients, but it is also a safe and effective strategy. Shorter, more intensive case management would allow resources to be directed towards triage and crisis services, the enhancement of collaborative partnerships with primary care providers and case management for greater numbers of clients.

S08 Advanced Directives and Long Term Case Management
31/08/2005 From: 1130 To: 1300 Venue: Meeting Room 4 & 5
Paper 20 Minutes: Advance Directives in Mental health - what are the issues.
Helen Gilbert
Advance directives have been widely accepted in general health from orders to use on blood products to do not resuscitate orders. However in mental health, clinicians have been slow to
accept the idea that service users can contribute to treatment decisions through preparing advance directives. This paper examines the medico-legal issues involved in the use of advance directives and describes the quality improvements to be achieved through greater involvement of service users in treatment decisions and consent processes.

S09 Shared Community Mental Health Care
31/08/2005 From: 1130 To: 1300 Venue: Room 10
Paper 20 Minutes: Consumers and carers and GP education: the way forward.
Julian Thomas Ingrid Ozols John McGrath
The Better Outcomes in Mental Health Care initiative and the General Practice Mental Health Standards Collaboration (GPMHSC) have taken a significant step forward in promoting the active participation of mental health consumers and carers in the policy development context. In particular, the GPMHSC has mandated active involvement of consumers and carers within mental health education activities for general practitioners. This presentation aims to highlight the contributions made by consumers and carers in mental health education and training for GPs, and the way in which the GPMHSC represents a truly collaborative 'work in progress' between consumers, their carers and mental health service providers, including GPs. Key issues including the selection of appropriately skilled, experience and supported consumer and carer representatives will be addressed. General practitioners now have increasing access to education and training activities which extend the traditional clinical skills orientation to incorporate key, often 'non clinical' issues identified by consumers and carers. Most GPMHSC accredited programs now have presentations from consumers and/or carers who are able to give GPs their perspective in an non hierarchical training environment. Few areas of GP professional development have as strong a consumer and carer presence as the Better Outcomes in Mental Health Care initiative; this truly inclusive, consumer centred approach is the way forward in developing high quality education and training for GPs. Learning Objectives: 1. The presentation aims to increase participant awareness of a key initiative demonstrating a successful model of collaboration between consumers, carers and the mental health clinicians, including GPs. 2. Through a focus on GP training, this presentation aims to give participants an appreciation of the importance of an inclusive approach to policy making and the success of the GPMHSC's model of GP education and training in modifying attitudes to consumer and carer participation in traditionally 'clinical' settings.

S09 Shared Community Mental Health Care
31/08/2005 From: 1130 To: 1300 Venue: Room 10
Paper 20 Minutes: Strong working relations and enhanced patient care in a rural community: Collaborative Practice between GPs and a Community Mental Health Service.
John Hermans Erihana Ryan B.K. Pillai
Aim: To demonstrate that developing strong working relationships between local community mental health services and GPs is beneficial not only in terms of improved mental and physical health for consumers but also that this relationship creates the opportunity for professional development through the sharing of knowledge and clinical skills. In 2002 Echuca Community Mental Health Service met with local GPs from the Nish Street Practice to explore strategies for improving patient care through collaborative practice. Rost, Humphrey and Kelleher found that due to the shortage of specialist mental health providers in rural areas general practitioners found referral difficult. Both services recognized the importance of collaborative practice in these circumstances. In June 2003 a program of monthly clinical forums hosted by the Community Mental Health Services and attended by Nish Street GPs commenced. This process has created a strong working relationship between the two services. The following outcomes demonstrate that the forums have resulted in enhanced mental and physical outcomes for consumers; Increased consultation between the two services in planning patient care; Development of shared care plans; Better access for consumers to GP care Early intervention by GPs; Enhanced capacity for GPs to manage more complex cases; Improved access to referral information for both services; Access to advice on
the likely impact of health conditions and their treatments on mental health care; Facilitation of admissions to the local hospital when needed. The National Mental Health Plan 2003, 2008 states the continuity of care involves linkages between the specialist mental health sector and primary health care. This program demonstrates the benefits to consumers and health workers of fostering collaborative relationships between the specialist mental health sector and primary care. Learning Objectives: 1. Participants will learn about factors that contribute to a strong collaborative working relationship between specialist mental health services and primary care. 2. They will learn about the improved consumer outcomes from collaborative work between specialist mental health services and primary care.

S09 Shared Community Mental Health Care
31/08/2005 From: 1130 To: 1300 Venue: Room 10
Paper 20 Minutes: Patient perceptions of the role of the community pharmacist in the management of depression.
Judith Anne Crockett Susan Taylor Anita Grabham Pamela Stanford

International research indicates that the intervention of pharmacists trained specifically in skills to manage depression has been associated with an improvement in the safety, efficacy and cost-effectiveness of pharmacotherapy and overall patient wellbeing. Until recently, there has been little corresponding research undertaken in Australia. This shortfall has now been partially remedied by the completion of a Pharmacy Guild funded pilot project that has documented and evaluated the role of community pharmacists in the management of depression in rural communities. Our aim in this paper is to present the study's results in terms of patient outcomes. This is achieved by comparing patient wellbeing, compliance and understanding of treatment between those serviced by pharmacists trained as part of the project (n=50) and untrained (n=60). Early analysis of quantitative data (gathered through the use of K-10, DAI and Satisfaction scales) show no statistically significant difference between the two groups. However, analysis of qualitative data illustrates the high value patients placed on their participation in the study and the increased level of information on medication and support provided. The results suggest the value of the pharmacist's involvement in providing accurate information and a sympathetic ear cannot be underestimated in achieving positive patient outcomes. Learning Objectives: 1. The audience will gain an enhanced understanding of patient perceptions of the role pharmacists in assisting management of their depression. 2. This project is the first of its kind in Australia and is relevant to the delivery of mental health services in many ways, particularly by ascertaining the impact of specialist training of rural pharmacists in the identification and management of depression in terms of patient outcomes relating to compliance, understanding of their treatment and over-all quality of life. References: Landers, M., A. Blenkinsopp, et al. (2002). 'Community pharmacists and depression: the pharmacist as intermediary between patient and physician.' International Journal of Pharmaceutical Practice 20(10): 253-265. Sleath, B. and K. Wurst (2002). 'Patient receipt of, and preferences for receiving, antidepressant information.' International Journal of Pharmaceutical Practice (10): 235-241.

S10 Smoking IS an Issue
31/08/2005 From: 1130 To: 1300 Venue: Room 11
Paper 20 Minutes: Policy within mental health services - proactively addressing tobacco.
Maxie Ashton

Environmental factors within mental health settings can place people with mental illness and mental health workers at risk of exposure to passive tobacco smoke and of taking up or increasing their smoking whilst within mental health services. Many people with mental illness and mental health workers are very concerned about the impact of tobacco use has on their health, finances and quality of life. There is an urgent need for clear and consistent tobacco policies within mental health services to begin to address it effectively. Tobacco policies within mental health services need to ensure all those within mental health services are:- 1. Protected from environmental tobacco smoke 2. Supported to not start smoking,
resume or increase their tobacco use. Provided with information and support to consider cutting down or quitting tobacco. Provided with effective support and assistance when experiencing nicotine withdrawal and when trying to address tobacco. While tobacco poses a number of real and unique challenges within mental health settings, with careful consideration and a well-planned committed response many of these challenges can be addressed and a significant and sustainable difference to the health and safety of mental health clients and staff achieved.

Learning Objectives: 1. The audience will gain an understanding of the challenges, the principles and a range of recommended strategies involved in developing tobacco policies within mental health services. 2. Tobacco smoking is a very serious problem within mental health services and effective tobacco policies and practices are urgently required to address the high rates of smoking, the OH&S, legal and ethical issues.

References:

S10 Smoking IS an Issue
31/08/2005 From: 1130 To: 1300 Venue: Room 11
Paper 20 Minutes: You Can Do It. A positive approach to supporting people to address tobacco.
Sue Bertossa
The Tobacco and Mental Illness Project conducts smoking cessation programs for people with mental illness throughout the Adelaide metropolitan area. Over 250 people have participated to date, with impressive results. By the end of the program 28% of participants were not smoking and another 47% were smoking less than at the outset. We will provide a simple, evidenced-based framework for raising the issue of tobacco with consumers, and providing ongoing support to those wishing to address their smoking. The emphasis will be on skilling health workers to provide brief and effective intervention. We will explore common barriers and issues to quitting and provide practical tips and suggestions to help overcome these. The practices are based on the collective wisdom of the program facilitators and the many consumers who have participated in the program since its inception. Learning Objectives: 1. They will be able to take away with them a range of strategies and techniques that can be used to support people with mental illness to address their smoking. 2. Tobacco is a serious health and lifestyle issue for many people with mental illness, and we will explore the special issues that may be involved in assisting people with mental illness to quit or cut back on smoking. References: Coglan, R., Lawrence, D., Holman, C.D.J., Jablensky, A.V., 2001, Duty of Care: Physical illness in People with Mental Illness, Perth: The University of Western Australia. National Tobacco Strategy, Smoking Cessation Guidelines for Australian General Practice, in http://www.quitnow.info.au.

S10 Smoking IS an Issue
31/08/2005 From: 1130 To: 1300 Venue: Room 11
Paper 20 Minutes: The personal experience of living with a mental illness and quitting tobacco.
Mark Weston Reg Zacher
Many people with mental illness smoke tobacco and as a result experience poor physical health, poverty, social and community barriers and more difficulty resuming a healthy, satisfying life in the community. Many people with mental illness are very concerned about their smoking and want to quit or reduce tobacco. Since 2000, over 250 people living with mental illness in South Australia have participated in a 10-week course to quit or reduce tobacco. Two people living with mental illness who have quit tobacco will make this presentation. It will address the reasons we decided we wanted to address tobacco, how we went about it and the impact that it has had on our mental and physical health and the quality of our lives. The presentation will also include some snippets from the video Lets Call It
Quits which is a documentary about tobacco and mental illness. It explores several people’s experience in their journey to quit or reduce smoking. This presentation will provide delegates with knowledge of the information, support and encouragement that we found helpful and it will make recommendations to consumers, carers and mental health workers about the key components of successful services for people with mental illness addressing tobacco. Learning Objectives: 1. The audience will gain an understanding of the experience of living with a mental illness and quitting tobacco. They will go away with knowledge of the importance of addressing tobacco and the strategies that are most effective. 2. Tobacco smoking is a very serious problem for many people with mental illness and many want support to address it. References: 1. Addington, J., 1998. Group Treatment for Smoking Cessation among persons with schizophrenia. Psychiatric Services, 49 (7) 925-928. 2. SANE Australia, 2004, The SANE Smoke-Free Kit, SANE Australia.

S11 Consumer Well-being and Support
31/08/2005 From: 1130 To: 1300 Venue: Riverbank 1
Paper 20 Minutes: How you can fly like an eagle despite being surrounded by galahs: My journey from fear and captivity to strength and freedom.
Jill Collins Teri Mahoney
Teri, a woman of Aboriginal background with an 8 year history of very challenging behaviours and multiple suicide attempts required 8 months admission to Sunshine Adult Acute Psychiatric Unit. This paper will present the consumer’s view of a process that has opened up a whole new world for her, allowing her to realise she is a worthwhile person. The worker focused on building a sense of trust and belief in the narrative as the silence and secrets of child sexual abuse was disclosed. The worker involved Consumer Consultants and ex-consumers who successfully lived with hearing voices. The sense of being a team in healing grew as time unfolded and the worker understood the distress from voices and visions. Safety and containment were a team effort. By September the empowerment process began with a joint presentation to the NWMH Network To Support Workers Who Address Sexual Assault Issues In Mental Health in Melbourne. The politics were about the length of admission. Beginning to trust in people and gaining the courage to stand up to the institutional powers balanced with a new understanding of medication and treatment needs. Regaining of self identity, trust and self worth gives new hope. Learning Objectives: 1. Working therapeutically with child sexual assault/trauma as a cause of mental illness. That counselling (trauma model) can also utilise linking consumers with other people with similar problems (hearing voices). Re-explore diagnoses and treatments. 2. People who attend will gain an insight into the importance of not accepting the history in a psychiatric file as being all there is to the story. Not accepting that a person who is very damaged psychiatrically from child sexual abuse is too unwell to recover. That sometimes community teams do not help or why institutional inpatient services are better than community services. References: Read J, Mosher L, Bentall R, (2004). Models of Madness, Brunner-Routledge for the International Society for Psychological Treatment of Schizophrenia, UK. Herman J. MD, (1992). Trauma and Recovery, Basic Books, USA.

S11 Consumer Well-being and Support
31/08/2005 From: 1130 To: 1300 Venue: Riverbank 1
Paper 20 Minutes: I get plenty of support now thanks. How a NGO supported accommodation program is working in Rural NSW.
Julie Millard Clyde Edwards Leeanne Curtis
Clyde is a 43 year old man with Schizoaffective Disorder who has lived a 'rough life', spending time in jail and moving from boarding house to boarding house in three different states, finally calling Broken Hill home. Prior to entry to the Richmond Fellowship's Housing and Accommodation Support Initiative (HASI) program Clyde lived for 3 years in a small dark room in a Broken Hill boarding house with frequent presentations and admissions to hospital, alcohol, marijuana and gambling problems, no friends and lacking in self confidence. The Fellowship's Rural HASI program is an innovative and creative partnership
program, which provides daily disability support services, permanent and secure accommodation and clinical mental health services for people with a mental illness who have high support needs who live in the New England, Greater Murray and Far West areas of NSW. Clyde is keen to tell the story of his journey and talk about his transition from an isolated individual to an active member in the community who recognises recovery is an ongoing process. This paper will give a consumer perspective and explore the role and give specific examples of disability support in rural communities in NSW as well as provide an opportunity for discussion on the establishment and maintenance of rural supported accommodation services. Learning Objectives: 1. An understanding of how a supported accommodation program in rural areas can make a difference to the quality of life and participation of community members who live with a mental illness. 2. Information will be provided about the individually tailored services provided in rural areas and address the issues of isolation and service access which could be applied to the workplace.

**S11 Consumer Well-being and Support**

**31/08/2005 From: 1130 To: 1300 Venue: Riverbank 1**

**Paper 20 Minutes: Partnership for service improvement in Aboriginal mental health: The RAISE Wellbeing Program.**

*Lee Martinez  Cephus Stanley  Marsha Warren*

Despite a high burden of disease from mental illness, substance abuse, grief and loss, Aboriginal people have poor access to appropriate quality mental health care. The response in national and state policy is to promote (1) the inclusion of culturally relevant practices along with high quality community based psychiatric methods delivered through Aboriginal and mainstream service partnerships and (2) the capacity building of Aboriginal health workers in mental health. An operational response in the Northern and Far Western Region of South Australia is the Regional Aboriginal Integrated Social & Emotional (RAISE) Wellbeing Program. RAISE Wellbeing is a service partnership between 4 local Port Augusta organizations; Aboriginal health, mental health, hospital & community outreach. The program has begun to develop: primary mental health care processes in the Aboriginal health service; referral and service linkages; the mental health knowledge and skill level of Aboriginal health workers. A case study involves the 4 partner organizations in an action research process to describe and respond to the factors that have led to the partnership, the factors that are helping its continuation and the hurdles that are yet to be overcome. We are asking the following questions: 1. What are the key policy processes that resulted in the program being implemented and maintained? 2. What factors in the setting (geographic, social, health system) influence the program strategies? 3. What have been the program impacts? 4. What will sustain the program and is it transferable? The presentation will describe our findings about these partnership factors.

**S12 Youth**

**31/08/2005 From: 1130 To: 1300 Venue: Riverbank 2**

**Paper 20 Minutes: Young people ask.... Ybblue?.**

*Craig Hodges  Tana Cuming  David Lawrence  Anna Kennett*

Depression affects one in five young people in Australia; this is a staggering statistic which is overshadowed by the fact that 60% of these young people do not find appropriate help. Depression has for a long time been a silent illness shrouded in stigma. Depression in young people has often been explained away as teenage angst or attention seeking behaviour. Many young people with depression could not recognise the warning signs in themselves and others and did not know how to seek appropriate help. Ybblue is a depression awareness campaign designed by young people for young people. As the youth arm of beyondblue: the national depression initiative, Ybblue.com.au is an interactive website where young people can go to find out about depression and ways to help themselves and others. This paper will describe beyondblue's youth agenda which focuses on preventing depression at different ages in a young person's life, in a range of different environments such as, school, home or in the
community; and is built on strong partnerships, an evidence-based approach and the participation of young people.

**S12 Youth**
31/08/2005 From: 1130 To: 1300 Venue: Riverbank 2
Paper 20 Minutes: Caring for Kids: Collaborations between Mental Health & Paediatrics.
Cathleen Lum

In mid-2003, the Paediatric Mental Health Team (PMHT) was created within the Blacktown City Mental Health Service to address the needs of children presenting with mental health and behavioural issues at the local Emergency Departments. Initially a consult and liaison service, PMHT has shifted its focus to include collaboration with community health centres as well as the Department of Paediatrics - Blacktown & Mt Druitt Hospitals. This year, PMHT, in partnership with the Paediatricians, nursing staff and paediatric registrars is embarking on new territory by assisting with the education and training of registrars and staff regarding the management of mental health presentations. We are also establishing an outpatient Acute Mental Health Clinic within the Children's Ward at Mt Druitt Hospital and strengthening relationships with Community Health Services to provide continuity of care for children and families with complex needs. This presentation will highlight the obstacles and creativity needed to establish working relationships between historically segregated services to increase comprehensive approaches to paediatric health. It will address the issues of engaging and working with complex families in an area of cultural and social economic diversity, and the challenges of managing the increasing number of children presenting with behavioural and psychiatric difficulties. Learning Objectives: 1. This presentation will highlight the obstacles and creativity needed to establish working relationships between historically segregated services to increase comprehensive approaches to paediatric health. It will address the issues of engaging and working with complex families in an area of cultural and social economic diversity, and the challenges of managing the increasing number of children presenting with behavioural and psychiatric difficulties. 2. Nationally, Australia has seen an increase in child and adolescent mental health problems, with a recent survey 'showing that 14% have significant problems' (Dossetor, 2004). With the escalation in psychiatric presentations among children and adolescents, mental health services need to look at ways to proactively address the needs of families with complex needs. The aim of PMHT is to work collaboratively with the Paediatric Department and strengthen relationships with community health services and non-government agencies to provide earlier intervention for complex families. Learning Objectives: With the shortage of appropriate placements for children and adolescents with psychiatric and behavioural disorders in NSW, PMHT and the Department of Paediatrics at Blacktown & Mt Druitt Hospitals also aim to improve the management of children and adolescents admitted with psychiatric and behavioural concerns on paediatric wards. References: Dossetor, Dr David. The Multiproblem Child. The Clinician, CHW - Department of Psychological Medicine. Vol 2, No 2, Page 79 - October 2004. English, Margaret. Managing Disruptive Children on a Paediatric Ward. The Clinician, CHW - Department of Psychological Medicine. Vol 1, No 2, Page 34 - Autumn 2001. Rosina, Robyn. Nursing the Depressed Adolescent on a Paediatric Ward. The Clinician, CHW - Department of Psychological Medicine. Vol 2, No 1, Page 56 - Summer/Autumn 2002. The Royal Australasian College of Physicians. Health Policy Unit: Paediatric Policy. In the Interests of Children - A Statement of Principles for Paediatric Services in Australia, May 2003.

**S12 Youth**
31/08/2005 From: 1130 To: 1300 Venue: Riverbank 2
Samantha Splatt Katharina Verscharen

Eastern Health Primary Mental Health & Early Intervention Team and the Shire of Yarra Ranges Youth Services have developed a unique clinical support program to aid the recovery
of young people experiencing their first episode of psychosis. Attached to this unique program is a support group for families and friends who have a young person involved in the program. The unique features of the program include collaboration between clinical and community based services. A collaboration between all aspects of the mental health service system, adult, child and adolescent, CAT, Psychiatric disability and support and specialist employment services. A wide referral base that has intentionally included community referrals, that would otherwise not be accepted in a clinical service and referrals from private practitioners. The wide scope of referrals extends opportunities for cross referrals and further partnerships within service systems and pathway for referral for young people and/or their families and friends to relevant community service options. The program encourages participants to share their experience of a first onset psychosis, what this means to them as individuals, how this impacts on their social, occupational and psychological functioning at the time of illness and recovery and guides participants to look toward the future. The program has been designed to be regularly reviewed and evaluated with both process and outcome goals for clients and services. Extensive preparation in meeting all the different service needs has enabled pathways and partnerships to be developed and consolidated.

Learning Objectives:
1. The presenters will highlight the process in developing marketable, comprehensive and sustainable programs that provides evidence for efficacy for the service system. A description of how they facilitate this unique program that assists young people, and their supports through education, affirmation, psychosocial interaction. This presentation will assist audience members to conceptualise creative treatment modalities that enhance service responsiveness to this specific client group.
2. Mental Health Issues are the leading cause of disability in the youth population. There is strong evidence to the efficacy of early intervention programs in delaying the onset, severity and impact of psychosis on the individual. This program identifies a collaborative model that enhances client care and service development. The service systems will be challenged on their capacity to respond to specific target groups in a collaborative manner.

References:

S13 Children of Parents with Mental Illness: Change & Workforce Development
31/08/2005 From: 1130 To: 1300 Venue: Riverbank 3
Symposium 1.5 Hrs: Effecting Change: Equipping Workers and Reorienting Services to Support Families Where a Parent has a Mental Illness.
Anne-Lyse De Guio Vicki Cowling Nick Kowalenko Rose Cuff Elizabeth Fudge
Anne-Lyse De Guio, from the Centre for Mental Health in NSW will introduce the first two presentations by setting them within the context of State-level changes in line with the 'Principles and Actions' document. Vicki Cowling and Dr. Adrian Falkov will present information about the CAMHSNET (Child and Adolescent Mental Health Statewide Network) COPMI initiative in the Hunter New England region of New South Wales, which aims to provide clear and integrated pathways to service for children of parents who are clients of adult mental health services. It is hoped this model will have future applications across the state. Key themes in the development of this model are: clinical activities, training, and evaluation research - to be informed by consumer and carer participation. This presentation will outline the training material developed for adult mental health staff, and describe the role CAMHSNET clinical staff will have in liaising with adult mental health units to provide assessment, triage and consultation services for parents and their children. Dr. Nick Kowelenko will provide information about a developing model of partnership training for child and youth health staff working with mothers with persistent post-natal depression. His presentation will include outcome data and qualitative feedback from the workforce engaged in the model and how this contributed to reorienting services. The VicChamps Team will provide insights into how the VicCHAMPS program in Victoria is working to promote sustainable outcomes in the area of service provision for families where a parent has a mental
illness through workforce training, service development and partnerships across the sectors of health, welfare and education. These initiatives are being piloted in a jointly funded project across a rural and a metropolitan region incorporating Eastern Health Mental Health program, Upper Murray Family Care and Charles Sturt University. Learning Objectives: 1. Participants will gain insight into a key area of the 2004 ‘Principles and Actions for Services and People Working with Children of Parents with a Mental Illness’ document, namely ‘Workforce Development and Service Reorientation’. They will learn about initiatives designed to challenge and equip workers from a range of disciplines and settings with relevant skills and knowledge, including a focus on family-sensitive, strengths-based, and intersectoral practice. 2. A focus by mental health services on family-unit assessment and intervention is viewed by many as the strategy that will best effect change in outcomes for children of parents with a mental illness. Adult mental health workers have identified that they require skill development and maintenance and the support of their employing organisations in order to identify the needs of their adult clients' children and other family members. Child protection and other service providers in the community also report the need for improved skills and knowledge in the area of mental illness. References: AICAFMHA. Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA: Australian Infant Child Adolescent and Family Mental Health Association Ltd, 2004.

S14 Mental Health Strategies - Australia & New Zealand
31/08/2005 From: 1400 To: 1500 Venue: Hall E
Symposium 1 Hr: Where are we going? - government policies and strategies for the future.
Nathan Smyth  Arawhetu Peretini
TheMHS welcomes Mr Nathan Smyth (Australia) and Ms Arawhetu Peretini (New Zealand) to the conference. This is your chance to come and hear about national strategies and directions, and what this means for you/your mental health service. Do you think that these strategies are simply words on paper? Policies and plans DO make a difference to the lives of people with mental illness and their families. Come to this session and find out how. PAPER 1: Mental Health in Australia, by Nathan Smyth, Assistant Secretary, Health Priorities & Suicide Prevention Branch, Department of Health & Ageing, Canberra, Australia. PAPER 2: Mental Health in New Zealand by Arawhetu Peretini, Manager, Maori Mental Health Team, Mental Health Directorate, Ministry of Health, Wellington, New Zealand

S15 Stigma Mindframe National Media Strategy
31/08/2005 From: 1400 To: 1500 Venue: Hall B
Symposium 1 Hr: The Mindframe national media strategy.
Barbara Hocking  Jaelea Skehan
This session will provide an overview of the Mindframe national strategy to promote responsible and accurate reporting of suicide and mental illness in the media. An update of all projects within the strategy will be given including, SANE, StigmaWatch, Responsibility and the Mindframe Media and Mental Health project. New initiatives will also be discussed.

S16 Disturbed Behaviour and Acute Care
31/08/2005 From: 1400 To: 1500 Venue: Hall C
David Castle  Daniel Nicholls  Mervyn Love  Jeffrey Daniel
There is no doubt that behavioural disturbance ('acute arousal') amongst people with a psychotic illness is an important clinical issue. Potential risks to the individual, to fellow patients, and to staff, all speak to the need for effective protocols to deal with such psychiatric emergencies. Regrettably, however, there have been very few clinical trials in this area, and most that have been performed are necessarily of biased samples of patients who consent to participate in a clinical trial, and who are deemed by research staff to be safe to do so (as the
comparator agent is usually placebo). There is also a tendency for research to concentrate on either nursing or medication interventions, and few studies have integrated these two important elements. This present study aimed to address some of these issues by using a naturalistic prospective design in two neighbouring inpatient settings. The objectives included longitudinally assessment of the efficacy and tolerability of a variety of nursing and medication interventions for the management of any episode of behavioural disturbance, and information gathering so that more evidence-based guidelines could be developed. We also built in a 24-48 hour post-episode debrief of the patient, in order to assess the impact of the event, and to establish the elements of the intervention which were most effective, least traumatic and more empowering patients in terms of future behavioural disturbance.

S16 Disturbed Behaviour and Acute Care
31/08/2005 From: 1400 To: 1500 Venue: Hall C
Paper 20 Minutes: Towards the Elimination of Seclusion and Compulsion.
Helen Gilbert
Research and service user's experience shows that compulsory treatment is an impediment to recovery from mental illness and that seclusion provides more risks to recovery than benefits. Nonetheless both seclusion and compulsion frequently feature as an aspect of peoples' experience of mental health services which are expected to provide quality service geared to recovery. This paper identifies the challenges in designing quality services that do not rely on compulsion or seclusion but provide recovery and safety, both for service users and staff.

S17 Bringing Change to Community Mental Health
31/08/2005 From: 1400 To: 1500 Venue: Meeting Room 1 & 2
Paper 20 Minutes: The Challenges of Embedding Chronic Condition Self-Management into a Community Mental Health Service Strategies for Change.
Sharon Lawn Malcolm Battersby Rene Pols
Chronic condition self-management (CCSM) is a validated approach to health care that has been evolving and widely used in the 'physical' health sector for several years, nationally and internationally. Its main premise is the belief that individuals with chronic illness or at risk of developing chronic illness, carers, professionals, other supports and systems can join together as equal partners to effectively manage the person's condition, that people can learn to be effective self-managers when provided with appropriate tools, supports and information and that this is in fact their right. Internationally, the WHO Global Report (2002), and extensive work by Wagner and colleagues (1996) and Lorig and colleagues (2003) over many years, has done much to achieve progress in this area. As health systems increasingly grapple with scarce resources and the growing burden of chronic conditions, this approach has been receiving much interest at both a policy and practice level. Until recently, people with mental illness have been largely excluded from CCSM programs. Their issues have been perceived to be somehow separate or too complex for a more generic and generalist approach to be taken. This paper reports on the experiences of attempting to embed CCSM into a community mental health service. This follows the commitment of the Division of Mental Health/Flinders Medical Centre to take this course after a highly successful pilot was undertaken recently within the service, the first of its kind internationally with a mental health population. Learning Objectives: 1. The audience will gain ideas and strategies for overcoming barriers to practice change. They will also gain an understanding of the benefits of this approach for consumers, mental health workers, and service delivery systems generally. 2. There is a clear need for mental health services to cope more effectively with increasing demands on resources and to build a truly consumer-centred, inclusive approach to service delivery for people with mental illness. The CCSM approach offers an opportunity to improve community integration, improve linkage with the primary health care sector, and challenge cultural barriers to increased involvement by people with mental illness in their own care. References: Lorig, K R and Holman, H R (2003). 'Self-Management Education: History, Definition, Outcomes, and Mechanisms.' Annals of Behavioral Medicine 26(1): 1-7. Wagner, E, Austin, B and Von Korff, M (1996). 'Organizing Care for Patients with Chronic Illness.'
In 2003 the Mental Health Association NSW Inc was contracted by the Attorney General's Department of NSW, Families and Friends of Missing Persons Unit to produce resources that would assist the families and friends of people who had gone missing. 30,000 Australians are reported missing each year so this is a problem that affects a significant number of people. Although 99.5% return or are found within one month, the emotional roller-coaster that families and friends experience during that time can be devastating. The aims of the project were: To produce resources that would help families and friends to understand and deal with what is happening to them; To increase the knowledge of families and friends of missing persons about mental health issues; To enable them to help themselves and seek help when needed; To enable them to understand and if possible assist their relative or friend who may have a mental disorder. The products were a 106-page book titled Someone is Missing and a website www.missingpersons.org.au. The book is being distributed by the police and other agencies to people who might benefit from reading it.

References:

Learning Objectives:
1. The presentation will raise awareness and understanding of the scope of the problem and of the mental health issues affecting the families and friends of missing persons. 2. Families and friends of people who are missing experience a range of mental health issues from anxiety and depression to grief and loss.

A personal response of an adopted person to the research on the affects of adoption and an expose of the broader underlying cultural dynamics involved in this concept which has profound consequences on individual lives. The sense that the adopted person makes of being raised in a culture/family, different to that of their birth right. The incidence of mental and emotional disorder among all parties to adoption is high. Co-morbidity (mental illness and concurrent drug abuse) are more significant than in the general population. Our genetic ties are pivotal to who we are, our sense of identity and selfhood. Australia's past widespread coercive family separation practises are bad for the health of the individuals involved as well as for the health of the nation as a whole. There is a lack of understanding of adoption issues by professionals in the mental health system. Learning objectives: 1. To gain an understanding of the many mental health issues surrounding the institution of adoption that have lifelong impacts on those involved. 2. To bridge the gap in the understanding of the effects of family separations in the mental health arena.
S19 Comorbidity: Intellectual Disability; Diabetes  
31/08/2005 From: 1400 To: 1500 Venue: Room 10  
Paper 20 Minutes: Psychopathology in intellectual disability: Characteristics and outcomes for a population of intellectually disabled people referred to a Statewide Specialist Mental Health Service. 
Janina Tomasoni Andrew Pridding  
Study data were compiled between 1999 and 2004 during comprehensive interdisciplinary diagnostic assessment. This study firstly describes the demographic and clinical characteristics of a non-random sample of 265 patients referred to the Victorian Dual Disability Service from Victoria’s public mental health services. Secondly, it compares the mean total Health of the Nation Outcome Scale for Learning Disability (HoNOS-LD) scores at the time of assessment and at three month follow up for 160 cases from the diagnostic categories of schizophrenia, autistic spectrum disorder, anxiety disorder and mood disorder. Key findings will be interpreted and discussed, and implications for public mental health practice will be highlighted. Learning Objectives: 1. Participants will gain an understanding about the numbers and characteristics of people with intellectual disability in receipt of public mental health services in Victoria. 2. Participants will recognise the range and impact of mental disorders on people with an intellectual disability and the impact that this has at a patient and service system level. References: Bebbington, P., Brugha, T., Hill, T., Marsden, L & Window, S. (1999) Validation of the Health of the Nation Outcome Scales. The British Journal of Psychiatry, 174, 389-394. Borthwick-Duffy S. A. & Eyman R. K. (1990) Who are the dually diagnosed? American Journal on Mental Retardation 94, 586-95.

S19 Comorbidity: Intellectual Disability; Diabetes  
31/08/2005 From: 1400 To: 1500 Venue: Room 10  
Paper 20 Minutes: Innovative ways of treating co-morbid diabetes type II and depression: development of the ‘MADE-IT’ program. 
Brian Kelly Amanda Baker Leigh Underwood  
Both Diabetes and depression are considered ‘chronic’ conditions and affect an increasing number of people each year. Indications by the World Health Organisation suggest that depression affects about 121 million people, and is considered the fourth leading contributor to the global burden of disease, and estimates that it will move to second place by 20203. There are approximately 171 million people with diabetes worldwide with predictions forecasting this figure doubling by 2030, with three and four fold increases for some countries.2 Anderson and colleagues4 suggest that those with diabetes are twice as likely to develop depression with approximately 15-30% meeting the criteria for diagnosis of major depressive disorder. This project involves introducing a new 8 session program to address co-morbid presentations of diabetes type II and depression. The program combines diabetes education and cognitive behavioural interventions for depression, emphasising interactions between the two chronic health conditions, and providing a structured approach to manage both conditions. This model may prove suitable for those people living in rural and remote areas where there is likely to be limited access to specialist mental health services. Method: Patients will be evaluated on measures of diabetes knowledge and control, depression, quality of life and coping. Discussion of a single case design pilot study and implications for further research.

S20 Studies on: Shame; Attitudes to Outcomes Measurement  
31/08/2005 From: 1400 To: 1500 Venue: Room 11  
Paper 20 Minutes: A continuous quality improvement program to ensure rater accuracy in routine outcomes and casemix collection. 
Cheryl Ann Lambert Liz Prowse Tim Coombs  
Routine consumer outcome measurement has been introduced into all Australian mental health services. Measures such as the Health of the Nation Outcomes Scales (HoNOS) are to be regularly completed by clinicians on all consumers of services at admission, review and discharge and this information is to be used for clinical practice, service management and development purposes. Ventura et al (1993) have clearly identified the need for quality
assurance activities to ensure the accuracy of raters. This paper outlines the steps taken in an adult mental health service to ensure the accuracy of HoNOS ratings being provided by clinicians. A retraining activity provided the opportunity to assess the accuracy of approximately 75% of the services clinical staff through the rating of a standard vignette. Using a method described elsewhere (Coombs et al 2002), the individual accuracy of raters was calculated and ranged from 50 to 83%, mean 68.6% sd 7.6. Following training, individual rater accuracy had improved mean 90.6% sd7.6. However the results indicated that some staff clearly have difficulty providing accurate ratings while others do not. The results highlighted the need for targeted retraining of staff to ensure the accuracy of ratings. The approach to this targeted retraining and the barriers to the implementation of systems to ensure the accuracy of ratings in adult mental health services will be discussed, along with the opportunities to support rater accuracy through clinical review processes. Learning Objectives: 1. Attendees will gain an understanding of different approaches to ensuring the accuracy of ratings being provide by clinicians as part of routine outcome measurement. 2. The significant investment in mental health services in the introduction of routine outcome measurement highlights the need for quality improvement activities to ensure the collection and use of accurate information.

S20 Studies on: Shame; Attitudes to Outcomes Measurement
31/08/2005 From: 1400 To: 1500 Venue: Room 11
Paper 20 Minutes: Attitudes of clinical staff to outcome measurement.
Tom Trauer Tom Callaly Helen Herrman
Routine outcome measurement has now been introduced into most Australian mental health services, but early experience suggests that clinical staff vary greatly in their attitudes towards it. Following a brief review of the relevant literature, we report a study a part of which comprised surveying attitudes of clinical staff in two adult area mental health services that introduced routine outcome measurement in 2000. Three surveys were conducted at the start, middle and end of a twelve month study period. Results are presented in terms of return rates, levels of perceived value, ease of use, and usefulness of outcome measures, changes in these over the study period, and difference in attitudes according to (a) respondents' profession, (b) where in the service they worked, and (c) how many outcome assessments they themselves conducted. Conclusions and implications include the need for (a) greater medical buy-in, (b) possible changes to outcomes training, (c) better information technology and reporting support, and (d) greater involvement from consumers and carers. Learning objectives: 1. Attendees will gain insight into the spectrum of attitudes surrounding outcome measurement, and some of the associated factors. 2:Outcome assessment is now mandatory in Australian mental health services, but uptake is patchy, partly due to clinicians' attitudes and perceptions. References: Walter, G., Cleary, M. & Rey, J. M. (1998) Attitudes of mental health personnel toward rating outcome. Journal of Quality in Clinical Practice 18: 109-115.Garland, A. F., Kruse, M. & Aarons, G. A. (2003) Clinicians and Outcome Measurement: What's the Use? Journal of Behavioral Health Services & Research 30(4): 393-405

S21 Human Rights - the Empowering Cloak
31/08/2005 From: 1400 To: 1500 Venue: Riverbank 1
Workshop 1 Hr: You can't do that to me Because! Korowai Whaimana - The Empowering Cloak - Human Rights for the Uninitiated.
Tarja Rachael Walter Graham Johnson
The aim of this hour long workshop is to inform attendees of the progress of the new Korowai Whaimana Training, an initiative of the Human Rights Commission in partnership with the Like Minds Like Mine Project to counter stigma & discrimination experienced by people with experience of mental illness. This workshop is a follow on to the Human Rights Commission - Toreadors paper that was presented by Sonja Goldsack at last year THEMHS in Broadbeach. It will be presented by the experienced partnership of Graham Johnson & Tarja Walter who have been delivering the new Korowai Whaimana workshops to consumers/tangata whaiora in the isolated Northland area of Aotearoa/NZ. The Korowai
Whaimana workshops aim to enable people with experience of mental illness to understand the Human Rights Act 1993 (NZ), in order to improve their access to; education, goods & services, accommodation, public places & facilities and to know their rights in these areas. Korowai Whaimana workshops are provided free to, Service Users, Consumers/ Tangata whaiora, by Human Rights Commission trained facilitators who all have their own experience of mental illness. This shared experience is a vital component of the process that makes the workshops so successful. In this workshop participants will get an overview of the Korowai Whaimana workshop, experience some of the activities included in the workshop and discuss results of the evaluations completed by participants at the end of the workshop. How do you know when your rights are being infringed or eroded if you don't know what your rights are? Learning Objectives: 1. The Workshop participants will learn how the Korowai Whaimana workshops have been delivered to and received by the service users, consumers/ tangata whaiora of Northland one of NZ/Aotearoa's most isolated rural areas. Information from the Korowai Whaimana workshop participants' evaluations will be presented at this workshop to illustrate the effectiveness of this programme to combat stigma & discrimination. 2. This topic is relevant to Mental Health as by providing information about basic human rights will empower tangata whaiora/ consumers/ service users to get the services/treatment they are entitled to and to live meaningful lives of their own choosing. References: Korowai Whaimana Resource: Human Rights Commission /Like Minds Like Mine Project (2004). Respect Costs Nothing. A survey of discrimination faced by people with experience of mental illness in Aotearoa New Zealand: Mental Health Foundation, (2004) HRC Toreadors: Presentation by Sonja Goldsack at THEMHS 2004. Workshop Plan: Time: 1 hour . Target Audience: THEMHS Attendees. Group Size: Unknown Time (mins) What Requirements. 2. Chairperson's Intro - Karakia Mike. 5. Introduce Selves: 10 About Korowhai Whaimana the realities of laying down the cloak. 15 Activity ~ G+A+C0HP.5 Taking a complaint - support etc. 5 Debrief. 15 Questions & Discussion 3. Poem & Close: Total: 60.

S22 Studies on: Infant, Children, Parent Mental Health
31/08/2005 From: 1400 To: 1500 Venue: Riverbank 2
Adele Cox Sven Silburn
This presentation aims to inform delegates about the recent findings from the WA Aboriginal Child Health Survey. Volume Two, The Social and Emotional Wellbeing of Aboriginal Children and Young People, is the second publication in a series of five volumes. Findings from Volume One, The Health of Aboriginal Children and Young People were presented at the last annual TheMHS Conference in Queensland in 2004. Background: The WAACHS is the first comprehensive, representative statewide survey of Aboriginal child health and wellbeing conducted in Australia. The WAACHS was developed as a result of continued community and government concern about the lack of information to describe the nature of the extent of health and wellbeing in Western Australian Aboriginal children and adolescents. The availability of such information is critical for the funding, development, delivery and evaluation of prevention and treatment services for Aboriginal children and their families. The WAACHS was conducted by the Telethon Institute for Child Health Research in collaboration with the regional ABS, and with the support and direction of the WA Aboriginal Community Controlled Health Organisation (WAACCHO), the WA Council of ATSIC Commissioners, and the WA Council of Aboriginal Elders. It was undertaken in response to a request from Aboriginal elders and leaders to replicate the process used in the mainstream WA Child Health Survey, which has been so effective in informing policy and practice towards better health and wellbeing of non-Indigenous populations since its inception in 1993. The WAACHS was conducted throughout rural, urban and remote areas of WA. The aim of the survey has been to gather information on the health and wellbeing and the education attainment of a representative community sample of Aboriginal children and young
people aged 0-17 years in Western Australia. Data have been collected through a household and school based survey of 5,309 children (0-17 years), 1,069 youths (12-17 yrs) and 3,155 primary and secondary carers, and include educational information on over 2,000 children attending school. This was a huge undertaking. Western Australia covers one-third of the nation's landmass, and includes some of the world's most remote and inaccessible areas. The WAACHS surveyed all regions, encompassing their urban, rural and remote zones to achieve a true representation of the population for all WA regions. The WAACHS provides access to information access to information on the prevalence, scope and causal trajectories of developmental health problems in Aboriginal populations and communities. It was designed to provide the State and Commonwealth governments, the ATSIC Regional Councils and Aboriginal Community Controlled Health Organisations with quality data to inform planning of services to support and promote wellbeing of Aboriginal children. It will also serve to answer questions such as - what works for Aboriginal young people and their families, why do some Aboriginal children and young people do better than others, and how is it that some Aboriginal children overcome significant adversity? Overview. The presentation will cover the following: Measuring social and emotional wellbeing of Aboriginal children and young people Factors Associated with Emotional and Behavioural difficulties in Aboriginal children and young people Family Classification and Circumstance of child rearing Significant family factors Significant child and carer factors Protective factors Youth self report outcomes and results Effects of forced separation and forced relocation Actions and Ways forward Improving the capacity of communities, families and children.

S22 Studies on: Infant, Children, Parent Mental Health
31/08/2005 From: 1400 To: 1500 Venue: Riverbank 2
Paper 20 Minutes: Feeling Attached - Parent and Infant Mental Health: Building Primary Care and Community Worker Partnerships.
Wendy Thiele  Anne Sved Williams  Trudy Gilligan
The Perinatal and Infant Mental Health in the Community project (PIMHIC) is a 2-year project funded by the South Australian Department of Health in response to an identified need for the early identification and intervention in mental health care for women and their babies in the perinatal period. The project's goal is to improve the diagnosis and management of perinatal and maternal infant mental health problems in the community through: Increasing the skills and knowledge of GP's and community mental health workers in perinatal and infant mental health . Improving communication and collaboration among providers involved in providing care to mothers and babies Development of a framework for coordinated service delivery of perinatal and infant mental health services in the community. When a parent's mental health is compromised, meeting a child's needs may be significantly impacted on, significantly, the attachment relationship between mother and infant. Poor maternal infant attachment, combined with a range of social risk factors, can have significant impact on social, emotions and physical development for the infant and on into childhood, adolescence and adulthood. Ensuring that the parent-infant relationship is well established and enhanced is a key part of treatment, particularly as a preventative intervention for the infant. A unique, multidisciplinary, multiagency training package of 2, 4-hour sessions in perinatal and infant mental health has been developed and piloted for community based workers, including GPs, mental health workers, child protection workers and maternal-child workers. The aim of the training is to ensure that a common base of knowledge and skills is established, to provide networking opportunities at a local service level and to promote greater collaboration between services working with mothers and babies. Developing the capacity of a range of service providers to identify parent, primarily maternal mental health problems and infant mental health problems early and provide supportive intervention will assist with maximizing mental health outcomes in the community. The content of the package will be outlined, initial outcomes and future directions of the project will be discussed including the development and piloting of this training for community workers working with Aboriginal women and their children, for the rural sector and a planned interstate pilot of the program utilising a 'train the trainer' approach will be outlined. Evaluation results will be presented which show the
applicability and usefulness of this approach to ensure wider community knowledge and skills in the perinatal and infant mental health area. The challenges associated with meeting a range of professional and agency training needs will also be discussed.

**S23 Children of Parents with Mental Illness: Speaking to young people about parents' mental illness**

31/08/2005 From: 1400 To: 1300 Venue: Riverbank 3

**Workshop 1 Hr: Creating Conversations: A workshop to explore ways to speak with young people about Parental Mental Illness.**

Danielle Forer

Many children and young people in families where a parent has a mental illness desire information about their parent’s illness and prognosis, and generally, their parents want them to be provided with explanations about events and circumstances surrounding parental illness (Garley et al cited in AICAFMHA 2004, 6). But how do you begin a conversation about this topic? This workshop will explore ideas for how to speak with young people about parental mental illness. Young people from the Paying Attention To Self Program in Victoria will facilitate this workshop, providing ideas for parents, relatives, teachers, mental health and family support workers on how to broach the topic with young people. PATS is a peer support program for young people whose parent is affected by a mental illness. PATS utilizes principles of peer support and youth participation to facilitate young people talking to each other, their family and support workers about mental illness. This will be an interactive workshop, exploring individual and group activities that facilitate discussion and enable young people to feel safe in sharing their experience. Young people and facilitators from PATS will demonstrate activities that they have found helpful in the program. There will be an exploration of the topics which young people consider are important for them to be able to speak about.

**Learning Objectives:**

1. Participants in the workshop will gain practical ideas and activities that promote discussion of mental health and illness with young people. There will be opportunities for those present to share their knowledge and experience in this area. The workshop will provide an avenue for sharing of ideas between participants.
2. There is growing recognition of the need for children and young people to be provided with age appropriate information relating to their parent’s mental illness. Support and understanding are factors which can increase the resilience of children and young people and prevent the development of mental health problems themselves. Education of children and other family members can assist children to cope effectively with the parent’s mental illness and the stigma which often surrounds it AICAFMHA, 2004, 6).


**S24 Sexuality and Mental Health: Scared to Talk About Sex?**

31/08/2005 From: 1530 To: 1700 Venue: Hall E

**Symposium 1.5 Hrs: Sexuality and Mental Health: Scared to Talk about Sex?**

Penny Roughan James Hundertmark Paul Nestor Katrina Allen

**Aims:**

1. To normalise the process of professional engagement with consumers about their sexual health issues.
2. To present strategies for this engagement.

**Learning Objectives:**

1. Participants/audience members will be more able to understand the sexual health issues of their clients.
2. More effectively include sexual health issues in the assessment and management of their patients/clients.

**Abstract:** Are you scared to talk about sex with your client/doctor/peers? Many mental health service providers describe difficulty talking about sexual issues with their clients. They worry they are 'courting with disaster'. (Adelaide psychologist 2004). Consultation with mental health consumers experience their service providers as either fearful or unwilling to take their sexual health concerns seriously. They can thus learn to remain silent in order to maintain a good relationship with their worker. Consumers commonly report that they have never been encouraged to talk about what is happening for them sexually and often feel like they are the only one experiencing their
particular sexual difficulties. (SHine SA, 2005: My Sexual Health Matters, pp.3 & 24). This symposium addresses the practical strategies some South Australian professionals have developed to explore these issues with their clients/patients. The issues addressed are: varied inter-relationships between mental health issues, sexuality, sexual relationships and sexual functioning; options in contraception positive strategies for maintaining sexual safety during periods of vulnerability, effects of medications on sexual functioning and strategies for optimal management(www.med.virginia.edu/newstips/Archives00/anti-depressant.html). This seminar offers mental health providers the encouragement and strategies needed to integrate discussions on sexuality with their clientele in ways which are safe, relaxed and normal. Sexual health matters need to be seen as a basic part of being human which can be treated as an important part of the ongoing care of clients with mental illness. The aim of this symposium is therefore to normalise the process of engagement with clients/patients about their sexual health issues and to provide a forum for exchange of strategies for this engagement. Sexuality is a basic normal part of human nature. We can all contribute to the development of strategies which facilitate the normalisation of sexuality in a professional interaction. This seminar will actively involve the audience in this process of normalisation.

S25 Social inclusion and Mental Health - policy, practice and evidence from UK
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 1
Symposium 1.5 Hrs: Social Inclusion and Mental health: policy, practice and evidence from the UK.
Sherrill Evans Peter Huxley Martin Webber Sarah King Bill Davidson Susannah Rix

People with significant mental health problems are among the most socially excluded in society. It is no surprise therefore that social inclusion is a key priority for mental health policy and practice, and for users of mental health services. This symposium examines the concept of social inclusion in relation to mental health, from multiple perspectives and at multiple-levels. First, drawing largely upon evidence from the UK it highlights ways in which mental health policy can seek to address the discrimination and social exclusion that are associated with mental health problems. Second, drawing upon examples from around the world it examines the features of mental health services that aim to promote social inclusion for their consumers, and using an example from the UK explores how service developments might help consumers to achieve greater social inclusion. Third, two complementary approaches to the measurement of social inclusion are presented; the first approach derives from a participatory model of inclusion and uses domain based indicators of objective and subjective life quality to measure engagement in society; the second focuses on a social capital model of inclusion, measured in terms of access to resources via social interactions, networks and relationships. Finally, drawing upon evidence from two UK studies, the impact of mental health problems is explored and the effect of interventions provided by mental health services is evaluated using social outcome indicators. Chair: Dr Sherrill Evans, Institute of Psychiatry. Co-chair: Professor Peter Huxley, Institute of Psychiatry; Presenters: 1) Dr David Morris & Nicola Vick (National Institute for Mental Health - England). Promoting social inclusion through national mental health policy. 2) Professor Peter Huxley (IOP) & Dr Sarah King and/or Bill Davidson (IMPACT Research) Promoting social inclusion through mental health service provision. 3) Professor Peter Huxley & Martin Webber (Institute of Psychiatry). 'Measuring social inclusion'. 4) Dr Sherrill Evans & Martin Webber. 'Social inclusion: the evidence'. Social Inclusion and Mental Health: Policy, practice and evidence in the UK. PAPER 1 Promoting social inclusion through national mental health policy. David Morris, Nicola Vick National Institute for Mental Health England (NIMHE). Aims: To describe the UK government's social inclusion policy as represented by the Social Exclusion Unit's report on mental health, and the National Institute for Mental Health England's (NIMHE) implementation strategy for the report's action points. In the UK, a strategic approach to strengthening the social inclusion evidence base is being undertaken, including the establishment of a research and evidence coalition. The NIMHE implementation teams 8 project streams will be described. These are: stigma and discrimination; employment; income
and benefits; education; housing; community participation; social networks; and direct payments. The presentation will outline the links between the social inclusion policy and other UK initiatives such as the national Mental Health Research Network; the Mental Health and Employment network; the inclusion research network; the service user research group for England (SURGE); the social perspectives network; the social care research forum; and NECSR the NIMHE Eastern Region Consortium for Social Research.

Summary: This presentation will outline the UK government's agenda for the improvement of social inclusion for people with mental health problems, and outline progress to date in respect of service provision, service mapping and impact measurement. References NIMHE (2003) Making Inclusion Work: Social Inclusion Resource Pack on Service Mapping and Outcome measurement. NIMHE, England. Office of the Deputy Prime Minister (2004) Mental Health and Social Exclusion. Social Exclusion Unit. Learning objectives: Delegates will be able to:1) understand the nature of the social inclusion policy in the UK as it relates to people with mental health problems; 2) appreciate the extent of progress in the implementation of the social inclusion agenda in the UK, and the priorities for its future development.

PAPER 2 Promoting social inclusion through mental health service provision, Professor Peter Huxley & Dr Sarah King / Bill Davidson (IMPACT RESEARCH) Aim: To describe the features of socially inclusive services and provide evidence from a new UK initiative (Support Time and Recovery Workers) about the impact of services on social inclusion. Drawing upon evidence from around the world, the key features of socially inclusive mental health services will be outlined. The ways in which service developments might promote social inclusion for mental health service consumers is illustrated using the introduction of Support, Time and Recovery (STR) Workers to services in the UK as an example. The philosophy of the STR initiative is based on recovery, and the need for service users to access more time and support from service providers. STR workers assist service users with their everyday, practical needs in whatever setting they find themselves with the aim of promoting recovery, encouraging social inclusion and enhancing quality of life. Findings from a national pilot evaluation study, undertaken jointly by staff at Kings College London and IMPACT research, a mental health consumer-researcher organisation, will demonstrate how STR workers were able to help service users achieve greater social inclusion. Summary: this presentation will describe the features of socially exclusive services and present results of the national pilot evaluation of STR workers, to illustrate how services might assist consumers to improve their social inclusion. References: Department of Health (2003) Mental Health Policy Implementation Guide: Support, Time and Recovery (STR) Workers. London: Department of Health. www.doh.gov.uk/nsf/mentalhealthguide.pdf. Turner-Crowson, J. and Wallcraft, J. (2002) The Recovery Vision For Mental Health Services And Research: A British Perspective. Psychiatric Rehabilitation Journal 25(3): 245-254. Learning objectives: Delegates will be able to:1) understand the nature of the role of the STR worker in the UK context; 2) appreciate the ways in which STR workers are assisting service users to achieve greater social inclusion.

PAPER 3 Measuring social inclusion, Professor Peter Huxley & Martin Webber (Institute of Psychiatry) Aim: To consider the definition of social inclusion and propose two complementary approaches to reliable measurement, which allow services to assess the extent to which they promote social inclusion for their consumers. Both approaches draw upon the 'ethnos' conceptualisation of social capital, referring to the degree of one's identification with and participation in society. The first approach measures participation using a combination of objective and subjective indicators of lifestyle and life opportunities in several domains e.g. employment, leisure, family, social life and housing. The second assesses inclusion in terms of social capital - the resources available to individuals via social relationships. The advantages and disadvantages of both methodologies are outlined. Drawing upon comparative UK data from national population surveys, local surveys of people with and without mental health problems, and studies of mental health service consumers, it will be possible to assess:1) how indicators of social capital can be used as an outcome measure of socially inclusive mental health services; 2) the domains in which services can enable consumers to attain or exceed the levels of inclusion in the general population. Summary: The presentation will inform understanding about measurement issues when evaluating social inclusion,
citizenship and quality of life of one of the most excluded groups in society.


PAPER 4 Social Inclusion: the evidence Dr Sherrill Evans & Martin Webber (Institute of Psychiatry). Aim: To examine the effect of mental illness on social inclusion and quality of life, and assess the impact of mental health service interventions using these social outcomes. Social inclusion will be assessed in two ways, using the indicators of participation (objective and subjective) and social capital outlined in the previous presentation. Firstly, data from a UK general population survey will be presented, to help establish benchmarks for social capital, which mental health may strive to attain with and for their consumers. Social capital outcomes for people in the general population will be compared with those of people likely to be suffering from a mental disorder (GHQ+), and those of people with a diagnosis of depression, as a further indicator of how social capital can be compromised by mental ill health. Secondly, UK data for general population (1,119), common mental disorder (794) and severe mental illness groups (n=149) will be compared in terms of participation and quality of life, to determine whether the effects on social inclusion are similar in each health status group. Finally, the impact of mental health service interventions will be examined using longitudinal data for the SMI group.


Learning objectives. Delegates will be able to: 1) understand the nature and extent of the influences of mental ill health on social inclusion, when measured using indicators of social capital and quality of life; 2) appreciate the extent to which social inclusion is likely to be promoted and enhanced through the provision of mental health services.

S26 Acute care: suicide prevention; self management (client-held records)
31/08/2005 From: 1530 To: 1700 Venue: Hall C

Paper 20 Minutes: Suicide prevention facing a double absence’ in the lives of men from culturally diverse backgrounds.
Christopher Higgison Catherine Heal

The project Making a difference for men from culturally and linguistically diverse backgrounds is a rural partnership project that explores this largely uncharted area of suicide prevention. Working to improve access to services and support for the local Macedonian Men (aged 25-44) of Queanbeyan NSW is at the heart of our rural project. Coincidentally the theme of ‘different drums’ captures a salient aspect of their mental health predicament. It seems that the men of this community are attempting to dance to two incommensurable tunes: Dancing half-heartedly to the beat of the 'no-longer' and tentatively to the beat of the 'not-yet'. They are in fact dancing to the confused drumming of a 'double absence'. Or we could say that within the community there is at least two distinctly audible discourses: One wedded to 'tradition'. - this is the exclusive prerogative of older men and excludes the young generation. The other beat is sounded by predominantly contemporary women and children - this is a 'post-traditional' tune and one that asks many men to become that which they are not. How do we improve access to services and supports for these men living in rural and regional NSW who sit uncomfortably outside of both of these beats? What are the mental health implications of the double absence? This paper explores our approaches, successes and the difficulties we
have encountered through this journey. References: Dusevic N, Baume P, Malak A. Cross Cultural Suicide Prevention A Framework Transcultural Mental Health Centre 2001. Raphael, B. Editor Diversity and Mental Health in Challenging Times Transcultural Mental Health Center 2001. Learning Objectives: Insight into the essential ground work and principles needed to build community partnerships and the skills involved in marrying these within the context of goal orientated community projects. Develop an appreciation of the complexity underlying the intersection of regional/rural living, roles of men in contemporary Australia and being from a culturally and linguistically diverse background.

S26 Acute care: suicide prevention; self management (client-held records)
31/08/2005 From: 1530 To: 1700 Venue: Hall C
Paper 20 Minutes: Suicide prevention: outcomes from a model of assertive counselling, community linkage and monitoring from one Victorian hospital Emergency Department.

Rosemary Stevenson Melissa Petrakis Lynette Joubert Enrico Cementon Sean Jespersen
Last year at TheMHS, Western Health in Victoria presented an innovative model of continuing care for people presenting to the Emergency Department after attempting suicide and/or deliberate self-harm. The two project clinicians would like to this year return to share the outcomes from the project. The model incorporates aspects of primary and secondary prevention, strategic and brief intervention counselling with an emphasis on crisis intervention and problem-solving components, and assertive linkage with General Practitioners, Community Health Services, housing services, social support services, employment services and financial aid. Continued follow up and assessment is sustained for a six-month period. Burden of Disease-data indicates that the Western Region has the highest rate in Victoria of Years Living with a Disability for all mental disorders. Further, the number of General Practitioners relative to population is among the lowest in Victoria, with 1 General Practitioner to every 1,062-1,353 people. There are also very limited specialist Psychiatric services in the West. Learning objectives: 1. They will learn about the outcomes from an innovative model of suicide prevention. They will learn about the key risk factors and what makes a difference in reducing future risk. They will have the opportunity to offer feedback about their own personal or clinical experience around service responses to suicide. The feedback will be respected, valued and further assist quality improvement at a state and commonwealth level. 2. Nationally, services and consumers believe we need to develop a better response to suicide risk treatment and support.

S26 Acute care: suicide prevention; self management (client-held records)
31/08/2005 From: 1530 To: 1700 Venue: Hall C
Paper 20 Minutes: Grief and Loss Workshops in the Aboriginal Community.
Barbara Anne Caine Blake Hamilton
Aboriginal people currently have higher rates of mortality from suicide, drugs and alcohol, and chronic health problems than any other group in Australia. Grief and loss for Aboriginal community members is a major personal and community mental health issue for Aboriginal people. In response to community requests for assistance with grief and loss issues, a community controlled Aboriginal mental health working party was set up in partnership with existing mainstream mental health services. The aim of this working party is to address grief and loss and other mental health issues in the Sydney eastern suburbs Aboriginal community. Funding was obtained to conduct a series of four whole-day (6-hour) grief and loss workshops in the La Perouse Aboriginal community. Workshops were conducted by a specialist grief and loss facilitator and an Aboriginal mental health worker. Between 15 and 30 people attended each of the workshops. These workshops covered topics such as: setting goals for the workshops; communicating grief to others; creating a remembrance garden; strategies for overcoming losses, creating a grief and loss resource book; and creating a resource video for other Aboriginal communities. The workshops were evaluated by a brief purpose designed questionnaire. Results of the evaluation and future directions are discussed. The aim of this
presentation is to communicate the importance of grief and loss as a current social and mental health issue in the Aboriginal community, and describe the impact of a mainstream service sponsored series of workshops around grief and loss. Furthermore the presentation aims to describe how one mainstream mental health service has responded to community concerns around grief and loss and how, via the formation of a community controlled Aboriginal mental health working party, existing services are working in partnership with the Aboriginal community to improve mental health service provision and access Learning Objectives:1: Those attending this presentation will gain an understanding of the importance and depth of grief and loss issues in the Aboriginal community, and the cultural differences between the Aboriginal and non-Aboriginal community in dealing with grief and loss. Attendees will learn one approach to running grief and loss workshops in the Aboriginal community. Those attending will learn the structure, content, and ways of evaluating of these workshops.2: Grief and loss is a major mental health issue within Aboriginal communities and is a major contributor to mental illness. Mental health services are not well developed for the Aboriginal community and a lack of access by Aboriginal people existing in the mainstream services has been noted. This presentation provides an example of a community requested program tailored to individual needs and providing essential mental health assistance within the ESMHS Aboriginal community. In addition to demonstrated positive outcomes from these workshops a community controlled Aboriginal Mental Health Working Party has been set up to strategise, develop, ensure infrastructure and resources are provided for mental health services to the Aboriginal community in partnership with existing mainstream services.

S27 Arts and Mental Health Partnerships
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 1 & 2
Paper 20 Minutes: The Jam, The Mix, The Gig - Examining the reasons for this successful model of the use of the creative arts within mental health.
Robert Petchell
The use of arts-based activities and strategies within mental health programs is increasingly being looked at and used as one of a range of options in the rebuilding of lives for mental health consumers. The Jam, The Mix, The Gig is one successful example of this approach, and this paper sets out and explores the key reasons for this success. A vital component has been that of partnership between mental health consumers, carers and support workers and the core project artist - as well as the integrated structure of the project sessions that offers a range of options to participants. The Jam, The Mix, The Gig is an Adelaide based music project, that was awarded a National Eli Lilly Partnerships in Wellbeing Award in September 2004, and has been funded by Arts SA through its Health Promotion through the Arts category and auspiced by the The Queen Elizabeth Hospital & Health Service, Mental Health Division. Creative arts programs offer an exciting and relevant option for recovery from and management of mental illness, and The Jam, The Mix, The Gig is a successful example of this. Learning Objectives 1. To identify the key elements of a project that uses creative arts activity to achieve positive mental health outcomes for participants who are re-entering the community after mental health treatment or who feel socially isolated - with special reference to the areas of re-building self esteem, social interaction and group skills. 2. While the management and treatment of mental health episodes and crises is at the heart of the mental health system, a range of methods and options need to be available to mental health consumers as they seek to rebuild their lives. Arts and mental health projects are one of these options - but the challenge is how to identify what enables them to work in a way that is sustainable and achieves the intended goals in a longterm sense.

S27 Arts and Mental Health Partnerships
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 1 & 2
Paper 20 Minutes: Not just dancing: An Arts-Mental Health partnership.
Merrill Turpin Frances Dark Geoffrey Lau Scotia Monkivitch
This paper describes a partnership between a mental health service and an arts organization to provide arts workshops in the community for people with mental illness. Partnerships
between organizations are important for promoting social inclusion. Each organization will have different purposes, strengths and ways of understanding. While mental health services may provide support and expertise relating to a person’s mental illness, community artists are competent in creating a space for individuals to come together through their participation in a creative artistic endeavour. This paper aims to present an overview of the practical and research aspects of this partnership. Workshops included animation, music and puppetry on a weekly basis over a ten-week period. The workshops were located in the community and provided the stimulus for participants to experience other aspects of art in the community in addition to workshops that specifically targeted people with mental illness. Artists, participants and support workers were asked about their experiences of these workshops.

S28 Recovery and creativity
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Art Group to Art Based Practice.
Shaun Wood
Neami is a not for profit community organisation with services in Victoria, NSW and SA. The three service sites in Neami NSW work with consumers who have serious mental illness and a range of complex needs. In 2004 the Neami employed an artist to develop a proposal for a 10 week introduction to art for consumers who had shown interest in pursuing art. Over ten weeks, consumers actively participated with high attendance levels and stated positive outcomes. The art based practice group is now continuing indefinitely. The consumers have gained confidence in their art, themselves and their abilities on a number of levels. Consumers have also had their work printed in a calendar and on greeting cards. In this paper we will explore the process of setting up and maintaining an art based practice group and the many gains for consumers as a result of participating, developing their own artistic vision, pride and self confidence. This project will hopefully lead to a fully functioning art studio, which can implement art based practice five days a week in the community. Learning Objectives: 1. Attendees will gain specific knowledge of the steps in setting up this project as well as expressed positive outcomes for consumers as a result of participating. 2. Arts based practice has been gaining recognition as a positive recovery tool for consumers. There are many examples in Australia and internationally and attendees will become familiar with the development of art based practice as opposed to art therapy. References: Zolberg, V. and Cherbo, J., Outsider art: contesting boundaries in contemporary culture, Cambridge University Press, Cambridge, UK, 1997 Putting Words to a Visual Experience (2003) Neami Splash Art Studio Evaluation, published by Neami, Melbourne, Australia.

S28 Recovery and creativity
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Adding music can change the dance: the introduction of a structured activity based program in a psychiatric intensive care unit.
Margaret Jones Ben Thomas Paul Johns Tom Trauer
A major tenet of psychiatric intensive care and treatment of patients in an acute psychotic phase of their illness has been the provision of a low stimulus environment. In 2002 St. Vincent's Mental Health Service undertook a review process of the psychiatric intensive care units (Extra Care Units) attached the inpatient wards. Part of the review process included conducting focus groups with consumers who during their previous admission had been in the extra care unit of the wards. A major factor that most consumers focused on from that experience were boredom and the frustration and anger that at times manifested itself as a result. In late 2003 the Ward Program Nurse, Paul Johns and the ECU Coordinator Margaret Jones developed an activity pilot program in an effort to address the issue of boredom. This pilot program involved structured activities in the morning and relaxation sessions in the afternoon. The pilot research program was conducted for a total of six months, alternating between the Extra Care Units for periods of one month with the dispensing of PRN medication as the measure of effectiveness. This paper will report on the structure and content of the activity sessions, the limitation of the structural environment, the resistance
encountered from some staff, the implementation process, the evaluation process and the outcomes and findings of this research project. Learning Objectives: 1. The audience will learn about an innovative approach to addressing the needs of patients requiring psychiatric intensive care with the focus being a holistic approach rather than the traditional biomedical approach. 2. Evaluating the introduction of a new program can assist with improving the treatment and care of acutely disturbed patients and can lead to the development of a best practice model, based on evidence.

S28 Recovery and creativity
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Moving on Heeding the Internal Drum. A Process to support people who want to move on with their lives.
Glenda Lanson Dean Sassella
Preamble: Reach Out Southern Mental Health is a psychosocial rehabilitation organisation in the middle south region of metropolitan Melbourne. One of its programs is a day program called Resource Centre. It is currently being changed from a mainly enrichment focus to rehabilitation/recovery model encouraging participants to relate to vocational outcomes in a very broad sense. This abstract refers to a group of the Resource Centre, called On The Move (OTM), for motivated people looking to extend their community integration options, including return to work. This group has had excellent outcomes for individuals much better than we or they expected. Abstract Presenters - Glenda Lanson, Dean Sassella and client. Groups of individuals each with varied goals present challenging opportunities to a staff team devoted to the ideals of quality, individual rehabilitation and recovery. Individuals of the On The Move group are highly motivated and very focussed towards community integration including a wide range of vocational options. The entire group, including client members and staff work together as a team, so moving on then becomes realistic, positive and exciting. The team's high motivation requires excellent communication skills development with good listening and hearing so that no person's opportunity is overlooked. People apply to join OTM, are assessed and, since the group encourages physical exercise as a balance to other skills development, provide clearance from their GP to participate in the physical pursuits. Most members of the group walk 8 kilometres a day, or less strenuously, attend yoga and water aerobics. Additionally, there are discussion groups for the whole team around vocational topics, healthy eating and mental health strategies. Each individual sets their own goals and the staff team supports those goals by linking into either internal or external opportunities. Outcomes have included, TAFE, employment, moving to the country and setting up their own businesses. This is very much a client driven group. OTM is about people moving on positively, meeting their own agenda based on individual goals around health, fitness and self-awareness that has led to positive and long-lasting life changes with own-choice community integration. Learning Objectives: 1. The audience will learn our how to successfully approach multiple goals in a group; that self-awareness and ownership of choices strengthen achievements in people; that using a team environment at first stages can lead to positive, successful and individual outcomes of choice. 2. The relevance of this presentation is that it strongly indicates that focussed and specific goals linked in an holistic approach, including a focus on physical as well as mental health achieves positive and sustainable outcomes for people with psychiatric disability. References: McReynolds, C. (2002) Psychiatric Rehabilitation: The Need for a Specialized Approach. International Journal of Psychosocial Rehabilitation. 7, 61-69. Hodges, J.Q., & Segal, S.P. (2002) Goal Advancement Among Mental Health Self-Help Agency Members, Psychiatric Rehabilitation Journal Vol.26, 1, 78-85. Casper, E., & Fishbein, S., (2002) Job Satisfaction and Job Success as Moderators of the Self-Esteem Of People with Mental Illnesses, Psychiatric Rehabilitation Journal Vol.26, 1, 33-42.
S28 Recovery and creativity
31/08/2005 From: 1530 To: 1700 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Recovery Strategies.
Cynthia (Cindi) Rees
Following a traumatic childhood I developed acute and chronic mental health problems which went untreated until the birth of my first son when I experienced severe post-partum psychosis in my later twenties. For the next ten years I went through the hell of being at the mercy of a raging lunacy and was diagnosed with everything from depression to bipolar to PTSD to schizo-affective, with every neurosis and psychosis in between. I like to call it generalised madness disorder. During this time I actively sought help from many professionals, but beyond giving me a diagnosis, which was different each time, and prescribing medication I never felt that I was actually recovering. It just seemed that the symptoms, texture, depth and character of my problems would change and all of it was distressing, depressing and traumatising. In this session you will learn how I found my way out and how I took control for myself.

S29 General Practitioners and Delivery of Care
31/08/2005 From: 1530 To: 1700 Venue: Room 10
Symposium 1.5 Hrs: General Practitioners and Divisions of General Practice delivering primary mental health care.
Leanne Wells  Slade Carter  Jane Westley
The Australian Divisions of General Practice (ADGP) is the peak national body representing 120 Divisions of General Practice across Australia. About 94% of GPs are members of a local Division of General Practice. Since 2002 Divisions have implemented the role out of the Better Outcomes in Mental Health Care Initiative (BOiMHCI) which aims to improve the delivery of primary mental health care through accredited education and training for general practitioners (GPs), a systemised delivery of quality care by GPs, and improved access to allied health services for patients with mental health problems. To date 18.4% of GPs are trained and registered with the BOiMHCI and 112 Divisions have an allied health service program in their location. These programs have resulted in the establishment and advancement of partnerships and collaboration in the delivery of improved services. ADGP also auspices two other programs, the Alcohol and Mental Health Co-morbidity - Managing the Mix Project (MTM) and the MindMatters Plus GP Initiative (MM+GP). In both these projects Divisions are establishing and improving the pathways to care and assisting in the coordination of services for people with mental health and co-morbid conditions. MTM is being delivered in 33 Divisions covering approx ¼ of the Australian population and includes an education and training program for GPs and allied health service providers, while MM+GP partners 23 Divisions with a local secondary school to cater for students with high mental health needs. This presentation will demonstrate how the BOiMHCI has provided a quality platform for the incorporation of additional mental health programs, MTM and MM+GP. It will show how a universal and consolidated system can support the implementation of localised projects resulting in improved pathways and access to primary care, local coordination of services and continuity of care for people including youth suffering mental illness and co-morbid conditions. Learning Objectives: 1.To gain an understanding of the role the Divisions of General Practice play in the delivery of primary mental health care. 2.To gain understanding of the importance of developing partnerships and a coordinated approach in the delivery of mental health care. References: Commonwealth Department of Health and Aged Care (2000), Promotion, Prevention and Early Intervention for Mental Health - A Monograph. Canberra: Australian Government Printing Service. Commonwealth Department of Health and Ageing (2003) Co-morbidity of Mental Health Disorders and Substance Use - A brief guide for the primary care clinician. Canberra: Publications Production Unit. Draft Program for 1 hour workshop: 20 minutes: Promoting the Primary Mental Health Care Team: Divisions of General Practice - Ms Leanne Wells. The Divisional network: Establishing a quality framework for the systematic delivery of mental health care. The Allied Health Service Component and building relationships. 15 minutes: Your Mental Health and Alcohol-
Managing the Mix - Slade Carter A partnership approach to improved services and coordinated care for people with Co-morbid Alcohol and Mental Health Problems. 15 minutes: MindMatters Plus GP - Jane Westley, Schools, Divisions of General Practice, and General Practitioners working together to improve the care pathways for young people with mental health needs. 40 minutes: Panel Discussion & Questions and Answers Moving forward in developing partnerships and coordination of services in the primary mental health sector.

S30 Program evaluation and research
31/08/2005 From: 1530 To: 1700 Venue: Room 11
Gillian Malins Lindsay Oades Linda Viney

Few studies exist that explore the role of mental health consumers as researchers and what the experience of becoming a researcher involves for mental health consumers. While there is an expanding recognition of the need for consumers to be fully involved in mental health research, the limited understanding of what it is like for consumers to become researchers has meant that opportunities for this role to develop have been somewhat limited. In this presentation, we will describe the roles of Consumer Researchers (CRs) in the Consumer Evaluation of Mental Health Services project (CEO-MHS). Ten consumer researchers took part in a study to explore and better understand the experience of consumers in becoming researchers. These consumers were new to research at the beginning of the project. They described becoming a researcher as a complex and rich experience, and spoke of challenges, benefits, personal change and a range of emotional reactions as part of their new role. We will present the themes from consumers’ accounts of their experience becoming researchers. Finally, we will discuss the implications these findings have for mental health research and consumers’ roles in the field, as well as the implications our findings hold for service provision and policy.

Learning Objectives: 1. People attending this presentation will gain an understanding of the limited roles currently available in mental health research for consumers. The audience will learn about what the experience of becoming a researcher may involve for consumers, based on the experience of consumers who have taken the step of engaging in mental health evaluation research. 2. This topic is centrally relevant to mental health services and research. Genuine participation is a key policy directive, however, there is evidence that in research, consumer roles remain limited. Consumers’ will, however, bring different perspectives to mental health researches that are essential to the mental health field. There is an urgent need to better understand consumers’ experiences as researchers to build practice that matches our participation policies. Understanding what may be expected as consumers become researchers is important for consumers interested in the research field, as well as for non-consumer/academic researchers, and mental health services and policy makers.


S30 Program evaluation and research
31/08/2005 From: 1530 To: 1700 Venue: Room 11
Paper 20 Minutes: Social Inclusion for People with Serious Mental Illness: evaluating the impact of a Clubhouse environment.
Robert King Chris Lloyd Geoff Waghron Melanie Sennett Maria Best Stuart Gemell

People with severe mental illness living in the community frequently remain marginalised from mainstream society, often without the role opportunities, equivalent rights and social status, and without the usual responsibilities that define citizenship. By providing psychosocial interventions to enable people to remain socially included or to rejoin their...
leisure, friendship and work communities, practitioners can make substantial contribution to the improvement of social quality. The Clubhouse Model is a community-based psychosocial rehabilitation program designed to serve adults with mental illness. This model provides a broad spectrum of services that meets individual needs in a group process that is inextricably woven into the local communities within which the clubhouse operates. This non-institutional setting provides adults with a mental illness support as they work to rebuild their confidence, stamina, self-esteem, social and vocational skills. Recovery occurs while being part of the community. The clubhouse opens up paths in the community for members to link into including employment, education, social recreational activities and housing. Participating in regular activities within the community, while receiving support from clubhouse staff and peers, allows recovery to occur in a natural setting. The aim of this study was to develop an instrument that would enable quantification of the impact that programs such as Clubhouse have on social inclusion. Essential dimensions were identified including the nature of socially-valued role activities, role opportunities, experiences and expectations of social connectedness, recent experiences of stigma and discrimination, and mental health disclosure patterns. The instrument was developed as a collaborative project involving both academic researchers and Clubhouse members. It was designed to be suitable for administration by consumer-researchers and to be sensitive to program effects within the Clubhouse as well as in the wider community. The result was a new measure of social inclusion and community integration now known as the Social Inclusion and Community Participation Scale. The symposium includes a discussion of social inclusion as a construct, a presentation on the way Clubhouses work to achieve social inclusion, an account of the developmental processes for the measure and preliminary findings. A clubhouse member will discuss how the clubhouse assisted her integrate into the clubhouse community and the wider community. Members of the research team will report on the experience of both interviewers and participants during the data collection process. Preliminary data on face validity, test-retest and inter-rater reliability of the new measure will be presented. Learning Objectives: 1. By attending this presentation, conference attendees will gain an understanding of the impact of social exclusion on people with mental illness and the role of psychosocial rehabilitation in overcoming social exclusion. 2. By attending this presentation, conference attendees will gain an understanding of the conceptual and methodological challenges addressed during the development and pilot testing of the Social Inclusion and Community Participation Scale. References. Caltraux, D. (2003). Internalized stigma: A barrier to employment for people with mental illness. International Journal of Therapy and Rehabilitation, 10, 539-543. Office of the deputy Prime Minister (2004). Mental health and social exclusion. London: ODPM Publications.

S30 Program evaluation and research
31/08/2005 From: 1530 To: 1700 Venue: Room 11
Paper 20 Minutes: Find out why 12 adults with mental illness graduate from an Accredited Learning Course provided by a PDRS when previous attempts in mainstream learning failed.
Bernadette Doyle
The mental illness fellowship within the last year and a half has successfully delivered two adult learning courses to adults with a mental illness. Students graduated at the end of 2004 with Certificates in General Education Levels Two, Three and an Introduction to Community Event Volunteering. At the conclusion of both courses it was decided necessary to evaluate what strategies would support graduate students to participate in further study and or volunteer for the Commonwealth Games in Melbourne 2006. The evaluation project in which past students were invited to participate has given us insight into how we continue to create pathways for adults to overcome what an Australian study into the learning support needs of students with psychiatric disabilities found. Problems with concentration, confidence, motivation and memory. McLean and Andrews (1999) Research interviews were conducted in which students were invited back to Fairfield Place and asked the following questions. 1. Have you enrolled in a course i.e. TAFE, neighbourhood house, employment program? 2. What
activities have you engaged in since the completion of the course? 3. What encourages or helps you attend classes, courses or activities outside of mifellowship? 4. What is the most important thing that helps? 5. What barriers or difficulties are there in attending classes or activities? 6. What is the biggest barrier or difficulty? 7. What would help you undertake further study or employment? 8. Describe what a perfect day at an educational training facility would be like.

The results have indicated that 50 per cent of the students who graduated from the CGEA course had enrolled into further studies. Three have entered mainstream TAFE Colleges to undertake Certificates 1 and 11 in Kitchen Operations and Animal Care. A number of students have continued in their roles as volunteers at mifellowship and neami. Two have gained employment with other pdr providers and one of the reference group has joined a Fitness Recreational Club to lose weight and gain a higher level of fitness. All students who completed the Introduction to Community Event Volunteering have enrolled as volunteers to the Commonwealth Games. The barriers or problems for most people (12 of those interviewed) were to do with public transport, motivation, fears, anxieties and not being supported beyond mifellowship. A number of people mentioned that the friendly accepting atmosphere of the classes and the supportive delivery of the curriculum along with a later starting time was significant in helping them stay and complete the courses. Other factors mentioned which would help were tutors, social support and the ongoing role of support workers. Finally some comments from the students who so generously shared their experiences with me: “This course is the best thing I have ever done”; “For the first time in my life I have finished something I have begun”; “Knowing I have ongoing support gives me confidence”; “I cannot believe that I have successfully completed the CGEA and Community Event Volunteering Certificates”. In 2005 we have nineteen students who have just begun a Certificate of General Education for Adults.

S31 Young People
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 1
Brief Papers 10 minutes: Does one size fit all? involving young people in mental health services.

Christine Lock Young person
Child and Adolescent Mental Health Service (Northern) (CAMHS) is strongly committed to consumer participation as a way of ensuring responsive and relevant services. More recently CAMHS has focussed on increasing the involvement of young people in the service through developing a framework for youth participation that is flexible, developmentally sensitive and goal oriented. This paper will demonstrate the application of the framework across a range of service areas and highlight the importance of working with young people on multiple levels. The inclusive strategies that have been developed to ensure that the developmental needs, skills, interest and experiences of young people are taken into account will also be discussed. This paper will be delivered in partnership with young people from the Headroom and YouThink projects who will present their experiences and views on working in partnership with CAMHS and will reflect on the benefits to the organization and themselves. CAMHS is committed to the involvement and promotion of young people's voices and continues to move forward to ensuring that young people are supported and that structures developed are firmly established across the organization. Learning Objectives: 1. Participants will learn how our mental health service can work in partnership with a range of consumers who have had a variety of experiences. 2. Participants will understand the different ways in which young people participate in the service by informing policy and service directions and promoting positive mental health in the broader community. References: ECPAT, U. (1999). 'Standing up for Ourselves - A study on the Concepts and Practices of Young People's Rights to Participation.' International Young People's Action Against Sexual Exploitation of Children. NSW Commission for Children and Young people (2002). Participation: Sharing the stage, NSW Commission for Children and Young people.
S31 Young People
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 1
Brief Papers 10 minutes: Mental Health Care is Basic Health Care A Personal Perspective of Back to Basics Health Care for 15-25 Year Olds.
Emma De Tassanyi
Fundamental to a person’s health is their mental health. Young adults, between the ages of 15 and 25, are members of the age group most likely to experience the development of a mental illness. Failure to successfully treat and recognize a mental illness when it first emerges is to give such illnesses the opportunity to destroy a young person’s life. It affects a person’s capacity to work, to study, to socialize, to develop into a healthy and component young adult ready to tackle the responsibilities of adulthood. My experience of mental illness began when I was in my early adolescence. Since this time I have failed, on numerous occasions, to receive the care and treatment I needed. Lack of early intervention and treatment avenues resulted in my mental health degenerating to the extent where I was hospitalized for 5 months. This time was frightening, isolating, stressful and disruptive to my life. The impact of suffering from a mental illness has been huge. I strongly believe things should not be this way and that it is essential that as a society, we get back to basics and start looking after the basic mental health care needs of those most likely to experience the emergence of a disorder.
Learning Objectives: 1. People will learn that there is a very personal side to the facts and statistics of mental illness and that to limit the ramifications of such illnesses there must be a greater focus on early intervention. 2. This topic is highly relevant to mental health service delivery as it highlights the need to focus service delivery more on early intervention to prevent the development of acute illnesses. It challenges the current mode of service delivery by arguing there should be a greater focus on care for young adults experiencing the onset of mental illness for the first time.

S31 Young People
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 1
Brief Papers 10 minutes: Coping with an OCD Child in the School Setting.
Vicki Jones Diana Hunt
This paper looks at Obsessive Compulsive Disorder (OCD) and possible management strategies within the school environment. It is not uncommon for OCD sufferers to function relatively normally and be capable of concealing their symptoms. Children and adolescents with OCD may disguise their disorder so well that the signs are not obvious to the uninformed observer. However, in a school situation it is important to be aware of the possible problems that may be encountered (Adams and Torchia, 1997). It is also essential that the OCD child is treated in much the same manner as other children, and that their normal misbehaviour be dealt with in the same way. It is important to remember that the OCD child often has little control over their actions and needs positive encouragement rather than punishment. Although teachers may feel reluctant to discipline an OCD child who cannot control their actions, they still need to implement guidelines, encouragement and provide a supportive safe environment. Behaviour therapy, the use of learning theories to treat psychological disorders (De Silva and Rachman, 1992), involves confrontation of the fears and obsessions, and reduction of anxiety. A positive behaviour management plan can encourage taking control, unlearning some behaviours and replacing them with other behaviours. Learning Objectives: 1. Audience members can expect to learn about the implementation of an individual behaviour management plan (IBMP) for dealing with OCD within a school setting. Behaviour therapy involves confrontation of fears and obsessions, and reduction of anxiety by means other than rituals. It is about taking control, unlearning behaviours, establishing goals and self-monitoring. 2. It has been estimated that as many as 1 in 50 adults could suffer some form of OCD. It is a condition that demands attention and early diagnosis, and appropriate treatment is vital. Proper handling is important to avoid obsessions and rituals becoming a permanent fixture leading to the individual needing long term treatment. As mental health services are becoming more active in school situations an awareness of this disorder can help avoid far-reaching problems. References: Adams, G. B. and Torchia, M. (1997) School Personnel:
Southern Adult Mental Health Service has developed an education program for Year 11 students which we have carried out now for over 10 years in Secondary Colleges within our catchment area. That consists of the Cities of Greater Dandenong and Casey and the Shire of Cardinia. During term 3 of the school year staff members from our service deliver education sessions to year 11 psychology students from participating schools. The sessions have a focus on raising the students awareness of the need to get rid of the myths surrounding mental illness, and to provide them with a greater understanding of what people who have a serious mental illness experience. The sessions also focus on healthy mental and emotional functioning, and coping strategies that students can utilise to help maintain their own mental health. At the conclusion of the sessions, the students are invited to submit a piece of work in the form of art, sculpture, poems, essays etc. depicting their understanding of mental illness and destigmatisation. All entries are submitted to Southern Health and are judged with prizes awarded to outstanding submissions. This program attracts funding from the local Government and business groups. The Schools project exemplifies the kinds of initiatives which the World Psychiatric Association is promoting as part of its global fight against the stigma and discrimination associated with mental illness. This year the co-ordinators plan to collect pre and post session data to demonstrate the effectiveness of the program and subsequently produce a paper.

Dancing to the beat of the Groovers Drum: the group recovery experience for young people which includes parents and partners grooving and growing together.

Ros Thomas

This paper 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 Young People's Program caters for people aged 16-26, providing groups, individual and family support and psycho-education, community access/linkages and social support. The Groovers model is client 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 - which is what the group is all about. Since March 2004, realizing the value of the model, and aware of the lack of supports for parents and families, staff were inspired to utilize the same recovery strategies with parents. Groovers for parents was born, and is flourishing to this day. This paper aims to share the value and experience gained in this process for workers, young people and their support network and will inspire delegates to groove to the beat of the Groovers drum. Learning Objectives: 1.Delegates will be exposed to the Groovers Toolkit, and understand the Groovers group model of psychosocial rehabilitation and recovery for young people and their families - gaining knowledge and inspiration to take the model back to their own programs and implement it. 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.
S31 Young People  
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 1  
Brief Papers 10 minutes: SEYAT- A Youth Community Development Project from Rural South Australia.  
Rebecca Talbot-Male, Alison Vine  
Aim of presentation: 1) To illustrate to conference participants the implementation of an innovative and community specific project which engaged the use of art therapy techniques to promote positive mental health for rural youth. 2) To provide tangible example of the implementation of the Lower South East Youth Action Plan 2003-2004, with particular focus on the development of projects which improve the self worth of rural youth and which integrate the social capital of these participants of the project. Promoting a positive image of young people with the Mount Gambier and surrounding districts was the key focus of 'SEYAT', an innovative community development project implemented by Rebecca Talbot-Male and Alison Vine, two final year Occupational Therapy Students from the University of South Australia, in early 2004. The area of need was identified as high priority through an in depth needs analysis and reported within the 'Lower South East Youth Action Plan, 2003/2004'. The use of art/media expression was identified through a thorough literature review as the preferred medium to meet the aim and need of the project. Participants from 5 high schools across the region were sought with 60 people being actively involved in the project. The participants were encouraged to develop skills including; leadership, group work, and self-expression whilst enhancing the positive image of young people in the region. Over a 3 month period the participants designed, drafted and created artistic innovations including 8 poster designs that were mass produced, 17 A3 mosaics, an indoor mural and outdoor mural and a DVD, all to be displayed throughout the local community. Acting as the driving force of the project were representatives from each school making up the 'Project Action Team' who planned and organised the final exhibition where community members were invited to attend. This project demonstrates to conference participants that enhancing the positive image of young people is vital to achieving positive mental health, as is drawing upon community resources in order to achieve sustainable and innovative models of service delivery. In particular, this project highlights that through empowering youth and acknowledging the positive value of their skills and contributions to their community, youth are able to work together to embrace diversity and take responsibility for maintaining positive mental health. References: Finn, J. & Checkoway, B. 1998, 'Young people as competent community builders: a challenge to social work', Social Work, vol 43, no 4, pp 335-345. Strickland, H. (Ed) 2003, Lower South East Youth Action Plan 2003-2004, South Australian Government, Mount Gambier, South Australia.

S32 Consumer Participation  
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 2  
Paper 20 Minutes: Of funding droughts, and crocodiles: developing consumer participation and community inclusion in the tropical north.  
Gaynor Ellis, Ross O'Donovan  
This paper describes the struggles and achievements of two very small organizations as they worked together to establish consumer participation and inclusion in a geographically remote city, with few resources, and a backdrop of rapid development and tourism. The Cairns Consumer Advisory Group and the Mental Health Resource Service (an NGO) set out to establish 'community' - melding and developing relationships, linkages and programs, with minimum or no funding, and no facilities or 'consumer space' - in an environment that was initially charged with the fall-out from a series of highly damaging media reports. We started with little more than a great deal of commitment, hope, patience, and belief that things could change. We bought others into the process along the way (including a crocodile!) - creating allies and support. Less than 3 years later, little has changed regarding resources and funding, but the city has seen a noticeable increase in consumer participation across a number of areas including peer support & self-help, community education, the arts, consumer advisory roles and staff training. Some of the processes we undertook are described in our stories.
Partnerships, existing community resources, trust, and the willingness to take risks, are basic to the approach we undertook. Learning Objectives: 1. That lack of funding, facilities and resources are not necessarily barriers to developing effective community responses. 2. This paper shows some of the steps in developing, from scratch, conditions which break down the isolation of consumers from each other and from community. References: Kelly, A. & Sewell, S. (1993) 'With Head, Heart and Hand: Dimensions of Community Building' University of Qld Press, Qld.; Smith, R. (2002) 'Spend (slightly) more on the Arts and less on Health' British Medical Journal; 325 1432-1433; Kretzmann, J.P., and McKnight, J. L. (1993) 'Building Communities from the Inside Out: A path towards finding and mobilizing a community's assets', The Asset-Based Community Development Institute, Illinois.

S32 Consumer Participation
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 2
Paper 20 Minutes: Consumer Participation in the mental health arena.
Carmen Hofhuis  Carolyn Phillips  Trevor Parry
Mental illness is a bio-psychosocial phenomenon and effective healing requires co-ordination of a broad spectrum of services and people. Consumers bring with them one of the MOST IMPORTANT elements in this arena- THE KNOWLEDGE OF WHAT THEY NEED TO SURVIVE IN TODAY'S SOCIETY. Using consumers in a meaningful way to provide the checks and balances in the design, delivery and evaluation of services brings a validity to the system which is unachievable in any other way. Experience has shown that even with the best intentions it is difficult to include consumers in the decision making processes in any real and meaningful way. Consumers who enter the maze of committees, sub-committees, hidden agendas and political processes are often overwhelmed by the systems insensitivity to their individual needs. Consumers often remain powerless and minor participants in the mental health arena. Learning objectives:1: A workshop format to enable networking between consumers from different places to come together to share their experiences and to formulate what facilitates effective participation and what doesn't.2: The rational behind this workshop is the belief that it is a democratic right that people should have active and direct participation in any process that affects their lives. We have a belief that consumers have a moral right to be directly involved in the policy and planning process for services that directly affect their lives. Consumers shouldn't be made to fit the system, but the system to be built around consumers' needs which are many and varied.

S32 Consumer Participation
31/08/2005 From: 1530 To: 1700 Venue: Riverbank 2
Paper 20 Minutes: Gaining Perspective - Consumer Consultancy a first for WA - The journey so far.
Lyn Mahboub  Bruce Ambrosius
The pain of living with the distress of mental illness impacts greatly on many areas of consumer's lives. For many of us attempts to get help from mental health services has left us wanting, and subsequently contributed to this angst and pain. For many of us, this pain fuelled our passion for change - so much so that the steps of our recovery journey were aimed at building our skills to facilitate change. We share our learning resulting from some of the trials and tribulations of our journey as among the first consumer consultants in WA. The Consumer Consultant Trial has now been operating for just over a year and we are now in a place to reflect on the pitfalls and problems of being the only three salaried workers in a state where so many skilled consumers could potentially be employed. We reflect on the past year and the culmination of our research - arriving at some ideas for a model of consumer participation for WA. We look to the future and building a fortified consumer workforce with in WA so as to share the load with our competent kindred colleagues. The model provides a platform with which to contribute to other existing and new ideas, working towards building a consumer operated model of service provision and participation. Wadsworth, Y. (Ed) (2001). The Essential U&I. Melbourne: Victorian Health Promotion Foundation. Moore, K. (2003).

**S33  Children of Parents with Mental Illness: Families - Coping with Challenge and Stress**  
*31/08/2005 From: 1530 To: 1700 Venue: Riverbank 3*

**Symposium 1 Hr: Families where a parent has a mental illness - dealing with grief, coping with challenge and stress.**  
*Paola Mason  Elizabeth Fudge  Vrinda Edan*

Paola Mason is the Co-convenor of COMIC (Children of Mentally Ill Consumers). Since February 2000 when Children of Mentally Ill Consumers was launched, Paola has worked tirelessly to heighten the awareness of the issues that children who have a parent with a mental illness may have to deal with at the same time as coping with the journey of traveling through childhood and adolescence. Paola is also the adult child of a parent with mental illness. She will share some of her observations about how services and individuals have attempted to address some of the grief and loss issues within families affected by parental mental illness. Vrinda Edan is a consumer from Victoria and a member of the national COPMI initiative Reference Group. From her involvement with a number of families, she will provide insight from a parental perspective. Elizabeth Fudge, from the national Children of Parents with a Mental Illness (COPMI) initiative, will present information relating to collaborative work being undertaken with MindMatters regarding resources for secondary teachers supporting their students to develop their ability to cope with challenge and stress. Examples of classroom activities will be provided.

**Learning Objectives:**
1. Participants will gain insight into 2 key areas of the 2004 'Principles and Actions for Services and People Working with Children of Parents with a Mental Illness' document, namely 'Addressing Grief and Loss Issues' and 'Access to Information, Education and Decision Making'. They will learn about the grief and loss effects experienced by some members of families in which a parent has a mental illness and about how secondary teachers are addressing coping behaviours in a class-room setting.
2. Where children are separated from the care of their parent with a mental illness, even for relatively short periods of time such as during hospitalisation, both the parent and the child/ren may experience strong feelings of grief and loss. The needs of the child and the parent in these situations, however, may be different. Children and parents may also experience feelings of emotional loss within their relationship if the parent with a mental illness is physically present but not emotionally available to the child. Education of children in developing skills in coping with challenges and stress is an example of ways in which family members can be supported and empowered to become more resilient.

**References:**

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**S33  Children of Parents with Mental Illness: Families - Coping with Challenge and Stress**  
*31/08/2005 From: 1530 To: 1700 Venue: Riverbank 3*

**Brief Papers 10 minutes: Grandparents caring for the children of their children with mental illness.**  
*David Hay  Angela Hislop  Jill Downie  Barbara Horner*

An increasing number of Children of Parents with Mental Illness (COPMI) and children in parallel situations e.g. through parental drug abuse or intellectual disability are in the care of grandparents. David will summarise the WA studies that sought the views of grandparents and grandchildren and discuss some of the perceived and practical barriers to successful primary grandparenting, as well as variables that help young people cope with this situation. Increasingly studies show that COPMI taking responsibility for their parent(s) has effects that continue into adulthood and impact on parenting style. Does grandparenting help? Learning
objectives: 1. People will learn some of the plusses in these grandparents caring for their grandchildren and some of the issues for both the grandparents and the grandchildren. 2. When a parent has mental illness, grandparents can play a major role in the nurturing of their grandchildren.

S33  Children of Parents with Mental Illness: Families - Coping with Challenge and Stress
31/08/2005  From: 1530 To: 1700  Venue: Riverbank 3
Paper 20 Minutes:  Mind the Gap - Supporting Children in Families Where a Parent Is Affected by a Dual Diagnosis - Mental Illness and Substance Misuse.
Michelle Hegarty

Purpose: An overview of the issues affecting children when a parent has a dual diagnosis, including strategies to improve support and service provision. The National Illicit Drug Strategy Dual Diagnosis Project is a partnership between the Mental Health Co-ordinating Council (MHCC) and the Department of Community Services (DoCS). The project, sponsored by the Australian Government Department of Family and Community Services, aims to improve support for children and young people affected by parental dual diagnosis. To date, there is little research into the needs of these children and their families. The limited literature indicates that children affected by parental dual diagnosis are at heightened risk for child abuse and neglect, mental health and behavioural disorders, homelessness and substance abuse disorders. These children are also placed in out of home care at higher rates than other groups. In addition, parents with a dual diagnosis may experience increased symptom severity, reduced medication effectiveness, poor treatment compliance and higher rates of hospitalisation. Despite these risks, various support strategies can help to promote children and young people's resilience and coping. In 2004 - 2005, the Dual Diagnosis Project researched the needs of this population, and developed a series of information resources for children, young people and carers, to improve knowledge about parental dual diagnosis and support available. The project also aimed to improve service provider's support of families through the development of resources and practice tools specific to dual diagnosis, improved cross agency collaboration and training. In addition, foster carers were provided with information resources and a training package to assist those children in out of home care. A full summary of the project, identified needs and recommended strategies will be provided.

S34  Poster presenters will be standing next to their posters for discussion and questions
31/08/2005  From: 1700 To: 1800  Venue: Hall H
Poster:  Te Roopu.
Kamilla Dave   Juanita Hennings

Kia Ora (Hello) is a traditional Maori greeting. The bond between human and culture has been established since stone age. Richmond Fellowship NZ is one of the leading Mental Health Service Providers, who always tries to encourage and establish traditional culture as part of healing in mental health. In Tauranga a team of six members formed a roopu (group). Their focus being on the cultural needs of tangata whaiora (people seeking wellness). A house was allocated to them, which they developed into a model of a marae (meeting house) with Maori art and artefacts. They named it 'Te Whare Ora O Te Rongopai’ (House of Wellness). It enables tangata whaiora to continue with their own culture, terms and values. According to Maori culture and marae tradition, any activity or gathering begins with a karakia (prayer), which is spiritual food for the soul. Karakia is normally followed by waiata (songs) and speeches, this forms a spiritual bridge called kotahitanga (oneness). After the meeting, kai (food) is shared together, another significant traditional social activity practised by Maori culture. This paper will provide the basic tools in understanding the necessity of cultural acknowledgement within a mental health service. Learning Objectives: 1. How cultural activities can play a major and effective role in consumer recovery. 2. How access to a roopu proves to be a vital link for tangata whaiora within a mental health service.
S34  Poster presenters will be standing next to their posters for discussion and questions  
31/08/2005 From: 1700 To: 1800  Venue: Hall H  
Poster:  Are we dancing together? Patients’ perspective of nursing activities in an acute inpatient Mental Health Unit. 
Carol Martin  Vicki Biro 
Patients can provide an invaluable perspective on the care they receive from Mental Health Nurses whilst in hospital. This perspective can have both a positive and negative effect on the outcome of inpatient care received. Over a period of 5 months 138 patients who were discharged from an acute inpatient unit in the Illawarra Health Service were asked as part of a routine discharge satisfaction survey several questions looking at the things done by nursing staff that made a difference to their hospital experience, what staff did that made a negative difference to them and what was not done by nursing staff that they felt would have made a difference. Results from this survey were fed back to nursing staff and incorporated into routine nursing practice to contribute towards our journey of shared outcome satisfaction and diverse care. Learning objectives:1.Delegates will have an understanding of patients perspective of nursing care in an acute inpatient unit.2.Delegates will be able to develop appropriate routine nursing practice in their own area to help achieve shared improved outcome satisfaction. References: Kelstrup A, Lund K, Lauritsen B, Bech P.(1993) Satisfaction with care reported by psychiatric inpatients.Relationship to diagnosis and medical treatment. Acta Psychiatr Scand 87 pp 374-379 Middleton, S.Lumby, J.(1999) Measuring outcomes from the patients perspective Vol 5(3) PP143-146

S34  Poster presenters will be standing next to their posters for discussion and questions  
31/08/2005 From: 1700 To: 1800  Venue: Hall H  
Poster:  More than the message - Practice Development in mental health. 
David Warwick Juriansz 
In recent years the education and training of the mental health workforce has changed, keeping pace with how modern mental health services need to be delivered. The evidence-based agenda has rightfully challenged mental health practitioners to examine the quality and efficacy of what they do. However, 'implementation problems' remain. How can the 'research-based evidence' be married with the 'practice-based evidence' of clinical reality on a day-to-day basis? The presentation aim is to propose 'Practice Development' as an essential component of mental health training. Developing high quality services will not be achieved by simply delivering 'the message' but requires a hands-on approach working with the available resources of mental health teams. A model practice development approach undertaken by 4 Community Mental Health Teams in the UK over a period of 18 months is described in detail. The presentation will also outline principles, processes and tools used by trainers working alongside mental health practitioners. Evaluation data is also presented. Practice development proposes that mental health trainers spend less time in the workshop and more time in the workplace, working alongside practitioners to implement new ideas whilst uncovering creative capabilities that already exist. Learning objectives:1.Audience members will gain an understanding of how practice development in mental health can be implemented.2.This presentation holds relevance for mental heath teams and services grappling with how to implement evidence-based practice whilst they struggle with the gritty realities of the workplace. References: Garbett R and McCormack B (2002) A Concept Analysis of Practice Development, Nursing Times 7 (2), 87-100Morgan, S. (2004) Practice Based Evidence in Ryan, P and Morgan S., Assertive Outreach: A Strengths Approach to Policy and Practice, Churchill Livingstone, London.

S34  Poster presenters will be standing next to their posters for discussion and questions  
31/08/2005 From: 1700 To: 1800  Venue: Hall H  
Poster:  Time use of people with schizophrenia living in North London: Predictors of participation in occupations and their implications for improving social inclusion. 
Carol Harvey  Ellie Fossey  Henry Jackson  Leah Shimitras
Background: How people spend their time is an indicator of community participation. Aims: To identify socio-demographic and illness-related predictors of the community participation of people living with schizophrenia.

Method: Time use for 24 hours was gathered from a representative community sample (n=192) of people living with schizophrenia in North London. Logistic regression was conducted to examine predictors of participation in vocation-related, social, active and passive leisure occupations. Results: Living alone strongly predicted passive leisure participation (odds ratio (OR) = 3.71; 95% CI: 1.05 13.07). Younger age predicted vocation-related and social participation. Older age predicted participation in active and passive leisure. Shorter illness predicted vocation-related participation.

Conclusions: Age-related differences in participation rates reflect those in the general population, suggesting that structural issues need to be addressed to improve community participation, as well as the impact of disability itself. The strong association of leisure participation with living situation suggests strategies to improve social connectedness should target people diagnosed with schizophrenia who live alone. Policies and legislation should address the vocation-related needs of people diagnosed with schizophrenia within different age groups to diminish barriers to education and employment. Learning objectives: 1. The audience will learn about factors that are associated with whether people living with schizophrenia participate in activities such as work and education, leisure and connecting with others, as part of community life. 2. These findings suggest that, in order to improve the social inclusion of people living with schizophrenia, issues in addition to the impact of disability itself need to be addressed.

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H

Poster: Support for Vietnamese Consumers and Carers.
Jose Urias  Heather Macleod  Kay Viola

The largest CALD group serviced by St. Vincent’s Mental Health Service (SVMHS) is the Vietnamese community, living within the inner-east Melbourne City of Yarra. Consultations showed the need to better inform this community about services available to carers. The Carer consultant and the Cultural Diversity Committee began exploring the community’s resources and needs. Simultaneously, a Case Manager had established contacts with consumers in the area. A Vietnamese carers and consumers information session was organised by a group that included most Vietnamese resources working in the area. Staff from SVMHS included clinicians from Vietnamese background, the Consumer and Carer Consultants. A Vietnamese interpreter was provided by SVMHS. Thirty carers and consumers participated but a considerably larger group became aware of the session as they participated in promotion, food preparation and other tasks around the activity. The session resulted in: Participants being informed about resources and meeting other consumers and carers- A new Vietnamese mental health support group being established with the AMHS providing the venue for meetings. The broad Vietnamese community being made aware of mental health resources. The establishment of new links between community agencies including SVMHS- The AMHS strengthening their links with Vietnamese community. Learning objectives: The audience will learn how a community can respond to stakeholder’s consultation, inclusive planning and execution and by timing initiatives to the community’s pace. This topic is relevant to mental health services because it shows how to enhance services to a CALD community by bringing together existing community resources and key AMHS staff.

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H

Poster: Mental Health Week 2004 - Country South Australia.
Wendy Scott

In Mental Health Week 2004 cameras were given to all Consumer Advisory Groups and MentalHealth teams around country South Australia. Photos were taken around the state by consumers, carers and mental health teams. They were then given back to the regions Principle Mental Health Clinicians or Program Managers; Mental health and collated with
the assistance of the Mental Health Coalition. The outcome being the showcase of photos presented on this display

**S34 Poster presenters will be standing next to their posters for discussion and questions**  
**31/08/2005 From: 1700 To: 1800 Venue: Hall H**  
**Poster: Seclusion: Looking at our practice.**  
**Margaret Jones**

This poster will report the results of an audit that was conducted on two acute psychiatric inpatient units of an inner city hospital. The audit consisted of interviews within 48 hours with the lead nurse involved in the seclusion of a patient during the period of the audit. The data collected included patient demographics, and details of the staff team involved in the incident. The interview inquired about the staff decision making processes, precipitating factors leading to the seclusion, intervention utilized by staff, involvement of security staff, staffing mix, use of agency staff as the primary contact nurse for the patient. The audit also evaluated the documentation in the patient’s progress notes. Another area that was investigated was whether debriefing of the patient was offered and/or given after the seclusion. Learning Objectives: 1. The audience will learn how one service utilizes seclusion as an intervention in their practice, and see the results of how this practice impacts on both patients and staff. 2. Evaluating the introduction of a new program can assist with improving the treatment and care of acutely disturbed patients and can lead to the development of a best practice model, based on evidence.

**S34 Poster presenters will be standing next to their posters for discussion and questions**  
**31/08/2005 From: 1700 To: 1800 Venue: Hall H**  
**Poster: Making a difference through the Macaulay Programmes Consumer Project.**  
**Mark Hosken  Trish Rose James**

Mental Health consumers can have trouble keeping in the time to the drumbeat of society. Sedated with a slow drumbeat is a common side effect with psych drugs like largactil and modicote. On the other hand are psychotic states with grandiose moods. Here unique and manic drumbeats dominate feelings. A voice for the non-conforming dancers is in our newsletter ‘Salvation Jane’. The writers stigmatised by moods called Mental Illness contributes poems, reviews, stories and insight of hope from despair. A regular team publishes and mails out the newsletter to readers. Recreation Project runs outside of drop in hours. Monthly budget Saturday lunches get people to mix and eat together at local restaurants. Culture Vulture coves cheap theatre music and art for consumers. These trips get good feed back. A psychological straight jacket from clinicians inhibits rhythm and movements. Each dance step when allowed free expression can mark a stage on the road to recovery. The voices of survivors in the newsletter and the comradeship from outings, inspires and empower me when I feel melancholy and neglect my dancing. For educational it is to reach out and become part of united harmony. By dancing with the drumbeats of other not just yourself sometimes. Learning Objectives: 1. There will be free copies of The Salvation Jane newsletter brought to the Conference and handed out at the end of the presentation. A mailing list will be created so people at the conference interested in receiving the newsletter can have it sent to them. We will be encouraging people to contribute to the material in the newsletter and send it to us so that new writers can be part of the jokes reviews anecdotes and impressions that gets published. 2. To educate readers with information that might relate to their own situation in the newsletters; to be seen as a role model through professional standards of quality workmanship in spite of disabilities to be handled by contributors; to include a variety of writers with different drumbeats in each edition presenting a range of topics; to get stories from the mentally ill published in Salvation Jane; to describe recreations side of things as well as the newsletter.
**S34 Poster presenters will be standing next to their posters for discussion and questions**

**Poster:** **Growing & Caring - Culture in Poetry - Creative Revitalisation.**

**Patricia Berrutti**

Carers in South Western Sydney have showed us what they can do. They have produced a book of poems, written in 5 languages - how creative is that. They have also realised how revitalised they felt after being involved in the Creative Art & Creative Writing workshops. The Art created in these workshops has been mounted, and is currently travelling around every hospital, every library, and every TAFE in South Western Sydney, to raise community awareness of the very important role carers have in our community. A couple of hours each week can revitalise carers so that they can sustain their caring role, and reduce the impact on their emotional and physical health. Everyone commenced the workshops stating that 'I am not very creative' but they surprised themselves with what they were able to do. Come along and you will be surprised as well. Learning Outcomes: Audience can view the poetry book and learn about background to project. Audience will learn what resources were needed for culturally diverse participants Audience will learn about the Mental Health promotion aspects of this project Audience will learn about the physical and psychological benefits of project to carers Audience will learn about significance of respite/revitalisation for carers. Author & Presenter: Patricia Berrutti .Contact Details: Patricia Berrutti, Carer Support Officer, SSW Carer Information & Support Service including Commonwealth Carer Respite Centre, Locked Bag 7103, Liverpool BC NSW 1871 -Fax: 02 9828 6319 - Telephone: 0408 479 044 or 9828 6741. References: Sandra Hoot, Operations Manager, Liverpool/Fairfield Mental Health Service - 0417 044 534. Edward Thomas, Manager, SSW Carer Information & Support Service - (02) 9828 6741.

**S34 Poster presenters will be standing next to their posters for discussion and questions**

**Poster:** **SEYAT- A Youth Community Development Project from Rural South Australia.**

**Rebecca Talbot-Male**

Promoting a positive image of young people with the Mount Gambier and surrounding districts was the key focus of 'SEYAT', an innovative community development project implemented by Rebecca Talbot-Male and Alison Vine, two final year Occupational Therapy Students from the University of South Australia, in early 2004. The area of need was identified as high priority through an in depth needs analysis and reported within the 'Lower South East Youth Action Plan, 2003/2004'. The use of art/media expression was identified through a thorough literature review as the preferred medium to meet the aim and need of the project. Participants from 5 high schools across the region were sought with 60 people being actively involved in the project. The participants were encouraged to develop skills including; leadership, group work, and self-expression whilst enhancing the positive image of young people in the region. Over a 3 month period the participants designed, drafted and created artistic innovations including 8 poster designs that were mass produced, 17 A3 mosaics, an indoor mural and outdoor mural and a DVD, all to be displayed throughout the local community. Acting as the driving force of the project were representatives from each school making up the 'Project Action Team' who planned and organised the final exhibition where community members were invited to attend. This project demonstrates to conference participants that enhancing the positive image of young people is vital to achieving positive mental health, as is drawing upon community resources in order to achieve sustainable and innovative models of service delivery. In particular, this project highlights that through empowering youth and acknowledging the positive value of their skills and contributions to their community, youth are able to work together to embrace diversity and take responsibility for maintaining positive mental health. References:Finn, J. & Checkoway, B. 1998, 'Young people as competent community builders: a challenge to social work', Social Work, vol 43, no 4, pp 335-345.Strickland, H. (Ed) 2003, Lower South East Youth Action Plan 2003-2004, South Australian Government, Mount Gambier, South Australia.
S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: A Comparative Evaluation of Two Memory Services
Alison Timlin
Aims: 1. To evaluate patient, carer, referrer and staff satisfaction with the two services. 2. To examine compliance with the National Institute of Clinical Excellence guidelines in the two services. 3. To identify the costs of the two models in a transparent way that would facilitate the findings being applied to other services. Learning objectives: 1. The audience will gain insight into the perceptions of patients with Alzheimer's disease and their carers surrounding memory care and the issues pertinent to memory care for dementia patients from the perspectives of professionals. In additional cost analysis information will be provided for health service providers to consider alongside the qualitative evidence, the scope and possible effectiveness in terms of cost and patient benefit for future memory services. 2. Memory services exist worldwide but there are no shared guidelines as to what best constitutes and effective service. This work provides a qualitative and quantitative insight into the workings and effectiveness of two service models. One community focused, the other hospital based. The project findings will induce much discussion surrounding future improved memory services for older patients. Methods: Semi-structured interviews and focus groups established important factors for satisfaction and a questionnaire based on these was circulated. Audit schedules were developed and applied examining the prescribing, monitoring and discontinuation of anticholinesterase drugs according to National Institute of Clinical Excellence guidance. A costing model was formulated to analyse costs incurred in the running of each service. Results: A total of 10 dementia patients, their carers and 2 Alzheimer's society representatives were interviewed and 2 focus groups were conducted with service staff. Five main themes relating to perceptions of dementia, service satisfaction, timeliness, treatment location and information provision were found to integrate all the data. A total of 61 completed patient and carer and 38 GP questionnaires were received. Over 70% of GPs were satisfied with the service they referred to. Slightly higher rates of satisfaction on most counts were observed for patients and carers using the community service. An audit of 70 case notes from each service identified above 94% compliance for each guideline, with 100% of patients diagnosed and assessed within a specialist clinic prior to drug prescription. Annual costs and costs per case of the clinic-based service exceed community service costs. Conclusions: Aspects of service satisfaction are reported, however stakeholders' advise a future joint community and clinic based model incorporating a more holistic philosophy: Encouraging better access arrangements Providing accurate and comprehensive information Using appropriate and timely communication, And ensuring. Professional acknowledgement of carer views and experiences. References: Timlin, A. Gibson, G. Curran, S. Wattis, J. (2005) Memory matters: A report exploring issues around the delivery of anti-dementia medication. Huddersfield: University of Huddersfield.Lindesay, J. Marudkar, M. Van Diepen, E. Wilcock, G. (2002) The Second Leicester survey of memory clinics in the British Isles. International Journal of Geriatric Psychiatry. 17, 41-47

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Poster on Developing an Information Strategy for Consumers and Carers.
Kay Viola
Poster on Developing an Information Strategy for Consumers and Carers. In 2000 St. Vincent's Mental Health Service (SVMHS) introduced a Consumer and Carer information kit including about 20 disparate items in an A4 'Corporate' style folder. It consisted of printed and photocopied items about SVMHS, consumer and carer support services and general community agencies. It was given to all new consumers and their carers. However the kit still contained an assortment of items of varying standard. It was surprisingly labour intensive to copy, fold and collate the 20 or so items in each kit and therefore expensive to produce. The decision was made to completely rethink the kit and to bring appropriate information together.
into one booklet. A working group was formed including Consumers and Carers to draft a new booklet. It incorporates a section on daily routines in the Acute Inpatient Service that was originally written by a consumer, and emphasises Consumer and Carer rights in line with a recommendation of an ACHS In-Depth review under the National Standards for Mental Health Services. A multi pronged strategy is used to promote the booklet to Consumers and Carers and to ensure that it is made available as widely as possible. Learning Objectives: 1. To gain an insight into the stages of development of an information strategy for Consumers and Carers. 2. To meet modern standards mental health services must provide comprehensive and professional communication with Consumers and Carers. This poster provides an example.

S34 Poster presenters will be standing next to their posters for discussion and questions
31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Welworx.
Melva Laird
WELWORX was created out of the Geelong West Mental Health Team participation in the Medication Breakthrough Collaborative the Swanston Centre Acute Psychiatric Unit was undertaking. The medical model approach to education lifestyle issues is not always effective, especially with client's treated under the mental health act, those who feel powerless, overwhelmed and realising the impact of mental illness on their lives. The aim of the WelworX format is not to promote medication as the priority but as part of an holistic approach to self care efficacy, which starts with something that can be easily identified and normalised e.g. the importance of sleep. Normalising selfcare and empowering clients through the use of a visual aid approach to problem identification, allows clients to assess their own progress in taking control of aspects of their lives. This approach has resulted in clients having more hope and feelings of improved coping and not being negatively focused on psychiatric services dominance in their lives. This approach has resulted in more effective engagement with clients and better outcomes have been experienced. The WELWORX 'hand popper' was developed to be a concise, visual reference to normalise the importance of psychiatric treatment into generalized philosophy of self-efficacy.

S34 Poster presenters will be standing next to their posters for discussion and questions
31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Psychiatric services in Hallad County, Sweden.
Ylva Berger
People with mental health illness have a non equal situation, compared to other people, from a public health situation. In Sweden we have different laws that regulate the conditions in the society for all people. These laws say: Health on the same conditions for all people - All people shall have the opportunity to live in that way so that their health not get worse by an illness - Good and equal health - equal opportunities in terms of living condition and possibility to participation. Different studies in Sweden have shown that people with mental health illnesses have a non equal situation compared to other people in the society. In my article, that is behind this abstract, I have pointed out some very important issues where people with mental illnesses have a poorly situation from public health perspective:- Financial position - Work - Education - Security och participation - Loneliness - Unbalanced diet and less exercise - Gender - women get less help - Smoking, drugs. My focus is how to get people in general to understand and accept this situation and get them interested to take part in changing this situation for people with mental illnesses.

S34 Poster presenters will be standing next to their posters for discussion and questions
31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Coffs Harbour Mental Health-a growing regional mental health service.
Michelle Doenau
This poster will describe the functions and facilities of a regional Mental Health Service, in an area experiencing significant demographic change. The poster will: 1. Outline a map of the area. 2. Incorporate the Area Health Service Logo. 3. Define the demographics of the
area. Display the Mental Health Service location's in the Coffs Harbour area, including the Out Reach Clinics of Bellingen and Macksville Hospitals. Describe the services within the Coffs Harbour Mental Health Service including: a) 30 bed inpatient unit, describing the staffing, trends and services provided b) Adult Community Mental Health Service. c) Young Persons Mental Health Service and CAMS. d) Living Skills Centre. e) Project Workers including: Early Psychosis Coordinator: Aboriginal Mental Health Worker f) Depression and Anxiety Groups, g) Medical Service provision and training. h) Professional Development opportunities. i) working with universities and other tertiary institutions in preceptorship and other support for students on placements including: medical, nursing, allied health and welfare.

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Get Into It! - celebrating, learning and participating in our own community.
Marlene Lamprell
The aim of this presentation is to introduce Get Into It! This community initiative was conceived as a way for our community to give practical action to VicHealth’s ‘Together We Do Better campaign’. According to the World Bank and the World Health Organisation, mental health disorders constitute 10% of the global burden of disease. Estimates suggest that depression alone will constitute one of the largest health problems worldwide by the year 2020. (Murray, C. and Lopez, A (eds) 1996) There is a growing evidence base to suggest that community participation on various levels is a key element to an individual's sense of wellbeing and to the state of the health of the community generally. Well connected communities with strong social networks are more likely to benefit from lower crime figures, better health, higher educational achievement and better economic growth. (Smith, M. K. 2001). Get Into It! Seeks to improve general community mental health and wellbeing through simply informing and linking individuals to the myriad community groups which enrich people’s lives. The better linked and more active we are in our community, the better off we are in terms of mental (and physical) health. Learning Objectives: 1. Every participant will be given a start up kit that they will be able to take with them and use to introduce Get Into It in their own community. 2. Participants will have access to a model that is relevant to mental health promotion, mental illness prevention and psychosocial rehabilitation. References: Murray, C. and Lopez, A (eds) The Global Burden of Disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020, Harvard School of Public Health on behalf of the World Health Organisation and the World Bank, distributed by Harvard University, 1996. Smith, M.K. (2001) ‘Social capital’, the encyclopedia of informal education, www.infed.org/biblio/social_capital.htm.

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: Proactive care: assertive counselling and linkage for ED suicide presentations.
Melissa Petrakis  John Balla  Enrico Cementon  Sean Jespersen  Lynette Joubert  Rosemary Stevenson
At the end of June 2005 Western Health in Victoria completed a National Suicide Prevention Strategy project with the aim of developing a transferable model of continuing care for people presenting to the Emergency Department after attempting suicide and/or deliberate self-harm. The model incorporates aspects of primary and secondary prevention. Project Clinicians conduct a bio-psychosocial assessment, provide strategic and brief intervention counselling with an emphasis on crisis intervention and problem-solving components, and provide assertive linkage with General Practitioners, Community Health Services, housing services, social support services, employment services and financial aid. Continued follow up and assessment is sustained for a six-month period. Successes have included: high representation and input from multiple stakeholders in shape and operation of project, collection of a longitudinal clinical data set regarding levels of Depression, Suicide risk, Quality of Life, specific intervention needs, and meaningful interventions with clients, carers and clinicians in matters as diverse as accommodation, employment, social activity, pregnancy, drug use and

TheMHS Conference – Book of Abstracts, Adelaide 2005
abuse, legal issues, Child Protection, financial issues, relationship difficulties, criminal charges, leisure, physical health, community engagement, self-esteem. Learning objectives: 
1. They will learn about the operation of an innovative model of suicide prevention, and some successes from the project. 2. Nationally, services and consumers believe we need to develop a better response to suicide risk.

**S34 Poster presenters will be standing next to their posters for discussion and questions**

31/08/2005 From: 1700 To: 1800 Venue: Hall H

**Poster: A Study Exploring the Mental Health Needs of Asylum Seekers, Refugees and Ethnic Minority Groups.**

Maryam Mirza

**Aims:**
1. To ascertain the understandings about mental well-being and distress of the ethnic community, asylum seekers and refugees living in the Wakefield District. 2. To find out more about the barriers asylum seekers and refugees face in accessing appropriate mental health care and their needs. 3. Address the lack of uptake of mental health services by the ethnic minority community in the Wakefield District, in order to provide better quality and more culturally sensitive mental health services. 4. To make recommendations from the interviews conducted with service providers, service users and the local population on how services can be developed to become more culturally sensitive.

**Methods:**
The design employed qualitative methods. The particular interest of the research was in the perspectives and experiences of the community members of these groups on their local services. It was proposed that consideration of these local perspectives would extend the understanding of the mechanisms underlying health inequalities, and most particularly, the low levels of accessing services that contribute to those inequalities. Semi-structured interviews were conducted with a range of different stakeholders in the asylum seeker, refugee and the ethnic minority community in the Wakefield District. Service providers were interviewed in order to glean expert opinions on services from a variety of professional perspectives. Lay community members from these groups provided the non-expert perspective of the target community.

**Results:**
A total of 12 professionals participated in the interviews and a total of 10 mental health service users and 9 members of the local community were interviewed. All data generated were summarised into themes and sub themes and coded using template analysis. Participants identified positive aspects of recent service developments as well as a range of problems and gaps associated with current organisation and delivery of services, and suggested areas where progress and further action should be taken. Conclusions.

A number of recommendations arise from the discussion and suggestions for further action made by participants. Further recommendations are also reported on the basis of the data from the interviews and analysis of it. The recommendations are raised under the following headings: 1) Education & promotion of mental health 2) Positive steps for asylum seekers, refugees and ethnic minority groups 3) Staff development & training 4) Multi-disciplinary and inter-agency work 5) Partnerships with the local community 6) Service development 7) Monitoring 8) Dissemination.

**References:**

**Learning objectives:**
1. The audience will gain insight into the perceptions of ethnic minority groups around issues of mental health and mental ill-health. They will also learn about the issues pertinent to mental health for ethnic minority groups from the perspective of professionals. The assessment of need for mental health services is a process which helps inform planning of care for individuals, their families and communities. It can be a powerful learning tool for local services and provides the rationale for re-designing services to better target assessed needs. 2. Ethnic minority mental health is an area which has caused much concern over the years. Over recent years, the mental health needs of asylum seekers and refugees have also become a growing concern. The stigma attached to mental illness can be compounded by racial discrimination, with access to appropriate assessment, treatment and care inhibited. Refugees and asylum seekers are a
particularly vulnerable group. Post traumatic disorder is the most common problem, and the risk of suicide is raised in the long term. Combined evidence suggests that services are not adequately meeting mental health needs, and that minority ethnic communities lack confidence in mental health services. The research set out to provide a concise overview of current mental health service provision, identifying gaps, examples of good practice and a summary of mental health needs of asylum seekers, refugees and minority ethnic groups. A number of significant issues were raised as a result of this research and discussion of these should lead to more effective planning and provision of mental health services. This research has implications for mental health services seeking to provide better quality and more culturally sensitive mental health services.

S34 Poster presenters will be standing next to their posters for discussion and questions 31/08/2005 From: 1700 To: 1800 Venue: Hall H
Poster: A Comparative Evaluation of Two Memory Services
Maryam Mirza
Aims: 1. To evaluate patient, carer, referrer and staff satisfaction with the two services. 2. To examine compliance with the National Institute of Clinical Excellence guidelines in the two services. 3. To identify the costs of the two models in a transparent way that would facilitate the findings being applied to other services. Learning objectives: 1. The audience will gain insight into the perceptions of patients with Alzheimer's disease and their carers surrounding memory care and the issues pertinent to memory care for dementia patients from the perspectives of professionals. In addition, cost analysis information will be provided for health service providers to consider alongside the qualitative evidence, the scope and possible effectiveness in terms of cost and patient benefit of future memory services. 2. Memory services exist worldwide but there are no shared guidelines as to what best constitutes and effective service. This work provides a qualitative and quantitative insight into the workings and effectiveness of two service models. One community focused, the other hospital based. The project findings will induce much discussion surrounding future improved memory services for older patients. Methods: Semi-structured interviews and focus groups established important factors for satisfaction and a questionnaire based on these was circulated. Audit schedules were developed and applied examining the prescribing, monitoring and discontinuation of anticholinesterase drugs according to National Institute of Clinical Excellence guidance. A costing model was formulated to analyse costs incurred in the running of each service. Results: A total of 10 dementia patients, their carers and 2 Alzheimer’s society representatives were interviewed and 2 focus groups were conducted with service staff. Five main themes relating to perceptions of dementia, service satisfaction, timeliness, treatment location and information provision were found to integrate all the data. A total of 61 completed patient and carer and 38 GP questionnaires were received. Over 70% of GPs were satisfied with the service they referred to. Slightly higher rates of satisfaction on most counts were observed for patients and carers using the community service. An audit of 70 case notes from each service identified above 94% compliance for each guideline, with 100% of patients diagnosed and assessed within a specialist clinic prior to drug prescription. Annual costs and costs per case of the clinic-based service exceed community service costs. Conclusions: Aspects of service satisfaction are reported, however stakeholders advise a future joint community and clinic based model incorporating a more holistic philosophy: · Encouraging better access arrangements · Providing accurate and comprehensive information · Using appropriate and timely communication · And ensuring · Professional acknowledgement of carer views and experiences. References: Timlin, A. Gibson, G. Curran, S. Wattis, J. (2005) Memory matters: A report exploring issues around the delivery of anti-dementia medication. Huddersfield: University of Huddersfield. Lindesay, J. Marudkar, M. Van Diepen, E. Wilcock, G. (2002) The Second Leicester survey of memory clinics in the British Isles. International Journal of Geriatric Psychiatry. 17, 41-47.
Abstracts for conference presentations on

Thursday 1st September 2005
Ron Coleman: Recovery! From Rhetoric to Reality
1/09/2005 From: 0900 To: 1000 Venue: Hall E

Keynote Speech: Recovery! From Rhetoric to Reality
Ron Coleman is a mental health trainer, author and consultant specialising in psychosis prevention and resolution. He has designed training packages to enable voice hearers to gain ascendancy over the negative aspects of the voice hearing experience. His own route to recovery after spending 13 years in and out of the psychiatric system has given him many insights into the many difficult issues facing today's mental health services. Ron has published several books including Politics of the Madhouse and Recovery an Alien Concept? and co-authored Working with Voices and Working to Recovery. His workbooks on recovery are currently being used by the Trieste Community Mental Health Centres.

Leadership, Change and Service Policy
1/09/2005 From: 1030 To: 1230 Venue: Hall E
Stephen Brand
In 1990, Peter Senge published a book called The Fifth Discipline the Art & Practice of the Learning Organisation We have tried to apply this model to service development in a rural mental health service. Senge says deep down, we are all learners. In this paper I equate learning with change. Mental health services and communities of carers are constantly being required to change. The concept of evidenced based practice assumes one must change one's practice to best practice. Service development and the implementation of quality programs is about change and learning new, safer and more effective ways of delivering services. Senge describes five characteristics of the learning organisation. These are, systems thinking, personal mastery, mental models, building shared vision and team learning. In this paper I will unpack these concepts in a mental health service context and give examples of the introduction of change, best practice and learning in the context of borderline personality disorder, early psychosis and services to families and carers. Mental health service systems have very flexible boundaries, particularly in rural communities. The learning organisation has to involve the community and community groups. So, ultimately the much touted partnerships have to be learning partnerships in which the service engages in a joint process with the community of carers to deliver a service and to understand and accommodate mental illness in the community. Learning Objectives:1. How a model of organisational change and development can be applied to a mental health service and why bother to apply a model to best practice service delivery. 2. The mental health service delivery system is like any other industry on which organisational change models can be applied. One aspect is that we must supply services in partnership with families and carers and the community. Listeners will be invited to explore this change process and interface. References: The Fifth Discipline The Art & Practice of The Learning Organisation Peter M. Senge. Random House, Australia 1990. Reframing Organisations Artistry, Choice and Leadership Lee G. Bolman, Terrence E. Deal. Jossey-Bass Publishers, San Francisco 1991.

Leadership, Change and Service Policy
1/09/2005 From: 1030 To: 1230 Venue: Hall E
Paper 20 Minutes: International Initiative for Mental Health Leadership (IIMHL).
Fran Silvestri
This workshop will describe the work and programmes of the International Initiative for Mental Health Leadership (IIMHL) which Australia has joined. The National Institute for Mental Health in England (NIMHE), the Substance Abuse and Mental Health Service Administration (SAMHSA) of the US, the Mental Health Directorate of the Ministry of Health New Zealand (MOHNZ), the Scottish Executive (SE) and the Department of Health and Ageing, Australia (DHA&A Au), sponsor the International Initiative for Mental Health Leadership (IIMHL) to facilitate the sharing of best practice and to provide the needed
support and collaboration for leaders of mental health services to develop robust managerial and operational practices in order to improve the quality and efficacy of mental health services. The direction of change in mental health practices is an international movement. National policies and directions can be enhanced by changes occurring in other countries. The role of a leader in maintaining awareness of all changes is a daunting task. It often leaves leaders without a network for personal support or organisational assistance to advance changes needed within the environment. IIMHL offers support and technical assistance to countries and their provider leaders by assisting leaders in adapting to rapid changes in the field and providing a support network through partnership with other leaders from around the world. IIMHL identifies and shares the best in managerial and operational practices together with access to information about developments that are occurring in other countries. IIMHL provides member countries a linkage to international leadership development that supplements their national policies and service developments with an emphasis on evidence-based practices.

S36  Leadership, Change and Service Policy
1/09/2005  From: 1030 To: 1230  Venue: Hall E
Paper 20 Minutes: The Policy Framework For Aboriginal And Torres Strait Islander Mental Health and Social and Emotional Wellbeing.
Tom Brideson
The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being 2004-2009 was endorsed by the Australian Health Ministers’ Advisory Council in November 2004. This is a very significant achievement, in that it commits all governments to address the social and emotional and mental health needs of Australian Indigenous people under a common broad strategy. It was developed through extensive consultation with Aboriginal and Torres Strait Islander people and the many other stakeholders, including service providers. The Framework has five key strategic areas for action. A focus on children, young people, families and communities; Strengthening the capacity and workforce of Aboriginal Community Controlled Health Services to deliver social and emotional well being care; Increased access to and responsiveness of mainstream mental health care; Improved coordination of resources, programs, initiatives and planning; Improved data and research. The Framework complements and fits within two other important policy initiatives - National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013).(ii)National Mental Health Plan 2003-2008 The framework outlines roles of stakeholders, at Commonwealth, State and local/regional levels. Implementation and reporting will coincide with the above two policy initiatives. Learning Objectives: 1.Participants will gain a detailed understanding of the current policy context for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing.2. Aboriginal and Torres Strait Islander Mental Health has been on the national agenda for many years. This Framework is the first national policy agreed to by Commonwealth and State/Territory Government's. All mental health services are required to adhere to the directions listed within this. Framework. References. Australian Health Ministers' Advisory Council, 2004, National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Emotional and Social Wellbeing (2004 - 2009). Department of Health and Ageing, Canberra. Australian Health Minister. National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003.National Aboriginal and Torres Strait Islander Health Council 2003 National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments. Canberra: NATSIHC.

S36  Leadership, Change and Service Policy
1/09/2005  From: 1030 To: 1230  Venue: Hall E
Paper 20 Minutes: The contribution of the Mental health Commission to mental health development in New Zealand - the value of an independent agency.
Ruth Harrison
Mental health benefits where there is a truly independent agency representing the interests of mental health and the people who are affected by mental illness to Ministers and across the sector. Usually, no single agency is responsible for representing the interest of the mental health sector. Central health agencies' views are affected by their agency's responsibilities for health services generally, providers have their organisation interests and professional groups are responsible for representing their members interests. This paper examines the contribution that the Mental Health Commission has made to mental health development in New Zealand and considers the value of an independent agency for the future development of services for people who experience mental illness.

S37 Families, Policies and the Aboriginal Community
1/09/2005 From: 1030 To: 1230 Venue: Hall B
Lisa Lane Boyce Felstead
Since 2001, Carer Consultants have been employed in some Victorian public mental health services. The development of a carer consultant program to 'facilitate carer involvement in planning, delivery and evaluation' was noted as a priority in 2002. While admirable that carer participation is on the State and Federal agenda, policy initiatives are often silent on the practical implementation of carer-focused policies and whether Carer Consultants should be used to drive organisational change. The North-East Area Mental Health Service engaged a Carer Consultancy Project Officer to undertake a needs analysis of its carers to identify current service gaps and make recommendations regarding possible strategic directions in (i) enhancing carer input to treatment of consumers and (ii) considering ways of more effectively providing direct support to carers. The resultant Report informed the workplan for a Carer Consultant to be appointed. This was thought to be sensible as often Carer Consultants are employed at AMHS's with little support or guidance as to what their priority work-areas should be, and how they should go about making staff, and the service, more family and carer sensitive. The presentation will summarise the approach taken to the needs analysis and the main findings. Wordcount: 199. Learning Objectives: 1:The audience will learn more about the way in which State and Federal Government policies address carer participation and gain an appreciation of the absence of clear statements about the way in which these policies should be implemented at the ground level. They will gain an appreciation for the difficulty faced by Carer Consultants when appointed to a service without a clear understanding of their workplan. They will then learn how one service decided to approach this issue, by undertaking a needs analysis of the service before engaging a Carer Consultant. 2:This paper is highly relevant to mental health services as they will gain an overview of the policy context in Australia in regards to carer participation, and the challenges of its practical application. Many services either have engaged a Carer Consultant or may be thinking of employing one. Those that have one may be grappling with how that person can most effectively be utilised, and this paper may help clarify this; those who are thinking of employing a Carer Consultant may benefit from greater understanding of the issues faced by carers. References: New Directions for Victoria's Mental Health Services: The Next Five Years, Metropolitan Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne Victoria, September 2002. For example, Working together with families and carers: Chief Psychiatrist's Guideline, Victorian Government Department of Human Services, Victoria, April 2005.

S37 Families, Policies and the Aboriginal Community
1/09/2005 From: 1030 To: 1230 Venue: Hall B
Paper 20 Minutes: Strengthening Families, Carers, and Communities: Hope Vale Community
Brenda Hall Melissa Haswell-Elkins
Hope Vale Community is located approximately 45km north of Cooktown in Far North Queensland. It is home to approximately 1500 people belonging to various clan groups who

TheMHS Conference – Book of Abstracts, Adelaide 2005
speak Guugu Yimithirr and other languages. Qld Health has long recognised the need to assist Hope Vale Community and its organisations to increase their capacity to promote mental health and prevent mental illness. This led to a pilot project involving Queensland Health Northern Zone, Hope Vale Council, and the AIMhi Indigenous Stream in 2003 that explored the community-based support required to address the needs of those experiencing chronic and relapsing mental illness and their families. Over an 18 months period, a community support committee was established, a service provider map was developed, a health services audit was completed and a literature review of community support was conducted. Importantly, good relationships were fostered through consultations and feedback to Council and the community support committee. These relationships have enabled a 'model' to be developed that is now being implemented in a longer term (5 year) project. This presentation will highlight the key activities and findings of the pilot project and explore the key approaches and elements of the current model.

S37 Families, Policies and the Aboriginal Community
1/09/2005 From: 1030 To: 1230 Venue: Hall B
Paper 20 Minutes: Promotion, Prevention and Early Intervention - Issues for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing & Mental Health.
Mary Guthrie
Auseinet is a non-government organisation which works with governments and organisations across sectors to support change in Australia's mental health policy and practice. Auseinet develops, collects and disseminations information as it relates to the promotion, prevention and early intervention (PPEI) for mental health. Auseinet also establishes and maintain networks of people and organisations who are involved in the PPEI approach to mental health. Auseinet supports the implementation of two major policy documents: 1. The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000) and 2. LIFE: A national Framework for Prevention of Suicide and Self-Harm. Social and emotional wellbeing and suicide prevention are critical issues for the mental health for Aboriginal and Torres Strait Islander Australians. Auseinet has engaged an Indigenous Issues Co-ordinator to address the Aboriginal and Torres Strait Islander issues under each of these policy documents. The paper will outline relevant issues in general, as well as specific challenges in relation PPEI and Suicide Prevention for Aboriginal and Torres Strait Islander Australians. Learning objectives: 1. To share information about how Auseinet can support promotion, prevention and early intervention in relation to mental health issues for Aboriginal and Torres Strait Islander people in general; 2. To raise awareness about the specific challenges for Aboriginal and Torres Strait Islander mental health, and PPEI and suicide prevention.

S37 Families, Policies and the Aboriginal Community
1/09/2005 From: 1030 To: 1230 Venue: Hall B
Paper 20 Minutes: Learning together about community participation through participating.
Wanda Bennetts  Diahann Lombardozzi  Sharon Saunders  Evan Bichara  Fiona McDermott  Caroline Crosse  Bill Healy  Elly Fossey  Carol Harvey
This paper will be presented by members of a reference group for a project exploring practical ways for consumers to deal with, respond to, and manage their levels of community participation for themselves. We discuss how we are working together as a reference group, highlighting the role of consumer perspective in this research. The project itself aims to enhance understanding of the barriers confronted when one seeks to participate in community life, as well as mechanisms that are supportive for consumers in our communities. By examining these barriers and supports, it aims to identify how to develop practical safe frameworks that enable consumers to be central in the processes of achieving community interaction that they find worthwhile, and creating the stepping stones to rediscover and construct satisfying lives. Its participatory approach means the project focuses on and
encourages community involvement, whether to widen one's horizons through education, volunteering and work; improve one's physical and mental well-being; enjoy the benefits of others' company, or participate in meaningful and rewarding activities. The project allows consumers to value themselves, highly privileging their knowledge and expertise so that consumer perspective is central to the reference group's work, the research process and issues being researched. Learning Objectives: 1: The audience will learn about the ways in which social inclusion is being made real within a project about participation, highlighting how consumer perspective is playing a role in community mental health research. 2: This paper will present a project that fosters participation, which is central to inclusion both of consumer perspective in health care and research activities and of consumers as citizens in community life.

S38 Men's and Women's Mental Health
1/09/2005 From: 1030 To: 1230 Venue: Hall C
Paper 20 Minutes: Walk, Talk and Gawk: Aboriginal Mental Health Program.
Robert Peckham Colin Locke
Loss of cultural identity is considered an underlying cause of, or at least a significant factor contributing to, the high rates of mental illness of Aboriginal men. The Aboriginal Mental Health Program focuses on creating opportunities for men's cultural identity development through an annual camp and ongoing bushwalking model of service. It is fundamentally a suicide prevention program, providing a culturally appropriate model for Aboriginal men with mental health problems. It involves bushwalking, learning about indigenous culture and working with artists and mental health workers to develop creative 'tools' eg artwork, stories, videos etc. The men are then supported to use these 'tools' in a range of community education settings such as schools, prisons etc, providing a pathway for the men's skill development and re-inclusion into community networks. Learning Objectives: 1. The audience will discover how the unique, central feature of this service model, the role of the artists, assists the men to explore their issues and develop creative educational tools through which they can tell their stories. 2. This presentation addresses the deep-seated cultural aspects of Aboriginal mental health. Colin Locke and Robert Peckham are senior Aboriginal men employed as Mental Health workers in Greater Western Area Health Service and Sydney West Area Health Service.

S38 Men's and Women's Mental Health
1/09/2005 From: 1030 To: 1230 Venue: Hall C
Paper 20 Minutes: What do you do when your mate is telling you that he is thinking about committing suicide (Larrikia Nation Male Focus Group)? A study with Aboriginal and Torres Strait Islander males talking about the affects of suicide.
Billy Banks Mick Adams
Prior studies evidence has demonstrated that until the 1960s, suicide was primarily a problem among the older age groups. However, by 1990, the younger age group of 15-29 years and the elderly of 75 years and over became the high-risk age cohorts (Hassan 1996 cited in Elliott-Farrelly 2004). The rate for young males has climbed dramatically. In 1998, the rate per 100,000 was 17.2 for males aged 15-19 and 35.9 for males aged 20-24. For females aged 15-19 the rate was 5.5 per 100,000, and for those aged 20-24 it was 7.1 (ABS, 2000, cited in Mitchell, 2000b cited in Elliott-Farrelly 2004). The ABS & AIHW (2001, cited in Brideson & King, 2002 cited in Elliott-Farrelly 2004) reported that in 1997-99, age-specific suicide rates for Indigenous males and females were highest in the 15-24 year age group at 108 and 18 per 100,000 respectively. The rate of suicide is generally increasing in Aboriginal communities; however, this increase is distributed unevenly across both time and place (Hunter et al., 2001 cited in Elliott-Farrelly 2004). The overall aim of the research project was to engage in discussions with Aboriginal and Torres Strait Islander males with particular emphasis on suicidal behaviour, risk factors, response to prevention programs. To look at what information was availability, needed, where they went to, to get help, what happened when a situation occurred. The research study took a qualitative approach to investigate the way men
saw themselves within the family context and community, in addressing issues related to associated illnesses. The discussions took place in urban, rural and remote communities. The practical applications of the findings from community-based consultation and negotiation are that there appears to be a lack of educational materials available to advise parents or other family members about suicidal symptoms or what steps should be taken if a situation arises. If there are available facilities operating within the community they are not accessible or promoted and therefore are not accessed. This work is funded by the Office of Aboriginal and Torres Strait Islander Health

**S38 Men's and Women's Mental Health**

**1/09/2005 From: 1030 To: 1230 Venue: Hall C**

**Paper 20 Minutes: Inailau-A-Tina Pacific Women Tell Their Stories.**

**Tutogi Soi To'o Vicky Tariau**

**Aims:**
1) Give the audience a pacific health perspective
2) Define for the audience a pacific definition of illness
3) Discuss traditional treatment and healing processes
4) Relate Pacific Island perspectives, treatments and processes to modern Mental Health environment.

This paper will discuss and share knowledge and experiences of the use of a cultural intervention in a Pacific Mental Health Service (clinical-cultural paradigm) under the umbrella of a mainstream organization. The paper will touch the culture, spirituality, beliefs and how they relate to mental illness in the Pacific nations. Learning Objectives:

1. The audience will learn a pacific health perspective, definition and causes of illness and in particular the traditional treatment of illness. They will learn of some similarities and differences on the way pacific people view and treat illnesses. There is limited research addressing the health of pacific people. The advantages of using a clinical-cultural paradigm in a health service in particular the significance of the cultural intervention.

2. This topic is relevant to mental health services and issues as it provides an alternative intervention that aims to achieve best outcomes by enhancing access and clinical - culturally appropriate practice for people with mental health issues to integrate effectively in the community. This perspective may be used as a transference template model for other minority cultures in a mainstream organization / environment.

References:

**S38 Men's and Women's Mental Health**

**1/09/2005 From: 1030 To: 1230 Venue: Hall C**

**Paper 20 Minutes: The Path to mental health through nurturance and attachments: the role of a women’s housing scheme in promoting mental health in the family.**

**Coral Greig Patricia Smith Linda Seve**

Our presentation is aimed at sharing with other services the work that we do and have done for the past twenty years at Alice's Cottages Inc. What do we do that makes us unique? Is it the fact that we have a very low turnover of staff which gives present and past residents a feeling of continuity of service, or is it the fact that we try to address all areas of our families lives not just their mental health issues alone? And last but not least, who in the name of fortune is Alice's Cottages anyway? Alice's Cottages Inc is a medium-term supported housing scheme for women with a history of psychiatric illness and/or psychological distress who have dependent children in their care. Each family is housed in the community in a house provided by the Office of Community Housing and are responsible for their own food, electricity and other household expenses. Alice's focus of support is to have a team approach to enable us to look wholistically at the needs of all the members of each family. Families are allocated two general support workers and at least one child focused support worker. Teams then develop a plan for the family’s length of stay. Thus long- term and short- term goals are set in collaboration with the resident and any other service or organisation that may also be
involved. The scheme provides its greatest support by assisting families to identify the areas in which they need to learn new skills or improve on existing ones and whilst they are given a lot of assistance by staff who have a variety of skills and resources they are strongly encouraged to seek assistance within their local community. Families then form strong neighbourhood networks that can be utilised during and after their stay with Alice's. Alice's main aims and objectives are; to provide women and children referred to our service with medium-term accommodation and support, so that they can develop independent living skills, the confidence and motivation to live independently and parenting skills to care successfully for their dependent children, and to provide a stable and secure environment in which the mother/child relationship is fostered and in which the children receive encouragement and support to help develop their own potential. In conclusion then, let us say that we believe that there are many success stories to be told by the majority of families who come through our program. We would like to have some of these people tell their stories to show that perhaps the bleak picture painted by the popular media is not an accurate representation of how many sufferers of psychiatric illness can progress when given a wholistic approach to their wellness.


S39 1. Mental Health Service Awards - How to?; 2. Preventing Episodes of Mental Illness in Recovery
1/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2
Symposium 1 Hr: The role of preventing further episodes of mental illness in recovery.
Douglas Holmes Debra Rickwood Susan Mitchell
Theme: This symposium considers the role of preventing further episodes of illness in the recovery process for people who have been seriously affected by mental illness from three unique perspectives-personal, conceptual and practice. This symposium reports the background and outcomes of a major national consultation examining the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness that was undertaken in late 2004. The role of relapse prevention is viewed from three unique perspectives personal, conceptual and practice, with a 20-minute paper covering each perspective. The personal perspective presents the lived experience of a consumer on their recovery journey; the conceptual perspective describes a framework developed through the consultation process, and the practice perspective considers innovations in practice that were observed during the consultation process. The national consultation was initiated and supported by the National Mental Health Promotion and Prevention Working Party, and particularly its consumer and carer members. Learning outcomes 1: Informs the audience of the importance, main elements, and practical implications of the 4As Framework for preventing further episodes of mental illness; 2: Provides a Framework to help mental health services reorient their practice toward recovery by incorporating relapse prevention. Paper 1: This paper presents the personal perspective on the role of relapse prevention in the recovery process. A consumer describes their journey to recovery and the role of relapse prevention in that journey. Paper 2: This paper presents the conceptual framework developed for including relapse prevention within the recovery journey. It firstly describes the methodology used to undertake the national consultation around the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness. It then describes how the outcomes of the national consultation were used to develop a framework. An overview of the 4As Framework to prevent further episodes of mental illness is presented, along with suggestions of the changes that need to take place in mental health services to encourage implementation. Paper 3: This paper describes some of the innovations in practice that are...
occurring in mental health services and peer support services that implement the 4As Framework to prevent further episodes of mental illness. These practice examples were revealed through the national consultation process and through the efforts of Auseinet to follow up and promote recent activity and good practice in the field of relapse prevention.

References: Commonwealth Department of Health and Aged Care 2000, national Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, Commonwealth Department of health and Aged Care, Canberra.


S39 1. Mental Health Service Awards - How to?; 2. Preventing Episodes of Mental Illness in Recovery
1/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2
Workshop 1 Hr: 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 Objective 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 practice 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.

S40 Workshops: 1. Early Warning Signs; 2. Art in Recovery
1/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Symposium 1 Hr: Art in Recovery; Interviews with the Artists.
Christine Lloyd Leon Petchkovsky

Leon Petchkovsky Su Ren Wong Walter Peterson and Christine Lloyd. Estimated time 45 minutes video, 15 minutes verbal presentation and interaction. A qualitative study, exploring ways in which involvement in an Australian community arts programme contributes to the recovery process, and aiming to gain an understanding of intrinsic recovery, involved eight in-depth semi-structured interviews video interviews. The eight consumers produced eloquent poignant highly nuanced and deeply reflective responses. The interviews included artists’ imaginal interactions with samples of their own works, in the Girebala art studio setting. Seven main themes emerged from the interviews. These included: art as a medium of expression and self-discovery, changes in internal conditions, spirituality, empowerment, and self-validation), and important external conditions (supportive relationships and external atmosphere). The video footage is compelling, and supports a consumer view of the deep
value of art programmes in providing an external environment that facilitates internal recovery.

**S40 Workshops: 1. Early Warning Signs; 2. Art in Recovery**

1/09/2005  From: 1030 To: 1230  Venue: Meeting Room 4 & 5

**Workshop 1 Hr: Listening to Ourselves: Awareness and Action Plans for Managing Early Warning Signs.**

**Marty Roberts  Jane Winterling**

This workshop is facilitated by two consumer/providers who have taught this approach in many settings, and who use it in their own lives. We teach people about the importance and the effectiveness of learning to be aware of and take action to deal with Early Warning Signs (EWS). EWS are those subtle signals that we receive from our minds, our emotions and our bodies that cannot be found in diagnostic manuals. We teach the process of recognizing these signs and how to develop plans that are proactive, in order to maintain our stability and to function well in the community and in our lives. This process of recognizing EWS is a vital part of an important mental health recovery tool, the Wellness Recovery Action Plan (WRAP), developed by Mary Ellen Copeland with workshop participants in Bradford, Vermont, USA, 1997. It is now used and taught in diverse mental health settings throughout the world. The key to working with EWS is developing an awareness of what we are like when we are well. We try to develop an understanding of what our personal indicators of distress are, that they are unique to us, and that they tell us when we are beginning to experience some difficulties that may challenge our wellness. These become the EWS that tell us when we should start paying attention and put plans into place that prevent the unfortunate losses that so many of us have experienced. Learning to recognize EWS, developing and implementing action plans to deal with them while they are in the early stages, builds our self-esteem and confidence about being able to manage our symptoms and our lives. This decreases the shame that we can feel when others have to intervene in our lives. It can keep us out of crisis. As we become better able to take charge of our symptoms, we can participate more fully in community life, and the community can share in the richness of our gifts and experience. This decreases both our self-stigmatization and stigma in the community, moves us all toward an integrated community in which our diversity and our commonality are valued. The workshop will include a brief overview of the WRAP, showing how knowledge of EWS and learning to respond to them fits into a total wellness plan. We will teach skills for awareness and recognition of EWS by involving the participants in the activity of developing a group plan. Through this process participants will learn how truly distinctive each person's EWS are, how to develop a plan that involves many resources to prevent further problems. This plan can be adapted by individuals for dealing with their own EWS. The facilitators will share their own experiences in working with this approach, to illustrate the process of learning to use these skills. Participants will be encouraged to relate their experiences. The facilitators believe that the shared experience of the group working on these skills is vital to learning, developing, and supporting individual plans. Learning how to listen to ourselves to being aware of the subtle changes that affect our wellness. The ability to develop and use a personal action plan to deal with these challenges keeps us in control of our lives and out of crisis. For people diagnosed with a mental illness, this enables us to interact in a positive way in our community, reduces the personal shame and the societal stigma we experience, and gives us a life worth living.

**Learning Objectives:**
1. Participants will have an understanding of how to begin the process of recognizing early warning signs.
2. Recognizing and making plans to deal with early warning signs increases capacity for developing natural supports, increases self-reliance and decreases dependence on the mental health system.

**References:**

**Workshop Plan:**
1. Brief overview of WRAP: Power Point presentation 10 minutes.
2. Presenters discuss the development of their action plans for Early Warning Signs, and how, by using these plans they have been able to stop the cycle of moving from crisis to crisis.
minutes 3. Development of an action plan with group input. 20 minutes 4. Personalizing an action plans for Early Warning Signs with questions and answers. 20 minutes.

**S41 Aspects of Professional Education**

1/09/2005  From: 1030 To: 1230  Venue: Room 10

**Paper 20 Minutes: Beating the Drum Together: a consumer and carer provide innovative education sessions. A joint initiative by a consumer and carer in providing education to mental health staff including trainee psychiatrists at St Vincent’s Mental Health Service (Melbourne).**

Beth Bailey  Katie Weedon

The Service is committed to substantial involvement of consumers and carers in service planning, development, delivery and evaluation. This position reflects the priority placed on consumer and carer participation in the National Mental Health Plan 2003-2008. Experience tells us that the consumer perspective and the carer perspective are frequently different; it is important that both perspectives are actively incorporated within staff education programs. Historically, education has been provided in separate sessions by consumers and carers. Our challenge is to develop new ways of capturing attention to important issues. Ultimately consumer and carer participation is an important element of collaborative partnerships with staff, for together we do better. The authors explore: The process of planning joint education sessions. Selection of topics to promote discussion, including the challenging issue of confidentiality. The impact of using role play to illustrate key issues and differing views. In an inpatient setting, interviewing a consumer and his mother to discover influential factors along the care pathway that promoted recovery for the young man and support for the family. Evaluation. What did staff feel about these innovative approaches? Learning Objectives: 1. It is expected that participants will gain some insight into a collaborative approach by consumers and carers to staff education. It is hoped that this initiative will encourage other services to support consumers and carers in provision of joint education programs. 2. Current National and State policies advocate for increased consumer and carer participation in service planning and review, which includes participation in mental health skills training. References: Australian Health Ministers. National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003; Department of Human Services (2002) New Directions for Victoria's Mental Health Services. Victorian Government. Page 37-41 Consumer and Carer Participation; Furlong M. and Leggatt M. (1996) Reconciling the patient's right to confidentiality and the family's need to know. Australian and New Zealand Journal of Psychiatry 30: 614-622.

**S41 Aspects of Professional Education**

1/09/2005  From: 1030 To: 1230  Venue: Room 10

**Paper 20 Minutes: Getting More Aboriginal Mental Health Workers in Far West NSW.**

Russell Roberts  Verina Crawford

There is a shortage of trained Aboriginal mental health workers. The Aboriginal Mental Health Workforce Development Program was put together to increase the number of Aboriginal Mental Health Workers in the Far West of NSW. The program has increased the number of Aboriginal workers in the Area from 5 to 14. Aboriginal mental health issues are a big problem in the Area. Trained and fully qualified Aboriginal Mental Health Workers are probably the best people to provide help. This presentation describes how the Program assisted the trainees in work, at university, and in their careers to become skilled mental health workers. It also describes how the trainees' study is integrated into the life of the local health team so non-aboriginal workers get a better idea of Aboriginal social and emotional issues. Personal issues for the trainees, such as being away from home for 2 weeks a time for university study, and coping with university jargon will also be discussed. This program has increased the number of permanent Aboriginal mental health workers, made mental health teams more culturally sensitive, trained people from their local communities, improved access to services for Aboriginal people, and provided a stable, permanent Aboriginal Mental Health Workforce. Learning Objectives: 1. What an incredible experience a program like this can be
for someone interested in a career in mental health. 2. This presentation explores guidelines and supports that are needed to nurture and develop Aboriginal Mental Health Trainees in work, study, and their careers.

S42 Workshop: Loss, Grief and Change  
1/09/2005  From: 1030 To: 1230  Venue: Room 11  
Workshop 1 Hr: What to do the Seasons have to do with Loss/Grief & change, Mental Health, Carers & Consumers.  
Patricia Berrutti  Paula Hanlon  
Everyone experiences change in their life, and the impact of loss and grief associated with change. Some changes are profound, and depending on how we learn to process the impact can even affect our mental health. Seasons for Growth is a program developed for children and adapted for adults to educate participants about Worden’s tasks of grief. Seasons utilizes the imagery of the seasons to facilitate an understanding of loss/grief and the impact. Participants of this workshop will experience some of Worden’s tasks that will facilitate an understanding of the loss/grief/change process and how this promotes mental health. The Seasons for Growth program has been customized by Patricia Berrutti to accommodate the needs of carers of a person experiencing mental health issues, and with the help of bilingual workers, this is also available to carers from culturally diverse communities. Now Consumer Representatives will be working with Patricia Berrutti to have a ‘Seasons’ experience available to consumers, through the pilot, funded by Women in Mental Health. A report, including external evaluation will be provided to the Centre for Mental Health. This workshop will offer an opportunity for participants to learn the benefits of using ‘tasks of grief’ and to have an understanding of what carers and consumers have experienced.  

Workshop Plan: Loss/Grief/Change and Mental Health Promotion.  
15 mins - Introduction & Background - Anxiety and how to use the Worry Tree. How and why the use of the Seasons assists in Understanding the Loss/Grief/Change Process - How this program can assist consumers - Loss/Grief - the ‘dark side’ of improved anti-psychotic medication. Setting the scene - ask for a volunteer and ask them to stand near their favourite season (visual imagery will be provided for each Season) and give a reason why they chose this season 15 mins.  
Changed Plans - Facilitators example - Participants to think about an Experience of changed plans - What did you think? What did you do? What did you feel? How would these experiences be different to a significant loss? What did you learn?  
Timeline exercise . 15 mins - Change Questionnaire - participants to choose a change experience from the Timeline to explore using the Change Questionnaire.  
Using Seasons imagery introduces an opportunity to utilize language connected to the seasons as a means of expressing emotions. This imagery also introduces the inevitability of change, but the concept that no season lasts forever and neither does the pain of grief. Discussion around my ‘favourite season’ usually introduces the ‘good’ and the ‘not so good’ aspects of seasons and the opportunities for growth. When we look at an iceberg, participants of the workshop will become aware of how much of the iceberg is underneath the water and where all the damage is done. If emotions are buried and not dealt with, these emotions can destroy us - both physically and emotionally. Come along to this workshop - what have you got to lose?  
Learning Objectives: Participants will learn about ‘tasks of grief’ and have practical ways to apply them to loss/grief/changes experienced in their own lives. Audience will learn how Consumers can be assisted to understand Loss/Grief issues associated with changes in their life. Audience will learn how consumer representatives and a carer have worked in partnership, funded by a non-government organization (Women in Mental Health) to facilitate the availability of a Mental Health Promotion pilot to consumers, with external evaluation and report to be forwarded to Centre for Mental Health.
TheMHS Conference – Book of Abstracts, Adelaide 2005

S43 1. Stigma/Prejudice - The Cape Drama; 2. Making Mental Illness Popular
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 1
Workshop 1 Hr: 'Shrouds of Prejudice Revealed The Cape Drama.
Graham Johnson  Tarja Walter

The aim of this dynamic presentation which uses psycho-drama & poetry, is to demonstrate the effect of stigma & discrimination on service users/consumers/tangata whaiora. The Cape Drama, which has been used extensively by many of the Like Mind Like Mine Project providers in Aotearoa/New Zealand, is a simple psychodrama, which carries a message of hope & recovery. We will demonstrate its' effectiveness as an adaptable educational tool and explain the processes around debriefing workshop participants after such a powerful presentation. Poetry is an especially successful means of effective debriefing and also emphasising the messages around beliefs and behaviours, which lead to stigma & discrimination. Evaluations have shown the value of weaving personal stories, poems and experiences into the classroom/workshop setting. The interaction between participants & presenters which ensues, is fundamental to changing attitudes. When the cape Drama was presented at the Aotearoa and Australia Conference in Community Psychology last year we received positive feedback from clinicians, community organisations and service users who visibly moved. Many service users/tangata whaiora speak of the Black Hole or Abyss, which they fall into when unwell, The Shrouds of Prejudice is a presentation that speaks eloquently to the unbelieving and gives voice to the voiceless. Workshop Plan: Time (in Mins). 5 Chairperson's Intro & Karakia; 5; Introduce Selves: 5 Poetry, 15 Cape Drama, 7 Debrief & Explain use of Emotion Cards, 5 Poetry, 15 Questions and Discussion, 3 Poem and close, 60 mins Total. Learning Outcomes: The participants in this interactive workshop will learn how to recognise beliefs and attitudes that lead to discriminatory behaviours, identify how these behaviours manifest in a variety of settings and strategies to eliminate these behaviours. This topic is relevant to mental health as the voice of service users presented through poetry & drama is a powerful tool in educating both clinicians and family/whanau in combating the stigma & discrimination experienced by people with experience of mental illness. References: Like Minds Teaching Kit - Like Minds Like Mine Project 2001. Poems from the Bin by Graham Johnson A collection of Mentally Healthy Poetry 2004.

S43 1. Stigma/Prejudice - The Cape Drama; 2. Making Mental Illness Popular
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 1
Workshop 1 Hr: Making mental illness popular.
Gerard Reed  Robyn Allcock

Aims of presentation: To highlight the importance of vision, values, clarity of goals and strong branding when advocating for change and seeking support. To present a successful case study of an integrated communications campaign with scant resources. To detail the financial and non-financial results that can flow from effective branding and communications. Summary of the abstract: The community needs to understand and believe our work is worth supporting. But what do you do if your cause is not popular? What if your name causes a shudder? What do you do if your name is the Mental Illness Fellowship? James will work through the development of a strong branding and communications strategy, resulting in buy-in both internally, and with existing and potential partners. In 2004 Mental Illness Fellowship developed their largest communications campaign in 25 years - five in five. The five in five campaign was headed by Eric Bana and involves electronic and print media, and was supported by an innovative grassroots advocacy campaign called MI Meet Up. James will discuss the Mental Illness Fellowship’s groundbreaking 5 stage market research with the targeted demographic for the campaign that turned the original premise of the campaign on its head. Changing the campaign from one focussed on awareness, stigma and myths of mental illness to one based on understanding, providing the latest information and showing people that they can help. James will highlight the importance of vision, values, clarity of goals and strong branding when developing an integrated campaign with scant resources. James will conclude his presentation by going through the financial and non-financial results for MI Fellowship. Learning Objectives: 1. An understanding of what branding is, how it works, how
to implement it and why it is so vital for mental health organisations looking to work with other organisations and the broader community. With the cause of mental illness remaining one of society’s last taboos, clear communication and focussed energies are critical for organisations seeking real change for people with a mental illness, their family and friends. Working with partners allows mental health organisations to make a bigger impact.

S44 Symposia: 1. Trauma and Mental Health; 2. Model for Training of the Mental Health Workforce
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Symposium 1 Hr: Harvesting the work: reflecting on the intersections between mental health and the effects of trauma and abuse.
Celia Karpfen Jo Campbell Coralie Haynes Mailin Suchting
The lived experience of many consumers of mental health services and a range of studies have highlighted that many people who have mental health problems and or mental illness have histories of trauma. Despite the high prevalence of interpersonal trauma such as sexual assault, domestic violence, physical abuse, related effects in people who have mental health problems or mental illness, there exists considerable constraints within the mental health field and generalist services to address these issues. Too often there is a tendency to focus solely on the person's mental health issues in isolation of the trauma. When trauma is not acknowledged and responded to effectively, this can result in the continuation or exacerbation of their mental health problems. Addressing the intersection between the effects of abuse, discrimination and trauma and the experience of mental illness has been an area of growing interest for consumer and survivor groups and workers in mental health services, sexual assault, trauma and women's services alike - and an ongoing process for Aboriginal and transcultural services. One place where this interest has been demonstrated is previous MHS Conferences. Examples include papers by consumers of mental health services on their work as consumer consultants, on the links between hospital admission and PTSD, on personal stories of 'recovery'. Other examples include a range of presentations, and accredited training for clinicians, domestic violence and sexual assault workers, the employment of mental health consumer and sexual assault consultants in psychiatric wards, the establishment of peer supervision groups by mental health workers and the exploration of collaborative approaches for women experiencing complex trauma. This symposium seeks to extend on the growing body of knowledge within the mental health and related fields that incorporates a trauma sensitive approach to mental health. Learning Objectives: 1. To showcase some innovative approaches to addressing the intersections between the mental health and trauma. 2. To promote reflection exchange, amongst those present, on work that addresses the intersections between mental health and trauma. References: Maxine Harris and Roger Fallow, New Directions for Mental Health Services, Using Trauma Theory to Design Service Systems, Jossey Bass Mental Health Services Single Issue (2001); Maxine Harris, Sexual Abuse in the Lives of Women Diagnosed with Mental Health Problems, Overseas Publishers Association, Amsterdam 1997.

S44 Symposia: 1. Trauma and Mental Health; 2. Model for Training of the Mental Health Workforce
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Symposium 1 Hr: Working on working together; stepped models for training of the mental health workforce.
Graham Meadows Jill Gray John Julian
Aims of this session: At the completion of the session, conference attendees will be able to: 1. Describe the stepped approach to mental health training and education; 2. Discuss how this approach could assist the development of integrated and coordinated training between different parts of the service system. People with mental illnesses of all kinds have the right to expect that well-designed and appropriate educational and training programs are available to the workers whose job it is to assist them. The workforce involved in mental health care is extremely diverse, so the challenge of linking and integrating responses to the varied nature of
training needs is substantial. Stepped care models have been widely implemented in healthcare delivery, and this stepped approach has been extended through work based at Monash University, funded through beyondblue: the national depression initiative, through State Mental Health Services, and through user-pays courses to the task of responding to the needs of a varied workforce. This symposium will provide an overview of a linked and stepped suite of training programs ranging from a large program of training for the non-medical primary care workforce (www.map.org.au), through models of training for delivery of research interventions such as Medication Alliance Techniques, through coordination of in-service training initiatives across multiple healthcare sites, up to linkage of materials with postgraduate course opportunities. Mental health services in Australia are typically beset with problems of poor coordination, problems commonly driven by structural divisions and cultural divides between different service sectors. The provision of integrated and coordinated training packages that in a consistent way provide training opportunities in line with the development of common understandings and modes of communication between different parts of the service system may go some way to overcoming these structural barriers. This approach enables the promotion of training optimised towards matching needs of the consumer with available resource levels. For instance, the MAP stepped training system includes training in screening and assessment tools of different length and complexity depending on participants capacities. This supports the multilevel triage system designed to operate within the services that have received training through this program, which is designed to articulate, through choice of common instrumentation, with Better Outcomes in Mental Health Training delivered to the General Practice workforce. The paper will discuss the stepped model approach, the aims and framework of the training programs and evaluations to date about the difference they are making. References: National Mental Health Education and Training Advisory Group. (2002). National Practice Standards for the Mental Health Workforce. Canberra: Commonwealth Department of Health and Ageing. Thornicroft, G. & Tansella, M. (1999). 'Key resources: training and morale of staff', in The mental health matrix. Cambridge: Cambridge University Press, pp 142-157.

S45 Children of Parents with Mental Illness: Support for Young People
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Paper 20 Minutes: The Koping Adolescent Program - Changing With the Times.
Eliza Fraser Shirley Anastasi
The Koping Adolescent Program (KAP) is a peer support group program for young people who have a parent with a mental illness. Facilitated by the Child and Youth Mental Health Service within the Brisbane North Health Service District, KAP was developed from the Gaining Ground Program (SWSAHS, 2000) in response to the recognition that there are many associated risks of having a parent with a mental illness, including developing a mental illness (Luntz, 1995; Burdekin et al., 1993). KAP aims to counter these risks by increasing protective factors, such as connectedness and resilience, for young people who have a parent affected by a mental illness. During 2005, a formal review and evaluation of the program will be conducted in collaboration with the School of Psychology at the University of Queensland, including revision to KAP content to better address the aims of the program, refinement of outcome measures used within the group, and evaluation of the program’s efficacy. This presentation aims to discuss the processes and methods of conducting a formal review and evaluation of the Koping Adolescent Program’s efficacy and the need to substantiate informal support for continuation of the program. Learning objectives: 1. To gain an understanding of the Koping Adolescent Program, its purpose within the Brisbane North Health Service District, and the motivation, processes and methods behind a formal review and evaluation of the program. 2. Many mental health services develop programs based on the identified needs of clients and the surrounding community. This presentation addresses the rationale for and issues involved in formally evaluating such programs. References: Burdekin, B., Guilfoyle, M. & Hall, D. (1993). Human Rights and Equal Opportunities Commission. Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with a Mental Illness. Australian Government Printing Service: Canberra. Luntz, J. (1995). The invisible

S45 Children of Parents with Mental Illness: Support for Young People 1/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Paper 20 Minutes: Creating Connections For Adolescents Affected By Parental Mental Illness - The PATS Program.
Matt O'Brien John Hargreaves
Research indicates that adolescents with a parent affected by mental illness are at greater risk of developing mental health problems themselves (Lancaster, 1999). PATS is a peer support program for adolescents aged 13-18 years who have a parent affected by a mental illness (Rimington, Forer, Walsh & Sawyer, 1999) coordinated by the Centre for Adolescent Health, Murdoch Children's Research Institute/Royal Children's Hospital, Melbourne, Australia. The objectives of PATS are to increase adolescents' knowledge of mental health and illness, to improve their help seeking behaviour and coping strategies and to improve connections with their peers, family and community. The program has been disseminated to seven locations across the state of Victoria which comprise rural, inner city and suburban contexts. An extensive process and outcome evaluation has been conducted exploring the key components that are necessary for establishing programs in different community settings and identifying the impact of the program on adolescents, their families and their community. This paper will discuss issues affecting adolescents affected by parental mental illness and the impact of the PATS program in terms of creating greater connectedness. Learning objectives: 1. The audience will gain knowledge concerning the effectiveness of peer support in assisting adolescents who have a parent with a mental illness to gain knowledge and increase their levels of connectedness. 2. It is important for mental health services to recognise the issues faced by adolescents who have a parent with a mental illness, and link them into services and supports that will enable them to achieve their own aspirations. References: Lancaster, S. (1999) Being There: How Parental Mental Illness Can Affect Children. In Cowling, V. (ed.) Children of Parents with Mental Illness. Melbourne: ACER. Chapter 2. Rimington, H., Forer, D., Walsh, B. & Sawyer, S. (1999) Paying Attention to Self: A Peer Support Program for Young People with Parental Mental Health Issues. In Cowling, V. (ed.) Children of Parents with Mental Illness. Melbourne: ACER. Chapter 15.

S45 Children of Parents with Mental Illness: Support for Young People 1/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Debate 1 Hr: The Pros and Cons of Recognising Children and Young People as Carer’s of a relative with a mental illness.
Danielle Forer Elizabeth Fudge Angela Obradovic Rose Cuff Tim Moore
According to Carer's Australia Young Carer's are children and young people up to 25 years of age who have caring responsibilities for a parent, partner, child, relative or friend who has a disability, is frail aged or who has a chronic mental or physical illness. (Carer's Australia, 2001, 6). There are approximately 388,800 children and young people under the age of 26 who are carers in Australia. At least a quarter of these are caring for a family member who has a mental illness. Unfortunately these figures are likely to be an underestimate as young carer's are often a hidden group who are not easily identified by services. (Carer's Australia, 2001,2) Children and young people can benefit positively from having caring responsibilities such as developing skills and building strong relationships with the person for whom they are caring. However there can be negative impacts of caring on young people who are unsupported in this role such as their: Health and well being, Social Participation, Family Relationships, Financial Security, Education and Employment, Difficulties in transition to adulthood (Carer's Victoria, www.carersvic.org.au) This debate aims to unpack and highlight the challenges and benefits of recognizing children and young people as carers. The debate will be facilitated by Elizabeth Fudge from AICAFMHA. The debating teams will include a presenter from Carer's Australia, Adult mental health, a consumer consultant and children and
young people. What will people in the audience gain:

An understanding and recognition of what a young carer is and the range of responsibilities they undertake in their caring roles. A broad overview of perspectives from personal accounts, practice in the field and policy. How is this topic relevant to mental health services and mental health issues: The recognition of children and young people as carers is currently a primary focus of peak State and National Carers organizations and the National Children of Parents with Mental Illness Project which is being auspiced by AICAFMHA. This debate is timely as it will highlight the complex nature of the experiences and needs of families in this situation and the different ways in which services can respond to these needs. The debate will look at what we are currently doing well in the mental health sector, and areas which need further consideration.

Participants in the debate: Elizabeth Fudge Facilitator - AICAFMHA; Tim Moore, Carer's Australia Young Carer's Project Officer; PATS Participant; a member from the Paying Attention To Self Program in Melbourne; Angela Obradovic, Darebin Community Mental Health Centre; Vrinda Edan, Consumer Consultant Eastern Health; Rose Cuff representing children's perspective via audio-taped interviews/conversations with children in the CHAMPS program, Victoria; a representative from Child Protection, to be confirmed. Reference: Carer's Australia, Young Carers Research Project Final Report, Department of Family and Community Services, 2001. Australia www.carersvic.org.au

S45 Children of Parents with Mental Illness: Support for Young People
1/09/2005 From: 1030 To: 1230 Venue: Riverbank 3

Brief Papers 10 minutes: Continuing Confident-Keeping Worthwhile Connections. A Peer Mentoring project for adolescents living in families affected by mental illness.

Sue Ellen Radford

It is in the shelter of each other that the people live. Irish proverb, Exley, H. (1997) Since 1997 the Kids with Confidence Project has been running camps, education & activities for children aged 8-12 years living in families affected by mental illness in the Loddon Campaspe Southern Mallee region of Victoria. A large number of children have participated in the program, and many, now in their adolescence, have no similar support group or program to participate in. Although we remain in contact with these young people, they clearly state they would like more than this. They would like to build on the support, friendships, learning and confidence they have experienced through participating in the project over the past seven years. This presentation will demonstrate why we are aiming to extend this program, why we hope to respond to unmet need as identified by our agency, families, young people and service providers. We will outline how and why we intend to train the young people as peer leaders and mentors. Participants will hear statements from young people about how participating in Kids With Confidence has assisted them, and how this experience will assist them to then participate in the camps project as mentors and leaders for the younger children.

Learning Objectives: 1. Conference delegates will be reminded of the way that from little things, big things grow. They will learn about the importance and struggles of stretching a service to assist these young people (who are known to be at increased risk for primary illness) (Martin, G. & Kay, T. 2004) to feel in some way connected to a service which cared about them and the difficulties they may have been dealing with in every day life. In this way we will show that these young people have a richness of wisdom and experience which can be shared to not only help themselves, but to help younger children going through experiences similar to theirs. We wish to tell delegates about the importance of their journeys and how we might support them, and younger children, on future paths. We will remind delegates to reflect on the many other successful Peer Mentoring Programs for this vulnerable group in our community, and why we aspire to this model. 2. Delegates will be shown that in maintaining connections, we have collected basic data and feedback from children & families over the past five years about whether they believe the program has been helpful for them and if so, how. We will demonstrate that we are developing a picture over time which will support the statements of the National Mental Health Plan 2003-2008 P.12) that those programs which can demonstrate evidence based practice should be supported. We are also demonstrating that if we are to reduce the risk factors for these children and young people,
then long term, sustained efforts are required, not just one offs. Again this is what the young people and their families are requesting. As our future program direction is to be developed in response to young people and their families requests and needs, we will be demonstrating that we adhere to the statements of the National Mental health Plan 2003-2008, which state that programs should strengthen mechanisms to facilitate the genuine participation of consumers, families & carers in decision making at all levels. References: Exley, H. (1997) Words On Love & Caring. Exley Pubs Watford, UK. Martin, G. & Kay, T. (2004) On adolescence and having a parent with mental illness, in V. Cowling (ed.) Children of Parents with Mental Illness 2, Melbourne: ACER Press, pp.57-71) National Mental Health Plan 2003-2008. Australian Health Ministers, July 2003 Canberra.

S46 Taking Issue
1/09/2005 From: 1330 To: 1500 Venue: Hall E
Paper 20 Minutes: 23 Big Issues Revisited
Douglas Holmes
This workshop will outline the process of developing the 23 Big Issues at the 2000 TheMHS Consumer Day in Adelaide and give participants the opportunity to feedback any progress on these issues that they may be aware of. The purpose of the workshop is to: revisit the 23 Big Issues and; ask participants to discuss the idea of forming separate stakeholders working group that will: 1.develop an action research project to: 1.1. prioritise issue for each of the stakeholders groups. 1.2. progress the issues and 1.3. develop recommendations from each of the following stakeholders groups: Australian, and New Zealand Consumer, Carers (Family Members) and Service Providers for both the Australian Commonwealth, States and Territories and New Zealand governments. The learning objectives for the workshop are: 1. Examine the processes used to develop the 23 Big Issues 2. Here different points of views from the stakeholder that attend the workshop Look at last years booklet. More information about the 23 Big Issues can be obtained at www.themh.org

S46 Taking Issue
1/09/2005 From: 1330 To: 1500 Venue: Hall E
Paper 20 Minutes: Clothing the Emperor - a challenge to continue deinstitutionalisation.
Rob Warriner
The shift of mental health service delivery from hospital to the community has proven to be, and continues to be a complex matter. What is involved and demanded is little short of a revolution in conceptions concerning the way care is delivered. However in some fundamental aspects of service delivery, change has occurred painfully slowly. If the process of deinstitutionalisation is about getting people out of hospitals then it has been successful. However if it really is about empowering people, improving the mental health status of the community, and improving the quality of life of people who experience mental illness, then it must be admitted that the outcomes have been decidedly mixed. Through the application of the Mental Health Blueprint, the emerging role of the Ministry of Social Development and the increasing influence of the non government sector, the ethos of mental health however is beginning to change. There is now a focus upon supporting people to live well in their community; active participants in their recovery, rather than passive recipients of treatment. Supporting people to overcome issues of disadvantage and social exclusion have become contemporary imperatives of community-based mental health services. An underlying thesis of this paper is that the evolution of post institutional mental health services requires not just a change in policy or practice, but the development and introduction of a philosophy and range of values which will underpin such contemporary practices. This emerging framework raises an agenda which is potentially in conflict with biomedical psychiatry as the fundamental driver of mental health service provision. Learning Outcomes: This paper considers issues and priorities of workforce development as 1) a critical factor the development of the non government sector 2) a contemporary challenge in the evolution of community-based mental health services and 3) a critique of traditional psychiatry. References: Double, D. (2002). The
limits of psychiatry. British Medical Journal, 324: 900-904

S47 Culturally Relevant Approaches to Mental Health
1/09/2005 From: 1330 To: 1500 Venue: Hall B
Paper 20 Minutes: Isa Lei - A Cultural-Clinical Model of Mental Health Service Delivery.
Julie So'oula Guthrie Richard Everett Johnny Siaosi Mereana Worth Kirk Mariner Levaopolo Tiava'asu'e

In multicultural New Zealand the challenge for a Pacific Mental Health Service is to make a REAL difference to Pacific people who suffer from mental illness. Post-modern psychiatry provides an environment of consumer-focus where technological advance and globalisation become tools for innovation & new initiatives that will improve outcomes for service users. Ours is a mainstream mental health service that caters 'for Pacific, by Pacific'. The innovation we bring to the forum is the 'Isa Lei cultural-clinical model of mental health service delivery'. It integrates a clinical paradigm with a cultural paradigm. That is, it acknowledges Pacific cultural uniqueness by embracing Pacific ideology, cultural values, beliefs & stories to enhance & strengthen the clinical paradigm (assessment, diagnosis, treatment). Challenges include the incorporation of clinical excellence & cultural competency; measuring outcomes for service users as opposed to outputs; evaluating effectiveness of a complex service delivery model; and the role of information & technology in benchmarking for best evidence-based practice. This paper is of significance to mental health in New Zealand, 'Polynesian Capital of the world', where Government health priorities include improving health disparities for Pacific Peoples. This paper aims to: put forward a unique service delivery model that makes a real difference for sufferers of mental illness: service users & their families. discuss some concepts & structures that support a clinical-cultural model of delivering care for Pacific consumers: clinical-cultural excellence & evidence-based practice, clinical & cultural competency, Pacific research & evaluation to measure outcomes. The paper acknowledges the work being carried out at Isa Lei Pacific Mental Health Services in the Waitemata District Health Board - western & northern parts of Auckland. It is a celebration of the healthy difference our team is making to Pacific Mental Health. It acknowledges Pacific mental health professionals as well as Pacific users of our 'For Pacific, By Pacific' service. For further information please feel free to contact the writer. Learning objectives for this session include the following: Participant delegates will: 1) Explore the relevance and positive impact on outcomes of mental health services provided 'for Pacific, by Pacific' 2) Place the Pacific population of service users in the NZ context in order to understand issues affecting this target population group. References: Fuimaono Karl Pulotu-Endemann, Magila Annandale, Annette Instone 'A Pacific Perspective on the NZ Mental Health Classification and Outcomes Study (CAOS)' February 2004. Discussion Paper prepared for the Mental Health Commission. 2) Mental Health Research & Development Strategy. 'Pacific Models of Mental Health Service Delivery in New Zealand Project'. September 2004. Health Research Council of NZ.

S47 Culturally Relevant Approaches to Mental Health
1/09/2005 From: 1330 To: 1500 Venue: Hall B
Workshop 1 Hr: Once Were Atua - Once Were Gods.
Jeanette Katene Tipene Kenny

In some parts of the world our people - Maori - are known because of a movie entitled Once Were Warriors. It is a depiction of poverty, violence hopelessness and hope. It creates a context that might help people to understand how and why many Maori are unwell. Once Were Atua, seeks to demonstrate the knowledge of a context that speaks of wellness, and the interconnection of all things, animate and inanimate. Ancient lore tells us that we are descendants of Gods. We look at how some Maori came to be disconnected from that knowledge. We look at the values qualities and practices that have endured in Maori communities. We discuss how these values, qualities and practices are being used to reconnect, reclaim and restore wellbeing for our people and other peoples seeking help. We
look at the infrastructure that has evolved to enable the perpetuation of a Maori way of being. We identify structural systems that threaten a Maori way of being. Learning Objectives: By the end of this session participants will have an understanding of how an indigenous population might be excluded from good health in contemporary times. By the end of this session participants will have been exposed to the systemic approach taken by a Maori nation to develop meaningful, appropriate strategies to address Maori health concerns.

S47 Culturally Relevant Approaches to Mental Health  
1/09/2005 From: 1330 To: 1500 Venue: Hall B  
Paper 20 Minutes: Mental health workers working with the community to address suicide.  
Danny Munkara Anacleta Apuatimi  
Senior elders state that suicide was not a part of culture in earlier times. Yet in 2002, there were 10 suicides in a total population 2400. There were also numerous attempted suicides. The suicides and attempted suicides, were in the main, spontaneous and occurred in reaction to specific events, such as arguments with family members and partners (girlfriends and boyfriends). The Tiwi Mental Health Team follows up all reported suicidal related events and has found that they are more likely to occur as a result of poor emotional and psychological coping skills, rather than as a consequence of a depressive illness. For instance, a young man may have an argument with his girlfriend and if he is not getting his way he will threaten suicide as a form of blackmail. Sometimes these threats are taken further. A culture is developed in response to the environment. If the environment changes rapidly the culture has difficulty in adapting, creating stress, fragmentation and disharmony. In small isolated communities, such as found on the Tiwi Islands, suicidal behaviour becomes more that just 'copy cat' behavior, it can become part of the cultural response to addressing conflict. As suicidal behavior usually occurs without 'risk factors' being evident early enough for the team to intervene with the individuals concerned, the Tiwi Mental Health Team recognized that it has to take both an individual and a 'whole' of community approach to prevention. This paper will present an overview of the strategies used by the team and comment on the positive impact of these strategies to date. Suicide prevention programs should include short, medium and long term strategies. While other individuals and groups can and are involved in suicide prevention, the team has found that it needs to take the leading role in facilitating all three levels of strategies. There needs to be some one or some group taking primary responsibility for facilitating suicide prevention at all three levels. The team works with individuals, their families and significant others and has taken a leading role in facilitating community development. The Tiwi team also works with elders and other key individuals and groups to strengthen their role as community leaders and role models.

S48 Treatment and Support for People with Mental Illness  
1/09/2005 From: 1330 To: 1500 Venue: Hall C  
Paper 20 Minutes: Support for Carers of people with Borderline Personality Disorder.  
Elise Whatley Jeanette Murphy  
This presentation will provide a summary of developing and running a support group for families of people with borderline personality disorder. The Carer Consultant at St. Vincent's Mental Health Service, Melbourne recognised that support groups were not meeting the specific needs of carers of people with borderline personality disorder. They are marginalised in the mental health system and their needs often overlooked. A coalition comprising area mental health services, ARAFEMI Victoria, a psychiatric disability rehabilitation and support service and Villa Maria Carer Services formed to address the needs of families of people with a borderline personality disorder. A forum for families was held in July 2003 and at the families' request an ongoing monthly self-help and support group was developed. Support group meetings are facilitated by the Carer Consultant and co-facilitated by workers from area mental health services and ARAFEMI. A peer support format alternates with more formal information and education meetings including guest speakers. The aim of this presentation is to provide participants with an understanding of the experiences of families of people with

S48 Treatment and Support for People with Mental Illness
1/09/2005 From: 1330 To: 1500 Venue: Hall C
Paper 20 Minutes: Recovery within Residential Settings for Individuals who have been diagnosed with Borderline Personality Disorder, or may be exhibiting traits: Practical and Creative Approaches for Professionals.
Marianne Robinson Kylie Miller
The aim of this paper is to provide practical strategies for professionals working within residential settings with people who may be diagnosed with Borderline Personality Disorder, or are exhibiting traits. It will include a discussion regarding the Nette Court Program of the Richmond Fellowship of Victoria, which is a residential psychosocial rehabilitation program for young adults and outline a unique and creative approach towards recovery. It stresses the need to understand the individual first, working through challenges, presenting and finding practical solutions for them and the implementation of support structures and strategies. This will touch on various processes that may be involved in an assessment of resident's needs and goals before, after or on entry to the program. Discussion will focus on the implementation of treatment plan agreements that assist in anger management, anxiety management, relationship building, validation and repair. All examples formulated support residents in their management of themselves and this is made possible via structures put in place. This proven approach will provide residents and their support workers with processes that may, not only allow for a solution-focused practice but also open up new ways to assist those who 'fall through the cracks' of mental health services. Learning Objectives: 1A practical approach to working with individuals who have been diagnosed with a Borderline Personality Disorder, or may be exhibiting traits, within a residential setting. 2. Individuals who have been diagnosed with Borderline Personality Disorder, or may be displaying traits, have difficulty attaining required services. It is common for individuals to 'fall through the cracks' of mental health service systems. This approach can set up ways in which professionals can work consistently within residential services teams, with families and various external supports to maximise proficient service provision.

S48 Treatment and Support for People with Mental Illness
1/09/2005 From: 1330 To: 1500 Venue: Hall C
Samantha Monique Pearce Stephen Brand
Mental Health services often find clients who meet the diagnostic criteria for borderline personality disorder (BPD) particularly challenging. In recent years Southern Area Health Service has been struggling to provide a quality service to this client group. The organisation has lacked a clearly defined best practice treatment model endorsed by management. As a result there has been considerable variability in approaches to treatment both across the service and within treatment teams. This paper details a proposed model for service delivery for clients who meet the diagnostic criteria for BPD. The model includes three key components. Two of these will be discussed including managing risk and long term psychotherapy. Principles of risk management are based on the work of Krawitz and Watson (2000). Dialectical behaviour therapy (Linehan, 1993) has been chosen as the treatment of
choice for long term psychotherapy. The model was designed to meet the needs of a geographically diverse rural mental health service. It aims to ensure that there is a consistent, coordinated and evidence based approach to service delivery across different treatment settings. The results of early stages of implementation and future challenges will also be discussed. Learning Objectives: 1. Participants will learn about the experiences of one mental health service attempting to implement a best practice treatment model for this complex client group. 2. Participants will gain an understanding of the modifications that are needed when implementing a resource intensive therapeutic approach in a rural setting. References: Krawitz, R and Watson, C (2000) Borderline Personality Disorder: Foundations of Treatment. Seaview Press: South Australia Linehan, M.M. (1993) Cognitive Behavioural Treatment of Borderline Personality Disorder. Guildford Press: New York.

S49 Integration: GP’s, Police, Ambulance and Mental Health Services 1/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2
Paper 20 Minutes: Primary Care Liaison between GP’s and Community Mental Health Services for service users with a Mental Illness in Auckland, NZ.
Lindsay Falls  Tom Woods  Ann Dunmurray
Auckland’s District Health Board (ADHB) Community Mental Health Service has been working with primary health care providers since 1999 in an effort to improve health outcomes for service users. A Shared Care Project implemented at Auckland’s St Lukes Community Mental Health Centre (CMHC) ran from 1999 to 2001, with results presented at the last NZ Mental Health Primary Focus conference. The Primary Care Liaison [PCL] nursing team was formed subsequently, to extend the model to other ADHB CMHCs. The PCL team’s presentation will outline some of the challenges and successes in working with clients across the primary/secondary/tertiary interface over the last five years, managing transition to GP care, ongoing shared-care arrangements, supported discharge to GPs, co-management of risk and acute care, and post-discharge review of cases.

The Primary Health Care Strategy has identified the need for improved access to quality mental health care within the primary sector. Recent NZ ‘Blueprint’ consultation seeks improved access and more and better services within the secondary sector. These needs are inextricably linked, as service users move between the sectors [including tertiary settings]. We need to build collaborative working relationships that reflect the realities and meet the needs of those with moderate to severe mental health problems, and that address physical health needs as well. The unmet mental health needs of those in primary care with mild to moderate illness present us with a much wider challenge. How can the secondary sector support primary services in meeting these, and what part does nursing workforce development play in this?

S49 Integration: GP’s, Police, Ambulance and Mental Health Services 1/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2
Paper 20 Minutes: Primary Care Matters: Most Mental Health Care happens in Primary Care.
John Bushnell
General practice provides most of the mental health care delivered by health services. The Mental health and General Practice Investigation (MaGPIe) study identified the nature of mental disorders seen and managed by general practitioners in New Zealand and determine outcomes resulting from the care delivered by the GP. Seventy randomly selected general practitioners were recruited from the greater Wellington and Palmerston North areas of New Zealand. Fifty consecutive patients were recruited from each of these doctors, yielding 3414 participating patients. Screening with the General Health Questionnaire (GHQ) selected a sample of 908 patients who had a psychological assessment (CIDI) to identify any diagnosable psychological disorder. The doctor also described the mental health of each patient. Patients recruited to the study were followed for one year and then re-interviewed to determine the progress of any disorder and the effect of any intervention. General Practitioners see and manage a significant number of patients with psychological problems. They are good at recognising when there is a psychological problem, especially if they have
continuity of care. However, they do not always intervene in time or in a manner that improves the course of the patient's mental health problems. Learning Objectives: 1. People in the audience will learn about the nature and extent of mental health problems in primary care, and the issues facing primary care services as they attempt to respond to the needs of their patients. 2. This topic is relevant to mental health services and mental health issues because primary care services deliver more mental health care than all other health services combined, yet have traditionally been ignored in consideration of how mental health services shall be delivered. References: Hornblow, A.R., Bushnell, J.A., Wells, J.E., Oakley-Browne, M.A., Joyce, P.R. Christchurch Psychiatric Epidemiology Study: Use of mental health services. New Zealand Medical Journal, 103, 415-417 (1990). The MaGPIe Research Group, (Bushnell JA, McLeod D, Dowell A, Salmon C, Ramage S, Collings S, Ellis P, Klijakovic M, McBain L) Frequency of consultations and general practitioner recognition of psychological symptoms. British Journal of General Practice, 54, 838-842 (2004)

S49 Integration: GP's, Police, Ambulance and Mental Health Services
1/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2
Andrea Heath  Julia Fassina

The emerging evidence is that much the same risk and protective factors underlie juvenile crime, child behaviour problems, mental and physical health, injury and drug use. In response Tasmanian Government Agencies, in partnership with local councils, are advocating a collaborative approach based on prevention and early intervention. This approach requires organisational changes to enable agencies to work across portfolios. These changes need to encourage agencies to promote inter-agency cooperation. Inter-agency Support Panels ('Panels') are a flexible community based model of support for children and young people 'at risk', particularly those who have a parent with mental illness. Panels are partnerships that bring together state government agencies and local government to provide integrated support to children, young people and their families. Panels ensure that these groups receive appropriate coordinated support at the earliest possible opportunity. In order to provide support, members of Panels share information regarding the circumstances surrounding the child or young person with the view to collectively developing the best strategy for 'early intervention' or support. The presentation will give an overview of Inter-agency Support Panels, including the background information, use of the model in other jurisdictions and examples of positive outcomes for children whose parents have a mental illness. Learning Objectives: 1. Attendees at the presentation will learn that government agencies and local councils can work together to provide better outcomes for children whose parents have a mental illness. 2. The presentation focus is on providing co-ordinated and integrated support to children and young people that have a parent with a mental illness.

S50 Recovery While Hearing Voices
1/09/2005 From: 1330 To: 1500 Venue: Meeting Room 4 & 5
Workshop 1.5 Hrs: A New Drumbeat: Recovery While Hearing Voices.
Arana James Pearson  Ron Coleman

The experience of Hearing Voices is a common symptomatic diagnosis in Mental Health Services. There is a range of beliefs about what the experience of voices means. And there are a variety of explanations about the significance of the voice hearing experience within the indigenous populations of Australian Aboriginal and Torres Strait Islanders, the New Zealand Maori, and the Pacific Islands nations. The value of psychosocial approaches to working with psychosis is increasingly acknowledged. Increasingly Mental Health Services acknowledge the effectiveness of person centred and consumer driven practice. Consumer community peer support approaches also supports clinical best practice. However, there are few organised peer support networks in Australasia and none that support people who hear voices yet. This workshop introduces recent approaches to facilitating recovery with people who hear voices and presents tools for supporting recovery. It draws on practice and research from the United
Kingdom, Australia and New Zealand and is facilitated by people with an experience of recovery and hearing voices. Publications supporting this work include Smith, Mike (Ed) (2003) With Coleman,Ron & Good, John Psychiatric first aid in psychosis: A handbook for nurses, carers, support workers and people distressed by psychotic experiences Oceanic edition Keepwell Publishing, Wellington and Coleman, Ron & Smith, Mike (2003) Working with voices: Victim to Victor 1 Oceanic edition Keepwell Publishing, Wellington.The workshop will be informed about the hearing voices peer support network in the United Kingdom, where they signed up their 100th group two years ago. And one aim of the workshop is to explore the future by proposing the formation of an Australasian Hearing Voices Network. This is a facilitated workshop by and for people who hear voices. People who are interested in supporting this work are very welcome to attend also.Workshop Plan30 minutes: Recovery approaches and experiences discussed. 45 minutes: Engaging the audience who hear voices and talk about their experiences of recovery. Facilitated by Ron Coleman, and Arana Pearson. 15 minutes.Discussion of the formation of the voice hearers network. Total: 90-Minute Workshop.

S51 Workforce Perspectives
1/09/2005 From: 1330 To: 1500 Venue: Room 10
Paper 20 Minutes: Peer Supervision of Consumer Workers - the who and the how!

Paula Hanlon  Leonie Manns
The aim of this paper is to promote the need and the value for consumer workers being able to access external peer supervision. The presenters of this paper have been in the roles of worker and supervisor since 1998. As there is no formal description of this model this will be an experiential presentation. The development of the professional relationship between the two participants was an incredible and interesting journey not without its pitfalls. However the experience has always been worth the effort. The value of this model is twofold. Firstly both participants are consumer workers with comparable skill levels and secondly the process was external to the worker's service therefore eliminating the likelihood of conflicts of interest. The paper will address not only common workforce issues but will also examine the processes put in place to protect the mental health of both participants. The participants will share not only the experiences of their professional journey but also their personal growth. It is anticipated that the audience will learn the value of this model of peer supervision for the worker, the supervisor and the service. The second learning objective is that the audience will become aware that this model will enhance the performance of consumer workers. References: The Kit - A Guide to the Advocacy We Choose To Do (1998), Mental Health Branch Commonwealth Department of Health and Family Services. Supervision in mental Health professions: A Practioners' Guide (2001), Joyce Scaife

S51 Workforce Perspectives
1/09/2005 From: 1330 To: 1500 Venue: Room 10
Paper 20 Minutes: A call for Professional Recognition for Aboriginal Mental Health Workers.

Jane Havelka
This paper is written for and on behalf of all Aboriginal and Torres Strait Islander Mental Health Workers/students who are bearers of University Mental Health degree's from a range of Universities throughout Australia. These professionals work tirelessly within their communities without 'Professional Recognition' and professional career pathways. The Djirruwang Program's Bachelor of Health Science (Mental Health) course is a culturally appropriate three-year undergraduate course through the Charles Sturt University Wagga NSW. The course involves compulsory block release Residentials and compulsory workplace experience. Through this course and with the support from other health professionals it is hoped we can achieve the 'Professional Recognition' these workers so deserve. This course offers the most comprehensive set of practical and theoretical skills of any undergraduate mental health course in Australia. The major professions simply offer components applicable to the mental health field, whereas, all course materials included in the course relate
specifically to mental health and wellbeing. This situation alone is compelling justification for the national recognition of graduates of the Course. However we have gone one step further. We are the first University in Australia to incorporate the National Practice Standards for Mental Health Workers into a course curriculum. Therefore we truly are 'Dancing to the beat of a Different Drum'

Learning objectives:
1. This presentation aims to inform the conference of the course and its struggles in achieving professional recognition.
2. This course provides urban, rural and remote communities with employable, qualified, and experienced Indigenous Mental Health Professional who are known, respected and trusted to deal with Indigenous Mental Health issues in their own communities. Therefore create a sustainable Indigenous Mental Health professional workforce.

References:

S51 Workforce Perspectives
1/09/2005 From: 1330 To: 1500 Venue: Room 10
Paper 20 Minutes: Creating the Future Mental Health Workforce in Aotearoa/New Zealand - A Local, Regional and National Approach.
Karla Bergquist
In 2004 the Ministry of Health (Mental Health Directorate) in New Zealand introduced four Mental Health Workforce Development Coordinator roles to be based in the regions as part of the implementation of the Mental Health (AOD) Workforce Development Framework (2002). These roles are envisioned as leaders of strategy in workforce development to provide a co-ordinated local, regional and national approach to the growing needs in Mental Health and Addiction services to build a strong and future-focussed workforce. They are the holders of the vision and also will provide a key liaison function between local service planning and provision, and the national workforce programmes. The presentation will give an overview of the role and function. It will give an update on progress towards meeting the challenges the Coordinators are facing and highlight some initiatives underway in the regions. It is a complex sector with multifaceted needs. Where do you start to operationalise the strategy?

Learning Objectives:
1. Participants will gain an overview of the Mental Health Workforce Development infrastructure in New Zealand and understand the key benefits and challenges of taking a coordinated and strategic approach.
2. Participants will increase their understanding of the complex issues related to workforce development in Mental Health and Addictions service provision and the importance of making it a key priority in service planning.

References:

S52 Carer Support and Education
1/09/2005 From: 1330 To: 1500 Venue: Room 11
Paper 20 Minutes: Carer Life Course Framework: An Evidence-Based Approach to Effective Carer Support and Education.
Deanna Pagnini
Although all carers of people with a mental illness/disorder share a number of common experiences and needs, research has shown that the impact of caring (and thus the needs of the carer) varies: over time by the carer's relationship with the consumer (eg parent, spouse, sibling, child, and by the carer's life stage/place in the life course. The Carer Life Course Framework presents a theoretically and empirically based framework incorporating these components. Using a life course perspective and the experiences of over fifty carers, it presents six phases that carers go through (often more than once) on their caring journeys, and how those differ by relationship and place in the life course. Using the empirical findings
from the evaluation of the Carers NSW Carers Mental Health Project, it provides practical information for health professionals for ensuring that the carers receive appropriate information and supportive interventions. (note this research was funded by NSW Health through the Centre for Mental Health as part of the Carers NSW Carers Mental Health Project. The idea to initiate this work came from Carers NSW and Dr Pagnini conducted the research and developed the framework under a contract with Carers NSW). Learning objectives: 1. Audience members will learn how carers' needs change over time, and how they vary by the carers' relationship to the consumer and by the carer's life stage/place in the life course. 2. From a service perspective, understanding the differential needs of carers and learning ways of meeting those needs can be critical in developing a partnership of care that benefits the carer, the consumer, and the mental health professional. References: Cook JA, Cohler BJ, Pickett SA, Beeler JA. Life-course and severe mental illness: Implications for caregiving within the family of later life. Family Relations 1997; 46(4): 427-436. Jubb M, Shanley E. Family involvement: the key to opening locked wards and closed minds. Internal Journal of Mental Health Nursing 2002; 11: 47-53.

S52 Carer Support and Education
1/09/2005 From: 1330 To: 1500 Venue: Room 11
Paper 20 Minutes: Personal Construct Group Work with Carers of People with a Mental Illness.
Cathy Bentley  Linda L Viney
It has been well documented in the carer literature that unpaid carers endure substantial distress and burden due to their experiences of caring for a person with a serious and chronic mental illness. There are a number of different behavioural and psycho-educational interventions used to support carers. These interventions are based on providing carers with information about mental disorders, practical coping skills, targeted at carers and the person they care for. It is problematic that some of these interventions are based on reducing consumer relapse rather than focusing on the needs of carers and family members (Hatfield, 1994). The aim of this presentation is to introduce the audience to an 8-session workshop specifically designed for carers and based within Kelly's (1955/1991) Personal Construct Psychology. This is a randomized controlled trial outcome study. The Personal Construct approach focuses on peoples' meanings and interpretations of their experiences and interactions with the world. Sessions will involve varying exercises based on eliciting, elaborating, reconstruing and validating meanings related to past and future caregiving experiences. Some of the proposed outcomes include decreasing negative emotions and burden and increasing positive emotions associated with the caregiving experience, aiding carers in feeling they have control over life events and reducing anxiety. Learning Objectives: 1. Gain an understanding of how a Personal Construct approach can facilitate carers in developing more meaningful interpretations of their experiences as a caregiver. 2. This presentation is an opportunity to disseminate new, innovative research on ways to provide appropriate support for carers, which is relevant to stakeholders of mental health services such as carers and mental health professionals. References: Hatfield, A. (1994). Family education: Theory and practice. New Directions for Mental Health Services, 62, 3-12. Kelly, G. A. (1955/1991). The psychology of personal constructs. Vol. I & 2. London: Routledge.

S52 Carer Support and Education
1/09/2005 From: 1330 To: 1500 Venue: Room 11
Paper 20 Minutes: What is the Carer Ladder of Learning and how does the Carer Education & Training Centre support this in Sydney South West.
Patricia Berrutti
Carers are an untapped resource, with knowledge and expertise that can assist other carers. With appropriate training & support, they can become very effective facilitators of carer education courses. With clinical supervision and peer group support, Carers can maintain sustainability and a permanency that is rarely provided by Mental Health Service Providers, who are often mobile, based on career opportunities. This presentation will demonstrate how
the carer education provided by SSW Carer Education & Training Centre has created employment opportunities for carers. The Training Centre has provided many carers with training required to support them in their carer role. With this increased knowledge and confidence, they have then undertaken the funded opportunity to attend the Carer Advocacy Course at the Institute of Psychiatry. Some carers have then wanted to provide other carers with this education and have requested the training to do so. Some are also bilingual, and this has created the opportunity to expand courses to carers from culturally diverse backgrounds. When trained, carers are then contracted by SSW Carer Information & Support Service to provide carer training, with appropriate personal, peer and clinical support. Learning Objectives: Audience will learn how the Carer Ladder of Learning has developed, and what the Carer Education & Training Centre is providing. The importance of support. How the carer is educated to looks after themself both personally and professionally. References: Sandra Hoot, Operations Manager, Liverpool/Fairfield Mental Health Service - 0417 044 534 Edward Thomas, Manager, SSW Carer Information & Support Service - 0417 429 657.

SS3 Service Evaluation and Outcomes Measurement 1/09/2005 From: 1330 To: 1500 Venue: Riverbank 1 Paper 20 Minutes: Critical Analysis and Review of Referrals of Fairfield Community Mental Health during a Five Years period. Joe Chuong Lilia Polewski Fairfield Community Mental Health (South Sydney West Area Health Service/New South Wales) undertakes a critical review and analysis of its referrals during the 5-year period in which its organisational structure was modified and its documentation system underwent through two major changes: Acute Care Mental Health Project (a pilot project for trial of Assessment of Current Presenting Problem or A1 and Family and Social History A2) and MHOAT Project implementation. During this period, record of all referrals (4347) were maintained in a database for monitoring of compliance and progress. The database was used for this analysis and review. Early results of this critical analysis and review showed interesting findings not only in terms of local issues (resources-funding-staffing level, process) but also in terms of structural and systemic issues (resources-funding, system process, documentation). Items for analysis and review are: referral rate by month, trend and pattern; referring agencies; age range of referred persons; status of clients (known client vs new clients); presenting problems (main problem, second and third problem if any); suicidality; triage category and responding times; immediate outcomes of referrals. Basic statistics and multiple variable analysis (cross-tabulation, trend analysis) obtained using SPSS will be used to demonstrate that: 1. Fairfield Community Mental Health has achieved significant outcomes, exceeding their performance indicators in terms of workload, participation in the Acute Care Pilot Project and meeting all requirements by MHOAT project; 2. The increase in referrals rate during the period both highlighted (a) the low funding level of mental health services nationally, in NSW and in South Western Sydney in particular; but at the same time (b) the hard work of front line clinicians struggling with their workload despite inadequate resources, high community expectations and major structural and systemic changes; 3. The increase in workload was also due to the increased complexity of mental health client's presentations in a low-socio-economic disadvantaged area; 4. The trend analysis indicated a more systematic review of the community mental health system or continuum of care (acute care - intake & assessment - crisis intervention - community care) in order to achieve better gain in term of efficiency and effectiveness; 5. The benefit of collating data on intake-referrals-assessment. Learning Objectives: 1. Audience will gain a better understanding the factors behind the operation of a local community mental health delivering a referral-assessment-case management service to a disadvantaged and culturally diverse community for five years in quite difficult situation; 2. This topic has been very relevant to the delivery of community mental health services: how the entry into mental health services is managed locally under State and Commonwealth's drive for quality, efficiency and effectiveness as mandated in National Mental Health Plan/Strategy and Standards.
S53 Service Evaluation and Outcomes Measurement
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 1
Tom Trauer   Glen Tobias   Mike Slade

The assessment of consumer outcome was identified as a key aim in the National Mental Health Plan. Neami, a national psychiatric disability rehabilitation and support service has been using several outcome instruments, including the Camberwell Assessment of Need (CAN) for several years. The CAN exists in several forms, including the Short Appraisal Schedule (CANSAS). A new version of CANSAS has been developed - CANSAS-U - which is intended to be more suitable for self-completion by clients. The CANSAS-U has a changed layout of the form and a different response format. We report a trial of CANSAS-U with clients of Neami in Melbourne. We compared the CANSAS with the client-completed CANSAS-U, examined the test-retest reliability of the CANSAS-U, explored associations of demographic and clinical characteristics with needs as assessed by the CANSAS-U, evaluated clients' liking for the instrument, and investigated workers' perceptions of client difficulties in completing the form. Implications of the results for practice are discussed. Learning objectives: 1. Attenders will gain a comprehensive picture of the performance of the latest form of the leading tool for assessing clients' needs. 2. Outcome assessment is an important part of the current national mental health scene, and needs assessment is an important but somewhat neglected aspect of outcomes. References: Andreasen, R., Caputi, P. & Oades, L. G. (2000) Interrater reliability of the Camberwell Assessment of Need Short Appraisal Schedule. Australian and New Zealand Journal of Psychiatry 34: 856-861

S53 Service Evaluation and Outcomes Measurement
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 1
Paper 20 Minutes: Routine Outcomes Measurement in mental health, the chance to hear the beat of different drums.
Tim Coombs   Philip Burgess   Jane Pirkis   Adam Clarke

The need for a better understanding of the variation in the presentation of consumers to mental health services has seen a continued commitment to the introduction into routine clinical practice of a suite of standard measures of outcomes and casemix (Australian Health Ministers. National Mental Health Plan 2003 2008) These measures have been introduced across all services and all age groups and have been routinely collected in some states and territories for over 4 years. Measures such as the Health of the Nation Outcomes Scales (HoNOS) not only identify areas in which consumers may be experiencing problems (relationships, depression, accommodation) but also the severity of those problems (Wing et al 1998). Measures such as these allow us to hear the beat of the different drum of mental health services. By collecting this information on multiple occasions, the rhythm of those drums can be heard as changes take place in the severity of consumers problems during contact with mental health services. This paper will describe some of the initial reports being generated by the Australian Mental Health Outcomes and Classification Network (AMHOCN). These reports not only describe the variation in consumer presentation in different settings such as inpatient and ambulatory but the variation in change that takes place during contact with these types of services. Opportunities for the use of this information for quality improvement and service development activities will be explored. Learning Objectives: 1. Attendees will gain a better understanding of the presentation of consumers of Australian Mental Health Services and the change in health status that occurs during contact with services. They will also gain a better understanding of how this type of information can be used. 2. The introduction of routine outcomes measurement to mental health services has been one of the most significant practice changes to take place in recent years. The information collected can inform clinical practice, service management and development.
**S54 Consumer Participation and Innovation**  
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 2  
Paper 20 Minutes: Gully Volunteer Program- Creating an Environment of Hope in mental health services. 

*Emma Clutterham   Gemma Ferraretto   Paula De Cean*  
The Gully Volunteer Project is a consumer driven initiative of the Lyell McEwin Health Services-Mental Health Division, in partnership with the Lyell McEwin Health Services Regional Volunteers Association Inc. The Gully is a community based mental health rehabilitation service that provides a range of group programs for people with a mental illness. The Gully programs are based on principles of Recovery, and aim to promote empowerment and hope. The Gully Volunteer Program draws on the skills and abilities of people with mental illness through the involvement of consumer volunteers in co-facilitating group programs and assisting with administrative tasks and driving. This has enabled the provision of a more extensive and relevant service at The Gully. Within the programs, the volunteers share their experience and strategies gained in the process of recovery from mental illness, fostering hope and acting as role models by sharing ways of overcoming the disabling effects of mental illness. Through their involvement in the program, volunteers at The Gully have benefitted in many ways, with some engaging in further study and other volunteer roles in the community. Now an integral part of The Gully service, the Gully Volunteer Program has been the catalyst for stimulating interest of consumers of the service in being involved in developing The Gully into a consumer-run service. This paper will outline the collaborative processes and underlying principles used to develop the project. The paper will feed back benefits, challenges and inspirations as shared by Gully volunteers, their families and carers and service providers, through a recent evaluation of the program. **Learning Objectives:** 1: The audience will gain an understanding of the principles and processes used in developing the volunteer program as described by volunteers, their families and carers, and service providers. 2: Quality consumer drop-in centers have greater consumer control, (Mowbray et al 2002). This paper demonstrates how the volunteer services evolved from consumers identifying roles they wanted to develop within this setting to be able to participate in relevant service delivery. It is internationally recognized that people who have experienced a mental illness and work along side people in the process of recovery assist with fostering hope, providing a unique and empathic perspective. (Davidson et al 1999). **References:** Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D. and Kraemer Tebes, J. (1999) Peer support among individuals with severe mental illness: A review of Evidence. Clinical Psychology: Science and Practice Vol. 6, no.2, Summer, pp165-187. Mowbray, C.T. & Moxley, D.P. (1998) Consumers as mental health providers: first person accounts of benefits and limitations. Journal of Behavioral Health Services & Research, Vol. 25, Issue. 4 p397, 15pgs. [online] accessed 19th November 2003.

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**S54 Consumer Participation and Innovation**  
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 2  
Paper 20 Minutes: The role and development of Consumer Participation within the Richmond Fellowship of Victoria. 

*Kaye Janice Semmens   Michael Stylianou*  
Richmond Fellowship of Victoria is a unique service in that it is a very large organisation with programs located all across the state of Victoria in both metropolitan and regional areas. It is unique and inclusive in its nature and structure and we as Consumer Consultants for such an organisation feel that we are part of a bigger picture of inclusive consumer involvement and definitely on the path of change and progress. As the Richmond Fellowship evolves so does our role as Consumer Consultants, it is like being swept up on an exhilarating, challenging ride. In April 2004 Michael and I were employed as Consumer Consultants and thus began our interesting, daunting but fulfilling ride into the world of Consumer Consultantcy RFV style. I personally must say that it took awhile to get my head around what an expansive, unique and empowering organisation that RFV is. One of our first tasks as
Consumer Consultants for RFV was to attend the ASPAC Conference for RFV in Hong Kong. RFV is part of the larger worldwide Richmond Fellowship that includes counties like Hong Kong, India and New Zealand. We were the only Consumer Consultants there, so we were really pioneering the idea of consumer participation to other countries who haven't yet grasped the idea of consumers having a say in how services should include them in decisions made about them. One of our first roles was to form A Consumer Reference Group of consumers of Richmond Fellowship. It was a mammoth task to select consumers for this panel, and was also a great experience to be involved with. The Consumer Reference Group is now off and running and contributes to the development of policies, and the future direction and focus of RFV. The main objective of this presentation is to talk about the development and role the CRG plays in an organisation of the size and scope of RFV. The audience will learn what a daunting, exhilarating and challenging experience it has been to be Consumer Consultants involved in such a process of change of direction for RFV to becoming a more consumer driven and focused service.

S54 Consumer Participation and Innovation
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 2

Neami has a unique approach to encouraging Consumer Participation in direct service delivery. One aspect of consumer participation is the Neami Wide Consumer Participation group. This group is made up of two representatives of each of the Neami Ltd. Victorian services. At these monthly meetings the focus is on skill development; such as Chairperson, writing the minutes and informed discussion around relevant issues. For example, recently the group has been involved in developing and writing a report for the Board of Directors on how consumers found out about Neami and how we can ensure consumers get timely access to information about Neami services. Consumers are paid for attending meetings. The broader process for consumer participation at Neami occurs on three levels: 1. On an individual level where consumers nominate their needs and in collaboration with their worker devise a plan to meet those needs, 2. On a service level where consumer participate in group/service planning and evaluation, 3. On a Board level where consumers hold places on Neami Board of Directors. On an organizational level where consumers are members of the Neami Wide Consumer Group. Past consumers of the group have been involved in developing the Neami consumer participation policy and assisting with Neami accreditation. The vital question about whether consumer participation leads to influence will be discussed.

Learning Objectives: 1. The attendees will gain knowledge of the multi level process of involving consumers in the development and improvement of Neami services. 2. Consumer participation that truly has influence on the direct service delivery is policy direction of government in Australia and overseas. The process of achieving this is vastly different from service to service. Attendees will be exposed to a multi tiered approach Neami has adopted.

References: Consumer Participation, tools and strategies for developing a positive culture for meaningful consumer participation, proceedings from forum held on April 9, 2003 ACT Health and the Department of Disability, Housing and Community Services, ACT, Australia; Pinches, Allan, 2004, Pathfinders, Consumer Participation in mental health and other services: evidence based strategies for the ways ahead, consumer-collaborative social action research, Melbourne, Australia.

S55 Children of Parents with Mental Illness: Support for Families
1/09/2005 From: 1330 To: 1500 Venue: Riverbank 3
Symposium 1.5 Hrs: Working together to support families where a parent has a mental illness. Shirley Anastasi David Hay Nick Kowalenko Angela Obradovic Elizabeth Fudge

Elizabeth Fudge, from the national Children of Parents with a Mental Illness (COPMI) project, will introduce the session by outlining the actions listed within the 'Principles and
Actions’ document relating to care and protection of children and to partnerships and cross-agency processes to facilitate quality service provision for families affected by parental mental illness. Prof. David Hay, from Psychology Department, Curtin University of Technology, WA, will present information about the process and outcomes to date in the development of an interagency pathway for children of parents with a mental illness and the associated development of interagency protocols. Shirley Anastasi, Project Officer with Child and Youth Mental Health Service in Brisbane, will discuss research finding relating to collaboration between mental health services and child protection services, in addition to reflections on her experience of state-wide Child Safety Officer training. She will also discuss aspects of an inter-agency activity being undertaken by an acute mental health assessment team and a community child health service which seeks to address some of the needs of families where a parent has a mental illness.

Dr. Nick Kowalenko, Clinical Director of the Department of Child and Adolescent Psychiatry, Royal North Shore Hospital in NSW will discuss an example of good practice and issues relating to mental health partnerships for perinatal care. Learning Objectives: 1. Participants will gain insight into 2 key areas of the 2004 ‘Principles and Actions for Services and People Working with Children of Parents with a Mental Illness’ document, namely ‘Care and Protection of Children’ and ‘Partnerships and Cross-Agency Processes’. Their understanding of some of the issues involved in implementing these action areas will be expanded by the presentation of case studies of relevant work in Australia; development of an interagency pathway for ‘copmi’ in Western Australia that extends across agencies and age groups from the ante-natal period; collaboration between mental health and child protection services in Queensland and a partnership home visiting program for integrated perinatal and infant care in New South Wales. 2. The ‘Principles and Actions for Services and People Working with Children of Parents with a Mental Illness’ (2004) document has been welcomed by a range of State, Territory and Non-government agencies as a blue-print for change regarding services to children and families but implementation is always more difficult than the development of guidelines. It is anticipated that sharing information about the highs and lows of implementing changes in this area will enhance services’ ability to conceptualise change programmes that could work in their specific area and avoid ‘pitfalls’ that have been ‘sign-posted’ by others who have been before them. References: AICAFMHA. Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA: Australian Infant Child Adolescent and Family Mental Health Association Ltd, 2004. Smith W, Nicholls DS. Pathways To Resilience. Children of parents with a mental illness project report: Department of Health, Government of Western Australia, 2002.

S56 Consumer Experiences and Work
1/09/2005 From: 1530 To: 1700 Venue: Hall E
Paper 20 Minutes: Services Moving to a Consumer Rhythm: Mental Health Consumer Perceptions and Experiences of Services as Part of the Continuous Improvement of Services.
Gillian Malins Susan Palmer
Meaningful consumer participation in mental health service planning, provision and evaluation continues to challenge services nationally and internationally. The MH-CoPES project, which commenced in January 2004, aims to develop tools and processes for consumer evaluation of mental health services to be implemented across NSW. Over the last 18-months, the MH-CoPES project team has conducted a range of consultations, as well as identified tools and processes that exist through reviewing literature relevant to this area. The purpose of this presentation is to provide an update on the progress of the project. I will discuss some of the issues for consumer evaluation of mental health services that the MH-CoPES project has identified through our consultation phase, and discuss some of the ways these barriers may be addressed. I will present the questionnaire - the first of a services of tools necessary - that has been developed as part of Stage 1 of the project, and outline preliminary feedback received about this tool from consumers and services. Finally, I will indicate future directions for consumer evaluation, and specifically, the MH-CoPES project.
Learning Objectives: 1. People in the audience will gain an understanding of:- the process of consumer evaluation of mental health services;- the importance of incorporating consumers' perceptions and experiences of mental health services into service planning, and quality improvement cycles; and- the types of tools needed for consumers to evaluate their mental health services. 2. This topic is centrally relevant to mental health services and the people who use these services. Specifically, appropriately and usefully measuring consumers' perceptions and experiences of services relates to several outcomes in the current National Mental Health Plan. The importance of consumers' perceptions and experiences of services to consumers' outcomes, and to service improvement, are recognised nationally and internationally, however this is an area that is still challenged in practice.


S56 Consumer Experiences and Work
1/09/2005 From: 1530 To: 1700 Venue: Hall E
Paper 20 Minutes: The Power of Contact.
Ruth Olive Jackson Sarah Gordon

There are many regional providers that deliver education and training to counter stigma and discrimination associated with mental illness. Many of us get anecdotal feedback that our initiatives are effective, but how can we really be sure that we are making a difference? The strategy that has proven to have the most impact in tackling stigma and discrimination around mental illness is direct contact with people who have experienced mental illness. Research also identifies conditions which must apply for contact between people with experience of mental illness and target groups to be effective. This presentation aims to: Summarise the academic evidence on strategies which have the most impact in reducing stigma and discrimination against people with experience of mental illness. Show how a regional provider of New Zealand’s ‘Like Minds, Like Mine’ campaign, Wellington Speakers Bureau, draws on the personal experience and knowledge of people with experience of mental illness, combined with academic evidence and evaluation, to deliver a highly effective initiative that combats stigma and discrimination against people with experience of mental illness. This presentation will be particularly useful for people involved in anti-discrimination work, both within mental health services and the wider community.

Learning Objectives: 1. The audience will gain an understanding of the key conditions necessary for contact between people with experience of mental illness and target groups to be effective in reducing stigma and discrimination against people with experience of mental illness and how this knowledge can be applied in the design and delivery of anti-discrimination programmes. 2. This presentation is relevant to mental health services and mental health issues as stigma and discrimination is still a major barrier to the recovery and social inclusion of people with experience of mental illness.

S56 Consumer Experiences and Work  
1/09/2005 From: 1530 To: 1700 Venue: Hall E  
Paper 20 Minutes: Creating a social firm: balancing employment and business objectives.  
Laura Collister  Gafa Tuiloma  Elizabeth Crowther  
This paper describes the development of a social firm in Melbourne, a small business providing employment for people with and without a mental illness. The social firm is a well-established model of providing employment for people with a mental illness in the United Kingdom and Europe. It is characterised by commercial productivity, an integrated approach and provision of permanent employment (Schneider, 1998). It shares characteristics with the supported employment approach which has an established evidence base (Crowther, Marshall, Bond & Huxley, 2001; Mueser et al, 2004). Social firms are faced with the unique challenge of balancing commercial and social objectives. This paper will outline the key steps that were undertaken by Mental Illness Fellowship Victoria in establishing a social firm for people with a mental illness. A brief review of the relevant literature will be provided. The process of identifying and acquiring a small business - The Flat Bottle Company, the establishment of a business and psychosocial support structure, and the challenges of converting this business into a social firm will be described. Social firms provide an innovative and exciting approach to providing employment opportunities for people with a mental illness. Learning objectives: 1. People attending this presentation will learn about social firms, an employment initiative of Mental Illness Fellowship Victoria (MI Fellowship). They will learn about the key steps that were undertaken in establishing MI Fellowship’s first social firm, and about the challenges that were faced in balancing the commercial and social goals of this venture. 2. This topic addresses an important issue the unemployment rate for people with a mental illness is unacceptably high, denying many consumers the social and financial benefits that employment provides. This paper describes the implementation of an employment model new to Australia. References: Crowther R, Marshall M, Bond G, Huxley P, (2001). Vocational rehabilitation for people with severe mental illness. The Cochrane Database of Systematic Reviews 2001, 2, Art.No.:CD003080. DOI:10.1002/14651858.CD003080. Mueser K, Clark R, Haines M, Drake R, McHugo G, Bond G, Essock S, Becker D, Wolfe R & Swain K (2004). The Hartford study of supported employment for persons with severe mental illness. Journal of Consulting and Clinical Psychology, 72, 479-490. Schneider J (1998). Models of specialist employment for people with mental health problems. Health and Social Care in the Community, 6, 120-129.

S57 Partnerships and NGO’s  
1/09/2005 From: 1530 To: 1700 Venue: Hall B  
Mark Smith  
The creation of inter-agency partnerships is a priority of funding bodies and is a trend reflected both the Australian and international literature. The participation in service partnerships is a common experience of workers in the social services. This paper will provide an overview of a collaborative practice model of partnership and will attempt to highlight ways of working between diverse agencies in the mental health context. Using a current example of a service partnership, this paper will explore the role of each agency in the current service arrangements, in relation to the setting of policies and outcomes. Issues related to the governance of partnership will also be examined. The context of particular partnerships will be examined including work practices which extend beyond agency boundaries to examples of effective ‘teamwork’. Barriers to this development will also be considered. As wider determinants of ‘health’ are considered, there is an increased need for inter-professional and inter-agency links to be established between stakeholders. One of the outcomes, then of effective partnership practice, is that longstanding health issues cannot be resolved by a single agency and a holistic, inter-agency approach is required. Biographical details: Mark Smith is General Manager Service and Planning with Prahran Mission Uniting Care in Melbourne, overseeing strategic direction, implementation of continuous quality improvement systems as
well as managing psychiatric disability and aged care programs. Learning Objectives: 1. Audience participants will be provided with a framework with which to understand the partnerships in which they are involved. They will gain a clearer understanding about the processes involved in service collaboration. 2. This learning objective is relevant given the plethora of partnerships in which service providers are involved, and the increasing priority of funding bodies toward service partnerships and evidence of collaboration and joint project outcomes. The writer has current responsibilities in managing partnerships with a range of agencies, government and non-government and this reflection provides an opportunity to revisit some of the key themes and ideas which underpin the planning and practice of partnerships. References: El Ansari, W. & Phillips, C. (2001) 'Interprofessional collaboration: a stakeholder approach to evaluation of voluntary participation in community partnerships,' Journal of Interprofessional Care, vol.15 (4), pp 351 - 368. Roussos, S. T. & Fawcett, S. B. (2000) 'A Review of Collaborative Partnerships as a Strategy for Improving Community Health', Annual Review Public Health, vol.21, pp 369 - 402.

S57 Partnerships and NGO's
1/09/2005 From: 1530 To: 1700 Venue: Hall B
Paper 20 Minutes: The Separate Space: A Partnership Model for Best Practice Integrated Service Delivery.
Kerry Beck
Although working in partnership is neither a new or unusual approach to working with people with complex needs, often the implementation of a formal model of partnership is not made explicit, with agencies generally focussing more on models of service delivery. The South Australian Supported Accommodation Demonstration Projects for people with complex needs, including psychiatric disability, have been developed and implemented via a model of formal partnership between Government, non-Government, clinical, non-clinical and housing providers, which is supported by underlying principles, a policy infrastructure and comprehensive systems of governance. The aim of this paper is to describe the model of partnership implemented and discuss via examples the resulting outcomes, barriers, challenges and successes. Discussion will include issues related to agency culture, core business, boundaries, specialisation, perception, conflict, power, and the notion of organic versus imposed partnership. Learning Objectives: 1. To develop clearer understandings of the difference between service collaboration and formal models of partnership, and the impact on outcomes for service users. 2. Psychiatric disability demands complex and flexible service responses from a range of service providers. Participants in this session will expand their thinking and explore different ways of engaging in service collaboration to enable individualised and flexible service responses for service users. Authors: Bronwyn Tregenza and Kerry Beck.
Co-operate: act in concert; combine; collaborate. Collaborate: work jointly; band together; co-operate. Partner: sharer; person associated with others in business of which they share both risks and profits; companions in dance; or a game; or life

S57 Partnerships and NGO's
1/09/2005 From: 1530 To: 1700 Venue: Hall B
Paper 20 Minutes: NGO Development Strategy: Building Strength and Quality
Sarah Buxton Jane Fisher
This presentation aims to inform about the Strategy: building the capacity of NGOs providing mental health services in the community; raise awareness of the value of NGOs in building social inclusion. Progress in key program areas: 1. Workforce Development includes training, governance and sector development. Career development, including ongoing recognised training, and workforce expansion issues, are a particular focus, as well as organisational governance and management. 2. Quality and Outcomes: The Strategy promotes the use of quality review systems and evidence based practice including the use of outcome measurement. In facilitating NGOs to demonstrate quality and effectiveness, the Strategy supports the confidence and professionalism of the sector, and enhances services provided to consumers and carers. 3. Promoting Partnerships: Progress on promoting good practice
planning and operational models between funding bodies and the NGO sector will be
discussed. In focusing on strengthening partnerships, the Strategy will address frustrations on
both sides, and will also strengthen partnerships and collaborative working in the NGO sector.
Through strengthening the capacity of NGOs providing mental health services in the
community, the NGO Development Strategy will support NGOs to work in partnership, and
to demonstrate quality and effectiveness in service delivery and organisational practice.
Learning Objectives: 1. Understanding ways of increasing the capacity of specialist and
generalist NGOs working with consumers with mental health difficulties, including ways of
strengthening these organisations and the sector. 2. Appreciation of the diversity of services
provided by NGOs and their role in supporting consumers’ community integration.
References: Mental Health Co-ordinating Council (2000) The MAP Project: Towards a
Framework for Mental Health Non-Government Organisations in NSW, Rozelle. NSW Health
Department 2002 Framework for Rehabilitation for Mental Health, Sydney.

SS8 Treatments and Diagnosis
1/09/2005 From: 1530 To: 1700 Venue: Hall C
Paper 20 Minutes: MPD - Dissociative Identity Disorder, Does it Exist or is it the
creation of a therapists ego?
Deb Christensen Robyn Rogers
Dissociative Identity Disorder has been diagnosed in patients since the early 1900’s, but today
is still argued as being a manifestation of ideas and characters planted by a therapist. The
disorder holds a mystery and a fascination for both professionals working within mental
health, for therapists and for clients with the diagnosis. In this presentation, participants will
have the opportunity to learn about: 1: What the experience of living with the disorder - from
diagnosis to integration and beyond can be like: 2: The current debate on the validity of the
disorder, including diagnosis and treatment, from a client and clinician perspective. Regards of
a participants view as to whether the disorder exists or is a series of behaviours planted and
endorsed by a therapist or other medical professional, for clients presenting within services as
having two or more personalities that are in control of daily activity, supporting them and
moving forward is a series of complex activities which can support the client towards
recovery, or instil in them dependence and a barrier with prevents them from taking
responsibility for themselves and their lives. This paper has been written collaboratively by a
client and therapist who have explored many aspects of the disorder, who have consistently
debated the validity of the disorder and whether it exists, over the duration of therapy, and
who over the course of a therapeutic relationship have learned strategies and methods of
moving the client forward. As the debate continues amongst the psychiatric profession as to
the existence of the disorder, diagnosis of Dissociative Disorder continues, with people
receiving the diagnosis after as many as 20 years within the psychiatric system, or after years
of being paraded through the justice system. Key symptoms such as the significant lose of
time, (recorded in some instances as being a number of months or years, although most
commonly a number of hours or days) and observations of changes in walk, talk and manner
are part and parcel of a client coming to terms with an often frightening existence. People
working within the Mental Health profession, will at some time be presented with the idea
that more than one personality can exist within a single body. How is this possible and what
does this look like. Is it in fact possible? Participants are invited to have an open mind and
come to hear about one of the mostly widely debated diagnoses in the DSM IV. References:
This paper looks at the need for DID support groups facilitated by integrated sufferers. Previously thought to be a mental illness, DID (Dissociative Identity Disorder) is now understood to be a relatively common condition in which the personality becomes fragmented, or ‘dissociated’, into two or more distinct identities (Ross, 1997). It often results from some severe trauma in early childhood, such as repeated physical, sexual or emotional abuse, combined with a situation in which only the mind is capable of escape. Several decades ago, few mental health professionals accepted DID as a real phenomenon. Even today, DID sufferers may encounter some scepticism when they attempt to seek help. As a consequence, sufferers tend to delay coming out about their condition because of fear of disbelief, rejection or an adverse response from others. DID is a condition that will often leave sufferers with some degree of shame, fear and secrecy (Livingston, 2002). For this reason it is essential that sufferers feel safe when talking about their condition. Here is where integrated sufferer-facilitated support groups are so vital. Support groups facilitated by integrated DID sufferers tend to nurture a safe environment, which can offer the added benefit of people with similar experiences and heartfelt empathy.

Learning Objectives:
1. Audience members will hopefully gain a better understanding of the complex nature of DID. Sufferers of DID need understanding and empathy; they need to feel safe and that they are not being judged in any way. Three conditions are needed to support a person with DID: the help of a caring and dedicated professional; a network of understanding family/friends; and last but not least, membership in a support group whose emphasis is on hope and motivation. 2. It is agreed that there is a great demand on the mental health organization. With the growing trend in all areas of mental health to encourage sufferers to join support groups, efficient and productive sufferer/facilitator groups will hopefully lessen the level of that demand. Having a better understanding of how to help a sufferer of DID - from the point of view of a sufferer, could help Mental Health services to organize, coordinate and sponsor more sufferer-facilitated support groups.

References:

S58 Treatments and Diagnosis
1/09/2005 From: 1530 To: 1700 Venue: Hall C
Paper 20 Minutes: Client-centred solution-focused psychotherapy and linkage with suicidal clients: feedback from clients on level of satisfaction and what was and was not helpful.
Melissa Petrakis  Rosemary Stevenson
At the end of June 2005 Western Health in Victoria completed a National Suicide Prevention Strategy project with the aim of developing a transferable model of continuing care for people presenting to the Emergency Department after attempting suicide and/or deliberate self-harm. The model involves client-centred crisis intervention – which may be anything from two weeks to six months - and proactive linkage with general practitioners and community services. Six months after initial contact the client was asked to complete an Exit Survey, regarding satisfaction levels. Clients were also encouraged to provide any other feedback they thought would help improve or develop the service, either directly to project staff, to the principal researcher attached to the project or to the patient representative for the hospital. A total of 58 clients completed and returned Exit Surveys. We are pleased to offer the insightful and rich feedback shared with us by our clients, information that has proved highly instructive in making recommendations at state and commonwealth levels regarding the current and future needs of people at acute suicidal crisis. Learning objectives. 1. They will learn about what clients have stated they do and don’t find helpful from service responses to their needs
when they are suicidal, and what clients have stated they believe they need more or less of that would make for a better service response. People will also have the opportunity to offer feedback about their own personal or clinical experience around service responses to suicide. The feedback will be respected, valued and further assist quality improvement at a state and commonwealth level.

2. Nationally, researchers, clinicians and consumers believe we need to develop a better response to suicide risk treatment and support.

**S59 Creating Recovery**  
1/09/2005 From: 1530 To: 1700 Venue: Meeting Room 1 & 2  
Paper 20 Minutes: A Place to Be - Creative Therapies and the Question of Institutional Relevance.

**Joanna Jaaniste  Maralyn Nash**

A collaborative performance in a large mental health facility may conjure up pictures of the seventies or even the nineteenth century. However, Cumberland's arts therapies combine music, art and drama, and are not only unusual in Australia but inclusive in a modern, community sense, since some consumers who came travelled in to participate. In the music and drama areas, clients had input into the subject matter of Greek songs and stage pieces, inspired by the 2004 Olympics, and there was therapeutic rationale for role-taking and playing. In all artistic areas, from a rehabilitation point of view, there were significant changes for residents to be involved in a therapy process which was specifically goal-directed, structured and with a definite start and finish time. This was especially obvious in art therapy, as the client-inspired masks were central to performance and theme. Outcomes are evidence of their clear ideas to bring character to life.

**Learning Objectives:** This lively illustrated presentation will inspire delegates to question and conceptualise the type, style and size of psychiatric institutions relevant for today.  
2. The arts therapies have a special contribution to make in mental health, where creative and artistic talent often hides. Its expression is frequently essential in the recovery process.

**References:**  

**S59 Creating Recovery**  
1/09/2005 From: 1530 To: 1700 Venue: Meeting Room 1 & 2  
Paper 20 Minutes: The Rehabilitative Power of Creative Writing.

**Lee Kofman**

The author designed a distinct framework for delivering creative writing groups according to psychiatric rehabilitation principles in order to assist consumers with their rehabilitation. She is currently running creative writing groups in Prahran Mission using this framework. This paper argues that the prevalent frameworks for use of creative writing groups within mental health (therapeutic and arts-for-health models) are not entirely suitable for rehabilitation purposes, especially because they are not sufficiently tailored to individual needs of participants. The therapeutic model views writing as a secondary means for gaining internal changes and can be rigid in structuring its activities. The arts-for-health model emphasises the creative aspect of writing and is arguably oriented more towards consumers viewing themselves as artists, making it exclusive for some consumers. The aim of this paper is to present the effectiveness of the new framework in achieving rehabilitation goals and in meeting needs of diverse population of consumers with varied writing experience, age group and ethnic background. The paper argues that writing has strong rehabilitative potential for any consumers, regardless of their aspirations to become writers and regardless of whether English is their first or second language, as long as they share a love for words and ideas.

**References:**  
Learning Objectives 1: To learn about the new framework for creative writing groups oriented towards promoting rehabilitation of consumers, even those who are not necessarily striving to become professional writers, and
how to run such group.2: There has been an increasing tendency to offer creative writing groups within psychiatric rehabilitation services, but there are no specific frameworks for delivering the groups within this particular setting. To learn that like with any intervention, no writing method is effective with all consumers in all settings. It is essential to design creative writing groups within psychiatric rehabilitation settings that they are able to fit with rehabilitation goals and key concepts.

**S60 Recovery**  
*1/09/2005 From: 1530 To: 1700 Venue: Meeting Room 4 & 5*  
**Symposium 1.5 Hrs: Recovery by Consumers for Consumers.**  
**Paula Hanlon  Leonie Manns  Douglas Holmes  Julie Millard**  
Recovery, who's really responsible. The presenters suggest a move from the traditional maintenance model of care to an empowering process of self determination and self responsibility. It is important that all mental health services create a culture where the principles of recovery overcome consumers, service providers, family and general community's initial beliefs of hopelessness. This workshop is a step towards putting into practice some of the views that have been outlined in the Pathways of Recovery: Relapse Prevention by the National Mental Health Promotion and Prevention Working Party. It will provide another opportunity for workshop participants to inform the debate on relapse prevention and recovery. The outcomes of this workshop will enable the participants to trust themselves and those they are working with to make decisions on the development of increased self knowledge. The workshop aims to deliver a message of hope. It also aims to give consumers, carers, clinicians and services providers an opportunity to share experiences and to learn from each other. The vision of the presenters is highlighted in this quote from the United States New Freedom Commission of 2003: 'A future when everyone labeled with mental illness will recover and to do so care must focus on increasing the consumers' ability to successfully cope with life's challenges... not just on managing symptoms'. It is our hope that we all learn to trust our dreams and so dare to dream.

**S61 Roads to Recovery**  
*1/09/2005 From: 1530 To: 1700 Venue: Room 10*  
**Paper 20 Minutes: TheMHS as therapy - the experience and outcomes for a group of consumers and carers who made the trip to TheMHS 2004.**  
**Bernadette Bruning  Loretta Foster**  
In August 2004 a group of people set off from Wodonga to attend the TheMHS Conference on the Gold Coast. They were from a psychosocial rehabilitation day program, and there were seven consumers, five staff and a carer. This paper describes both the process and the outcomes of this experience. An evaluation form incorporating both pre and post-conference questions was completed by all of the consumers and the carer, and this was followed by a further evaluation form after a 6 month interval. Every consumer and carer who attended the Conference reported successful outcomes and could identify gains which were aiding their recovery. The value of the shared experience, the inclusion of everyone as a peer and equal member, the opportunity to be part of a huge gathering of people with a shared purpose were key aspects of our TheMHS trip. The contribution to individual growth and recovery cannot be overestimated. The TheMHS trip was a revelation for all, and the aim of this paper is to share the value and the experience of it with you. We hope that you too may be inspired to include events such as TheMHS in treatment, rehabilitation, support or recovery programs.  
**Learning Objectives:**  
1. Delegates will learn strategies for planning, undertaking and evaluating conference attendance activities with a group of consumers, carers and staff.  
2. Delegates will understand the value of incorporating TheMHS conference attendance into recovery and support programs, and be aware of the benefits for individual's recovery.
Differentiated Citizenship and Feminist method for the mental health consumer movement.

Nicole Emerson

Human rights and representations of the shamed identity: some feminist questions... Is there 'shame' in an ontology of human rights? The relationship between shame as a marker of difference / emotion or affect and a feminist view of the mental health consumer movement; Expressive empiricism and media representations of women who transgress gender norms; the value of differentiated citizenship and the ethical injunction of bringing into view the Face of the other. This paper asks some feminist questions of two themes common to those engaged in critiquing psychiatry and the mental health system: shame/stigma and human rights. It questions the limits of the traditional human rights approach: the pre given, 'self legislating' political subject; universality and equal treatment; the privileging of rationality and reason as attributes of 'equal' citizens; the devaluing of difference and other ways of knowing; the relationship between the individual and the social and the importance of group identification. Media representations that shame ask us to re evaluate, in terms of practice and knowledge, the relationship between the individual and the collective. Expressive empiricism - the means by which certain human identities are reduced to a stereotype or a classification - as adopted by Helen Garner in 'Joe Cinques Consolation' - reflects a collective practice, yet the shame is individuated: put another way, psychiatry is the theory, stigma the practice. A human rights approach cannot address these issues, although perhaps it is the 'human' in human rights that appeals to advocates. This paper considers alternatives: an ethic of caring and an opening of the public 'field of appearance' that allows differentiated others to become part of what is able to be represented as a 'grievable' or 'livable' life and thus as normatively human. Faces that represent hyperbole are as uninhabitable as those that are invisible or silenced: the resistance needed moves beyond the domain of the consumer movement and individualism to a consideration of the value and worth in difference and the productive power in shame: the first person narrative should be encouraged as long as it does not construct individual agency beyond the collective or epistemology within which a person exists. References: Helen Garner, 'Joe Cinques Consolation' (2004), Judith Butler, 'Precarious Life: the Powers of Mourning and Violence' (2004), Elspeth Probyn 'Blush: faces of shame' (2004), K. Leighton 'Transcultural nursing: the relationship between individualist ideology and individualized mental health care' Journal of Psychiatric and Mental health Nursing 2005, 12, 85-94, A. Butcher 'The Relative Irrelevance of Human Rights for the Care and Protection of the Mentally Ill' Australian Journal of Political Science, 35/1: 85-9.7.

A Roadmap to Recovery From Schizophrenia.

Simon Bridge

Working with people with schizophrenia can have moments of success but at times be chaotic and stagnant. During these times, you can wonder what you are doing as a therapist and which way you are going. Using the ideas of Michael White’s narrative therapy, for the last 15 years I have been using a visual model of the road to recovery to help keep my work focused. Over the years it has been modified by feedback from clients and by working in different contexts, including Indigenous health. It is heavily influenced by the better outcomes of the developing world. The impact of the culture in which recovery takes place has a huge impact on outcome. Issues such as community involvement in the recovery process and both the availability of work and the necessity of work are intrinsic to better results. As a model and as a pamphlet, it remains simple and in a form that both consumer and provider can relate to. It is also highly adaptable to other illnesses that dominate people's lives. It makes an effort to move away from psychobabble and attempts to put problems into areas in which consumers already have expertise. It is produced with the idea of working through the pamphlet with the client rather than the client tackling it cold. With this in mind, a booklet for service providers...
accompanies the pamphlet. The booklet explains the therapeutic ideas within the pamphlet and raises expectations by studying the situation in developing countries in more detail.

Learning objectives: 1. To understand and be able to use the basic schematic diagram that defines the 'Roadmap to Recovery'. 2. To be aware of the possible role that sociology plays in the recovery process for schizophrenia and how this may be adapted in this society to produce better outcomes. References: Rosen A. 'What developed countries can learn from developing countries in challenging psychiatric stigma' Australasian Psychiatry Vol 11 Supplement 2003. White M. 'The in the corner lifestyle.' Aust & NZ J.of Family Therapy 1990.

S62 Accommodation and Rehabilitation
1/09/2005 From: 1530 To: 1700 Venue: Room 11
Brief Papers 10 minutes: Developing an Allied Health Service for people living in Supported Residential Facilities.
Heidi Maurer Katie Belobrajdic
Overnight our general health agency was asked to develop allied health services to support the investigation & treatment of ill health experienced by residents from 22 Supported Residential Facilities who had been assessed as living with 'high, complex & unmet' needs. All residents experience at least one disability - psychiatric, intellectual, neurological, physical - and all have chronic physical illnesses. This presentation will describe the aims of the program, processes developed, collaborative relationships forged, pitfalls & outcomes to date & projected. References: 1. Mark Doyle, Arthur Hume, Janet McAvaney, Nancy Rogers, Tracey Stephenson Somewhere to call home:Supported residential facilities: the sector, its clientele and its future' Dept of Human services, South Australia, 2003 .2. Pam Quick & Hans Hekmeijer 'Physically active despite the odds. Consultation on physical activity among people living with disabilities' Adelaide Central Community Health Service Adelaide, South Australia, January 2004.

S62 Accommodation and Rehabilitation
1/09/2005 From: 1530 To: 1700 Venue: Room 11
Brief Papers 10 minutes: Health Time: Addressing the health and social needs of those at risk of homelessness.
Penny Thomas Lucinda Dobson
The Health Time project is a positive example of cooperation between local agencies to address the health and social needs of some of the most marginalised people living in rooming houses in the City of Boroondara, Melbourne. Workers from the local community health centres, Royal District Nursing services, Salvation Army, Uniting Church, Centrelink and community mental health service conduct sessions at local rooming houses for residents who are at-risk, vulnerable and have complex needs. The four key objectives of the project are: The provision of home-based health promotion activities in boarding/rooming houses. Increasing access to existing Primary Health Care Services. Increasing access to existing recreational, social and health related activities.Developing effective relationships between local service providers. The Health Time format is centred around an assertive outreach model that uses an informal, social meals approach to engage with residents. Workers use the setting to talk to residents and begin the process of establishing relationships. Care is taken to engage with isolated residents and identify people who may be experiencing some form of crisis. This presentation will share with you the positive health outcomes for residents and workers alike. Learning Objectives: 1. The audience will gain an understanding of the health and social needs of boarding house residents, and how these can be addressed by projects such as Health Time. 2. We will demonstrate how mental health services can become involved in broader health approaches to mental health promotion and early intervention. References: Boroondara Community Health Centre (2003). Report to Boroondara Council for Innovations Grants Funding for Health Time. Improving Health and Wellbeing Together Project. Royal District Nursing Service, Homeless Persons Program (1999). A Framework: Improving Health Outcomes for People Experiencing Homelessness in Victoria. Success Works Pty Ltd, Nov 1999.
S62 Accommodation and Rehabilitation
1/09/2005 From: 1530 To: 1700 Venue: Room 11
Brief Papers 10 minutes: Validating the Supported Residential Facility (SRF) assessment measure.
Stacey Thomson  Neil Kirby  Roma Guscia  Julia Harries  Ted Nettelbeck
Within the field of disabilities, the focus has recently shifted from assessing disabilities in terms of deficits in adaptive behaviour to identifying support needs. One measure of support needs that has recently been developed is the Supported Residential Facility (SRF) Assessment. This measure was developed by the SRF assessment team, which provides a residential support service to adults with psychiatric disabilities. The development work was carried out in collaboration with the Disability Research Unit at the University of Adelaide. The measure has been used to provide an overview of support needs and services currently received by residents. However, as yet the measure has not been validated in terms of a comparison with another similar established measure. This study will report on the validation of the SRF assessment measure in terms of the established Health of the Nation Outcome Scales (HONOS). Residents' support needs as measured by the two scales will be compared across a number of domains including behaviour activities in daily living and health. Assessors will be asked to compare the two measures in terms of their suitability as measures of support for those assessed and their ease of use. Results will be discussed in terms of the capacity of the two measures to assess support needs and allocate resources for adults with psychiatric disabilities. Learning objectives: 1. The application of the concept of support needs to people with psychiatric disabilities. 2. The use of support needs measures in applied residential settings. The validation of a support needs measure used to allocate support packages in the South Australian Mental Health Service. References: Department of Human Services, 2003 'Somewhere to call home: supported residential facilities: the sector, its clientele and its future'. Adelaide, Department of Human Services. Wing, J.K., Curtis, R.H. and Beevor, A.S. 1996 'HoNOS: Health of the Nation Outcome Scales. Brief Report on Research and Development July 1993-December 1995' Royal College of Psychiatrist Research Unit, London.

S62 Accommodation and Rehabilitation
1/09/2005 From: 1530 To: 1700 Venue: Room 11
Brief Papers 10 minutes: The Assessment and Identification of the unique needs of residents living in Supported Residential Facilities.
Jan Farr  Lesley Wilkinson
Aim: To provide with an overview of the SRF Resident Assessment process, tool and the process used to identify residents with High and Unmet needs. To provide a snapshot of what SRF’s in SA look like from the assessment data. Learning Objectives: 1. On completion of the presentation, delegates will have an understanding of the Supported Residential Facilities project, including the assessment process and development of the assessment tool. They will also be provided with details on the identification of high and unmet needs and the supports now being provided to residents as a result of the project. 2. To examine and discuss the issues, concerns and scenarios faced by residents of supported residential facilities who have mental illness and the staff and services involved in their care. Following on from the 2003 'Somewhere to call to Home' report it was felt residents living in Supported Residential Facilities (SRF) were a disadvantaged population. This report estimated mental illness as the predominant primary disability of SRF residents. From a submission made to the SA Government funding was made available to provide support for those residents identified as having 'High and Unmet' needs. A team of 8 assessors with a variety of experiences including Mental Health were employed to undertake the assessment of every resident living with the SRF sector across South Australia (1215 beds across 39 SRFs). First was the development of an assessment tool, which covered all significant areas of a resident's life. From this came the need to develop a formal process for identifying level of need. The result was a rating scale that allowed for high and unmet needs to be summarised under a number of headings.
including medical needs, social isolation and behaviours. From the assessments conducted it is felt that the needs of people with psychiatric disability living in SRF’s are significant. Various issues have been identified and the project is now aiming to assist the 25% of residents with the highest level of need through the implementation of supports. References: Doyle, M., Hume, A., McAvaney, J., Rogers, N. & Stephenson, T. (2003) Somewhere to call home: Supported residential facilities: the sector, its clientele and its future. Department of Human Services: South Australia; Supported Residential Facilities Advisory Committee (1997) Supported residential facilities act guidelines and standards, second edition.

S62 Accommodation and Rehabilitation
1/09/2005 From: 1530 To: 1700 Venue: Room 11
Brief Papers 10 minutes: Marching to the Beat of a Different Drum Change Management, Survival and Growth within a Non Government Organisation.
Rob Warriner
WALSH Trust is a non government organisation that since 1989 has provided a range of mental health support services in West Auckland. Beginning with a single house offering supported accommodation, WALSH Trust now offers residential services, mobile community support, training (contracted by the education sector) peer support and supported employment. In 2003 the WALSH Trust Board began to recognise that the organisation no longer had a clear direction. While approaches to service provision were acceptable, quality improvement strategies were vague at best, development and growth had come to a halt, significant contracts were at risk, staff morale was flat. This was clearly a time when the organisation need to march to the beat of a different drum. The Trust Board embarked upon a pathway to restore WALSH Trust to a position of health, where the organisation could once again confidently aspire to its full potential. In 2005 WALSH Trust has doubled its contract turnover of 2002 through the growth of existing contracts and addition new contracts. Service provision has expanded beyond WALSH’s original West Auckland boundaries to the North Shore and central Auckland. Both Client and Staff Satisfaction Surveys support the changes that have taken place within WALSH Trust. A new mission statement is in place which more clearly spells out the nature of WALSH Trust’s business and is summed as: your choice, your recovery, your community. Learning Objectives: This paper will describe key aspects of the process of change at WALSH Trust. In particular the model of change and what it looked like in practice, will illustrate and emphasise the importance of implementing not just evidence-based mental health practices but also evidence-based management practices. This paper will illustrate their importance in contributing to an effective change process and in particular development within a non government organisation. References: Bartol, K., Martin, D., Tein, M. and Matthews, G. (2001). Management: A Pacific Rim Focus (3rd. Edition). Roseville, Australia: Irwin/McGraw-Hill; Carnall, C.A. (1999). Managing Change in Organisations (3rd Edition). Hemel Hempstead: Prentice Hall Europe

S63 Partnerships: Carers; NGOs
1/09/2005 From: 1530 To: 1700 Venue: Riverbank 1
Paper 20 Minutes: Parents Agonizing Struggle with a Child with a Substance Use Disorder
Michael Burge
The aim of this paper is to share with the audience a very personal struggle between parents and their daughter. The father will talk about the heart wrenching ordeals his family had to endure over a period of 6 years leading up to his daughter being diagnosed with Drug Induced Psychosis - Schizophreniform Disorder (DSM IV - 295.40). The father will talk about the barriers and frustrations parents experience when trying to access support. He will also discuss the need for a system that requires young children and adults at risk to have some type of involuntary treatment. Learning Objectives: 1. Audience will learn about some of the difficulties faced by people who live or care for someone with a Substance Use Disorder. 2. Conference participants will hear about the need for a system that addresses these shortfalls.
Partnerships between NGOs and Health - love 'em or hate 'em. torment or treasure, agony or ecstasy - create the environment needed for difference. It is our experience that it in the space between the partners that the energy for creativity is born - we call that frisson. This paper is an exploration of some of the concepts required to create the opportunity for the creative energy within partnerships. For these opportunities to be positive to the health of community, a number of issues need to be jointly resolved. The importance of the maintenance of social diversity, just like bio-diversity, is essential to the communities long term well-being, and development. Healthy social diversity allows freedom of expression, critiquing the system, and creating new ways, and insatiable curiosity. The risk of sameness in any community restricts it exponentially - lets not forget the lessons of Aldous Huxley's 'Brave New World'. Environments that provide opportunities for change are indeed challenging places. They are equal, tolerant, respectful, views the positive benefits of the partner, are open to challenge, and actively values the differences between them. Risks of inequable partnerships remove the energy of alternatives, and find both partners repeating a preset agenda - thus no change. Inequities can be in many forms including funding control, knowledge keeping, intellect patronising, adversarial competition, or bureaucratic red tape. The combination of Government and non-government systems can stimulate each other in successful ways, but only if their differences are used to create the necessary frisson that makes change possible. To open a dialogue about the assets and liabilities of partnerships between NGOs and Health. To put forward the premise that the mutual positive regard of the differences between the services in partnership is at the heart of a successful partnership. Learning Objectives:1. The strategies used by Central Coast ARAFM and Central Coast Division of Mental Health to chip away at the inevitable barriers and challenges in healthy partnerships. 2. To recognise, applaud, and be vigilant in the maintenance of difference in a continually evolving partnership. Viva la difference. References: Mental Health Co-ordinating Council 2000 Pathways to partnerships the MAP Project. Towards a framework for mental health non-government organisations in NSW, NSW Health Department. NSW Health Department 2001. Partners in Health - sharing information and making decisions together. NSW Government Action plan, Sydney. Wagner, R. Romic, M. 2003. The good the bad and the invisible Partnerships and collaborations between three sectors in Central Western NSW. Centre for Learning and Social Transformation. University of Western Sydney in partnership with the Association of Children's Welfare agencies, the Centre for Community Welfare and Training and Barnardo's Mudgee.

Bridging the Chasm

1/09/2005 From: 1530 To: 1700 Venue: Riverbank 2
Symposium 1.5 Hrs: Bridging the Chasm between National Plan and Implementation.
While New Zealand developed a Blueprint that has been implemented, Australia has a National Plan with wonderful statements of directions, but no implementation targets or accountability. This session will look at why New Zealand succeeded, why Australia has failed, and what can be done about it. The speakers will be people who have worked on these issues and who can talk from practical experience. Look at the message boards at the conference for the list of speakers in this session.

Children of Parents with Mental Illness: Promoting Wellbeing and Supporting Families

1/09/2005 From: 1530 To: 1700 Venue: Riverbank 3
Brief Papers 10 minutes: A strengths based approach to family plans.
Kirsten Green Ellen Sharp
The Supporting Kids program is a community based project in a rural setting whose aim is to support children who have a parent with a mental illness. A key component of the Supporting...
Kids project is the development and implementation of Family Crisis plans. These plans were to be developed with a family so that at times of crisis, for example, hospitalisation, there is some outline to be followed. As part of this discussion, the use of a strengths based/competency model as opposed to a model that focuses on 'unwellness' will be explored. This paper will discuss the issues involved in developing such a plan which would help to identify natural resources in a family's world. A strengths perspective empowers a family to construct a plan for use in a time of crisis. In making such a plan it is hoped that a family will feel a greater sense of control should a crisis occur. Issues around the needs of families will also be discussed as will the methods used to implement such a plan. Objectives: 1. The audience will learn about the development process of family plans within a strength based framework. 2. Mental health and community services will hear how family plans can be utilised to better meet the needs of families. References: Saleeby, D. (ed.) 1997. The Strengths Perspective in Social Work Practice, Longman, New York. McQuaide, S and Ehrenreich, J (1997) ‘Assessing client strengths’, Families in Society: The Journal of Contemporary Human Services, 78(2), 201-212.

S65 Children of Parents with Mental Illness: Promoting Wellbeing and Supporting Families
1/09/2005 From: 1530 To: 1700 Venue: Riverbank 3
Symposium 1 Hr: COPMI’ and the practicalities of promoting wellbeing, reducing risk and supporting families.
Shirley Anastasi  Elizabeth Fudge
Shirley Anastasi is the Project Officer with Child and Youth Mental Health Service in Brisbane. She runs the KOPING project, which supports children and young people in families where a parent is living with a mental health problem in Brisbane. Shirley will discuss some of the practical issues she has encountered including the level of mental health knowledge of services she is in contact with regarding 'copmi' services. Jeanette Sherrington is a mental health consumer and is the Project Officer for Champs Camps, Tasmania. Jeanette will share some of the difficulties encountered in running Champs Camps in Tasmania and the ways they have gone about addressing solutions to address these difficulties. Elizabeth is the Project Manager for the national Children of Parents with a Mental Illness (COPMI) initiative. She will present information about the development of the two Action areas from the 'Principles and Actions' document that form the focus of the symposium and will provide a brief overview of work currently being undertaken in Australia in these areas and gaps in service provision that have been identified. Learning Objectives: 1. Participants will gain insight into 2 key areas of the 2004 'Principles and Actions for Services and People Working with Children of Parents with a Mental Illness' document, namely 'Promoting wellbeing and reducing risk' and 'Support for families and children'. They will learn about the practical implications and outcomes of implementing approaches in these areas with specific information provided from the perspective of two services, the KOPING project, based in North Brisbane, and the Champs Camps program in Tasmania. 2. The 'Principles and Actions for Services and People Working with Children of Parents with a Mental Illness' (2004) document has been welcomed by a range of State, Territory and Non-government agencies as a blue-print for change regarding services to children and families but implementation is always more difficult than the development of guidelines. It is anticipated that sharing information about the highs and lows of implementing changes in this area will enhance services' ability to conceptualise change programmes that could work in their specific area and avoid 'pitfalls' that have been 'sign-posted' by others who have been before them. References: AICAFMHA. Principles and Actions for Services and People Working With Children of Parents With a Mental Illness. Stepney, SA: Australian Infant Child Adolescent and Family Mental Health Association Ltd, 2004. Fudge E, Falkov A, Kowalenko N, Robinson P. Parenting is a mental health issue. Australasian Psychiatry 2004;12(2):166-171.
S65  Children of Parents with Mental Illness: Promoting Wellbeing and Supporting Families
1/09/2005  From: 1530 To: 1700  Venue: Riverbank 3
Paper 20 Minutes: Development of the COPMI Project Working Together to Improve Services to Mental Health Service Users and their Families.
Kim Christina Dougall  Treena Martin

Parents with experience of mental illness face many challenges. To fully understand these challenges the COPMI project at Hutt Valley DHB has chosen to seek the perspectives of consumers while implementing the project. We have also aspired to incorporate the perspectives of the diverse parenting community in which we live, which includes parents from different cultures. The aim of the COPMI project is to better meet the needs of children and their families within the mental health services. To do this effectively we have needed to take a broad approach. This has included focusing on identifying parenting strengths and assisting parents to support their children and to build family resilience. Consumers who are parents have given their perspective and have added valuable input by telling their personal stories of mental illness to raise awareness about the issues they face. This raises the profile of this project. This paper will endeavor to outline the process of how consumer advice was sought, the barriers we faced and the benefits that have been gained by having consumer input. We will also outline how this project has been implemented and the outcomes expected for parents/children/families. Learning objectives: 1. To raise awareness of the importance of consumer perspective/participation into the development and implementation of mental health services. 2. To outline the challenges and rewards of consumer perspective/participation into the COPMI project.

S69 Viewing of DVD
Meeting Room 1&2
5.15-6.30pm Thursday 1st September
DVD: Pictures Tell You Nothing
On a cold winter’s day in 2002 a group of people shared a cup of coffee in Queanbeyan, NSW, Australia. They had one thing in common. They had all either experienced mental illness themselves or loved someone who had. “You know the hardest thing was our relationship” one person said, “It was turned upside down and inside out”. As everyone nodded in agreement, another person said, “Wouldn’t it have been great if we’d had a video about mental illness and relationships that we could have taken home and watched”. The Greater Southern Area Health Services Family and Carer Support Program sought funding to make this idea a reality and two years later, the NSW Health Centre for Mental Health provided that funding.

S74 Meeting
Riverbank Room 2
5.15-6.30pm Thursday 1st September
Meeting of TheMHS Connect
Ample information is available on how to achieve good mental health services and there are also a few excellent model mental health services. However there is a huge gap between the evidence base of good services and the implementation of these services across Australia. This meeting is your chance to brainstorm some ways to close this gap. All of us – practitioners, consumers, carers and researchers alike – have shared our concerns that the time has come for mental health issues to find a more prominent and constructive place in the public mind. Now come to this meeting, to help move this towards reality.
Abstracts for conference presentations on

Friday 2\textsuperscript{nd} September 2005
S76 Doris Kartinyeri: Growing up in the Stolen Generation
2/09/2005  From: 0900 To: 1000  Venue: Hall E
Keynote Speech: Growing up in the Stolen Generation: A journey into the soul
Doris Kartinyeri is a 58-year-old Ngarrindjeri woman who has not only survived being a member of the Stolen Generation but also has a Mental Illness. She has grown and gained considerable strength from her experiences, which she willingly shares with others through her stories and books. Doris draws on her strengths and personal experiences for the content of her books. She has written her autobiography titled 'Kick the Tin' as well as several children's books. Doris' presentation will address her courageous journey into the soul of her individuality to find meaning and hope after the loss of everything that other members of the community take for granted eg family, belonging, and meaning for life, health and understanding. Doris has always maintained a positive outlook and has strived to provide hope and inspiration for her family and her people.

S77 Workshop: 1. When the Media Calls;
2/09/2005  From: 1030 To: 1230  Venue: Hall E
Workshop 1 Hr: Mental health workers: how to respond when the media calls.
Barbara Hocking Andrea Kincade
The workshop will examine the issues facing mental health workers when the media wants comment and information. Participants will have practical advice on how to handle these requests effectively and quickly. Research by SANE Australia has found that media outlets contact mental health providers sporadically, and are sometimes inundated if there is a local incident or a high profile news item such as the Cornelia Rau story. Mental health workers feel their ability to respond to media requests depends on staffing levels. Many respondents felt that media training for mental health workers would allow them to work more effectively with the media. They recognised that working with the media required specific skills that mental health workers didn't necessarily have, and felt that training would help bridge the gap between their needs and the media's requirements. Skills development would include effective communication tools that enable mental health workers to have better control of their involvement in media reporting. Learning Objectives: 1. How to handle media requests quickly and effectively, while: Protecting the interests of consumers/carers. Understanding the media's needs. 2. Where to refer media for more information or interviews if your service is unable to manage requests from the media. References: Reporting Suicide and Mental Illness: A resource for media professionals' (www.mindframe-media.info). National Mental Health Report 2004’ Commonwealth of Australia http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pq-mental-pubs.htm.

S78 Cultural Perspectives
2/09/2005  From: 1030 To: 1230  Venue: Hall B
Paper 20 Minutes: Extending a Welcome to Carers from Culturally and Linguistically Diverse (CALD) Backgrounds’ A joint initiative of the Network for CARERS of people with a mental illness and the Victorian Transcultural Psychiatry Unit (VTPU).
Marie Piu
The Network is the Victorian peak body supporting carers of people with a mental illness. The VTPU, through its membership, has assisted the Network to convene a CALD Carers Day coinciding with its 6th Carers Conference ‘Talking Together, Working Together Carers with Consumers & Clinicians’. This program is aimed at facilitating participation in information exchange for carers who due to cultural distance and difficulties with English would generally be excluded. The Greek, Italian, Maltese, Turkish and Vietnamese languages reflect five of the main Victorian CALD source countries. Psychiatrists from these language groups are invited to take questions and discuss concerns with bilingual case managers available as facilitators through North Western and Werribee Mercy Mental Health Programs. The VTPU convenor explores: The boundaries limiting participation for this cohort The key role of the convenor and the steering committee as conduits between the mental health clinician and the CALD carer. The extensive consultation process with stakeholders.
involved. The reframing of the material proposed by the presenters in a culturally appropriate way in consultation with CALD consumer, carers and clinicians as required. The funding needed to ensure the provision of professional interpreters and translation of produced materials. Learning Objectives: 1. It is expected participants will gain some insight into the complexity around communicating mental health information cross-culturally in a user friendly way, and will achieve an understanding of the issues needing consideration and the processes followed for a successful outcome. 2. Current Mental Health Branch policy (2002) and Chief Psychiatrist Clinical Practice Guideline (2005) advocate for improving carer participation in mental health service provision as one of their key priorities. Clinicians report difficulty in engaging with CALD carers due to linguistic and cultural boundaries. This presentation will unpack these issues thereby simultaneously aiming to demystify and facilitate the meeting of this Government directive. References: New Directions for Victoria's Mental Health Services. The next five years. Victorian Department of Human Services, 2002. Chief Psychiatrist Clinical Practice Guideline: Working together with families and carers, March 2005.

S78 Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Hall B
Paper 20 Minutes: The Mental Health First Aid Program for CALD communities in Australia - Croatian, Vietnamese & Italian.
Len Kanowski  Betty Kitchener
The 12-hour Mental Health First Aid (MHFA) Program, developed at the Australian National University, has now been running in Australia for four years. It won an award from TheMHS Conference in 2003. There are over 200 accredited MHFA Instructors spread across every state and territory. The program's success has prompted its adoption internationally in Scotland, Hong Kong, Finland & the state of New York in the US. The MHFA website provides more information: www.mhfa.com.au. The aim of this paper is to describe the types and reasons for the modification, piloting and success of the MHFA Program for three Culturally and Linguistically Diverse communities in Australia - Croatian, Vietnamese and Italian. Extensive consultation was undertaken with relevant stakeholders to make the program sensitive to cultural differences in beliefs about mental illnesses and the best help available. A 5-day intensive Instructor course trained 8 CALD MHFA Instructors. These Instructors have delivered a CALD MHFA course to over 100 members of their communities. Preliminary evaluation has shown that this course has been well received by the three different communities. It has also helped to reduce the stigmatizing attitudes surrounding mental illness and has increased participants' ability in recognizing and confidence in helping someone with a mental health problem in their own community. Learning Objectives: 1. People in the audience will gain an appreciation of some of the differences in beliefs surrounding mental illness in the following three CALD communities: Croatian, Vietnamese and Italian. 2. This topic is relevant to learning appropriate ways to increase mental health literacy in three different CALD communities.

S78 Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Hall B
Paper 20 Minutes: Strengthening mental health services across cultures.
Ben Thomas  Margaret Goding
Inadequate mental health services including outdated models of institutional care often contribute to neglect and suffering of people with mental illness in the Asia Pacific Region. Despite pockets of good practice and many Asian countries being at an early stage of mental health service reform, stigma, discrimination and a severe shortage of trained professionals contribute to a critical lack of appropriate treatment. This presentation aims to raise awareness about mental health services in Asia and discuss strategies to promote and implement effective and modern service delivery. It describes a 'hands-on' training program, the Post Graduate Overseas Specialist Training Program (POST) aimed at transferring mental health expertise, building capacity and clinical skills. The training program is a collaborative
The initiative between St Vincent's Mental Health Service and the University of Melbourne. The program is part of a wider strategy aimed at bringing about mental health services reform. The strategy also includes engaging governments, corporate and academic institutions. The training program has also brought local benefits including the improvement of cultural sensitivity, staff morale and the dissemination of best practice. Learning Objectives: 1. The audience will gain an understanding and appreciation of the state of mental health services in the Asia Pacific Region and the strategies required to bring about reform. 2. The initiative is relevant to mental services since it demonstrates how exposure to Australian models of care assists in the development of best practice at a local and international level. References: Chiu, E. (2004) Epidemiology of depression in the Asia Pacific Region. Australasian Psychiatry, 12: (Suppl 1): S4. Patel, V. (2003) Where there is no psychiatrist: a mental health care manual. London, Gaskell.

S79 Housing: Recovery
2/09/2005 From: 1030 To: 1230 Venue: Hall C
Mark Doyle  Barbara Wieland  Marion Kennedy
Creating sustainable housing & support options that can be accessed by mental health consumers is a focus of the South Australian Mental Health Reform Agenda. The SA Department of Health, Mental Health Unit (MHU) has initiated an assessment of the community support needs for consumers who experience long periods of hospitalisation, and are inpatients of Rehabilitation Services, Glenside Campus. A partnership between non-clinical (Neami) and clinical (Lyell McEwin Health Service, Community Mental Health) services, developed an integrated assessment tool that provided a holistic approach in identifying consumers’ capacity and willingness for community living. Significantly the process involved collaboration with clinical staff from Glenside Campus, consumers and carers. A report on the information collected will be used by the MHU in the current planning of housing and support requirements. This presentation discusses the aims, methodology and findings of the assessment process. It highlights the level and type of community support identified, and includes a discussion regarding the views of consumers, carers and clinicians to this reform initiative. Learning Objectives: 1. The attendees will gain knowledge and understanding of both the reforms proposed in SA as well as the partnership process of assessing people in long term psychiatric care for their capacity and willingness to live in the community with support. 2. The reform of assisting people living in long term psychiatric care to live in the community with support is occurring in SA and NSW. This process of transition follows other similar developments in Australia and around the world. The process adopted by the partners has taken into account both the successful and unsuccessful elements of other similar developments. References. Kuntz, C., (1995) Persons with Severe Mental Illness: How Do They Fit Into Long-Term Care. Report by the Office of Disability, Aging and Long-Term Care Policy, U.S. Dept of Health and Human Services. Moxham L.J.; Pegg S.A. (June 2000) Permanent and stable housing for individuals living with a mental illness in the community: A paradigm shift in attitude for mental health nurses, Australian and New Zealand Journal of Mental Health Nursing, vol. 9, no. 2, pp. 82-88(7)

S79 Housing: Recovery
2/09/2005 From: 1030 To: 1230 Venue: Hall C
Paper 20 Minutes: Neami’s Story of Transporting Philosophy and Service Development Culture Interstate.
Arthur Papakotsias  Peggy Ronnau
As part of Neami’s strategic directions in 2002 Neami submitted to provide support services in NSW under the HASI (Housing and support Initiative) initiative. Neami was successful and commenced a planning process, which would provide high quality services to clients, increase the capacity of non-government sector and ensure the philosophy and culture of Neami was transported and adapted for interstate service development. In 2004 a similar process was rolled out for service development in South Australia. The risks involved in these moves were
many, but after a thorough risk analysis it was shown that the risks could be managed and the opportunities available were significant. The process of Neami's interstate development and the learning from the same will be explored. Neami is a not for profit, community organization providing psychosocial rehabilitation and support services in Victoria, NSW and SA.

Learning Objectives:
1. Attendees will gain knowledge of the risks and opportunities resulting from Neami's decision for to tender for, plan and implement services interstate.
2. Essential components of quality mental health service provision will be highlighted and the process for transferring Neami's philosophy, knowledge and skills interstate.

References:

**S79 Housing: Recovery**
2/09/2005 From: 1030 To: 1230 Venue: Hall C

**Paper 20 Minutes: Supported Accommodation for People With Complex Needs Demonstration Projects: Outcomes; Evaluations; Recommendations.**

**Kerry Beck**

In response to the complex issues faced by people experiencing psychiatric disability, and a lack of appropriate supported accommodation options for this population throughout South Australia, the South Australian Government Department for Families and Communities have developed and implemented a series of demonstration projects via a mix of Mental Health, Country Health and Commonwealth State Housing Agreement funding. There are 12 programmes across metropolitan and country South Australia that are currently at various stages of development, implementation and evaluation. A number of programmes have completed the demonstration phase and have been evaluated with results published. The demonstration projects are designed to trial and evaluate differing models for the provision of stable and appropriate housing linked to primary health care (clinical) and non-clinical disability support for enhancing and building people's independent-living capacity, and involve differing vulnerable populations (eg adult; youth and young adult; Aboriginal youth and young adult). All supported accommodation initiatives involve the provision of planned support services through formal partnerships between Government and non-Government agencies where regional Mental Health and Housing services work with non-Government Organisations that are contracted, through open tender processes, to provide disability support to approved participants. The purpose of this paper is to present the findings and learnings achieved through the development, implementation and evaluation of these projects. Discussion will include quality outcomes for service users including community engagement, security and maintenance of housing tenure increased and independent living capacity, as well as the systemic outcomes experienced including reduction in utilisation of acute and emergency services, the development of service partnerships and agency relationships, and cost effectiveness.

Learning Objectives:
1. To increase awareness and understanding of the work being undertaken in South Australia toward an integrated and flexible model of Supported Accommodation for people with complex needs including psychiatric disability.
2. A lack of supported accommodation options for people with psychiatric disabilities throughout South Australia is a critical issue. Deinstitutionalisation that occurs without accompanying appropriate housing and support leaves vulnerable populations at risk. The development of appropriate and flexible ways of delivering existing services enables cost effective and successful outcomes.

**S79 Housing: Recovery**
2/09/2005 From: 1030 To: 1230 Venue: Hall C

**Paper 20 Minutes: Partnerships Nice Work if You Can Get it.**

**John Van Der Giezen  Jon Purnell**

The Independent Living Program provides secure and stable accommodation in the community for people with a psychiatric disability in Western Australia. Fremantle Housing Association is one non government agency in Perth that provides a 'benevolent landlord'
service under the program, currently providing 125 houses throughout the community for individuals and families affected by severe and enduring psychiatric disabilities. This paper will provide a brief history of the program in Fremantle, and outline the various partnerships that have been developed between community based housing providers, the Department of Housing and Works, mental health services, funding bodies, tenants and support agencies in order to keep the service equitable, accessible and relevant. Partnerships, like anything worthwhile, require hard work and maintenance to remain vital and effective, and like society itself, thrive on diversity and challenges. Fremantle Housing Association has an excellent history of innovation, inclusiveness and inter agency cooperation in community housing provision for people with a range of disabilities and disadvantage. Meeting the challenge of effective service provision requires constant and effective communication with tenants and their families, support services and at a policy level to provide the most effective service possible.

Learning Objectives: 1. Partnerships are not developed by accident nor entirely by design. Learn about the evolution of the partnerships in community housing and their potential to enhance service provision. Partnerships are not always trouble free, so the better you know your partner(s) the easier it is to resolve conflict. 2. The Independent Living Program provides an essential and supportive accommodation service for people disadvantaged by their disability. Innovative partnerships between accommodation providers, tenants, mental health services and community support agencies contribute to keeping the program relevant, effective and adaptable to changing needs.

S80 Responding and Rebuilding

2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2

Lucia Maria Tibre

The Tsunami destroyed a lot and is teaching us a lot. Were / Are we doing our best to minimize its effect? We would like to present a New Zealand Emergency Mental Health Support Group Project and its vision: to include psychosocial component in disaster preparedness and response by creating a Mental Health Network able to provide effective and timely support in a disaster acute emergency phase in the Pacific area. The aim of the presentation is to make known our work and to initiate valuable contacts with similar projects. We will start creating the psychosocial context by defining the key words (disaster, assessment, stress disorders, post-traumatic/psychology/therapy, Social adjustment, Adaptation). The second step would consist in describing a suitable (internal/external) network prepared to function following a coordinated plan which would include both expertise and action strategies and would act as a component of the mainstream support. Eventually we will concentrate in the implementation process of including the mental health component in disaster preparedness and response. If we can't prevent a disaster, it's our main duty to do our best to minimize its effect. Learning objectives: 1. To include strategies of emergency mental health support in their vision. 2. A structured plan of early and basic mental health support after a disaster would tap into already widely used mental health services and would minimize later on more costly interventions.

S80 Responding and Rebuilding  
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2  
Paper 20 Minutes: Eyre Peninsula Bushfires - The Human Face of Recovery.  
Susan Elizabeth Patterson  Jonathan Phillips  
The devastating Eyre Peninsula (SA) bushfires of 11th January 2005 destroyed life and property, threatening the wellbeing of individuals and communities. In the immediate aftermath services were overwhelmed by people seeking assistance. The local mental health service was charged with managing the psychological response. Following a brief overview of the impact of trauma, this paper presents both personal and service experiences of recovery. Bronwyn's story is entwined with an outline of the MH response. These responses are placed in broader recovery context. Workers providing support to individuals directly affected by disaster experience vicarious traumatisation. 'Bronwyn' was at the tough front line and experienced various emotional, cognitive and physical symptoms. Eyre Regional Mental Health Service was skilled but under-resourced. Clinical staff and consultants augmented the service enabling a comprehensive response. Multi-agency planning developed strategies to ensure ongoing provision of a comprehensive services. Evidence supports the efficacy of promotion, prevention and early intervention strategies post-disaster and these were fundamental to the response. Two months post-fire more than 150 referrals have been triaged, 25 people have been provided with a 3 session intervention, 700 people have attended information and health promotion sessions and community spirit is strong. The mental health service and Bronwyn have grown stronger. Resilience, partnership and capability are themes of the paper. Learning Objectives: 1. The audience will gain an enhanced understanding of the psychological impact of trauma and b) effective means of promoting health and wellbeing of individuals and communities post-disaster. 2. The audience will develop increased understanding of a) the centrality of mental health to wellbeing and b) role of community based mental health services in delivery of a full range of services from promotion and prevention through to therapeutic intervention.

S80 Responding and Rebuilding  
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2  
Paper 20 Minutes: Planning a sustainable mental health strategy for East Timor: experiences over the last 5 years.  
Teofilo Tilman  
This paper explores the challenges in developing a national mental health service in East Timor in a setting where no services existed prior to 2000. Since there were no psychiatric hospitals in the country, it was possible to design a wholly community-based service that avoided institutionalizing patients. Instead, the focus was on supporting families in caring for patients at home. During the humanitarian emergency, most clinics were burnt down. It was not feasible, therefore, to commence activities by training generic primary care workers. The East Timor model therefore was based on the training of a group of specialist mental health workers who over time are developing the capacity of general health workers in mental health. An ongoing challenge is to provide support to specialist mental health workers in the districts in an environment where communication and transport remain problematic. The next steps in consolidating a sustainable national mental health service will be discussed the need to train an East Timorese psychiatrist.

S80 Responding and Rebuilding  
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 1 & 2  
Paper 20 Minutes: Starting from Ground Zero: Planning and implementing a training in national mental health in East Timor.  
Manuel Mausiry  
After the 1999 humanitarian crisis in East Timor, the country was left with no trained mental health professionals or services. This paper outlines the approach to recruiting and training specialist mental health workers in East Timor over the last five years as part of the AusAID funded program, first during the PRADET project and then as part of the East Timor National
Mental Health program managed by AusHealth International. The importance of combining formal classroom training with in-service supervision and mentoring by visiting psychiatrists will be emphasized. Challenges in developing a holistic perspective in training that include biological, psychological, social, cultural and spiritual elements will be discussed as will issues in extending training to general health workers and primary care medical practitioners.

**S81 Consumer and Community Participation**

2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5

**Brief Papers 10 minutes: Consumer / Carer Participation with Toowoomba District Mental Health Services through the Consumer/Carer Advisory Group Toowoomba District since September 1998.**

Linda Doulin Michael Burge

The aim of this paper is to outline the journey our Consumer Advisory Group has been on. It has not been all plain sailing. Sometimes the journey has been a bit rough but never a dull moment! Working WITH our MH service, Buddy System*, Mentoring System*, In Kind help from the Service, Getting $$$ from our Mental Health Service Being auspiced so we are more independent, $$$ sitting fees for meetings, Selection panel participation. Tokenism vs. real input, Liaison MH service person, Consumer Consultant, Executive Meetings how we try to motivate people;Training, who needs it?, what sort of training, Getting the message out,Community Forums, Information sessions, Code of Conduct*, Operating Procedures*, Confidentiality*, When an executive member becomes mentally unwell, Leave of absence, Everyone needs a Buddy sometimes, Damage control! Learning from mistakes, De-stressing - taking care of individuals, Where to from here what could we achieve?, * Denotes CAG-TD has supporting documents. Learning Objectives: 1. Audience will learn about the strategies implemented, benefits, risks, barriers and critical success factors. 2. Conference participants will hear about how important the role of a Consumer Advisory Group is representing the views and issues of consumers and carers. 3. During question time we would appreciate feedback from other organizations re strategies they have found successful or otherwise. NB. If Possible - CAG-TD would appreciate at least 30 minutes for this PowerPoint/OHP presentation with question/discussion time at the end.

**S81 Consumer and Community Participation**

2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5

**Brief Papers 10 minutes: Development of a Consumer Consultant Team: Role Preparation.**

Judy Sellen Vera Hempel

Implementation of the Consumer Consultant Team identified a new part of the journey for mental health services in North Queensland. For members of the Consumer consultant Team, joining with mental health services meant a change in their paths also (McAllister & Walsh, 2004). Outlined in this paper is the journey that was undertaken to facilitate role preparation of the Consumer Consultants. Acceptance of an extended orientation program and transition process set the parameters for the journey (Meehan, Bergen, Coveney & Thornton, 2002). Reflection on experiences from consumers, carers, non-government organisations and other mental health services along with a literature review provided the content for the orientation program and role preparation of the Consumer Consultants. Development of the orientation program focused on three individual, yet connected areas. The areas covered were community networking, transition into the linked service areas and a structured education program. The education program enhanced skills and knowledge that would support the Consumer Consultants within the mental health system. Themes representing in the education program included ethics and practice, communication skills, quality improvement, advocacy and relevant legislation. On completion of the orientation program and transition process the Consumer Consultant Team were able to move into their linked service areas. This part of the journey for the team continues to evolve, however the foundation of the role of Consumer Consultant had been laid. Learning Objectives: 1. Develop an understanding of the journey involved in role preparation for a new Consumer Consultant Team. 2. Identify a
process that enables preparation of Consumer Consultants with mental health services.


S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Development of A Consumer Consultant Team: Environmental Preparation.
Vera Hempel  Judy Sellen
This paper outlines an inclusive process for implementation of a new Consumer Consultant Team. It identifies the organisational and administrative requirements for implementation as well as the stages of change occurring within the community which enabled and empowered the process. The implementation of the Consumer Consultant Team in Townsville was guided through a collaborative approach including the Townsville Consumer Advisory Group, Carers of Clients of the Townsville Integrated Mental Health Service and representatives from NGOs. One representative from Disability Services Queensland also participated. The two representatives from Queensland Health facilitated the process using an empowerment approach and ensuring that: The group maintained a strong consumer focus. The process continued and remained on task. Decisions were documented and implemented. Resources were developed. The mental health standards were maintained. Human resource issues were addressed. Policies to guide the implementation process were developed. On completion of the process, five part time Consumer Consultants were employed and were able to commence their orientation and education program within an established framework. Learning Objectives: 1. Develop an understanding of the process and complexity of change involved in the implementation of a Consumer Consultant Team. 2. Identify tasks requiring completion prior to employment of Consumer Consultants. References: Satir, V., Banmen, J., Gerber, j., Gomori, M. (1991) The Satir Model. Palo Alto, CA: Science and Behaviour Books. Tooth, B., Kalyanasundaram, V., Glover, H., Momenzadah, S., (2003) Factors consumers identify as important to recovery from schizophrenia. Australasian Psychiatry. Vol.11, supplement.

S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Partnership: How working together is the key to the social inclusion of the mentally ill.
Rachel Green
The aim of this paper is to demonstrate the importance of partnership as a strategy to develop the community sectors response to clients suffering from a mental illness and to describe specific partnership initiatives that increase the social inclusion of these clients. The Second National Mental Health Plan 1998-2003 identified partnerships as a key area for Development for Mental Health Service reform. This theme has been continued in the third National Mental Health Plan 2003-2008. In 2003 Central Coast Mental Health services began developing a dedicated Partnership program with the following aims, 1. Increase the number of health, welfare and disability services within the Central Coast community who provided services to people with a mental health disorder. 2. Build the capacity of these Central Coast services so they may respond effectively to people suffering from a mental health problem/disorder. 3. Reduce the stigma experienced by some consumers and increase their access and inclusion into non specialised mental health services within the Central Coast Community. 4. Increase the mental health literacy of Central Coast services/organisations. 5. Create opportunities for community consultation and participation into mental health service planning and development by community partners. 6. Develop clear pathways and agreements as to how organisations can work effectively together with Mental Health Services. This paper will describe in detail the varied strategies that were implemented in order to achieve the above
aims and describe the outcomes for clients and services involved in the partnership program. Learning Objectives: 1. The audience will learn about a range of partnership initiatives/strategies that have been implemented on the Central Coast and how to apply these to their own area. 2. The importance of partnership can not be underestimated and services need to look at this strategy for the following reasons, 1. Demand on mental health services is high, we can't do it all, we need other services to work with mental health clients in order to help us meet demand. 2. Partnership creates opportunities to increase the number and type of community services who offer support and assistance to mental health clients. The impossible is possible when people align with you. Gita Bellin. References: Commonwealth Department of Health and Aged Care. National Mental Health Report (2000): Sixth Annual report. Changes in Australia's Mental Health Services under the First National Mental Health Plan of the national Mental Health Strategy. Australian Health Ministers. Second national Mental Health Plan. Canberra: Mental Health Branch, Commonwealth Department of health and Family Services. 1998.

S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Buddies - a locally grown peer support initiative.
Ruth Olive Jackson
Buddies is a new initiative in Wellington, New Zealand that offers volunteer peer support to people who are using acute inpatient mental health services. Buddies volunteers draw on strengths and experience gained from having used mental health services themselves. People with experience of inpatient mental health services perform key roles in buddies; including volunteer coordinator, peer advisor, advisory group members and contract holder (Case Consulting). This presentation aims to: Summarise the findings of a recent review of literature conducted by Case Consulting on peer support initiatives internationally and their role in recovery from mental illness. Outline the process of development for the buddies initiative that started out with a group of people with experience of mental illness wanting to improve mental health services and has grown into a vibrant service directed and run by people with experience of mental illness. The power of peer support will be demonstrated through practical examples from an existing service and backed up by recent academic research. Learning Objectives: The audience will gain an understanding of the powerful benefits of peer support and the extensive capabilities of people with experience of mental illness to develop, manage and provide mental health services. This issue is relevant to mental health services as it concerns the social inclusion of people with experience of mental illness. This is a dimension of recovery that many mental health workers see as painfully lacking with the people they work with but which many conventional mental health services are unable to address. References: Minister for Disability Issues (2001). The New Zealand Disability Strategy: Making a World of Difference Whakanui Oranga. Wellington, NZ: Ministry of Health. Holter, M.C., Mowbray, C.T., Bellamy, C.D., MacFarlane, P., & Dukarski, J. (2004). Critical Ingredients of Consumer Run Services: Results of a National Survey. Community Mental Health Journal, 40 (1), 47-62.

S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: People with mental illness and their situation from a public health perspective.
Ylva Berger
From a public health situation people with mental illness have a non equal situation, compared to other people. In Sweden laws regulate the conditions for all people in society. These laws say: Health on the same conditions for all people. All people should have the opportunity to live in a way so that their health does not get worse by a handicap. Good and equal health - equal opportunities in terms of living condition and possibility to participation. Different studies in Sweden shows that people with mental illness have a non equal situation compared to other people in society. In my article, the base of this abstract, I
point out some very important issues where people with mental illness have a poorly situation a from public health perspective:- Financial position -Work -Education-Safety and participation-Loneliness-Unbalanced diet and less exercise-Gender - women get less help-Smoking, drugs.My focus is how to get people in general to understand and accept this situation and get them interested to take part in changing the situation for people with mental illnesses.

S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Personalised Solutions within Engaged, Inclusive and Accepting Communities.
Ross Phillips Philip Grady
This paper will present a service initiative piloted in CMDHB called the Community Living Service (CLS). The focus of the presentation will concern the aspect of service delivery that pursues active approaches to community capacity building. A key emphasis of CLS concerns the building of naturalised supports for people with mental health experiences. This has required a concerted attempt at service delivery that enhances people's engagement with their local communities. A feature of the service is the focus it places on assisting people to become an active participant within their local communities and on enabling those communities to become responsible and accepting of the care for people with mental health experiences. The primary aim of the presentation is to share our learning's about the challenges and issues faced when trying to promote socially inclusive mental health services, and to share our learning's about the successful strategies and outcomes of doing such. We hope to inspire others to take up the challenge of promoting social inclusion via their services and also hope to provide some direction concerning what we perceive as the necessary ingredients to achieving this. Learning objectives:1. People will learn of a number of strategies that services could use to begin to promote increased experiences of social inclusion.2. People will consider the implication that a focus on social inclusion has on mental health services and services delivery - particularly in relation to existing service models that perpetuate social exclusion.

S81 Consumer and Community Participation
2/09/2005 From: 1030 To: 1230 Venue: Meeting Room 4 & 5
Brief Papers 10 minutes: Consumer Participation: Does it make a difference to the quality of mental health services?
Vera Hempel Judy Sellen
A literature review was carried out to determine whether consumer participation in mental health service delivery results in a change in the quality of services provided. Several important issues emerged; Routine consumer satisfaction surveys are not always a reliable source of information about relevant issues for consumers. The model of service delivery was identified as having considerable impact on whether collaborative relationships between service providers and consumers could be established. A more client focused and individualized approach to service delivery was identified as being integral to improving outcomes for consumers. As the level of consumer participation increases and becomes more formalized in mental health services more appropriate or focused methodology is required to determine the effect of that participation. Keywords: Consumer participation, Mental Health, Quality. Learning Objectives: 1. Develop an understanding of the part consumer participation plays in recovery. 2. Identify components of mental health service delivery that have a significant impact on outcomes.

S82 Work and Recreation
2/09/2005 From: 1030 To: 1230 Venue: Room 10
Paper 20 Minutes: Enabling people with psychiatric disabilities to work: what works?
David Warwick Juriansz Ellie Fossey Carol Harvey
Many mental health consumers desire real opportunities for work, but over 70% are unemployed, with most not having access to vocational rehabilitation (SANE Australia,
2003). In 2005, the Federal Government proposes to overhaul of the Disability Support Pension (DSP) to create more ‘incentive’ for people on DSP to return to work, but taking away financial security does not create work opportunities or support to enable people with psychiatric disabilities get and maintain employment. What else is needed? Supported employment is described as an evidence-based approach to vocational rehabilitation for people with psychiatric disabilities, based largely on the development of ‘place-and-train’ approach, known as Individual Placement and Support (IPS) (Bond, 2004). It emphasises rapid search, job placement and on-the-job support. The accumulating evidence points to the ‘place-and-train’ approach as being more effective than alternative approaches, such as prevocational training, for achieving competitive employment. Limited job tenure, high drop out rates and limited job options beyond entry-level positions are still of concern. This presentation will review the supported employment literature outlining the essential ingredients of the most successful programs internationally and their implications for improving real work opportunities for people with psychiatric disabilities in Australia.

Learning objectives: 1. Audience members will gain an understanding of the evidence base for a range approaches to vocational rehabilitation for people with psychiatric disabilities and the practices that differentiate them. 2. This presentation holds relevance for people wanting to develop evidence-based services that enable people with psychiatric disabilities to get and maintain employment.


S82 Work and Recreation
2/09/2005 From: 1030 To: 1230 Venue: Room 10
Anita Kenyon Mark Boyce Martin McAnoy
The Horizon Social Club is an outstanding and award winning example of community integration. Initiated by consumers, the Horizons Club is driven by a consumer management committee in partnership with the Lyell McEwin Health Services Volunteer Association. The Horizon Social Club aims to enhance participant's sense of belonging and role within the community by providing weekend activities in a supportive social setting. The activities create opportunities for adults who experience mental illness, to meet new people, develop supportive friendships and enjoy community activities. The Horizon Social Club formed due to a gap in mental health services and community organizations. The Horizon Social Club has existed for five years and its membership is increasing rapidly (90 members) as community organizations and word of mouth has raised its community profile as an innovative and valuable Club in meeting the need of socialization for people with a mental illness. This paper will outline the collaborative processes and underlying principles used to address consumer needs for access to weekend recreational activities options. It will describe challenges and achievements in providing consumer managed services. The audience will gain an understanding of the processes that have enabled community integration, breaking down barriers created by stigma where consumers provide recreational services for adults with a mental illness and the local community. Learning Objectives: 1. The audience will gain an understanding of the principles and processes used in developing and sustaining a consumer managed, recreational program that promotes community integration. The audience will gain an understanding of the processes that have enabled community integration, breaking down barriers created by stigma where consumers provide recreational services for adults with a mental illness and the local community. The audience will gain an understanding of processes in coordination and managing a consumer run program that includes issues such as: incorporation and auspicing. The audience will gain an understanding of benefits of the Horizons program as described by the members. 2. Consumer initiatives improve the quality of life for people with mental illness by providing increased opportunities for leisure activities (Cameran, Edmonds, Greatley and Morris 2003). Building social networks, a sense of partnership and trust for a group of people with similar background and needs builds social capital which not only benefits the person with a mental illness and their families but also the...
community as a whole. It is internationally recognized that people who have experienced a mental illness and work alongside people in the process of recovery assist with fostering hope, providing a unique and empathic perspective. (Davidson et al 1999).

References:

S82 Work and Recreation
2/09/2005 From: 1030 To: 1230 Venue: Room 10
Paper 20 Minutes: MARS Workplace Agreement 2004, the use of a legal productivity based wage system in vocational rehabilitation.
Geooff Craig
MARS Inc was established by Ryde Community Mental Health Service in 1988. It currently operates Cornucopia Café and Cornucopia Native Nursery on the Old Gladesville Hospital site and Mars Garden Maintenance across northern Sydney. It employs up to sixty people in a given week and has a turnover in the order of $350,000 p.a.. Until this year award wages have been paid to MARS workers. This set a high standard for entry into our workforce and a great deal of pressure on supervisors. The Workplace Agreement has had a great number of benefits and fits well into the Recovery philosophy. Learning Objectives: 1. Learn how an assessment system can be developed from National Competencies, and how this can encourage the growth of skill and self esteem rewarded by the recognition of increased wages. 2. Participating in work and the development of workplace skills are an important pathway to recovery in a community mental health context.

S82 Work and Recreation
2/09/2005 From: 1030 To: 1230 Venue: Room 10
Paper 20 Minutes: Bowling for Mental Health.
Kevan Myers Karen Smith
Aims of presentation This presentation will explore the issues, benefits and experiences of a regular group organized in collaboration between a PDRS, MSTS and a local Lawn Bowls Club. The Group was originally set in motion as a short term venture between a local PDRS called Mosaic and Auburn Lawn Bowls Club. During the early stages a number of consumers who had been receiving MSTS outreach were introduced to the group. This group of consumers had difficulty engaging in community activities and needed ongoing MSTS participation/support to maintain involvement in the group. Over the past period there has been a push towards a separation of clinical and non-clinical roles to the point were involvement in recreational programs by highly paid mental health clinicians is deemed a luxury. We aim to show that in a variety of ways consumers and clinicians have benefited from long-term participation by mental health clinicians Furthermore the presentation will look at the group from the perspective of all participants and draw out their observations. Concluding statement Partnerships not separation gets achieves better outcomes. Learning Objectives: 1. The audience will gain an appreciation of the benefits of active clinical involvement in recreational activities. This is counter to the believe that there is a clear separation of the clinical role from so called non-clinical activities. 2. By gaining an understanding of the benefits of the collaboration between clinical and non-clinical services and consumers, audience members will have the opportunity to address similar issues within their organizations. References: Argyris, C and Schon, D (1978) Theory in Practice: Increasing Professional effectiveness. Jossey Bass, San Francisco. Health and Community Services, (1995) Mobile Support and Treatment Services: Guidelines for Provision. Health and Community Services Promotions Unit Victoria.
S83  From isolation to Better Rural Mental Health Services
2/09/2005  From: 1030 To: 1230  Venue: Room 11
Paper 20 Minutes:  Rural Psychiatry professional development-Getting the learning modes and model right!
Brian Kelly  Jennifer Lee Grosvenor  Bryan Hoolahan
This project, funded under the Support Scheme for Rural Specialists (SSRS), was a joint initiative of the Commonwealth Department of Health and Aging and the Committee of the Presidents of Medical Colleges. The project aimed to provide rural and remote psychiatrists with an opportunity to identify and discuss clinical issues and situations in case-based workshops with a panel of rural sub-specialists (i.e. sub-specialist Psychiatrists, a General Practitioner and an Emergency physician). The program focussed on emergency psychiatry as it relates to Child and Adolescents Psychiatry and Psychogeriatrics. A ‘teams of two’ type approach (NSW Health, 2003) was promoted to support service integration and to encourage networking between rural psychiatrists and other medical colleagues who share the same 'client pool'. The shift towards more integrated and collaborative practice and learning initiatives that link specialist education and rural primary care is intuitively appealing and is strongly supported by the literature (Judd et al, 2004., Lau, T., Kumar, S., Thomas, D, 2002. McNair, R., Brown, R., Stone, N., Sims, J., 2001). An asynchronous web based discussion forum and consultation liaison was also built into project model for an extended period to encourage the formation of rural psychiatry networks. This paper focuses on the findings from pre/post program surveys about the outreach education delivery modes and learning model used for the project. Learning objectives:1. To have an increased understanding about the learning modes and models used for psychiatry continuing education in the rural and remote context. 2. To have an increased understanding about the participating psychiatrist's perceptions of the modes and the model used for the project.

S83  From isolation to Better Rural Mental Health Services
2/09/2005  From: 1030 To: 1230  Venue: Room 11
Paper 20 Minutes:  From Rural Isolation to Community Connection - The Story of the Deni MHAG group.
Bill Hearn  Lourene Liebengerg
Conceived at a Rotary Community Mental Health Forum in 2003 the Deniliquin Mental Health Awareness Group (Deni MHAG) has become a vocal and integral part of this rural community. Focussing on increasing awareness of mental health issues through events celebrated in the community, and on providing linkages and advocacy for those in the community experiencing mental illness, the Deni MHAG group, and a subsequent Drop-In Group ( DIG), has been successful in decreasing isolation, enhancing access to resources (in a region that experiences 'cross-border' issues), increasing overall awareness and developing communities. This session will tell the journey of this group, the challenges faced in keeping the momentum, and supporting it's members, and the group's impact on the mental health services in Deniliquin. It well tell the story of what happens in a community when individual's sense of worth are recognised and how friendships and trust built in a supported environment has enabled members of the group to move forward on their own journey of personal growth, with enhanced mental and physical health. How exactly did this group, made up of isolated members, with limited access to resources and service provision, in a town of only 8000 people and 100s of kilometres from the locus of decision making, change the landscape of mental health awareness and services? Learning objectives:1.People will learn how small beginnings, dedication and perseverance can change the face of mental health services in a rural town. This session outlines how consumers have contributed to, and have taken responsibility for their own mental health, and personal growth, despite limited mental health services in an isolated rural area. This community building approach to mental health can be applied in any community, large or small. References: Brooks, M. (2004), Beyond the Divide -Women's Experiences in Rural Victorian psychiatric rehabilitation services, Vicserv, Melbourne.McCashen, W (2004) Communities of Hope, Innovative Resources, Bendigo.
Approximately 30 per cent of Australians live in rural and remote Australia. While the prevalence of depression is similar across rural and metropolitan communities, suicide rates are significantly higher in rural areas (1). Rural people with depression face special challenges due to isolation and difficulty accessing services. This presentation will outline recent research undertaken by beyondblue: the national depression initiative. Our research shows that rural communities have a poor knowledge of depression and a high level of stigma associated with depression. This may account for the significantly lower likelihood of rural Australians seeking help for the symptoms of depression (1) and the concomitantly higher suicide rates. Research funded by beyondblue also shows that farmers, an important rural subgroup, do not use the term 'depression' or report symptoms of depression, but they do discuss issues in terms of 'stress', such as drought and relationships. This has important implications for those who deal with depression and related issues in the rural and remote population. beyondblue's strategies to tackle these issues over the next five years will also be described. Learning Objectives: To understand the special issues faced by rural Australians with depression and related disorders. To show that targeted messages using specific language are required for successful mental health programs in rural Australia. References: Caldwell, T.M., Jorm, A.F. and Dear, K.G.B. (2004) Suicide and mental health in rural, remote and metropolitan areas in Australia. Medical Journal of Australia, 181 (7) S10 S14.

Access to mental health services in rural NSW can be difficult. Lyndarra is a psychosocial educational unit operated by Greater Western Area Health Service for clients with anxiety and/or depression. It is located 18 kms from Dubbo NSW in a rural setting, and accepts residential clients from around the state and local day clients. The 5-week program, based on Cognitive Behaviour Therapy, was developed by clinicians on site. Three studies were conducted to examine the effectiveness of the program. Pre- and post-test scores for 300 clients showed a mean reduction in depression and anxiety from the severe range to the normal range on both anxiety and depression on the Depression, Anxiety and Stress Scale. Follow-up testing of 66 clients at 3, 6 and 12 months after discharge suggested that the program has long term benefits. A client satisfaction survey indicated that clients find both the group and individual counselling sessions helpful. Therefore it appears that the Lyndarra Program is an effective program for treating depression and anxiety, and that it is possible to run such a program in a rural area for the benefit of clients from around the state. Learning objectives: 1. At the end of this session, participants will be able to give an outline of the Lyndarra Program to consumers, caregivers or service providers. 2. Participants will be able to identify how Lyndarra has overcome some of the barriers to providing mental health services to rural and remote consumers. References: Rickwood, D.(2004). Pathways of Recovery: Preventing Relapse: A discussion paper on the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness. Canberra: Department of Health and Ageing. Teasdale, J.D., Scott J., Moore, R.G., et al.(2001) How does cognitive therapy prevent relapse in residual depression? Evidence from a controlled trial. Journal of Consulting and Clinical Psychology, 69(3). 347-357.
S84 Staying Fit with a Mental Illness
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 1
Paper 20 Minutes: Promoting positive partnerships and mental health and wellbeing through leisure and recreation in the community.
Liz Kelly  Jenny Connolly
The Yakkalla social & recreation program (YRP) delivers a range of leisure and recreational activities five days a week for mental consumers with in the local community setting. YRP is the culmination of a joint partnership formed between Central Coast ARAFMI/Central Coast Health - division of Mental Health. Following months of collaborative consultation and planning by both organisations, these services formed an agreement to establish an innovative recreation program for consumers of mental health in a community based setting. The service is facilitated by an enthusiastic team of non clinical staff from both organisations who are responsible for the day to day management of the YRP. All this is undertaken in a caring, relaxed and supportive environment which offers consumers the opportunity to take control of their mental wellbeing by fostering growth in personal, social and educational development. There is also scope for the consumer to mainstream these skills into the wider community. Most importantly, YRP is structured on participation by the key stakeholders allowing consumer to consult on how YRP can best serve their need. Learning Objectives: 1. This presentation will show the audience how the YRP operates and the benefits this award winning service has provided in promoting mental wellbeing to consumers accessing the varied activities on offer; 2. Participants will also gain a better understanding of how delivery of quality mental health services can be enhanced by positive partnerships.

S84 Staying Fit with a Mental Illness
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 1
Paper 20 Minutes: Walking Groups To Improve Physical Health In Psychiatric Community Care Units.
Susan Brown  Jacqueline Combes
People with a mental illness have a 2.9 times greater mortality rate from natural causes than the general population, mainly attributable to cardiovascular disease. They have a higher prevalence of risk factors for cardiovascular disease and 2-3 times greater risk of obesity than the general population. These factors are particularly pronounced in residents living in Psychiatric Community Care Units (CCU). The CCU at Peninsula Health, Victoria conducted a study to examine the effects of a structured walking program on cardiovascular fitness and weight in residents of a CCU. The program was based on the Rockport Walking Test and utilised measures such as Body Mass Index (BMI), VO2max and satisfaction surveys. The aims of the presentation are to: Outline the methodology and implementation of the walking program, and review study results; Look at the potential secondary benefits of a walking program; Demonstrate how a walking program can be effectively included in psychiatric rehabilitation programs to improve participant’s physical health. The presentation will demonstrate that a walking program can be successfully incorporated into a CCU program and may help with weight stabilisation in a population where weight gain is prevalent and improve the cardiovascular health of these residents. The paper will provide one option for addressing this issue. Learning Objectives: 1. The audience will learn how a walking program implemented in a residential rehabilitation program for people with a psychiatric illness can help to improve their physical health. 2. The generally poor physical health of people with a psychiatric illness is a major concern, which mental health services need to address. References: Lambert JR, Velakoulis D, Pantelis C. Medical comorbidity in schizophrenia. Medical Journal of Australia 2003; 178: S67-S70; Wilmore, J.H. & Costill, D.L. Physiology of Sports and Exercise. Human Kinetics 1994

S84 Staying Fit with a Mental Illness
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 1
Paper 20 Minutes: Getting to know you, letting you get to know me.
Phillipa-Jane Hall  Kath Rose Warne
The report 'Somewhere to Call Home' conducted by the Department of Human Services in 2002 highlighted the very poor health status of people living in Supported Residential Facilities (SRFs). In response to this report the Department of Health and Department of Families & Communities funded the SRF Project which allocated funding for the provision of a range of Allied Health Services and services from Non-Government Organisations. The aim of the project being to ensure people living within SRFs enjoy the same access to mainstream health services and other local community based services as we all do and to improve their overall health status. To this end, we at Inner Southern Community Health Service have developed and are in the process of developing a range of 'Health Clubs' aimed specifically at enhancing and improving people's emotional, social and physical well-being. This workshop will focus on the 'Gentle Activities Health Club' which has been running for over 3 months now with a core group of 15 men and women. The Club runs weekly for 1 1/2 hours and combines a biographical-emotional-social component followed by a gently physical activities program. Each person has their own 'Health Passport' to measure physical effectiveness. Emotional-socio effectiveness is harder to measure and this will be discussed within the workshop. The workshop will be client-centred, practical and experiential, including a range of activities designed to help workshop participants become involved in how the Health Club is actually run. The workshop will also provide ample opportunities for the exchange of ideas and information and will be a blend of fun and in-depth sharing of what we do in our Gentle Activities Health Club. Learning Objectives: 1. People attending this workshop will learn/reconnect with core ways of working with people, specifically those with mental illness such as:- Keeping things simple. Being there consistently- Using a blend of lightness and in-depthness- Always remembering 'There But For The Grace Of God Go I'. 2. This workshop is relevant to mental health services and issues by remembering that group services can be particularly helpful in terms of reconnecting people with others in a meaningful way. In addition physical activity is recommended for everyone, especially where mental well-being issues such as depression, low self-esteem and poor motivation significantly intrude on a person's life. This Health Club is engaging people who previously had little opportunity or motivation to increase their physical activity and emotional-socio well being.

S84 Staying Fit with a Mental Illness  
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 1  
Paper 20 Minutes: Healthy Active Lifestyle Program in a Community Organisation  
Melanie Sennett David Underwood Micheal Connor  
This symposium will demonstrate how easy it is to implement a healthy active lifestyle program into a community organisation. In particular it will address how members of Stepping Stone Clubhouse indentified the need to do something about their physical health. After the need was indentified a plan was developed of how there are minor changes that can be made in one's life that will assist with physical well being. One part of the Healthy Active Lifestyle Program includes an 8 week Weight Management Program that is being run by members and staff together. The symposium will discuss what is involved and outcomes of the program. Learning Objectives: 1. To demonstrate the need for people with a mental illness to address physical health issues, such as eating, fitness and substance abuse issues. 2. To demonstrate that there are easy changes an community organisation and individuals can make to address physical health concerns. References: Berren., M., Hill, K., Menkle, E., Gonzales, N & Snatiagon, J (1994). Serious mental illness and mortality rates. Hospital and Community Psychiatry, 45, 604-605. Bradley, K., Pelletier, J., Rettig, M., McKay, C. & Johnsen, M. (2003) Developing a structured physical exercise program for clubhouse members: The Genesis Wellness Project. Clubhouse Community Journal.

S85 Many Cultural Perspectives  
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2  
Brief Papers 10 minutes: Te Roopu.  
Kamilla Dave Juanita Hennings
Kia Ora (Hello) is a traditional Maori greeting. The bond between human and culture has been established since stone age. Richmond Fellowship, NZ is one of the leading Mental Health Service providers, who always tries to encourage and establish traditional culture as part of healing in mental health. In Tauranga, a team of six members formed a roopu (group). Their focus being on the cultural needs of tangata whaiora (people seeking wellness). A house was allocated to them, which they developed into a model of a marae (meeting house) with Maori art and artefacts. They named it "Te Whare Ora O Te Rongopai" (House of Wellness). It enables tangata whaiora to continue with their own culture, terms and values. According to Maori culture and marae tradition, any activity or gathering begins with a karakia (prayer), this is spiritual food for the soul. Karakia is normally followed by speeches and waiata (songs), which forms a spiritual bridge called kotahitanga (oneness). After the meeting, kai (food) is shared together, another significant traditional social activity practised by Maori culture. This paper will provide the basic tools in understanding the necessity of cultural acknowledgement within a Mental Health Service. Learning Objectives: 1. How cultural activities can play a major and effective role in consumer recovery. 2. How access to a roopu proves to be a vital link for tangata whaiora within a mental health service.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Brief Papers 10 minutes: Griffith Mental Health Week Expo.
Tony Plisek Kerrie Dissegna
The aim of this presentation is to highlight a weeklong mental health expo that was held during 2003 and also discuss how the value of partnerships played a pivotal role in promoting the success of the expo. The expo was organised by Western Riverina Community Care, Griffith Consumer Advisory Group & NSW Consumer Advisory Group Mental Health Inc. Griffith is in the southwest of NSW and is part of the old Greater Murray Area Health Service (GMAHS). It services an area of 18,269sq km with a population of 33,218. The 2003 expo consisted of an art show and a one day forum which created an opportunity to bring people together for valued, non-threatening, honest and open discussions. It is through activities such as the mental health expo that meaningful partnerships can be developed. These partnerships form a ground swell of support from government and non-government community based organisations and the community in general that show people how they can be productively involved in mental health activities. Learning Objectives: 1. The audience will learn from the organisations involved in this process how they can support the community with mental health activities and promotion of the same. 2. This topic is relevant to mental health because it covers issues for rural and remote communities being involved in mental health activities and normalising mental health issues through promotion. References: Australian Health Ministers (1991) Mental Health Statement of Rights and Responsibilities, Report of the Mental Health Consumer Outcomes Taskforce, AGPS, Canberra. Commonwealth Department of Health and Aged Care (2000a) National Action Plan for Promotion, Prevention and Early Intervention for Mental Health, Mental Health and Special Programs Branch, AGPS, Canberra. (2000b) Promotion, Prevention and Early Intervention for Mental Health - A Monograph, Mental Health and Special Programs Branch, AGPS, Canberra Commonwealth Department of Health and Family Services (1996) National Standards for Mental Health Services, AGPS, Canberra.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Brief Papers 10 minutes: Networks and advocacy: working together for better outcomes for people with a mental illness and their carers.
Pam Milliken
People with a mental illness and their carers often experience isolation, particularly when the illness first manifests itself. My son experienced his first psychosis at 21. As a family, we had to overcome a number of challenges including the emotional distress of the psychotic episode and learning to cope with its aftermath; learning about this illness and its implications; but not
least was the exhausting and sometimes bewildering challenge of being an advocate. My experience is that the more effective the advocacy, the better the outcomes for the client - the proviso being that this should be underpinned by the mutual respect of all parties. Networks can be supportive to both carers and clients in this process. They can provide 'a shoulder to cry on', information, guidance and advice. Most of all, they provide hope in recovery. Networks can comprise friends, other family members and community support groups. An example of the latter is the Upper Hume Community Health Service. This paper will outline ways in which networks helped us and encourage other consumers to pursue improved outcomes for the people they care about, as well as demonstrating to mental health workers the appropriateness and benefits of accommodating all stakeholders in their service to clients.

Learning Objectives: 1. To understand the importance of networks for carers and people with a mental illness, particularly in the context of support and advocacy. 2. The importance of accommodating and respecting all stakeholders in the caring network and how this can facilitate improved outcomes for clients.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2

Brief Papers 10 minutes: Aboriginal Ill Health, Social and Emotional Wellbeing.

Theresa Francis Christine Clark

Noarlunga Health Service - Aboriginal & Torres Strait Islander Health Unit, Ill Health, Social and Emotional Wellbeing. The Role of Noarlunga Health Services is to improve the health status of the community of the outer Southern Region, by providing integrated health service, and by advocating for services and social policies that are in the interest of the health and well being of the community and to provide Services for Better Outcomes and Provide Quality of Life. Mission Statement: Noarlunga Health Service's Division of Community and Allied Health are committed to the provision of high quality services that are culturally appropriate, accessible and responsive to community need. These are developed in collaboration with the community and other key partners. Our services embrace and reflect the principles of Primary Health Care including a social view of health and are underpinned by the World Health Organisation (W.H.O.) Ottawa Charter for Health Promotion and Healthy Cities approach.

In July 2004 the Aboriginal & Torres Strait Islander Health Unit working in conjunction with the Division of Mental Health Noarlunga Health Service was successful in obtaining funds to implement a position to employ a Aboriginal Mental Health Worker. The Aboriginal & Torres Strait Islander Health Unit objective is to contribute to the development of a health service and to be accessible and responsive to Aboriginal & Torres Strait Islander people living in the Noarlunga Health Service catchment area through the development of strong partnerships with the focus on early intervention and capacity building. The Aboriginal Mental Health Worker's role is: To provide clinical consultation and support to the Division of Mental Health Noarlunga Health Services clinical teams and to act as an advocate to ensure access to services, contribute towards and participate in the establishment of standards and protocols for effective mental health service delivery, contribute to promotion and prevention strategies, service planning and service delivery to achieve better physical health and wellbeing of Aboriginal people who suffer the effects of marginalization and experience disadvantage. To create an ecological community awareness of the issues concerned with mental health and it's effects and an awareness of the ongoing impact of mental illness and decreased social and emotional well-being on the family and community. What has been achieved to date: The Aboriginal & Torres Strait Islander Health Unit Noarlunga Health Service in 2003 formed a strong link with the Southern Aboriginal Elders in an informal advisory capacity by engaging the Elders in consultation to include their invaluable input into mental health services. The Elders input into mental health services was to include the Indigenous notion of nurturing The subsequently developed nurturing plan will provide support to the client in the Mental health ward by involving the client into arts and crafts activities (that is, culturally relevant expressive arts therapy); the presence of the elder in the ward who can interact with the client e.g.; have a cup of tea with and to yarn. Using a Primary Health Care philosophy the Aboriginal mental Health worker continues to facilitate the Aboriginal community to access
the services within the Division of Mental Health Noarlunga Health Service by: Conducting home visits with the divisional clinical teams to ensure that the mental health issues are delivered in a culturally appropriate manner; Providing outreach support to clients who have been discharged and providing follow up to ensure safety plans and support including a management plan are in place. The Aboriginal Mental Health worker has also contributed to the professional development of the Non-Indigenous workers in mental health services, by articulating Indigenous understanding of mental health; spiritual, social and emotional wellbeing; physical health and community health and the links between them.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Brief Papers 10 minutes: Partnerships in Carer Training & Education to Include Cultural Diversity.
Patricia Berrutti
Sydney South West Carer Information & Support Services has been providing carer education to Mental Health Carers in South Western Sydney for over 4 years. Many Culturally Diverse Carers have attended these courses, namely 14 Principles of Coping for families caring for a person with Mental Health issues 8 Stages of Healing - to heal impact of Mental Illness for the whole family Seasons for Growth (Loss, Grief and Change) Livingworks - suicide intervention especially for MH carers but until recently, these Culturally Diverse Carers have required a certain level of English to participate. Presentation will demonstrate how SSWCISS has expanded these carer education courses to carers in Khmer, Spanish, Greek and Chinese by contracting and training Bilingual Group Leaders from Transcultural Mental Health to assist Patricia Berrutti, Carer Support Officer. Further expansion is planned. The Interpreting Service at Liverpool has been contracted to translate flyers and resource material for 14 Principles, 8 Stages and Seasons for Growth. In December, 2004 courses for culturally diverse carers began in Spanish and Khmer. Chinese courses will occur in April and Greek in June, 2005. Without partnerships, this vision of equal opportunity for culturally diverse communities could not have become a reality. Learning Objectives: Audience will learn benefits of carer education, and how this has been expanded to include culturally diverse carers. What has had to be done to adapt resources and train bilingual workers. Benefits of partnerships for carers and workers. References: Sandra Hoot, Operations Manager, Liverpool/Fairfield Mental Health Service - 0417 044 534 Edward Thomas, Manager, SSW Carer Information & Support Service - 0417 429 657.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Brief Papers 10 minutes: Ahurani Clubhouse - Place of Peace.
Jewella Walls
Ahurani Clubhouse Incorporated staff has consisted entirely of volunteers and has since day one. We are all mental health consumers and carers. Ahurani has no paid professionals on team, but we work closely with the Whyalla Hospital and Health Services, more specifically the Community Mental Health Team. Ahurani Clubhouse is built around the Clubhouse model. The model offers opportunities for individuals to grow in confidence, and through socialization and personal life skill development. People have the choice to participate in programs as much or as little as they wish. We make every effort to offer programs which attendees suggest or work with them to develop an activity. Attendees created their own behavior management policy during a strategic planning meeting. We aim to give as much ownership of the clubhouse as attendees are willing to take. At Ahurani we have a clear focus on mental health. People with additional needs such as physical, intellectual and visual disability also use our unique service. The Ahurani Clubhouse Project has allowed people to grow personally in many ways. The staff continue to develop skills in communication, management, coordination, behavior management and confidence in our own skills. Do not let your mental illness stop you from attaining your goal. Take a lot of small steps which will guide you to success. A Disability only a Disability you Let it Be. Learning Objectives:
Through this presentation we wish to convey that mental illness need not be a restricting factor in the lives of individuals. All people are valuable and have the right to participate in decision making as they see fit in their own lives. This presentation aims to show that people with mental illness can make a difference in their local community with active encouragement and skill building opportunities. Not all services and programs will fit everyone. A variety of approaches is necessary to engage people at their personal level. Relationship building and networking are essential for any service to survive, grow and prosper. Ahurani Clubhouse was specifically set up for a target group of younger people in the community who have mental illness or may be at risk of developing mental illness. We aim to support carers in their role. Many of our clients are in the chronic category. Ahurani Clubhouse provides a nonclinical mental health service which is well supported by the local community and health services. Without a service such as ours many would remain socially isolated and be less likely to participate in society.

S85 Many Cultural Perspectives
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 2
Brief Papers 10 minutes: Carers - Valuing Their Experiences.
Fiona Smart
Sometimes people feel they are the only person who has a friend or family member with a mental illness. But mental illness affects many people in the community. A conference specifically for Carers of people with mental illness was designed to facilitate peer support and information sharing opportunities in our rural community. The aim of this presentation will be to discuss the importance of Carers in our community and recognizing the contribution that Carers make to the lives of our clients and society as a whole. We will share our experience of a carers conference which was held in our rural community. This presentation will discuss the importance of Carers coming together and how their role as a Carer is strengthened by shared experiences. We will discuss the background and reasons for holding this conference in a rural area the aims of the conference the outcomes the future.

S86 Many Perspectives: Work, Education, Community
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Brief Papers 10 minutes: Can I drive? A study of health professionals' knowledge of patients' fitness to drive.
Julie Michelle Rowse Linsey Howie Robin Lovell
Driving a car is an integral part of daily life. Illnesses, including mental illness and their treatments can affect a person's ability to drive safely. When a person has a mental illness or is started on a new medication they should ask, 'can I drive?' At Ballarat Psychiatric Services, 8 medical staff, 15 case managers, and 49 case managed clients completed questionnaires to determine if adequate information about driving and medical conditions was provided to people accessing the service. All medical staff and 93% of case managers reported they could benefit from more information. Seventy-five percent of medical staff reported they were not confident to determine if a person was safe to drive. Half the medical staff and 85% of case managers were not aware of Assessing Fitness to Drive Guidelines (2003). Only 23% of case managed clients had discussed driving with a health professional. To improve knowledge, skills and attitudes of health professionals regarding driving ability associated with medical conditions, staff in-service training and resource kits were offered to all staff. Research is continuing on the effectiveness of the education. This paper highlights the importance of health professionals giving accurate information to clients so they can resume driving safely. Learning Objectives: 1. The audience will learn the importance of knowing that medical conditions can affect a person's ability to drive safely and how to access accurate information in regard to medical conditions and driving. 2. This topic is relevant to mental health services as the needs analysis of the research has shown mental health medical staff, clinicians and consumers lack knowledge about how mental illness can affect a person's ability to drive safely and what to do about it. References: Harris, M., (2000). Psychiatric conditions with

S86 Many Perspectives: Work, Education, Community
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Brief Papers 10 minutes: Workforce Development in Victorian Mental Health: the NEVIL Pilot Project.
Carmel Italiano Ben Thomas
In 2004, the Mental Health Branch of the Department of Human Services in Victoria announced the Workforce Development Project: an initiative aimed at establishing a cluster type approach for the training and education of the public mental health workforce. To this end, ‘clusters’ of mental health services were formed - the North East (NEVIL), the Southern and the North West cluster. The NEVIL cluster incorporates Austin Health, Eastern Health, Forensicare, Goulburn Valley Health and North East Hume and includes CAMHS, Adult & Aged Mental Health Services. This paper will introduce the development and management of the Nevil cluster and describe current and future achievements. The content will refer to the following objectives: To advise THEMHS participants of the learning modules being developed for mental health workers. To inform THEMHS participants of the delivery of these to workers within the cluster. To provide examples of the sharing of professional development activities across the cluster. To reflect on the building of relationships between metro and rural mental health services and provide support/further learning opportunities for rural services. The paper will focus on the ‘Introduction to Mental Health’ course as an example of a collaborative endeavour. The paper will present the program content and why this has been developed. This will provide an example of how this program is contributing to the ongoing development of Victorian mental health services and the mental health workforce. Learning Objectives: 1. The audience will gain an understanding and appreciation of collaboration amongst mental health services and the current challenges and developments in the Victorian Mental Health system. This will provide an example of the opportunities that exist for services to share expertise and for rural services to have increased access to learning. This model can be adapted and shared with other services in the field. 2. The initiative aims to introduce further learning in the mental health services field and reflects the importance of ongoing education and development of mental health workers. While the mental health education sector has developed and evolved, comprehensive orientation of mental health workers has been largely lacking and has been fragmented. The paper will provide an up to date profile of the current developments for mental health workers for the NEVIL cluster that is supported by the Department of Human Services in Victoria.


S86 Many Perspectives: Work, Education, Community
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Brief Papers 10 minutes: Piolet Kaupapa Maori Residential & Community Mental Health.
Mihi Raroa Carole Maraku
Te Menenga Pai Trust Wellington NZ has been delivering services to Turoro (service user) with high needs and challenging behaviours for the past ten years. Previous funding approaches had been declined. Referrals come from a broad range of agencies from Mental Health services, Probation, Prison and Community Services as a last resort for those Turoro who’s needs the mental health system failed to meet. Before funding was made available an extensive review took place by the funding arm Capital & Coast Wellington to look at conceptualising the service, what needed to be taken into consideration was having a flexible approach to service delivery, valued outcomes and a flexible funding approach. The service provides a unique model of care, based on human values, the model is inclusive of māori practices and is reflective of the model Whare Ro Ko Te Aroha which allows for the house
to be the shelter in which each individual's skills are built upon in a fundamental way pertaining to Maori practices. Having funding and a contract brought a whole new dimension to the organisation which created a whole new way of thinking towards meeting legislation, National Mental Health & Health & Disability Standards, and still have the ability to maintain the service delivery to Turoro. Learning Objectives: 1. Having the ability to develop & deliver services from within an Indigenous framework. Whakatataka 1999 He Korowai Oranga. 2. Working together with the funder and auditor to reach a common outcome for Turoro and their families. Te Puawaitanga.

S86 Many Perspectives: Work, Education, Community
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Brief Papers 10 minutes: Treatment Resistive/Incompletely Recovered or Complex?
Mark Salter
This paper will challenge the dismissive notion of the Treatment Resistive or Incompletely Recovered consumer; arguing that whilst the definition is a purely medical one, its common usage is unfortunately much broader, with connotations that are invariably negative and profound. Using a case-study format, this paper will illustrate how consumers with complex needs, labelled as Treatment Resistive, begin to recover when the complexity of their needs are acknowledged and creatively addressed. By viewing other issues, such as accommodation, drug misuse, physical health problems, traumatic histories, distressing relationships with others and with oneself as core issues for treatment rather than as issues that are secondary, or associated, to the real problem of mental illness the Treatment Resistive consumer often begins to respond to the real (drug) treatment. A model as to how this miracle may occur will be proposed. Learning Objectives: 1. The audience will have an opportunity to question the way we conceptualise and treat mental illness, and to go beyond mere lip-service to a truer biopsychosocial model. 2. This paper questions whether assigning some consumers to a ‘can’t fix’ basket, merely reflects the treating systems non-understanding of the problem. References: Pantelis, C. & Lambert T.R. (2003) Managing patients with treatment-resistant schizophrenia. Medical Journal of Australia, 178 (9) Suppl: S62-S66.

S86 Many Perspectives: Work, Education, Community
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3
Brief Papers 10 minutes: A partnership between a consumer group, community mental health services and GPs: collaborative care for people with a chronic mental illness.
Trevor Parry  Don Tustin
The paper describes a partnership project that introduced and evaluated a new system of collaborative care that is recovery focused for adults who have a chronic and severe mental illness. The project was funded after great concern was expressed by the Noarlunga Mental Health Consumer Advisory Group about a proposed change in service delivery towards a shared care model with general practitioners. Consumers feared being discharged to the care of general practitioners because their experience was that there was generally no mental health care from general practitioners, and no history of good communication between the mental health services and general practitioners. The project focused on consumers who raised attitudinal issues because of relapsing illness, and where there were perceived barriers to transferring care. The project produced a successful collaborative model based on four phases of care corresponding to stages of recovery. The success of the partnership and the model of care was evaluated using various measures. The paper will give perspectives from the three partners. Learning objectives: 1. Members of the audience will learn about the attitudinal difficulties that impeded attempts to develop partnerships, and how these were addressed The model of collaborative care will be explained. 2. The project implements a partnership approach as required under the Second National Mental Health Plan. The project describes a method of evaluating a model of community mental health care, including consumer perspectives.
Many Perspectives: Work, Education, Community  
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3  
Brief Papers 10 minutes: A shift in philosophy of care.  
Susie Elizabeth Crooks Roy Alan Brown

For the past four years people with lived experience of recovery have been driving change within Hawkes Bay Mental Health and Addiction services. This has meant a change in focus solely from treatment of disease and deficits to enhancing strengths. When mental health services get it right for consumers we get it right for everyone. We measure progress based on outcomes from a client perspective. Independent collection of feedback from consumers is driving service development. Consumer responsive services; This involves people having the opportunity to express what is important to them, being supported, listened to, and heard in expressing this, and working in partnership to translate this into both what services and supports are provided, and how these are provided. Recovery is 10% good clinical care and 90% support. This means making choices, having personal power and being believed - having the same rights to participate as any other citizen. This power point presentation will highlight some of the challenges and opportunities that have occurred. Hawkes Bay Mental Health and Addiction services were seen to be in crisis and described of as one of the worst services in New Zealand. Now Hawkes Bay is attracting national interest and is seen as a leader and innovator. People once described as having 'chronic long-term problems' with no hope of improvement have been getting well. Key learnings from this paper: That the person experiencing mental illness or addictions is the expert in there own recovery. Recovery is a win win for everyone involved in Mental Health services.

S86  Many Perspectives: Work, Education, Community  
2/09/2005 From: 1030 To: 1230 Venue: Riverbank 3  
Brief Papers 10 minutes: Employment in Day Programs.  
Tina Bourekas Michael Dunphy

Partnership between Mental Illness Fellowship and WCIG (Westgate Community Initiatives Group)How do you introduce employment options in programs when there is no funding available?Increasingly, programs need to be more pro-active in being able to provide options and be able to meet their client group needs.In response to individuals wanting to eventually get back into the workforce organisations increasingly have to turn to developing partnerships with other organisations to address this need.Mental Illness Fellowship approached WCIG employment services and talked about this need. We found that they too had people they were working with that needed extra support which fell outside of their service criteria, and with limited resources, often found that the consequence to the individual was they were not able to find employment.By working together, a number of outcomes have been achieved:Courses within the Day program on pre-vocational skills.Employment issues discussed in safe comfortable environments.WCIG can refer participants to Day Program if assessed as being not eligible for employment.Better more targeted employment options .Services catering/adjusting to participants needs.LearningObjectives:1.Benefits of integrating services to maximize options for individuals.Ways to address issue of employment to consumers in a service system.2.This paper talks to the issue of employment in mental health services and addressing ways in which people with a mental illness can work towards finding employment.

S87 Somali Refugees and their Mental Health  
2/09/2005 From: 1330 To: 1500 Venue: Hall E  
Symposium 1.5 Hrs: Somali Refugees in New Zealand and Mental Health: Theory, Research, Treatment and Practice.  
Pauline Guerin Bernard Guerin Juanita Ryan Fatuma Hussein Elmi

In this Symposium, multiple views about mental health and Somali refugees living in New Zealand will be presented by academics, a mental health practitioner and a Somali woman, health professional and researcher. In the first talk, academics Bernard and Pauline Guerin look at the theoretical issues and an alternative way to looking at what is often considered
mental illness among Somali refugees. Mental health is often said to be social or attributional in origin rather than pathological but few details have been given to think this through (Bentall, 2003). A model is presented to show how some mental illness symptoms can be conceptualized as extensions of normal strategic social behaviour (Guerin, 2004). This has been particularly useful in re-thinking the idea of mental illness for our research with Somali refugee populations (Guerin et al., 2004). The aims of this talk are to show the link between strategic social behaviour and some symptoms of mental illness, how this opens up both diagnosis and treatment, and how it allows the integration of some traditional treatments for mental health symptoms with current treatments. The second presentation is by clinical psychologist and current PhD student, Juanita Ryan, who will explore Somali women's ideas about mental illness and what this means in terms of evaluation and diagnosis by mental health professionals and the implications for treatment of Somali clients. This talk aims to provide some cultural understanding of mental illness for Somali clients. Fatuma Hussein Elmi, a Somali and former refugee, explores the multiple concerns with mental health services from the view of an interpreter and as a member of the community in the third presentation. The aims in this talk are to identify the many factors influencing community interpreters and how these can impact on treatment and community relationships. Suggestions are made for how mental health services can utilize community interpreters more effectively. Finally, in the fourth presentation, Pauline Guerin reflects on the healing process of one community over a number of years through weddings and parties and the embracing of cultural dance, music, and dress. This paper aims to show how community-initiated activities can be therapeutic and discusses how 'westerners' can contribute to the facilitation of this process. The final presentation is by Fatuma Hussein Elmi, a Somali and former refugee, who explores the multiple concerns with mental health services from the view of an interpreter and as a member of the community in the third presentation. The aims of this talk are to identify the many factors influencing community interpreters and how these can impact on treatment and community relationships. Suggestions are made for how mental health services can utilize community interpreters more effectively.

Brief Symposium Plan: Total 90 Minutes

Presentation 1: 20 min + 5 min discussion
Mental illness' symptoms as extensions of strategic social behavior. Bernard Guerin & Pauline Guerin, University of Waikato

Presentation 2: 15 min + 5 min discussion
Going 'walli and having 'jinni': Considerations in the evaluation and treatment of Somali refugees. Juanita Ryan, The Psychology Centre, Fatuma Hussein Elmi, Pauline Guerin & Bernard Guerin University of Waikato

Presentation 3: 15 min + 5 min discussion
Being an interpreter and part of 'the community': An insider's view. Fatuma Hussein Elmi, University of Waikato

Presentation 4: 15 min + 5 min discussion
Weddings and Parties: Cultural Healing Among one community of Somali women. Pauline Guerin & Fatuma Hussein Elmi, University of Waikato

Final 5 min discussion.

Learning Objectives:
1. The audience will learn a framework for analyzing strategic social behavior and how to apply this to symptoms of 'mental illness', as well as how traditional treatments might work.
2. The audience will learn a new way of thinking about the mental health of migrant, indigenous and refugee clients that allows integration with current treatments.

References:

S88 Mental Health Promotion
2/09/2005 From: 1330 To: 1500 Venue: Hall B

Paper 20 Minutes: Mental Health Promotion through the Arts - A story from Oodnadatta.
Diana Murphy Anthony Smith

In August 2002 the Department of Human Services, Country Division funded a Northern & Far Western Regional Health Service pilot, 'Mental Health Promotion through the Arts', initiative in the remote Aboriginal Community of Oodnadatta. This narrative presentation will describe the process of developing a working relationship with the Community, by adhering to Cultural Respect and Protocol and by adopting Community Development Principles. The project is now into it's third year, and the presenter will outline the Community Art activities undertaken during that time, as well as relate valuable learning's achieved during the process. This whole of community approach to Mental Health Promotion invited participation.
from both genders and across the age spectrum to engage in a range of activities including the Inaugural Oodnadatta Youth Ball. As we know, mental health is not just about the absence of illness and this paper will illustrate the positive mental health outcomes of Community Art participation.

**Learning Objectives:**
1. Learn key strategies for improving working relationships with remote communities.
2. That Community Art promotes mental health in a positive, timely and cost effective way.

**Reference:** Deirdre Williams - Creating Social Capital. Published by Community Art Network SA 1996

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**S88 Mental Health Promotion**

**2/09/2005 From: 1330 To: 1500 Venue: Hall B**

**Paper 20 Minutes: The Gathering Tree Community Garden.**

**Kay Simmons Mary Ireland**

The presentation will showcase the journey of The Gathering Tree Community Garden - from the beginning stages in November 2002 where a community garden project was identified as a potential community building activity to now! It will highlight what has worked and how our experience can be utilised as a model for other agency collaborations. The Community Garden is currently situated in the backyard of a South Australian Housing Trust home in Kilburn. The project is a joint initiative between Adelaide Central Community Health Service and Community Mental Health Service, Royal Adelaide Hospital. The Garden's aims and objectives incorporate key elements from The 3rd National Mental Health Plan including the promotion of mental health, increasing service responsiveness by providing increased access to recovery and rehabilitation programs outside of clinical frameworks, strengthening consumer participation and fostering research, innovation and sustainability. The Garden provides an outstanding example of how marginalised and disadvantaged people can be encouraged to participate in community development activities which add to their daily quality of life. This presentation will tell the story of the Garden's evolution, its struggle for survival and the capacity of marginalised communities to make a difference in their local area. Afternoon tea at The Gathering Tree Community Garden, Kilburn.

References:

- Photograph - Source web: http://www.canh.asn.au/community_gardening. Last sourced 04/03/2005 at 4.30pm.

**Learning Objectives:**

- The audience will learn: How community gardens have a positive impact on all people involved - including the workers, mental health consumers and the wider community. About the benefits of using a community development framework to bring together a community project such as this, developing partnerships with ACCHS and CMHS, RAH and what has been involved. About the journey for mental health consumers. 2. Many key reasons - community capacity building, community development, developing partnerships with local community agencies. The benefits for consumers of mental health services AND community members who may have a mental health issue. How we can provide community linkages for mental health consumers. Focus on recovery oriented services.

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**S88 Mental Health Promotion**

**2/09/2005 From: 1330 To: 1500 Venue: Hall B**

**Paper 20 Minutes: Identifying the Language of Art.**

**Carmen Raspor Smitha Jeena**

Everyone has a connection to producing creative activity. Random dots and lines on paper can be identified as an unconscious image-making process. Creativity is a means of personal growth, change, self-understanding and rehabilitation. Art making not only helps uncover one's creative potential but also enhances health and well being. This creative process is integral to art sessions conducted with patients experiencing acute mental illness. In this presentation we discuss a methodology currently used in the Extra Care Unit at the Acute Inpatient Unit of St Vincent's Mental Health Service. Using a group methodology we aim to
explore two approaches to art making: directive (when a task has a specific theme) and non-directive (where there is no specific subject matter). The non-directive approach will be explored through the scribble technique, a spontaneous way of producing art without any pre-conceived notions while the directive approach uses Photolanguage cards to identify conscious expression of a memory or personal experience. The presentation will include case examples of the techniques employed, specifically exploring the issues arising from clients with diverse cultural backgrounds. The examples also demonstrate how the images provide clients with an alternative mode of communication at a time when they may feel less able to voice their experiences. Part of the transformative process of the techniques used is that it allows clients to express unrealised aspects of themselves: often a satisfying and liberating experience.

Learning Objectives: Participants will learn how art is not just a decorative medium but also one that serves specific purposes: to connect with self-understanding, personal growth, self-empowerment, healing and a search for meaning. 2. To a consumer accessing mental health services, the environment of the Extra Care Unit may be seen as restrictive and clinical. The techniques used here are a non-threatening way of reaching out to people in the acute phase of their illness. It encourages spontaneity and creativity, allowing clients to express, explore, confront issues in the safety of a low-stimulus environment.


S89 Intervention for, and experiences of Family/Carers
2/09/2005 From: 1330 To: 1500 Venue: Hall C

Paper 20 Minutes: The Recovery Experience of Mothers of Young Adults with Psychosis.
Verity Russell
Supportive relationships are crucial to facilitate recovery following an episode of psychosis (Anthony, 1993; Ridgway, 2001). The aim of this presentation is to discuss the findings of a qualitative research study, which explored the recovery experience of nine mothers who were providing support to their young adult child with psychosis. First, there will be a brief introduction to the recovery movement in the field of mental health and a summary of the research methods adopted for this particular study. Following this, the three major themes that emerged from the study will be introduced: The Lived Experiences of Mothers, Utilising Resources and Support and Recovery. The findings of this study led to the development of a proposed model of the recovery process, which identifies four stages that the mothers in this study experienced as part of recovery: distress, management, mastery and disengagement. This model illustrates the development of the mothers’ role through the course of recovery, and the resources they utilise at different stages. This model of recovery has the potential to assist health professionals to address the needs of family members during the different stages of the recovery process. Learning Objectives: 1. Delegates attending this presentation will gain an insight into the experience of being both mother and carer for a young person with psychosis. 2. By understanding recovery from the perspective of mothers, mental health workers will have a greater awareness of the needs of family members of young people with psychosis during different stages of the recovery process. References: Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health services system in the 1990s. Psychosocial Rehabilitation Journal, 16(4), 11-23. Ridgway, P. (2001). Restorying psychiatric disability: Learning from first person recovery narratives. Psychiatric Rehabilitation Journal, 24(4), 335-343.

S89 Intervention for, and experiences of Family/Carers
2/09/2005 From: 1330 To: 1500 Venue: Hall C

Paper 20 Minutes: The Integration of Carer Education and Respite.
Kirk Ratcliff  Dee McAtee
The Mental Illness Fellowship is Victoria's leading membership-based not-for-profit organisation working with people with mental illness, their families and friends to improve their well being. The organisation was established by family members of people with schizophrenia. It is well documented that families bare a substantial degree of burden of mental illness and also lack social support (See Lukens and McFarlane, 2002, for summary). As the organisation has grown it has maintained its awareness of the burden on families and the need to provide support to carers. The organization has been providing family education and respite for many years. Well-Ways is a multifamily carer education and support program. There is now clear evidence of the efficacy of multifamily groups delivered in clinical settings (see McFarlane, 2002). We have promising preliminary findings for our Well-Ways course delivered in a community setting. The Integration of Carer Education and Respite Project (ICER) aims to provide a combination of Well-Ways and Respite Options. The Project will examine the effect of these services on the well-being of both carers and people with a mental illness. Learning Objectives: 1. An understanding of issues impacting on families and how these are influenced by carer education. An awareness of the proposed study which aims to rigorously and empirically evaluate the integration of carer education and respite. 2. There are mental health issues for all members of a family touched by mental illness. Mental health services are in a prime position to channel information regarding family support resources and encourage the development of family sensitive practice. References: Lukens EP. & McFarlane WR., Families, Social Networks and Schizophrenia. In McFarlane WR, ed. Multifamily Groups in the Treatment of Severe Psychiatric Disorders. New York: The Gilford Press, 2002. McFarlane WR. The Therapeutic Social Network: A Healing Community. In McFarlane WR, ed. Multifamily Groups in the Treatment of Severe Psychiatric Disorders. New York: The Gilford Press, 2002.

S90 Workforce Development
2/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2

Paper 20 Minutes: Community Aged Care Workers & Older Adults with Mental Health Issues: Training One to Work with the Other.
Paul Kemp   Trevor Parry

This paper describes an effective model of collaborative mental health awareness training for community aged care workers. It was recognized that a need existed to enhance the ability of community aged care workers to provide effective services to older adults with mental health issues. Following an initial consultation forum involving Southern Mental Health Services for Older People (SMHSFOP) and a number of Aged Care community agencies working in the Southern metropolitan region of Adelaide, an interactive, adult-learning model was developed. The model comprised of presentations from a SMHSFOP clinical staff member, a consumer, a community aged care service provider, and a general practitioner, as well as scenario and solution-focused discussion groups. Positive feedback was received from care workers who completed the training, with comments indicating improved knowledge to manage 'real-life' situations. This model was demonstrated to be successful in enabling the care workers to provide more effective services to clients with mental health issues, via increased confidence, knowledge base and skills. Additional benefits of the training were further expansions of collaborative partnerships between SMHSFOP, Aged Care community agencies, and the Southern Division of General Practice. Options are currently being explored regarding the ongoing sustainability of this training model. Learning Objectives: 1. The development and success of an unfunded collaborative approach to non-clinical mental health awareness training for aged care community workers. The benefits of an interactive scenario and solution focused approach to care worker training pertaining to mental health issues in older adults. 2. An integral component of the training is improved aged care community service provision to older adults with mental health issues. The partnership approach and primary health care focus are in keeping with the principles of the Third National Mental Health Plan. References: Secker, J. & Hill, K. (2002). Mental health training and development needs of community agency staff. Health & Social Care in the Community.
The effectiveness of frontline workers through a model mental health training program. Community Mental Health Journal, 32 (4), 363 - 70.

S90 Workforce Development
2/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2
Michael McCabe Rosie Howson Virginia Slattery

Nunkuwarrin Yunti, the Aboriginal Community Controlled Health Service of Adelaide, developed and delivers the Diploma of Narrative Approaches for Aboriginal People. Narrative Therapy is a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives and explores the contribution social, political and cultural contexts make to the development of individual, family and community experience. The Narrative approach takes for granted that people have many skills, competencies, beliefs, values, commitments and abilities that can assist them to change their relationship with dominant problems in their lives through reconnecting with preferred stories about themselves and others. This is critical in an Australian society that has long been mostly active in developing unhelpful and destructive stories about Indigenous people resulting in a sorry history of social exclusion and marginalisation of Indigenous experience and autonomy in personal and social affairs.

The Regional Centre Program also facilitates quarterly workshops for Bringing Them Home counsellors employed predominantly within Aboriginal Community Controlled Health Services throughout South Australia, and engages in other activities to support service linkage and collaboration. People attending this workshop will gain a better understanding of applied inclusive practice in developing workforce training and support initiatives shaped by an Aboriginal Community Controlled context. This in turn may assist participants to reaffirm or reorientate their practice to allow for more inclusive engagement with Aboriginal people and organisations, in order to build more accountable responses to enhance social and emotional wellbeing.

S90 Workforce Development
2/09/2005 From: 1330 To: 1500 Venue: Meeting Room 1 & 2
Paper 20 Minutes: Is there a Career Pathway for the Addictions Workforce?
Karla Bergquist Jenny Boyle

In 2001 Practitioner Competencies were developed for Alcohol and Drug Workers in Aotearoa - New Zealand. The purpose was to provide a means towards establishing a more credible, professional workforce and to enhance the quality of services. It was also intended to encourage cohesion in the sector, support performance management and aid recruitment. Consequently Registration Criteria based on the Practitioner Competencies have been developed. This has been used to define the level of qualification required for eligibility for Practitioner Registration. This initiative has been widely supported in the AOD sector by workers and employers as a positive step in the development of the workforce. However, questions remain about the significant non-clinical workforce who may have entered their roles through their lived experience of addiction and may not have any formal qualifications. How can their contribution be acknowledged and supported? This paper will consider career pathways in the addictions sector that compliment the continuum of service provision. It will describe training and development activity that uses the Competency Framework and is readily accessible for smaller organisations and workers who do not necessarily aspire to a post graduate level qualification.

Learning Objectives: 1. Participants will learn about workforce development initiatives that strengthen career pathways for addictions workers in the Northern Region of New Zealand. 2. Participants will increase their understanding of the complex issues related to workforce development in Mental Health and Addictions service provision and the importance of making it a key priority in service planning.

References: Alcohol Advisory Council of New Zealand (2001). Practitioner Competencies for Alcohol and Drug Workers in Aotearoa - New Zealand. Wellington: Alcohol Advisory...
S91  Care-Full Institutions
2/09/2005  From: 1330 To: 1500  Venue: Meeting Room 4 & 5
Paper 20 Minutes:  The Parameters Necessary for Macquarie Hospital’s (MQE) Inpatient Psychiatric Rehabilitation Wards’ and Day Centres’ Services to be Able to Restore Patients’ Community Tenure.
Ilija Kljajic  Jan Delahunty
Social rejection includes admissions to psychiatric hospitals1 where the mission must be to empower patients to recover community tenure 2, a necessary first step for social inclusion. Community tenure was measured by successful discharges i.e. without unplanned rehabilitation ward readmissions within 12 months. At THEMHS 1994, MQE reported an unplanned readmission rate of 8%, with minimal inpatient lengths of stay 2. These successful outcomes have been maintained to date for both fast and slow stream inpatients. Other institutions have since reported similar successes, allowing clarification of the required substrates of successful discharge: (i) individually tailored lengths of inpatient stay, (ii) concurrent exposure to multidisciplinary ward treatments and several day centres' programs, (iii) medication, (iv) collaboration with community services to plan discharge and to ensure follow up, and (v) managing unsuccessful discharges with successive readmissions until the last discharge was successful. Psychiatric hospitals of MQE's size retain the capacity to deliver quality evidence based treatments to the above format, and to function as specialist tertiary referral agencies supporting community case managers in their application of the preferred treatment option of 'community management of psychiatric issues'. Their devolution risks creating the very consequences for seriously dysfunctional psychiatric clientele that 'deinstitutionalization' attempted to eliminate1. Learning Objectives:1. Attendees will learn the role of psychiatric hospital admission within the generally accepted preferred treatment option of 'community management of psychiatric issues'. They will learn what the MQE model of treating admissions for psychiatric rehabilitation is, and that the treatments that make up the model are researched, validated and outcome based. This model provides a management option for community case managers to assist them in managing the recovery of their patients’ community tenure. The latter is a prerequisite for the social inclusion of patients. Psychiatric hospital admission continues to be viewed as archaic and punitive, and as a 'default' consequence of the 'failure' of the community treatment principle. In addition, and perhaps as a consequence, the budgets and resourcing of psychiatric hospitals are under constant threat. This paper presents the alternate view of psychiatric admission as just another legitimate and ethical first line treatment option available to community case managers in their application of the community treatment principle. The substantive waiting list of referrals for inpatient psychiatric rehabilitation at MQE shows an 'applied' acceptance of this view. The wider conceptual and emotive acceptance of this alternate view would remove the stigma of 'failure' for patients and their community carers when an admission needs to take place, and justifies the expenditure on psychiatric hospitals which need to be of MQE's size in order to be able to produce the successes outlined. The reported clinical successes underpin the most humane treatment option available for the management of the most vulnerable psychiatric patients.References: Sharp, DMM, Return to the asylum: the search for clients with enduring mental health problems in Italy (2004) Journal of Psychiatric and Mental Health Nursing, 11, 562 - 568. 2. Kljajic, I and Parikh, Y. Prevention of Institutionalisation in a Stand Alone Psychiatric Hospital. The Fourth Annual Mental Health Services Conference of Australia and New Zealand. Melbourne 1994, p75 - abstract.

S91  Care-Full Institutions
2/09/2005  From: 1330 To: 1500  Venue: Meeting Room 4 & 5
Carol Owens  Joe Knight  Darryl Woodgate  David Tucker
Over the last nine years Queensland has been engaged in an innovative response to relocate up to 300 people with a psychiatric disability who have required more than clinical support to leave long-term mental health facilities and return to the community. A new, unique program named Project 300 was conceived to respond to their needs by adopting a tripartite approach (a ‘three legged stool’) of providing community based mental health services, appropriate housing and disability support. Nine years on, it is now accepted by mental health and psychiatric disability sector workers, policy makers, and other stakeholders that Project 300 has brought (1) a significant decrease in readmissions to hospital; the proportion of people returning to a psychiatric hospital setting (1.4%) compares favourably with overseas studies); (2) self-reported increases in quality of life. The aim of this presentation is to identify the key learnings from Project 300 which are potentially transferable to other jurisdictions in Australia and New Zealand. The success of Project 300 is testimony to the need for adopting a cross-sectoral response by government and community agencies to the needs of individuals with a psychiatric disability to stimulate significant, positive improvements to their quality of life.

Learning Objectives: 1. Participants gain an understanding of key factors present in the successful tripartite approach of Project 300 which have enabled people with psychiatric disability to improve their quality of life. 2. Participants gain an understanding of the mechanics of how the program works (eg. roles and responsibilities of stakeholders, funding model, service approach) to assist consideration of how aspects of the program could be applied in other jurisdictions.


S91 Care-Full Institutions
2/09/2005 From: 1330 To: 1500 Venue: Meeting Room 4 & 5
Paper 20 Minutes: Seven Years Later - how did the brokering model for lifestyle support affect services and consumers in Queensland? Revisiting the 1998 TheMHS paper 'Dabbling in the Dark Side - Trialling the brokerage model - a challenge for the future of mental health'.

Annett Cummings Amanda Makepeace

This session will discuss the impact of a funding policy on service provision. Delegates will be provided with a case study that includes consumer, family and service perspectives. In the 1998 TheMHS conference we presented a critique of a new funding relationship between government, service providers and consumers. That model was part of a deinstitutionalisation program called Project 300. The model included individualised funding for consumers, a brokerage system for distributing funding and the introduction of controlled competition between service providers. The brokerage model separated roles of purchaser and provider and offered consumers greater choice and control of their services. There were concerns that this might create instability for service providers. Seven years later, the sector has evolved. There is no longer a purchaser provider split, some providers have fallen away, and others have grown. This paper examines the way that consumers used their choice and control over the years and the impact on service providers. The paper includes perspectives from some consumers and families on their experience of the funding model. As the Queensland government embarks on a new round of funding reform in the disability sector - we ask ‘are there lessons from Project 300 to be heeded in the future?’ Learning Objectives: 1. Delegates will learn about the impact of a funding policy on service provision. Delegates will understand the impact through hearing a case study that includes consumer, family and service perspectives. 2. The effects of funding policy are felt at the service and consumer level. It is important for services and consumers to have case studies that articulate the flow-on effect of policies in order to understand the potential effects of policy changes. Documents, such as this, form an evidence base from which to argue for new directions in funding policy. References: Makepeace, A. and Griffths, S. (1998) 'Dabbling on the Dark Side - Trialling the brokerage model - a challenge for the future of mental health'. TheMHS conference paper. Meehan, T. (2001) 'The evaluation of Project 300. Queensland University of Technology in collaboration with the University of Queensland, Brisbane. Barringham, N. (2003) A call to take things further: A review of Anam Cara support Service through the eyes of the service user' Anam Cara, Brisbane.
The paper will subject to philosophical, which is to say critical and logical, scrutiny, Cognitivism as a therapeutic ideology recommending the denial of biological perspectives and treatment in favour of short course training in unrelenting perpetual moral effort on the part of the patient. It’s objective is to recommend by contrast the materialistic Hippocratic tradition, commonly misnamed by critics the medical model. The Aim of this paper is to discourage conventional thinking about the treatment of mood disorder and enfranchise more informed choice by consumers of mental health care services. A Hippocratic perspective on mood disorder, one which respects the evolutionary priority of emotion over cognition, would suggest that popular prejudice against medication needs to be a focus of patient education, on the cultural as on the individual level, if the waste of human lives thorough mood disorder is to be alleviated. Learning Objectives: 1. Participants will engage with an alternative materialist perspective on the experience of mood disorder. 2. With billions of dollars being invested in CBT, and the quality of many lives in the balance, scrutiny of the pretensions of CBT to appropriateness as a response to a physiological mental disorder is timely. References: Burns, Dr David MD. Feeling Good: The New Mood Therapy. Lloyd ed Hippocratic Writings. Penguin 1978.

That people suffering from schizophrenia experience difficulties with cognitive functioning, in spite of most commonly presenting with normal range IQ is a phenomenon that was described by both Bleuler & Kraeplin in the earliest days of the study of the psychoses. It took until the 1980s until it became clearer that Executive Functioning (frontal) deficits were particularly prominent in schizophrenia; that is difficulty with attentional shifting and cognitive flexibility, sequencing, planning and strategy formation. Given our understandings about both the structural and functional plasticity (adaptability) of the brain, it is surprising that this knowledge has not led to a rush of activity in directly treating these frontal deficits. This paper will report on a 16 subject, matched sample pilot study of a 44 hour, frontal-executive neurocognitive retraining program trialed at St. Vincent’s Hospital’s CCU. Many of the issues involved in conducting clinical treatment trials in a CCU setting will be discussed, as will be the feedback from the residents who participated. Learning Objectives: 1. The audience will be offered the opportunity to think about what is possible if we think broadly about treatment, will learn about brain retraining therapies and will hopefully think about CCUs as places of opportunity for trialling cutting-edge therapies in a systematic manner. 2. This is about thinking outside of the square as to what we can do, and where in our services we can do it. References: Morice, R. & Delahunty, A. (1996) Frontal/executive impairments in schizophrenia. Schizophrenia Bulletin, 22(1), p125-137 Delahunty, A. & Morice, R. (1997) Encouraging results from neurocognitive rehabilitation in schizophrenia. Unpublished paper.

Non adherence to treatment remains a key issue in the mental health arena. Historically, strategies to enhance adherence have had variable outcomes. Recent research has suggested

S93 Comorbidity: Drug & Alcohol, and Mental Health
2/09/2005 From: 1330 To: 1500 Venue: Room 11
Paper 20 Minutes: Outpatient Group Treatment Program for Comorbid Psychosis and Substance Abuse.

Joanne McLaughlin Lisa Juckes

The body of international literature emphasises the special needs of patients 'dually diagnosed' with psychosis and substance use disorders. Substance abuse problems are common in patients with severe and persistent mental illness. These patients are often difficult to treat, and suffer poorer outcomes including more frequent relapse, higher rates of incarceration, violence, suicide, hospitalisation, homelessness and unemployment, poverty, poorer treatment adherence, higher rates of hepatitis C and HIV infection, and greater rates of service utilisation and cost of care. However, despite increasing recognition of their problems, there are relatively few integrated treatment facilities available for this group of patients: they tend to 'fall through the cracks' between mental health and drug and alcohol services. Integrated treatment programs, addressing the problems of mental illness and substance abuse concurrently have shown to be more effective than serial or parallel treatment in separate mental health and drug and alcohol services. The evidence-base to support a number of interventions, including behaviour therapy, cognitive-behaviour therapy and motivational interviewing, is growing but much is yet to be learned. The aims of this project are to: Incorporate the framework of an already existing inpatient course conducted at Figtree Unit, Macquarie Hospital since April 2000 (based on a University of Maryland model). Establish a community based, outpatient, open group treatment program for patients with Dual Diagnosis. Evaluate the effectiveness of the program overall. Evaluate each aspect of the program content: pre treatment, as patients complete and at post treatment 3/12 intervals up to 12 months. Use outcome measures including self-reported and objective measures, rated by patients, carers and community case managers. Generate information for the design of a future, larger, controlled study. Research Plan: This study is of quasi-experimental design. Community patients aged 18 - 65 years who have a persistent psychotic illness with a diagnosis of schizophrenia, schizoaffective disorder, schizophreniform psychosis or bipolar affective disorder AND a substance use disorder are invited to attend the group treatment program in addition to treatment as usual at the community health centre. This study is designed to evaluate the clinical outcomes of a new outpatient treatment program offered at Ryde Community Health Centre to patients aged 18 - 65 years who suffer from comorbid major mental illness with psychosis and substance abuse disorder. The treatment program is based on the existing inpatient program that patients have attended over the past 5 years at Macquarie Hospital Figtree unit for Dual Diagnosis, itself modelled on the University of Maryland BTSAS (Behaviour therapy for Substance Abuse in Schizophrenia) program. Psychoeducation, cognitive, behaviour therapy and motivational interviewing techniques, including drug refusal skills, relapse prevention and social skills are employed in an
integrated approach to treatment of schizophrenia and substance misuse disorders. We use a 'Train the Trainer' model. Pre, post and follow-up treatment outcomes will be measured to assess the effectiveness of this treatment program, in addition to treatment-as-usual, in patients with comorbid substance abuse and psychotic illness. The progress of those who complete treatment will be compared with those who do not. The research will assess, by means of standard measurement tools / questionnaires, the outcomes of the group treatment program. Urine drug screens will be taken in addition to self report of substance use.

**S93 Comorbidity: Drug & Alcohol, and Mental Health**  
2/09/2005 From: 1330 To: 1500 Venue: Room 11  
**Paper 20 Minutes: Computerised cognitive behavioural therapy for coexisting depression and alcohol/drug use problems: rural and remote perspectives.**  
Leigh Underwood  Brian Kelly  Amanda Baker  Frances Kay-Lambkin  
There is an increasing prevalence of depression and WHO reports that by 2020 it will rate second for global burden of disease, and the leading reason for DALYS. Research shows that approximately 25% of people with depression also meet criteria for substance use disorders. These co-morbid presentations are considered more complex and have poorer treatment outcomes with traditional mental health or drug and alcohol treatment approaches alone. Newer integrated treatments address both aspects of the co-morbid presentation and address the links between the two disorders, thus improving outcomes for these patients. The SHADE (Self Help for Alcohol/other drug use and Depression) program not only integrates treatment but has developed a CD Rom intervention to make treatment more accessible. This model may prove suitable for those people living in rural and remote areas where there is likely to be limited access to specialist mental health services. Learning objectives: 1. To trial an integrated depression and Alcohol and other drug intervention delivered by CD Rom, and compare with face to face therapist delivery, and a non-directive face to face therapeutic intervention. 2. Compare treatment outcomes across both rural and urban settings. Method: A Pilot trial was conducted in the Hunter area from 2002 to 2004. This main research study follows on from this research and is being conducted over a number of sites based in both urban and rural areas. In the study, the SHADE program (both face to face and CD Rom conditions) will be compared to a non-directive intervention (Person Centred therapy). During assessment participants complete demographic information and measures for depression and substance abuse. Participants are then randomly assigned to one of the three treatment conditions (SHADE face to face; SHADE CD ROM or Person centred therapy). Each condition involves sessions for one hour a week over a ten week period. Participants are followed up post treatment, then at 6 and 12 months.

**S93 Comorbidity: Drug & Alcohol, and Mental Health**  
2/09/2005 From: 1330 To: 1500 Venue: Room 11  
**Paper 20 Minutes: Comorbid Drug & Alcohol and Mental Health Issues in a Rural NSW Area Health Service.**  
Bryan Hoolahan  Didi Killen  Rod MacQueen  
Aim: To describe the issues related to comorbid mental health and drug and alcohol service delivery in a rural area. There are challenges in providing appropriate health care for individuals with chronic comorbid health problems of any kind. However, the challenge is heightened when the issues include a mental health and drug and alcohol diagnosis, and you live in a rural area. In 2003 the Centre for Rural and Remote Mental Health (CRRMH) and the Mid Western Area Health Service (MWAHS) conducted a comprehensive situational analysis of comorbid drug and alcohol and mental health issues for service providers and consumers in the area. This paper will examine important issues identified during this process, including the wide variation in comorbidity rates found within the literature, the current expenditure on NSW mental health and D&A services, a range of issues raised by service providers and consumers, and recommendations made to improve health care for this client group. Conclusion: The issue of comorbidity has been receiving considerable attention from academics and policy makers over the past few years and significant progress has been
made in testing new treatment frameworks and raising awareness of the issue. However, there remain significant gaps in the ability of services to provide appropriate care for this client group. Learning objectives: 1. Participants will learn about the wide variation in comorbidity rates within the literature, the current expenditure on core mental health and D&A services, the important service issues raised by rural service providers and consumers, and recommendations made to improve health care to this client group. 2. This is relevant to mental health services as they are key players in the provision of care to the client group and the issues discussed in this has ramifications for service development in rural and metropolitan services. References: Commonwealth Department of Health and Ageing. (2001). National Drug Strategy and National Mental Health Strategy National Comorbidity Project, Canberra, ACT, Commonwealth of Australia (2003) Comorbid mental disorders and substance use disorders: epidemiology, prevention and treatment. Canberra, ACT.

S94 Consumer Participation and the Consumer Worker
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 1

Paper 20 Minutes: Developing and implementing a consumer management committee and paid peer worker roles for a 3 day/week social and recreational group program.

Gemma Ferraretto   Leo Varona   Jackie Phillips

Club 84 is an award winning rehabilitation and recovery service of the Lyell McEwin Health Services-Mental Health Division. Club 84 programs are based on the principles of recovery and are developed and delivered in partnership with consumers of the service. The services include a range of educational, pre-vocational, vocational, social and recreational services for adults with a mental illness in a group program setting based in the local community. Club 84 has been recognized for its development of initiatives that demonstrate a sustainable partnership model. It’s most recent project demonstrates its evolution into a consumer run service through the development of a consumer management committee for the entire social and recreational services (a 3 day group program) and the employment of peer workers to work within this setting. This is a pilot project and the outcome of a seeding grant from the Office of the State Minister for Health in South Australia. This paper will outline the processes developed in collaboration with Club 84 staff and consumers to arrive at employment of consumers and the development of a consumer directed management committee and the results of the evaluation research that assessed the project’s impact on the consumer peer workers and the Club 84 consumer’s mental health and empowerment. Learning Objectives: 1. An understanding of recovery and rehabilitation principles as outlined in international literature and as demonstrated in practice through this project. An understanding of the step by step processes to arrive at a consumer directed rehabilitation and recovery service management committee. An understanding of processes, issues and solutions of employing peer workers in this setting. An understanding of the practical ways to make a partnership successful from a consumer and staff perspective. The process for setting up and implementing and evaluation research to demonstrate outcomes of the project. 2. The value of peer workers in consumer recovery: It is internationally recognized that peer workers assist with fostering hope, sharing ways of overcoming the effects of mental illness, providing a unique and empathic perspective as demonstrated in international literature. (Davidson et al 1999). The positive impact of consumer control in service provision: Quality consumer drop-in centers have greater consumer control, participants are active in decision making, planning, budgeting, personnel decisions and operational issues (Mowbray et al 2002). This paper demonstrates how the consumer management committee of Club 84 ensure a consumer voice directs and guides the program. The necessity of a committed and interested workforce in contributing to the success of partnership service models: Consumer providers and consumer directed programs in mental health services benefit from direct support from trained staff who have the appropriate skills and attitudes in facilitating the evolution of consumer directed services (Mowbray and Moxley 1998, Yuen and Fossey 2003). This paper highlights the impact of staff support as explored in the evaluation research. References: Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D. and Kraemer Tebes, J. (1999) Peer support among individuals with severe mental illness: A review of Evidence. Clinical
S94 Consumer Participation and the Consumer Worker
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 1
Paper 20 Minutes: Consumers as citizens working in mental health - consumer employee perspectives.
Sharon Rose Sinclair   Sue Purdie
This paper examines the world of work from the perspective of people with experience of mental illness, discussing best practice employment policies and procedures. Two recent examples are shared of consumers working for an NGO in New Zealand, and the way illness and employment matters were managed. A range of employment options are discussed which best support people with experience of mental illness continuing careers in mental health such as:- indefinite sick leave - leave without pay - employers providing health insurance cover for consumers- staff wellness agreements. A Guide to Effective Consumer Participation in Mental Health Services, Ministry of Health, Wellington, New Zealand (April 1995), Like Minds, Like Mine National Plan 2003-2005 - Whakaitia te whakawhiu i te tangata, Ministry of Health, Wellington< New Zealand (2003). The human and legal rights pertaining to people with experience of mental illness as employees are examined, and a partnership model of employment of people with experience of mental illness is presented. This paper will encourage employers in the mental health sector to lead by example in employing people with experience of mental illness, using a framework of employment policies and practices that are 1. developed in partnership with the consumer and 2. offer the best support for consumer employees in the workplace.

S94 Consumer Participation and the Consumer Worker
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 1
Liz Carr   Naomi Maguire   Tracy Fortune
Consumer participation in adult mental health services has gained in breadth, depth and acceptance over the past decade. Aged mental health services have not kept pace with developments and, indeed, have lacked the resources, impetus from consumers and consumer advocates, and knowledge to successfully incorporate consumer participation into their programs. In a proactive move, NorthWestern Aged Persons Mental Health Program (NWAPMHP) engaged the Victorian Mental Illness Awareness Council (VMIAC) to explore how to best introduce consumer participation into its program. NWAPMHP is the largest aged persons' mental health program in Australia, encompassing three mental health service areas in the northern and western metropolitan area of Melbourne. The service comprises three Aged Psychiatry Assessment and Treatment Teams (APATTs), three acute inpatient services and five extended care residential facilities. The principles of consumer participation are fundamentally the same in any health environment. However, aged persons' mental health programs face particular challenges not faced by adult services in implementing a consumer participation program. This presentation will outline the challenges in introducing consumer participation in an aged care environment and detail some strategies for overcoming these challenges. Learning Objectives. 1. To gain an understanding of how the principle of inclusiveness can be made meaningful in an environment where there are particular
challenges in supporting people to participate. 2. To hear how mental health services can break through the aged barrier to incorporate consumer participation across all programs.


**S95 Carer and Consumer Participation**  
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 2  
**Paper 20 Minutes:** Living with Mental Illness...Who Knows Best ?... Parents (carers) or Professionals?  
**Joan Cato  Ron Tallent**

We are health professionals (GP and Psychologist). I'm sure there is still a misconception in the wider community that families like ours could not be affected by mental illness. However my third son, Patrick, although intelligent has scored a trifecta of problems that have resulted in a lifetime battling mental health issues. His diagnoses are 1. Severe ADHD from early childhood, 2. XYY chromosome abnormality and 3. Schizophrenia, diagnosed as a young adult. Because Patrick was challenging from early childhood we had no experience of him being 'normal'. So by the time he was diagnosed with schizophrenia we had already had ~18 yrs to come to terms with his 'difference' and did not have to go through the grieving for the child that might have been. Despite the raw deal dealt to him by life, Patrick has bravely battled on and become a wonderful, funny, interesting 27 yr old who lives independently. His 'quality of life' is certainly 'different' to our version of a fulfilling life but it works for him and he is safe and happy. We will also describe how we as a family have survived the impact of Patrick's illness. Also despite being Health Professionals we still have struggled with the same issues as all families affected by mental illness. Learning Objectives: 1. We will systematically outline the skills, strategies and processes we adopted to deal with the educational, social and psychological development of our son within the context of his long-term mental health problems. 2. As Carers and Health Professionals we can offer a unique insight into the life of a our son from the differing and often contradictory perspectives of being both health professionals and parents. In particular we can describe the difficulties encountered by families in accessing and interacting with mental health services in the process of looking after a family member affected by mental illness.

**S95 Carer and Consumer Participation**  
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 2  
**Paper 20 Minutes:** Carer participation in service development.  
**Faye Hayman  Marilyn Hazen**

The Centre for Rural Mental Health recently completed a project that involved active carer participation in reviewing and developing policies and procedures, and developing a carer rights and responsibilities brochure. Mental Health Services have a responsibility to ensure that they meet the needs of families and carers of people with a mental illness as well as the consumers they care for. Policies and procedures to guide practice are an important basis for ensuring a consistent approach throughout an organisation. The development of such polices and procedures should ideally be undertaken with input from both carers and the staff who work with them to ensure their effectiveness in guiding and reflecting current practice. Of equal importance is ensuring that carers have early access to information about their rights and responsibilities when dealing with the service. Encouraging carer participation in the development of mental health services enhances service quality and strengthens collaborative relationships between carers and services. The collaboration between carers and workers on this project ensured that the final results were suitable both from service and carer perspectives. The process itself was valuable for all involved, resulting in improved understanding and communication between carers and workers. This presentation outlines a process for enhanced carer participation. Learning Objectives: 1. People attending this presentation will learn about the processes, difficulties and benefits of approaching service development within a collaborative framework. 2. Governmental guidelines for public mental
health services reinforce the importance of involving carers in service planning, delivery and evaluation. A collaborative approach ensures that services offered to carers are actually what carers want, rather than what services believe they should have. This approach is empowering for carers; therefore the process itself becomes a service of equal importance to the more tangible outcomes. Learning Objectives: 1. People attending this presentation will learn about the processes, difficulties and benefits of approaching service development within a collaborative framework. 2. Governmental guidelines for public mental health services reinforce the importance of involving carers in service planning, delivery and evaluation. A collaborative approach ensures that services offered to carers are actually what carers want, rather than what services believe they should have. This approach is empowering for carers; therefore the process itself becomes a service of equal importance to the more tangible outcomes. References: The National Standards for Mental Health Services (2002). Commonwealth of Australia; National Practice Standards for the Mental Health Workforce (2002). Commonwealth of Australia.

S95  Carer and Consumer Participation
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 2
Samantha Nicole Santarossa Joe Petrucci Marian Forster
As part of the Cairns Integrated Mental Health Program’s (CIMHP) commitment to supporting carer and consumer participation, a project team was established to facilitate the development of an orientation resource. The main aim of this project was to provide consumers and carers with adequate information and training to enhance their capacity as participants. The main aim of this presentation is to provide an overview of what can be achieved through the collaboration of a Mental Health Service and a Consumer Advisory Group to enhance a services provision of education and training in the area of consumer and carer participation. The presentation outlines the origins of the project, the problem being addressed, the aims and objectives of the project, the method, benefits, risks and barriers, critical success factors, resources required, cost and a summary. The presentation also identifies that by working inclusively with consumers and carers, meaningful and valuable resources can be developed. This leads to consumers and carers being equipped with the skills and knowledge necessary to become valuable and worthwhile participants, and the Mental Health Service being more responsive to the needs of consumers and carers overall. Learning Objectives: 1. How a Mental Health Service and a Consumer Advisory Group can work in collaboration to achieve an outcome that facilitates the role of consumer and carer participants. 2. The development of the consumer and carer orientation resource supports the National Standards for Mental Health Services in regard to consumer and carer participation criteria. References: Mental Health Council of Australia. (2003) National Consumer and Carer Participation: Promoting Quality Mental Health for Everyone in Australia Queensland Government. (2002) Consumer and Carer Participation Toolkit for Queensland Health Staff 2002. Queensland Health.

S96  Youth Participation
2/09/2005 From: 1330 To: 1500 Venue: Riverbank 3
Paper 20 Minutes: The National Youth Participation Strategy, giving youth a voice in the development and implementation of programs under the National Mental Health Plan and National Suicide Prevention Strategy.
Dyanna Smith-McCue Shane Sanders
The Department of Health and Ageing contracted AICAFMHA to undertake phase 1 of the National Youth Participation Strategy. The aim of the National Youth Participation Strategy is for the voice and perspective of young people, aged between 12-17 years of age, to be systematically incorporated into the development and implementation of national programs funded under the National Mental Health Strategy (NMHS) and the National Suicide Prevention Strategy (NSPS). AICAFMHA has spoken to 100+ organisations, young people
and workers to evaluate what is good practice for this particular project. Case study groups, including Children of Parents with a Mental Illness (COPMI), Auseinet, the Mind Matters Suite and Reach Out have been consulted to ascertain their desired outcomes from the model/s. Then in conjunction with a dedicated group of young people a number of draft models were formulated and disseminated for public consultation through a variety of mechanism to ensure the process was inclusive and attracted a diverse group. Findings have been collated and the draft models are currently being reviewed by the Department of Health and Ageing to determine the process for Phase 2 of the project. A scoping report highlighting the journey and our findings will be available at www.aicafmha.net.au and click on youth.

**S96 Youth Participation**

**2/09/2005 From: 1330 To: 1500 Venue: Riverbank 3**

**Paper 20 Minutes:** Strength to Strength Young carers leading the way in creating opportunities for community connectedness and mental health promotion.

**Katharina Verscharen  Rebecca Infanti  Jessie Alley  Tara Anderson**

In this presentation participants will hear from young people and facilitators involved in the Shire of Yarra Ranges Paying Attention To Self Project - Young Carers Reference Group. These Individuals have guided, developed and facilitated projects focusing on mental health promotion in their community. The young people will share their experiences of these projects encompassing peer support, youth participation and community connectedness. Research suggests Peer Support Programs as an entity provide young people with the opportunity to share their experiences and be supported by other young people in similar situations. The young carers reference group is an extension of this concept. Enhancing resilience factors gained from the PATS group, empowering young people to create opportunities, promoting youth participation and leadership at a local, state and national level. The young carers reference group will share their experience of developing partnerships with services, providing education to schools, developing a community mural, a music cd and national radio project. Participants from the reference group will demonstrate the importance of youth voice, experience and opinion on issues of mental health and service provision through their own experience of projects established. Their views can offer valuable feedback regarding the development of similar initiatives within the mental health and community services sectors. Learning Objectives: 1. Participants will gain knowledge and understanding through direct examples of the importance of youth partnering to facilitate opportunities in service partnerships that creates community connectedness and mental health promotion. 2. The young carers reference group demonstrates how a peer support program evolved to include opportunities for young people to facilitate service delivery through creative partnerships that enhances community connectedness and mental health promotion. These experiences will be a valuable resource for mental health service providers to rethink how they deliver their service. Strength to Strength Young carers leading the way in creating opportunities for community connectedness and mental health promotion. References: Cuff, R., Luntz, J. & Verscharen, K. (2004) You are not alone- Peer support. In Cowling, V (ed.). Children of parents with a mental illness 2: Personal and clinical perspectives. Melbourne: BPA Print Group. Aldrige, J & Becker S, (2003) Children of Parents with a mental illness: Perspectives of Young Carers, Parents and Professionals: Bristol Policy Press.