Wednesday
29th August 2001

S02: Keynote Address
29/08/2001 From: 1000 To: 1100
Keynote Address:- Mental and Social Health in Tikanga Maori
Whatarangi Winiata
This paper will consider the meaning of wellness within tikanga Maori (customs) and , in particular, within roopu (institutions) tuku (passed down) iho and institutions htat operate within tikanga Maori to reduce unwellness (to promote wellness) within an environment of tikanga Maori.

S03: Three cultural approaches to wellbeing
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Marumali Program: Reclaiming Identity Through The Pain
Lorraine Peeters
The landfall of Europeans began momentous events, which changed the course of Australian Aboriginal history forever. Several generations of children were removed from their parents, families and communities in line with government policies of the day. Survivors of these removal policies, now known as 'The Stolen Generation', have existed in an environment of sustained assault on identity and culture, and enduring grief, loss and disempowerment. As survivors of removal policies struggle to heal from these past wrongs, we offer a pathway to recovery, which unites mind, body and spirit. Learning Objectives: 1. Increased awareness of the sustained assault on identity and culture, and enduring grief, loss and disempowerment on those known as the Stolen Generation. 2. As survivors of removal policies struggle to heal from these past wrongs, we offer a pathway to recovery, which unites mind, body and spirit.

S03: Three cultural approaches to wellbeing
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Mental health developments in the South Pacific Nations
Iokopeta Enoka
This paper will share the success story of a community-based family-focussed mental health care service in Western Samoa.

S04: Research on prevention
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Early Intervention Services for Psychosis; What are we doing differently?
Jo Gorrell Alan Rosen
Guidelines and structures for early psychosis intervention have been developed within the Northern Sydney mental health services. A medical record audit was conducted in order to examine the extent to which our newly developed services were adhering to local and national clinical guidelines for early psychosis intervention. The records of 80 clients entering our services during a 6 month period in 1997 (prior to the development of specific early psychosis services) were compared with a similar group who presented in 1999 (when guidelines are specific service components were in place). The audit is one component of a comprehensive project evaluating early psychosis intervention in our Area. This paper will cover: 1. Development of the audit tool 2. Process and inter-rater reliability issues 3. Outcomes - What it is that our early psychosis intervention services are doing differently Learning Objectives 1.Participants will gain knowledge about: · Measuring service delivery - developing and conducting a medical record audit · Early psychosis intervention in a routine mental health setting without additional funding 2 Issues of relevance to mental health services · Conducting a medical record audit · Evaluating service provision · Early intervention for psychosis

S04: Research on prevention
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Child sexual abuse as a risk factor for mental disorders: What does the evidence tell us?
Cathy Issakidis
The 1996 Global Burden of Disease Study was instrumental in identifying mental disorders as a leading cause of disease burden. Although the same study also provided the first global estimates of disease burden that could be attributed to different risk factors, none were proposed for mental disorders. Accordingly, when the range of risk factors was expanded for the latest round of burden estimates, childhood sexual abuse was chosen as a risk factor for mental disorders, more specifically as a risk factor for depression, suicide, substance abuse and anxiety disorders. This project involved a systematic review of both the prevalence of child sexual abuse across 14 WHO regions and the evidence on the relationship between child sexual abuse and mental disorders. It provides estimates of risk for mental disorders given exposure to child sexual abuse for males and females in several age groups. The project aims to make a useful contribution to the prevention debate by defining the gains that could be made in reduced prevalence if prevention of childhood sexual abuse was targeted as a primary prevention issue within mental health. This presentation will outline the project and present a discussion of the evidence, its limitations and its implications for the prevention of mental disorders. Learning Objectives: 1. Attendees will leave with a better understanding of the magnitude of the problem of child sexual abuse within an international context. 2. Identifying risk factors for mental disorders is crucial in order to provide targeted prevention strategies. This is one of the first attempts to quantify such a risk factor for mental disorders.

S04: Research on prevention
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- We, the people: The Issues and Opportunities. What Works.
Leanne Pethick
In 1998, 83 people with depression and associated conditions and 25 family members from the corporate segment were interviewed. The study investigated the issues for people who do not consider themselves, or who aren't, 'mental health consumers', from pre-diagnosis through to ongoing management and treatment. depressionet.com.au was established in June 2000 to address the issues identified by this research and provide solutions to the issues identified. Nine months later and with no funding or financial support, depressionet.com.au became the number 1 ranking Australian Internet Health site. This paper presents research findings, explores what has driven this demand, the gaps that exist between individuals and the help and support they need, and opportunities to provide solutions. It discusses the primary needs that often must be addressed before professional help and treatment is sought, the powerful truth in the statement that 'No one is an island', and the need to communicate and relate with other 'people like us' on the journey to wellness. Current projects being undertaken will be outlined along with visions for the future including developing strategies for working with service and corporate organisations to provide efficient means of support and assistance to people in Australia and New Zealand. It also presents opportunities for working with and assisting traditional services to improve the scope and reach of the services that they provide, using current working models. The development of an Online Suicide Intervention strategy will be used as an example. Learning Objectives: 1. People in the audience will gain an understanding of: - issues for 'non-consumers' based on formal research - the needs and the gap that exist for these people - solutions and opportunities to fill these needs - an innovative 'end-to-end' working model - suicide intervention on the Internet, issues and opportunities 2. This presentation is relevant under the topics of: - Community attitudes and stigma - Consumer roles, advocacy - Crisis services / crisis intervention - Early intervention strategies - Evidence-based practice and outcome research - Innovations - Multidisciplinary teams and working together - Research, evaluation, quality improvements

S05: Outcome measurement: new research - implementation
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Outcome Measurement - What have we learnt ?
Lorna Payne

Outcome measurement addresses the primary objectives of health care: are health interventions making a positive difference to consumers? This paper will give an overview of the development and implementation of outcome measurement, which was introduced in mid-2000 at four Victorian sites delivering mental health services to adults. It will describe the benefits of outcome measurement for consumers, services and policy makers. The presentation will look at the impact this approach can have on consumers, and how outcome measurement provides consumers with a way of assessing their own progress. The other benefits to be outlined include how service providers can monitor progress of individuals, whilst for policy makers, the paper will show the benefits of being able to compare services based of the profile of their patients. A representative of the Victorian Mental Health Branch will draw out the experiences of the four pilot sites and the lessons learnt. The paper will focus on the expected and unexpected lessons, noting differences between metropolitan and rural sites. The presentation will describe the process of implementation, and the involvement of consumers, service providers and consultants in the training for and implementation of outcome measurement. It will examine the way in which clinical mental health services' interventions contribute to changes in the health on people experiencing mental illness. Learning Objectives 1.The audience will learn · what outcome measurement is from the different perspectives of consumers, service providers and policy makers; · why it is being piloted in Victoria; and · what lessons have been learnt. 2.Outcome measurement is important to mental health consumers, services and policy-makers, because it addresses the key question of the effectiveness of services. Effectiveness is defined as the degree to which an intervention produces measurable increases in survival or improved quality of life (or improved outcomes) when applied in routine practice.

S05: Outcome measurement: new research - implementation
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Training in Mental Health Outcomes Measurement in Victoria
Tim Coombs Tom Trauer

We outline the training of the first agencies in the Victorian Mental Health Outcomes (VMHO) strategy. The strategy requires routine collection of outcome data in public mental health services through the use of standard instruments. These measures are completed at certain points during episodes of care such as intake, closure, admission, discharge, transfer and case review. The measures are the Health of the Nation Outcome Scales (HoNOS), the Life Skills Profile (LSP-16), the Focus of Care (FOC), and the consumer-rated Behaviour and Symptom Identification Scale (BASIS). Clinical staff participated in either day-long 'train-the-trainer' workshops or three-hour 'train-the-troops' sessions. Evaluation included assessments of attitudes towards outcome measurement and post-training knowledge of the measures, using customized questionnaires, and skill, which was determined by comparing participants' ratings of vignettes with those of an expert panel. The attitude results suggested ambivalence. Most participants demonstrated adequate skill in completing the HoNOS and LSP, but significant difficulties were encountered with the FOC. The overall evaluation of training was positive, however participants identified the need for more training. A clear understanding of the triggers for data collection is essential for local implementation. Initial training must be followed by ongoing clinical supervision and support to ensure consistency and quality of data. Learning Outcomes At the completion of the session participants will be able to - Describe the development of training materials and their delivery for the Victorian Mental Health Outcomes Strategy - Describe the process of evaluating the training and barriers to the implementation of outcome measures within mental health services

S05: Outcome measurement: new research - implementation
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Implementation of National Mental Health Standards in an Old Age Mental Health Service: A Case Review
Deborah Lloyd
The aim of this presentation is to demonstrate how the Aged Care Mental Health Service at the Princess Alexandra Hospital, Brisbane has worked collaboratively with a specific consumer to achieve the best possible outcome for the consumer and their family. Older people's mental health is a new and developing area. This paper will present a case study demonstrating the progression of a consumer from admission to discharge and ongoing case management within the community. In order to evaluate the effectiveness of the service it will be measured against the National Standards. The case review will guide the audience through client and service experiences looking at such issues as: - Regulation - least restrictive option - Maintaining functioning and highest level of independence - Developing treatment partnerships with consumer and family - Consumer involvement in service - Mainstreaming of services - Client rights - Continuity of care between inpatient and community - Examine specific age related issues By working closely with this consumer and family from point of entry into the Aged Care Mental Health Service and as an on going partnership, we are prevented this consumer from becoming an island. Learning Objectives: -To demonstrate the extensive and innovative features of Aged Care Mental Health Services - To demonstrate the relevance of older people's Mental Health Services, a new and innovative area of mental health, as measured against the National Mental Health Standards in an applied manner.

S06: Empowerment
29/08/2001 From: 1130 To: 1300
Workshop 1 hour:- No one is a biscuit
Pauline Anderson Debbie Hager
This interactive workshop will focus on the way Framework Trust has used comedy - and professional comedians - in the destigmatisation project and as a means for community integration. In the past three years, Framework Trust has been offering comedy training to people who use mental health services to encourage them to express themselves in new ways to new audiences. The Framework Trust fieldworker has also been working with professional comedians, to produce comedy scripts that help people examine their stereotypes about mental illness and challenge their attitudes and behaviours. In this workshop we will discuss these processes - and offer practical suggestions for using comedy in your work - costs, timelines, organisation etc….. Also, Pauline Anderson will present some of her comedy to the participants - if you come for nothing else, don't miss Pauline! Learning objectives Participants will gain a practical perspective on: · using comedy as part of a destigmatisation programme · using comedy as part of a community integration programme for people who use mental health services. If people can learn to laugh, the tension is defused from what is frequently a very fraught issue. Comedy also helps people look at things from a whole new point of view. Mental health services need to make use of a wide range of strategies to reach people in all walks of life.

S06: Empowerment
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Pathways to empowerment: The National Advisory Group for the Like Minds Project
Vito Malo Elva Edwards Susie Crooks
The presentation is a mixture of performance art using cultural imagery and audio (from the various groups that make up the NAG, and also a paper to discuss the process of formation. How a consumer group came to be. One of the biggest problems facing many consumer groups in NZ, is the process of finding good representation from the various groups that make up NZ's population, and keeping them, in order to be truly representational. This will

cover some of the weeding through problems in becoming the NAG, and also covering aspects of the Like Minds Project. That we were all just like anybody else (the 1 in 5 statistic)

S06: Empowerment
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Consumers Creating Art in the Community
Lynda Hennessy
We thought that the C.D. Project would be both therapy for the participants ,writing, singing and playing their own music, and be good for changing attitudes in society with a positive image of those with mental health issues. The members have learnt many skills from being a part of this project, including budgeting, writing a business plan, negotiating with NGO'S how to get funding for projects, marketing skills, co-operating and working in a team environment, meeting deadlines, researching for costs and resources for recording the C.D. Learning Objectives 1. People attending will gain an understanding of how Consumers can organise and use their skills to record a C.D. Working in the community, useing the Consumer Networks available to them. 2. This topic is relevant to mental health services because it was good therapy for Consumers writing their own music, songs and poetry, it also relates to National Mental Health Standard No. 4 'Promoting Community Acceptance' which was one of the many outcomes of recording the C.D.

S07: Innovation in carer support
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- 'What's Carer Support Got to Do with It'
Patricia Berrutti
While Governments in Australia recognize the important role carers play, supporting people with a mental illness in the community, there has been little acceptance of economic and administrative responsibility for carer support. Carers within South Western Sydney Area Health Service (SWSAHS) have decided that 'Carer Support has everything to do with it' and have, through consultation, developed a framework for 'Carer Support - how to do it'. This proposed innovation creates full-time carer positions in Mental Health, whose responsibility would be to provide extensive support, enhance coping skills for carers/families and provide a service feedback opportunity. Essential job criteria for the positions would be their carer experience. Carer Support personnel would develop carer networks, support groups, develop education, provide follow-up in service planning and delivery. They will negotiate to ensure carers needs, both physically and emotionally are met thus addressing the 'alone' feeling. We will outline various strategies designed to provide information to carers, GP's, other services and health workers, and create a carer friendly network. This cost-effective solution will improve carers coping skills, strengthen and support carers/ families and support their participation in a holistic approach to consumer management in the community. Learning Objectives: To illustrate a process that acknowledges a need, and works to a solution, through consultative process and accepts implementation responsibility

S07: Innovation in carer support
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Partnerships in Support: Peel Carer Support Programme
Leone Shiels Patrick Hardwick Karen Van Zyl
This presentation aims to provide an understanding of the challenges faced in providing support services for carers in the absence of funding and how such a service was developed and then enhanced further, in a partnership model. The Peel Carer Support Programme is a joint initiative between ARAFMI and the Peel Community Mental Health Service. This is the first service of its kind to be offered in the Western Australian mental health field. It involves the use of ARAFMI volunteers in providing a basic carer support service, operating out of the Peel CMHS. Volunteer carers are able to provide a valuable level of support based on their life experience. The service provides supportive listening, provision of basic information and

referral to appropriate agencies for carers of people with a mental illness. The volunteers were well supported by Peel CMHS through orientation, ongoing liaison, accommodation and the development of a six week coping skills workshop for carers. The Programme was jointly evaluated and as a result of it's success, the Peel CMHS have created a 'portfolio' of care issues and in conjunction with ongoing input from ARAFMI and local carers, have developed a comprehensive business plan with a focus on implementing the National Mental Health Standards in respect of carers. This is a partnership model that can be introduced into any mental health service and provides an avenue to meet the rights and needs of carers and to attain national standards. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? How to meet the challenges in providing support services for carers, in the absence of funding, and how a Carer Support Model was successfully developed and introduced in a Community Mental Health Service through a partnership between ARAFMI, Carers and a CMHS. 2. How is this topic/issue relevant to mental health services and mental health issues? The Carer Support Model includes a comprehensive business plan and a care 'portfolio' within a Mental Health Service with participation by ARAFMI and Carers. The aim of the model is to meet the needs of local carers by addressing all of their issues through a structured and collaborative ongoing process. Through this, the MHS could attain the National Mental Health Standards in respect of carers.

S07: Innovation in carer support
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- 'In The Same Boat': Peer Review of a Carer Peer Support Program
Cate Bourke Liz Ward Helen Mildred
Aim: To describe the value of carers employed in a public mental health service, providing peer support to other carers. 'They were the only people who I felt understood the trauma I was in' Carer respondent, COPES survey, October 2000 Method: COPES (Carers Offering Peers Early Support) is an innovative program which commenced in August 1999 and appears to be the first of it's kind in Australia. COPES employs two paid Carer Peer Support Workers who help link carers with mental health services - making contact, explaining mental health services, helping carers to make sense of their experience; and linking carers with other community supports. The workers, though based within an Area Mental Health Service (AMHS), are employed by a generic community health service. This partnership affords greater program transparency and opportunities for carer advocacy. This paper outlines the COPES program and will include results of a recent program survey, which canvassed carer and staff opinion of COPES. Outcome: This paper provides participants with an overview of the benefits and challenges met in establishing a carer peer support program within an AMHS. Learning Objectives: 1. 'What will people in the audience gain or learn from attending this presentation?' The audience will gain a greater understanding of the value of carer peer support. 2. 'How is this topic/issue relevant to mental health services and mental health issues?' Mental Health Services are evolving and this is pioneering work.

S08: The experience of mental illness 1
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- In Search of Identity. Mental Illness: Catalyst or catastrophe?
Jude Stamp Scott Findlay
Are we, as consumers, more than our illness, or more because of our illness? How does our 'label' affect our movement towards mental health? How do we incorporate having a mental illness into our sense of identity? This presentation by Jude Stamp and Scott Findlay, last year's Gold Achievement Award winners, will explore the pursuit of personal identity as a response to critical change and crises in our lives and as a state of becoming rather than an end goal. They will look at the impact of stigma, fear and misconceptions about mental illness on a person's journey towards wholeness - and attempt to define what identity might mean through sharing their own experiences. As well as the pragmatic view of mental health as 'the ability to function', Jude and Scott will look at the need, for many of us, to have a spiritual dimension to our recovery. As Consumer Consultants in the Middle South region of

Victoria, they work in a hospital setting and in the community - and invite you to share some of the insights gained through being part of consumers' struggle with mental illness and their search for identity. Learning Objectives 1. An appreciation of the impact of change, crisis and stage of the life cycle on the occurrence of mental illness and the development or disintegration of identity. 2. A recognition that mental health services should view recovery from mental illness not just in terms of managing symptoms, but of developing a more positive and viable sense of identity and way of life

S08: The experience of mental illness 1
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- On the Road to Recovery
Karen O'Hara
In this presentation Karen will give you insight into being a consumer and a worker. Consumers in the hospital tell me that I give them hope and I always have time for a chat. Consumers ask me, 'why can't the staff be like me'. I must say it took time to change people's attitudes towards me. The key is not to give up. I became unwell on September 14, 2000. I had attempted to end my life due to my knowing that the mental health system had failed 2 consumers who were suicidal. One successful and one unsuccessful. The time in hospital was hard for my family, my friends, and me. All I wanted to do was die. One staff member wrote 'Hang in there, as there is a truck load of people who care about you'. Since going back to work my family and workmates have been very supportive. Everyone said ' We thought we were going to lose you!' and I said 'Yeah I thought I was coming home in a box'. It has been a struggle and it is not easy but each day I get stronger. I believe working in mental health has helped me to recover. Learning Objectives 1.People who attend this presentation will gain an understanding of what it is like to be a consumer working in mental health and understand how someone can literally get to the end of their road. 2.This topic is relevant to mental health services as it raises issues that people do not like to raise, 'Suicide'.

S08: The experience of mental illness 1
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Fear and the Acute Admission
Brad Alex Handiside
Brad gives us an insight into his psychosis to help us make sense of his seemingly 'naughty' behaviour during his first hospital admission. Could this first time hospital experience have been made any easier, or are all such admissions doomed to leave patients traumatised to a greater or lesser extent? As Brad's story reveals, first time admissions into acute psychiatric wards can be highly traumatic for both patient and their family or whanau. While it may be true that 'No One is an Island', Brad's sense of loss and isolation was extreme at this time. This paper describes some of the things that happened during the hospital stay. The audience will gain an appreciation of the depth of fear felt by Brad, who suffers from paranoid schizophrenia, at the time when he was forced to use mental health services. His experience and feedback come from a position of insight and it is hoped that they will help health professionals rediscover the person behind the unfortunate symptoms. 1. What will the people in the audience gain or learn from attending this presentation? Some actions of people who are psychotic can very often make little or no sense to an outside observer, but seemingly random or even bizarre behaviour usually makes perfect sense to the person who is undertaking it whilst labouring under a psychosis. This paper will explain some of the reasons why a person who is experiencing a psychotic episode may act in a way that is difficult to understand, or to tolerate. 2. How is this topic/issue relevant to mental health services and mental health issues? People using mental health services are often not in a position to describe their experience until some time has passed. However mental health services are a major service industry, and it is appropriate and useful for those providing the service to receive feedback from those who use the services.

S09: The experience of mental illness 2
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- An exploration of chronic sorrow: The spouses experience of living with schizophrenia
Deanne Gaskill

The experience of grief resulting from loss and death of a loved one has been well documented. Less understood, but equally painful, is the grief trajectory emanating from the experience of living with a sufferer of chronic mental or physical illness. These recurring waves of grief are referred to as chronic sorrow, a concept attributed to Olshansky in the 1960s and subsequently validated by further research. However, the symptoms first noted by Olshansky have been expanded from sadness and sorrow to include fear, helplessness, anger and frustration. The attributes of chronic sorrow include a perception of sorrow or sadness: · which occurs in situations with no predictable end; · that is cyclic or recurrent; · that is triggered either internally or externally; · is progressive and may intensify over time, even years after the initial sense of loss or disappointment. This paper reports findings related to chronic sorrow from a qualitative study of more than 30 spouses of schizophrenia sufferers. Selected excerpts from participants will be used as exemplars of the symptoms of chronic sorrow. These findings have implications for the way health professionals approach work with carers of severely mentally ill individuals. Recommendations will be offered related to acknowledgment and recognition of the concept and suggestions for supportive interventions from mental health professionals. Learning Objectives 1. The audience will be able to: Recognise that chronic sorrow differs from the grief response associated with the death of a loved one. 2.Health professionals will be offered an opportunity to: Review the way in which they work with carers who live with a chronically mentally ill person.

S09: The experience of mental illness 2
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Sense of Belonging, Stress and Depression in Rural - Urban Communities
Suzanne McLaren Belinda Jude Lisa Hopes Tanya Sherritt

Living in rural areas has been linked to higher incidences of stress, depression and suicide. One factor predictive of such mental health indices is sense of belonging. Sense of belonging refers to one's experience of feeling valued, needed and accepted within one's environment, and the motivation to be accepted in to that environment. The current research examined whether rural-urban differences existed in sense of belonging, stress and depression. A random community sample of Australian residents was divided in to four groups, urban (n = 106), regional city (n = 119), regional town (n = 82), and rural (n = 90). Residents completed the Sense of Belonging Instrument (Hagerty & Patusky, 1995), the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983), and the Zung Depression Scale (Zung, 1965). Results demonstrated no differences across the four groups of residents on sense of belonging, stress or depression. Analyses indicated that sense of belonging was a significant predictor of stress and depression. Further, results demonstrated that place of residence made a unique contribution to the prediction of depression, with less populated areas reporting less depressive symptomatology. Despite previous research indicating rural residents experience more mental health problems than urban residents, the current study failed to show differences in the key mental health correlate of sense of belonging. Learning Objectives 1. To gain an understanding of mental health in rural, regional and urban samples. 2. The research highlights the important relationship between mental health and sense of belonging to one's community.

S09: The experience of mental illness 2
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Framework for Evaluating Consumer Empowerment
Diana East Anna Delamain

Promoting understanding and acceptance of consumer participation in mental health service delivery requires an understanding of the importance of principles of empowerment. But how do we evaluate the empowerment of mental health consumers? There is a distinct lack of systematic, validated frameworks to do so. This interactive workshop is designed to provide mental health professionals (government and non-government) with a framework for evaluating the effectiveness of empowerment interventions at multiple levels or settings in order to improve the health conditions of consumers. Consumer participation and the empowerment of consumers is an important component of a social movement: the attainment of social justice for people with a mental illness. Consumer empowerment must be the guiding principle of all consumer participation activities. Empowerment is about giving people the rights and resources to take charge of their own lives. It implies a synergy and interconnectedness at individual (psychological empowerment), organization (organisational empowerment) and community (community empowerment) levels. The three levels are inseparable, eg insisting on rights at a community level means that you will probably do it more and more at a personal level. The workshop will be facilitated by Mental Health Community Development Workers from Queensland who will begin by briefly outlining examples of their work in relation to empowering consumers. Participants will then be invited to reflect on their achievements/attainments in the three levels of empowerment by addressing the following questions: · What is empowerment? · How do I apply the principles of empowerment to my current work? · What are the challenges and highlights of applying the principles? · What are some of the ways I try to minimise the challenges and maximise the highlights? · How do I know whether empowerment is taking place or not? · What type of resources (materials/expertise) do I have, or need to develop, in order to do this? It is intended that the workshop activities involve everyone present through subgroup and open discussions. Learning Objectives: 1. Participants will learn a method to evaluate the effectiveness of their work in assisting the empowerment of mental health consumers. 2. The workshop will highlight a way to develop a systematic and valid framework to evaluate the effectiveness of consumer empowerment which remains a key element in the mental health reform process.

S10: Innovation in carer support
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Dual Diagnoses and Beyond - Case Management of Clients with Complex Needs
Jennifer Thompson

The emerging need for the provision of services for HIV positive people with a mental illness and/or cognitive impairment and other complex needs led to the establishment of ADAHPT, a state wide service (in New South Wales) to co-case manage clients with multiple diagnoses and complex needs. Most referrals to this team specify mental illness/mental health issues as the main feature of the referral. When facing the challenge of clients with complex problems, case management crosses into the realm of many different disciplines and areas of expertise. Successful management of these people may involve the co-operation and co-ordination of a wide and varied range of services. The use of Anti-Retroviral medication along with intensive community case management is enabling clients' health to improve to the stage where they are living longer in a variety of settings. In some cases it may seem that despite such intensive support some clients remain chaotic and seemingly 'unmanageable'. ADAHPT over time has successfully forged partnerships with a range of services to support some extremely chaotic and difficult people in the community. The aim of this presentation is to show that such partnerships facilitate successful case management Learning Objective Use of case management in the care of people with multiple diagnoses and complex needs. Relevance to Mental Health: People suffering with mental illness are rarely faced with a

single diagnosis/problem often making them seemingly too difficult for any service to take on. The aim of this presentation is to show via the extension of the case management model that challenging clients can be managed in the community.

S10: Innovation in carer support
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- MHAC - The Inter-Island Ferry.
Annie Cripps Maliaga Erick Imogen Phillips Elizabeth Rock Jessie Anderson
To demonstrate how the Mental Health Advocacy Coalition (MHAC) is a vehicle providing connection between the islands (mental health services) and the mainland (Minister of Health, Ministry of Health, Mental Health Commission and selected government departments) MHAC was formed in 1994 in response to the health reforms and the lack of a process for a nationally representative body to dialogue, advocate, advise and educate the Ministry of Health and the funding bodies who were responsible for purchasing services for people with mental illness. MHAC has evolved its processes, membership and policy advice to reflect the changing health environment. This has been a learning experience which we could like to share. This interactive workshop will involve all present in scenarios that allow for comment and action and the development of strategies and processes to adapt to the continuing changes in policy. Learning objectives 1. The style of the workshop will enable people attending to participate and learn from this participation how to think about group advocacy in a different way. 2. The better informed we are, the better we communicate with each other, respect our differences and keep to our vision, the better we are able to positively influence the decision makers in policy positions.

S11: Implementing focussed therapy: CBT
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Interpersonal Psychotherapy - An effective and clinical friendly therapy for depression
Paul Rushton
Interpersonal Psychotherapy (IPT) is a time limited, interpersonally oriented psychological therapy. The aim is to achieve symptom relief by focusing on modifying disrupted interpersonal relationships or modifying expectations about those relationships. IPT makes no aetiological assumptions about a person's illness, but rather addresses episodes of illness in the context of an individual's contemporary relationships. It is based on an empirical foundation in the areas of attachment, social roles and life events. According to the theory of IPT, by offering patients a specific framework to facilitate lasting and meaningful change in problematic relationships, symptomatic relief is obtained. The therapy resolves around the identification and resolution of one of four problem areas: Grief, Interpersonal Disputes, Role Transitions and Interpersonal Sensitivity. The therapist's role is to create and maintain an interpersonal focus whilst developing a collaborative and supportive therapeutic relationship. IPT has been empirically demonstrated to be effective in the treatment of a number of conditions including adult and adolescent Depression, post-natal disorders, Bulimia and more recently Personality Disorders. Furthermore, major research studies that have compared IPT to CBT and other therapies have demonstrated IPT to be comparable to CBT. This is significant as CBT is by far the most learned and applied psychotherapy and is considered best practice treatment for many conditions such as Depression and Anxiety Disorders. Despite its empirical validation IPT has received little attention in Australia and New Zealand. Over the last year practitioners have become more aware of IPT and its potential applications for a range of problems. For example the Gold Coast Integrated Mental Health Service has developed a Group IPT program for chronic Depression. The preliminary results of this program indicate that Group IPT affects the course of Depression, is relatively easy to learn and apply, and offers an adjunctive or alternative approach to traditional group therapies. Furthermore the benefits of applying IPT to conditions such as Bipolar Affective Disorder and Substance Abuse is currently being evaluated within Australia. With the limited resources available to public mental health services, effective and evidence based

treatments that can be offered by a range of mental health professionals and as group therapies are increasingly being demanded. As IPT is a manual based treatment it is readily available as a cost effective intervention that can be reliably delivered in a variety of clinical and research settings. Additionally, consumers find the therapy understandable, logical and free of jargon. In summary IPT is effective, clinician and consumer friendly and is a valuable alternative or adjunct to traditional therapy approaches that are currently being applied in contemporary mental health services. Learning Objectives: 1. To develop an understanding of the basic theory and processes of IPT, and its value as an alternative to therapies such as Cognitive-behavioural therapy, and 2. To demonstrate the application of Interpersonal Psychotherapy for the treatment of Depression within contemporary mental health services.

S11: Implementing focussed therapy: CBT
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Implementing CBT for psychosis in an area mental health service: the response of consumers, therapists and managers
John Farhall
A wide gap exists between successful research trials and the translation of a new therapy into routine practice. Recent research suggests that a new therapy, cognitive behaviour therapy (CBT) for psychosis, is efficacious. This paper reports a study that explored whether a CBT for psychosis intervention, conducted by psychologists, might be effective and acceptable in routine practice. Thirty-three consumers were referred, of whom 22 received an intervention. Acceptance of the therapy by consumers was high, and both positive symptom ratings and global functioning scores improved following therapy. Eleven of 14 area psychologists availed themselves of training and support. Uptake of cases was variable, with two therapists accounting for 79% of registered cases, however, 50% of area psychologists claimed to be implementing principles promoted by the program with non-registered consumers. All 14 service managers completed a structured interview regarding perceptions of need and feedback about the program. Although managers saw the therapy as effective and considered 36% of service users to be potential candidates for therapy, it was not seen as a high priority and psychologists were allocated little time in which to provide the service. These findings raise issues about the dissemination of innovation into routine practice, including management of change and the need to research the utility of more limited versions of efficacious treatments. Learning Objectives 1. People in the audience will gain both an overview of CBT for psychosis, and an appreciation of some factors that affect the translation of new therapies into routine practice in ordinary mental health services. 2. This topic is relevant to mental health services in two main ways: 1) CBT is an emerging evidence based treatment, and 2) Translation of evidence based treatments into practice is currently a very topical issue.

S12: Deafness and mental illness
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Deafness & Mental Health. A Survey & Mental Health Needs Assessment of Deaf and Hearing Impaired People in Queensland
Dianne Briffa
This project aimed to complete a survey and mental health needs assessment of deaf people throughout Queensland, and develop an implementation plan incorporating strategies to improve mental health services for this unique group. A survey questionnaire, focus groups and personal interviews were used to explore the experiences, concerns and suggestions for improvement expressed by members of the Deaf community, the hearing impaired group, carers, mental health professionals and other key support workers. Australian Bureau of Statistics data estimate numbers in Queensland of people with hearing impairment in the year 2000 to be 185,962 (5.2% of the Qld population), with 6,677 (0.19%) of these having total hearing loss. Only 135 people were identified by service providers as being Deaf / hearing impaired and only 101 of these were identified as having a mental health problem. Other identified concerns included the Deaf community's minimal knowledge and understanding of

mental health issues, mental health professional's lack of awareness of issues related to deafness, and inequitable and inappropriate service provision for deaf people. Recommendations include strategies to: · educate deaf people about mental health issues, · educate staff and other service providers about deafness, · ensure a more appropriate and 'deaf friendly' service is provided, and · adapt and validate assessment tools for deaf people. This project identified the special needs of this unique group and proposed strategies to ensure a more accessible, equitable and appropriate service provision. Learning Objectives: 1. People in the audience will gain a greater awareness of some of the difficulties faced by Deaf and hearing impaired people in relation to mental health issues, as well as some of the identified concerns experienced by mental health professionals and key support workers. 2. This is relevant to mental health services in that when the recommendations made in this project are implemented, it will ensure that services provided to the Deaf and hearing impaired people will be made more easily accessible, more equitable and certainly more appropriate.

S12: Deafness and mental illness
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Sorry, what did you say??
Marilyn Kraner Kris Chapman
This paper will describe the recent development of the Guidelines For Mental Health Services Working With People Who Are Deaf Or Hard Of Hearing. The Guidelines were produced by the Victorian Mental Health Branch in collaboration with the Victorian Deaf Society (Vicdeaf) and are the first of their kind in Australia. The paper will initially give the audience some insight into the challenges posed by being deaf or hard of hearing and having a mental illness. The need for consistent and effective communication processes will be discussed, vital to ensure mental health professionals are both cognisant of the potential impact of mental illness on these individuals, and capable of responding appropriately to meet their mental health needs. The Guidelines provide practical information to assist staff to identify and respond to the needs of clients, to address their assumptions about what is appropriate communication and to apply strategies for comprehending communication of a different form. A presentation by a representative of the Mental Health Branch will outline the development, content and potential benefits of the Guidelines For Mental Health Services Working With People Who Are Deaf Or Hard of Hearing. Also, a description will be provided of the processes of collaboration between mental health services and deaf specific services that aim to improve outcomes for people who are deaf or hard of hearing and who have a mental health problem or disorder. Learning Objectives: 1. The audience will have an insight into the challenges posed by being deaf or hard of hearing and having a mental illness, and understand the importance of effective communication to improve response and outcome. The audience will learn about the potential benefits of the Guidelines, including strategies for mental health professionals to apply when working with people who are deaf or hard of hearing. 2. People who are deaf or hard of hearing and who have a mental health problem or disorder are particularly vulnerable. When these individuals come into contact with mental health services there is often the potential for behaviour, emotion and cognition to be misconstrued and misdiagnosed. This can create further distress and poor health outcomes. The Guidelines have been produced to assist mental health services to better understand and respond to the needs of individuals who are deaf or hard of hearing.

S12: Deafness and mental illness
29/08/2001 From: 1130 To: 1300
Paper 20 minutes:- Recovery Planning
Justin Scanlan Susan Austin Simone Bell
Recovery Planning is a innovative new concept in mental health service delivery. It was designed and developed by a group of Occupational Therapists working under the guiding mission statement 'Progressive, dynamic and recovery focussed mental health services in pursuit of excellence'. This paper will outline the major theories underpinning the concept's

development, the process of developing and selling an evidence-based practice structure to a mental health service and present the resource package developed to assist clinicians, consumers and families and significant others in the recovery planning process. This paper will also incorporate activities to assist participants in the use of this resource package and in the development of completed, individualised 'Recovery Plans'. Recovery Planning is based upon the theory of recovery from mental illness and is developed from the biopsychosocial-developmental perspective. The model incorporates features of both the relapse prodrome and relapse signature (symptom monitoring protocols), but it also adds several other important features. The development of recovery plans enable the person to effectively create an environment in which this process is promoted. Recovery involves but is not limited to the prevention of relapse, it also requires changes to overcome the sometimes negative effects of treatment (trauma related to hospitalisation, medication side effects), to reclaim a sense of self-directedness and the restoration of hope. Although the process of developing a recovery plan can be involved (taking up to five or six sessions), there are numerous clinical benefits to be gained. As a recovery plan involves recognition of early warning signs of relapse (both from the 'relapse prodrome' and 'relapse signature' theories), benefits of these monitoring systems are achieved. In addition to these benefits numerous other positive gains are available and many of the limitations of the relapse prodrome and relapse signature monitoring systems can be overcome. The primary additional benefit of recovery plans is that their development transforms the consumer and their families from 'symptom monitors' into active agents of treatment. Not only does this give a more comprehensive sense of control over the illness, but it also empowers the consumer and their family and can help to overcome some of the internalised stigma of mental illness. The inclusion of healthy lifestyle options and 'protective factors' is also beneficial and creates an overall positive, hopeful flavour for the plan. During this paper, participants will be introduced to the concept of recovery planning and activities designed to increase participant ability to use the package will be conducted. The major aim of this paper will be to present and promote this system in the hope that other service providers will join in our vision towards providing better outcomes for people recovering from a mental illness. The package currently contains numerous sections. These include: (1) theoretical basis paper; (2) work directions for the development of a recovery plan; (3) information gathering tools [symptom proformas, early warning sign checklists, strategies for overcoming symptoms]; (4) information on the individualisation of written recovery plans; and (5) information, examples and templates of finalised recovery plans. One of the aims of the paper will also be to add to the existing knowledge base from the wide array of professionals, consumers and families that will be in attendance at the conference. This paper will appeal to both new and experienced clinicians, consumers, families and other interested parties to share and learn. In keeping with the overriding concept of recovery, all people attending will be considered equal with equally valuable ideas to share. Learning Objectives: 1. 'What will people in the audience gain or learn from this paper' - Participants will learn how to apply the principle of recovery and utilise the resources available in the 'Recovery Planning' package so that they can develop individualised, highly user-friendly 'Recovery Plans' for people recovering from a range of mental illnesses. 2. 'How is this topic/issue relevant to mental health services and mental health issues' - Standard 6.6 of the National Standards for Mental Health Services (Commonwealth of Australia) specifies that each consumer should receive assistance to develop a plan which identifies early warning signs of relapse and appropriate action. - Standard 11.4.4 suggests that mental health services need to focus on promoting and supporting recovery. - Recent developments in medical and psychosocial mental health care now allow more focussed care to be provided to prevent relapse rather than to merely treat acute episodes. The process of 'Recovery Planning' provides an excellent basis from which to do this.

S13: Cultural approaches
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- No Island is Alone: Mental Health Services Development in PNG
Kevin Kellehear Jutta Nissen
Health services in developing countries frequently struggle to provide health services for all, more so in countries where there are large populations in rural and remote areas, including remote islands. When providing mental health services the difficulties are compounded. The Australian government through the Australian Aid for International Development (AusAID) supports a wide range of programs to Pacific Island nations, directly or indirectly impacting on the health of populations. The Medical Officer Nursing and Allied Health Project (MONAHP) is an AusAID supported project in PNG, now in operation for over six years. The purpose of this paper is to describe the MONAHP program, highlighting the collaboration between Australian health professionals and national professionals of PNG, over a 6-year period, in the development and strengthening of mental health services through a range of education and training programs. The paper will describe the methodology and activities used to support mental health services development. The paper will focus on the contribution and experiences of the senior author in the collaboration in this project, addressing some of the difficulties and obstacles encountered in the provision of comprehensive services in developing countries generally, and PNG specifically. The paper underlines the mutual support and collaboration with Pacific Island nations provided, to ensure that no island is alone in its goals to provide mental health services. Learning Objectives 1.Participants in this presentation will develop an appreciation and understanding of the ways to collaborate with national staff to provide programs to develop and strengthen existing mental health services in developing countries such as PNG. 2.This paper will provide participants with the opportunity to compare and contrast their own experiences in mental health services development and provision with those of developing countries.

S13: Cultural approaches
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Leave No Footprints
Linda Keane Naz Remtulla Agnes Palmer
The Remote mental Health Team is a combined community effort and consists of a small team of twelve staff from a range of government and non-government agencies who provide treatment and support to both the indigenous and non-indigenous Population of Central Australia, an area spanning approximately 1,000,000 square kilometres. Eighty percent of the population supported by the Remote Team is indigenous, with most living clans and language districts. Centralised communities, which are largely a non-Aboriginal creation, typically range in size from 100 to 1200 people. The non-indigenous population supported by the Remote Team is scattered across a few small townships and cattle stations with a number living and working in Aboriginal communities. The challenge for the Remote Team is to provide treatment and support which is relevant and culturally appropriate in an area where there is great cultural diversity and at times an overwhelming clash of cultures. How to work and respond in that strengthen individuals, allowing them to maintain and develop strong cultural links/identity. Another factor compounding the challenge for the Remote Team is Central Australia itself. Huge distances to be travelled to sparsely populated areas over terrain that is at times impenetrable and in a climate that frequently hampers or prevents travel. In short the environment itself is a great leveller, a context where models of service delivery are unable to survive unless they are able to produce tangible and relevant outcomes. Learning Objectives: 1. People attending this presentation will learn that better success is achieved when services are sensitive to the cultural needs of service users. They will also learn that it is vital that we as service providers are always mindful of not doing harm to those we are charged with supporting. 2. This topic is relevant because it deals with an identified priority group in terms of need for mental health care and support. It also recognises the complex nature of providing culturally appropriate services.

S14: Anti-stigma campaigns
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Impact of mass media campaign to counter stigma and discrimination
Allan Wyllie
Findings will be presented of pre and post campaign survey data, assessing the impact of a national mass media campaign to reduce stigma and discrimination against people with experience of mental illness. The context will be set by first considering a model specifying the role of mass media in this campaign, relative to other processes for change. Recommendations are made about the future directions for the campaign. Learning Objectives: 1. People will learn about what impact the advertising campaign has had and the role of mass media as a change agent 2. It is relevant because, while reducing stigma and discrimination is designed to improve quality of life for people with experience of mental illness, few efforts have previously been made to address the issue on this scale.

S14: Anti-stigma campaigns
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- 'Like Minds, Like Mine': a comprehensive health promotion campaign to counter stigma and discrimination associated with mental illness.
Gerard Vaughan
'Like Minds, Like Mine' is the brand name for the New Zealand Ministry of Health's Project to Counter Stigma and Discrimination Associated with Mental Illness. This paper will discuss the framework for a comprehensive public health approach outlined by the Ottawa Charter for health promotion (WHO 1986), and review the evidence-base for the campaign. It will discuss the roles played by consumers, media, mental health services and other key influencers, focusing on the important relationship between mass media and community action. It will offer insights into the practical problems of coordinating a range of different interests and stakeholders, especially the different perspectives of the mental health services and public health providers. It will identify critical success factors and an assessment of progress to date. Finally it will discuss where the project may go from here. Learning Objectives: 1. Essential components and critical success factors for a comprehensive health promotion approach to the problem of stigma and discrimination. 2. How public health's health promotion approach can support the efforts of mental health services.

S15: Organising mental health services
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- On Becoming a 'Community Member': a view from the other side
Bill Healy
A Mental Health Review Board was established under the 1986 Victorian Mental Health Act with the aim of reviewing and hearing appeals on all involuntary admissions to psychiatric services. The author was appointed at the beginning of this year to the Community Member category of Board membership and regularly sits on panels with the two other category representatives, one a Lawyer, the other a Psychiatrist. This paper will draw on the author's experiences as a Board Member and relate them to his long history of work as an educator, researcher and teacher in the mental health field and will present some of the key dilemmas of this new part of his practice experience. Particular attention will be given to: * The challenge to appropriately take up the role of member of an Administrative Law Tribunal whilst having a personal history of advocacy practice and research. * Resolving tensions between individual rights and community interests, including those of carers and family members. * Understanding and deciding about the need for treatment versus the right to refuse treatment * The struggle to understand and evaluate the legal versus medical concepts of insight and capacity and their respective consequences for a psychiatric patient. * Responsibilities to due process and balanced judgement in the context of limited time and with often partial and occasionally conflictual information. NB: this paper only represents a personal view and is not in any way the view of the Board. Learning Objectives:

1. Members of the audience will (hopefully) gain an increased understanding of the complexities of the interactions between the law and psychiatry. 2. The paper is of relevance to Mental Health Services because of the very high proportion of patients who are on involuntary orders.

S15: Organising mental health services
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Mainstreaming mental health legislation: Queensland's Mental Health Act 2000
Dean Lewin

As a result of the mainstreaming process of reform modern mental health legislation can no longer exist as a stand-alone measure to ensure the standard of care provided to, and decisions made about, people with mental illness. Queensland is currently implementing new mental health legislation that will provide a more effective and accountable system of involuntary treatment and care for people with mental illnesses. There are a numbers of features of the new legislative scheme that ensure decisions related to the involuntary assessment and treatment provisions are consistent with other legislation and recognise the unique aspects and value of an individuals community. The Mental Health Act 2000 has been drafted to be consistent with other related general health legislation, guardianship legislation and criminal justice provisions. In addition the Act includes principles that include involving the person, their family or carers in decisions whilst promoting the persons participation in the community and maintaining supportive relationships. Queenslands Mental Health Act 2000 reflects contemporary clinical practice, international, national and state policy directions and broad community expectations. The new law recognises that legislation cannot provide for all of the complex issues related to the care and treatment of people with a mental illness. It is necessary therefore for the Act to be consistent with other legislation whilst also promoting linkages and participation in the community. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? Delegates will gain an overview of how modern mental health legislation no longer provides for all of the provisions related to the care and treatment of mental illness. Delegates will learn how Queensland's Mental Health Act 2000 has accounted for this by promoting linkages with other legislation and the community. 2. How is this topic/issue relevant to mental health services and mental health issues? Mental health legislation provides for the involuntary assessment and treatment of mental illness. Modern mental health legislation only provides one component of the provisions related to services provided to people with mental health problems. It is important therefore that new mental health legislation, such as Queenslands Mental Health Act 2000, provides for linkages with other legislation and the community.

S16: Intervention in schools
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Mental Health Education in High Schools
Karel Hartemink

Greetings, my name is Karel Hartemink, I work as a Fieldworker for Supporting Families in Mental Health (previously known as Schizophrenia Fellowship) in Rotorua. As a Fieldworker in Mental Health I visit local High Schools in the Rotorua region to promote mental health among students from Form 4 upwards. My goal is focussed on prevention, by giving information and urging students to take care of each other and seek help if necessary, in the early stages. I am asking schools to allow two periods for each class for this. Last year I made approximately seventy presentations to around nine hundred students. I tell them about the occurrence of mental illness in New Zealand (1 in 5) and tell them about everyday people affected by mental health problems at some stage of their lives, who still were able to lead positive, productive lives. I continue to tell them that mental illness is and what can trigger off episodes of mental illness. Next I explain why this programme is presented in High Schools. As teaching tools I encourage discussion, use video material, create a project approach, have a quiz and prizes and give out certificates for positive participation in this

project. The programme has been well received by the High Schools and I will present the results of a survey that I carried out among sixty-five students. Learning Objectives 1.What to High School students need to know about mental health? 2. How to present a challenging, attractive, mental health education programme to High School students Form 4 and upwards.

S16: Intervention in schools
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Primary Schools: a Venue for Mental Health/Illness Promotion: a Pilot Project
Rebecca Allchin Julie Malmborg
Mental health/illness promotion in primary schools: a pilot project This presentation will provide participants with a clear description of the value of mental health/illness promotion to teachers and students in primary schools. It will describe the development, process and results of this innovative pilot project, which had two key objectives: the first addressed the role of schools and teachers in supporting children and families affected by the mental illness of a parent; and the second objective was to reduce stigma through classroom education about mental illness. The experiences of a person with a mental illness and a young woman who as a child lived with a mother with a mental illness were critical parts of the project. The significant outcome of the teacher workshops was an increased confidence to talk with and support a child whose parent had a mental illness. Student evaluations indicated changes in attitude and increased knowledge. This was demonstrated by a significant decline in derogatory descriptors exemplified in the comment: 'I think I will never refer to a person with a mental illness as psycho, crazy or anything else.' This presentation will show the ground-breaking and successful nature of this project in primary schools in facilitating family support and helping prevent stigma. Learning Objectives At the end of this session participants will be able to: 1. Describe the value of mental health/illness promotion for teachers and students in primary schools. 2. Discuss the ways in which education/promotion helps : i. teachers to support children in families affected by mental illness ii. students change attitudes to help prevent stigma about mental illness.

S17: Where consumer perspectives meet clinical perspectives
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- You say DSM, I say damage and sadness… Tales of Inhabiting the Grey Zone, where consumer perspective meets clinical
Cath Roper Brenda Happell
This paper will share the experiences gained from establishing a consumer perspective in a tertiary education setting; how we arrived at a vision for the role; negotiating the teaching component; the experience of teaching, and some of the resources created. Three major projects are proposed to enable a consumer perspective to inform the activities of the Centre for Psychiatric Nursing Research and Practice. The first project involves teaching . The consumer perspective session runs back to back with the theoretical session, (taught by the course co-ordinator), leaving the post-graduate psychiatric nursing student with two sometimes mutually exclusive perspectives. The challenge for students is to be able to acknowledge both, and to reflect on their own practice. So far, this has been very exciting, establishing an environment where students feel safe enough to think and speak. The second is creating a reading resource for students, developed from conversations with consumers about what they believe the mental health nursing profession needs to hear from consumers. This gives consumers an opportunity to shape the course content. It is also a way of broadening the consumer perspectives that students hear. These collected conversations will then be bound into a booklet. The third project is introducing consumer preceptors to work with students and clinical preceptors, at the students' place of work. The implications of the consumer academic initiative for mental health nursing will be emphasised. Learning Objectives: 1. People attending this presentation will gain an understanding of the potential contribution of a mental health consumer academic within an academic environment 2. This presentation highlights the importance of a consumer perspective in the education of mental

health nurses. Although this position is situated in a nursing department the concepts are transferable to other mental health disciplines

S17: Where consumer perspectives meet clinical perspectives
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Hell of a lot worse
Ann Smith Coralie Haynes
Our theory is that psychiatric inpatients develop post traumatic stress disorder as a consequence of their hospitalisation. Post traumatic stress disorder does have an identifiable cause. The person has invariably been involved in a distressing event beyond the range of human experience. Typical symptoms are reliving the trauma, having the event penetrating into the consciousness unmercifully, and avoidance of situations even remotely associated with the original trauma. Psychiatric patients are ill prepared for the emotional impact of the psychiatric ward that can traumatise the uninitiated. The inpatient world breaks down self-identity and strips away civil liberties. Case Study: I needed help but was detained. Help only came from brightly colored pills and I felt unreal unable to be touched 'Psychiatric institutions probably did save my life, but also they made things a hell of a lot worse in other ways'. Every way I looked someone was saying: 'you've got it wrong' 'We know what's best for you' 'You are out of control' 'You are incompetent incapable, insane'. And I came to believe that. We suggest to you that the experience of psychiatric inpatient admission results in permanent scaring which is not associated to the original illness. Learning Objectives: 1. The audience will learn from supporting case studies and associated research that psychiatric inpatients can develop post traumatic stress disorder during their admission to hospital. 2. this topic is relevant to both Mental Health Services and Mental Health issues as theoretically a patient should not be admitted with one diagnosis and acquire another during their admission. Is this not a statement about management of psychiatric illness today?

S18: Aboriginal-controlled mental health programs
29/08/2001 From: 1400 To: 1500
Symposium 1 hour:- Words into Action into Words - the Cycle of Policy and Provision
Naomi Mayers Martin Mary Louis Anne
Paper 1: Historical Aspect Paper 2: Workforce Issues in Employing Indigenous Workers Paper 3: What It is Like to be at the Coalface Being well is 'Not just the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their communities' (NACCHO 1997). This selection of 3 papers by representatives of the National Aboriginal Community Controlled Health Organisation (NACCHO) will track the history of this organisation's involvement in maintaining Aboriginal cultural integrity, inherent sovereignty and self determination in the development of their communities. The papers will show how the Aboriginal Community Controlled Health Services address whole of life issues, through culturally valid PHC Services which are understanding of, and responsive to factors contributing to the impairment of Aboriginal wellbeing. Some of the focus issues to be addressed are: Workforce issues, cross cultural training, Stolen Generations, and health promotion. Learning Objectives: 1. The audience will gain an understanding of an holistic approach to mental health issues, and identify a focus on policy development and capacity building of health teams in communities, and through strengthened links with mainstream services. 2. This topic is relevant in that it presents the background and current need to implement the process and achieve the outcome indicators for Aboriginal peoples and Torres Strait Islanders within the National Action Plan for Promotion, Prevention and Early Intervention in Mental Health 2000. How Community controlled Health Services are working in partnership with mainstream health services.

S19: Hospital liaison mental health
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Mental Health Services in the Emergency Department: Bringing mental health into an equal partnership.
Alan Grochulski
The needs of mental health consumers are greatly changing as health services are restructuring and mainstreaming mental health consumers into the general hospital system. This has also had a major impact on the provision of services by Emergency Departments with mental health consumers and their carers. The Centre for Mental Health released in 1998 Final Report and Recommendations for Mental Health Care in Emergency Departments. This focused on these issues and Royal North Shore Hospital and Community Mental Health Service funded a full-time mental health nursing position for the Emergency Department. This position established and developed the establishment of long-term changes to the provision of mental health services. Other outcomes from the position were, the improved working relationships that allowed the mental health nurse to influence the medical environment and culture between the Mental Health and Emergency Departments and development of new partnerships between the Mental Health and Emergency Departments. Some of the outcomes of the position were client-waiting times decreased for assessments, decreased clients walking out, increase in appropriate mental health referrals from the Emergency Department, increased Emergency Department staff satisfaction in their dealings with mental health clients and the mental health service, client and carers satisfaction with services was also increased. This presentation will cover: - development of this role - changes to service provision - changes in culture - development of new mental health partnerships - educational programs - development of policies and service agreements - mental health requirements in the Emergency Departments - current research - future developments - current challenges Learning Objectives: 1. Participants will learn about formulation of collaborative partnerships with mental health service providers and collaboration between services 2. This topic is relevant to all mental health service providers and consumers as the Emergency Departments are assessing and treating mental health clients in increasing numbers each and allows targeting interventions by applying evidence based practice.

S19: Hospital liaison mental health
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Psychiatric Consultation-Liaison Nurse as a key component of a C-L Psychiatry Service.
Margaret Grigg Julie Sharrock
Historically, Consultation-Liaison Psychiatry Services in Australia have predominantly consisted of psychiatric registrars and part time psychiatrists. The roles of other disciplines, in particular nurses, have not been well developed. This paper seeks to describe the role of the Psychiatric Consultation-Liaison Nurse (PCLN) as it has been developed at St. Vincent's hospital in Melbourne. Initiation of the PCLN position arose from discussion between mental and acute health services at St. Vincent's. A number of recommendations to improve the delivery of health services to patients with psychiatric symptoms in the non-psychiatric wards of the general hospital resulted from these discussions. One recommendation was to develop a nursing position within the Consultation-Liaison psychiatry Service. This was in recognition that many general nurses do not believe they have the skills, confidence and knowledge to care adequately for patients in their care who have a mental health problems and that a skilled psychiatric nurse could provide appropriate assistance nurses regarding the mental health care of patients. The nursing position was introduced in April 2000. The position has 2 primary functions: the clinical function and the team coordination function. These will be described. An evaluation of the role is currently in progress and this will also be described. Preliminary evidence is that he nursing contribution to the Consultation-Liaison Psychiatry Service is a valuable one. Learning Objectives: 1. Participants will understand the model on which the

PCLN position is based. 2. Participants will understand the important contribution a nurse can make to the Consultation-Liaison Psychiatry Service.

S20: Maori framework for services
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- A Maori Framework for monitoring practice and service provision. The work of Miria te Hinengaro
Phyllis Tangitu Paraire Huata
Phyllis Tangitu has assisted in the development of this framework with her work in Miria te Hinengaro with Te Ngaru Learning Systems. This paper will present the findings of a series of wananga held within the Midland Regionn that looked at identifying Maori Models of Practice for different Iwi groups. The issues that need to be addressed through workforce development for Maori will be explored and the presentation of a framework that can monitor practice of Maori practitioners and provider practice in terms of Kaupapa Maori services. Learning Objectives: 1. The audience will understand and have an appreciation of a Maori framework. 2.How to implement a Maori framework within a mainstream organisation.

S21: Development of Pacific Islander services
29/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Lotofale P.I.M.H.S. 'Analysis Six Years On'
Maliaga Erick Eseta-Nonu Reid
Fakaalofa lahi atu, Talofa lava, Kia Orana, Malo e lelei, Ni sa bula vinaka, Taloha Ni, and greetings. This workshop will discuss and describe (1) the development of the Fonofale Model of Health in the service delivery to meet the on going needs of Pacific People from a management perspective and a service delivery to Pacific Peoples perspective. 2 The development of the Mental Health Outcome Measurement Tool and the identification and implementation of ethnic specific needs. 3 The Pacific islands Clinical Joint Appointments with mainstream service. Learning Objectives: 1. The aim of this workshop is to raise the awareness of Lotofale service and the developments since first started in 1995. The process of developing and identifying cultural ethnic needs and outcomes based on the Fonofale Model of Health. 2. To highlight the work Lotofale service has made to make a difference to service delivery to meet the needs of Pacific Islands consumers and their families. The importance of providing a culturally appropriate service in the service delivery and the identification of cultural needs from a specific ethnic groups. The impact of having joint appointments with mainstream services and working in collaboration and integration that makes the difference to Pacific Islands consumers and their families in mental health services and gives them a voice for their own specific treatment and care.

S22: The experience of mental illness 3
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Ki te Wheao ki te Ao Marama - Our experiences in Mental Health
Wi Te Kahutapere Huata Hori Kingi
Wi and Hori have experienced institutional care. In this session they will share their journeys and show how through personal growth and development they have overcome the illness and stigma of mental health. Both Wi and Hori currently work in and around Mental Health environments. Hori as a Crisis Intervention Worker within a Kaupapa Maori Service, and Wi as a facilitator in wananga for Maori practitioners. They will describe their current roles and how they have succeeded in overcoming the stigma of having experienced mental illness. This will be depicted in various forms through visual, audio and performance. Learning Objectives 1.Provide the audience with a consumer perspective on utilisation of mental health services. 2.Ways to overcome stigma attached to mental illness.

S22: The experience of mental illness 3
29/08/2001 From: 1400 To: 1500
Paper 20 minutes:- Just Jessie
Kate Tarrant Julie Baga Anne Stidworthy Merrick Keenan
This is a drama presentation written and performed by members of the Wellington self-help, bi-polar support group. It tells the story of a consumer, Jessie and shows her interactions with various people in her life as she struggles to come to terms with her diagnosis. The theme of stigma, particularly from a consumer's perspective is explored. The script is at its second draft stage and rehearsals and final re-writes will begin in a few weeks time. Presentation Aims: * To entertain. * To share consumer experiences through performance. * To provoke thought and discussion about consumer issues - especially regarding stigma. Learning Objectives: * Audience members will understand and emphasise with consumer issues by seeing them dramatised. * The presentation is relevant because it provides a consumer perspective on the issue of stigma. Script Extract: 'Maybe this is a one-off, maybe what they're telling me about manic depression isn't true for me? And being on Lithium for the rest of my life? I hate taking medicine! I don't want to be on anything but fresh water and chocolate for the rest of my life!' - Jessie

S23: Combatting stigma
29/08/2001 From: 1530 To: 1730
Symposium 2 hour:- Working together to combat stigma
Barbara Hocking Alan Rosen Warwick Blood Peter Putnis Gerard Vaughan
Papers in this Stigma symposium will look at the issue of stigma within mental health services and the media in both developed and developing countries. What role do mental health workers and journalists play in reducing stigma and discrimination faced by people affected by mental illness? Presenters Barbara Hocking, Warwick Blood/Peter Putnis, Gerard Vaughan, Alan Rosen 1. 'Less stigma would make our lives better'. Report on a consultation with Australian consumers and carers. (Barbara Hocking). 2. 'Like Minds, Like Mine': partnership between public health and mental health services to reduce stigma in New Zealand. (Gerard Vaughan). 3. Violence and Madness in Court: Australian Newspaper Coverage of Mental Illness. (Warwick Blood and Peter Putnis). 4. Psychiatric Stigma in developed countries compared to developing countries. (Alan Rosen).
Ms Barbara Hocking Title: 'Less stigma would make our lives better'. Report on a consultation with Australian consumers and carers. Abstract: In October, 2000, SANE Australia conducted a national consultation, incorporating a phone-in, 'What's Your View?' with consumers and carers, to find out what would make their lives better. The number one issue raised was ' less stigma and better community understanding ', closely followed by 'better health professionals' with specific reference to their often-stigmatising attitudes. This paper will report on the findings and recommendations from the consultation and will discuss the implications of this for mental health services.
Mr Gerard Vaughan Title: Partnerships between public health and mental health services to reduce stigma. Abstract: Stigma in mental health services has been identified as an issue in New Zealand, where the destigmatisation project is managed by public health. This paper will report on the progress of efforts involving mental health services to reduce stigma and discrimination in New Zealand.
Professor R. Warwick Blood and Peter Putnis Title: Violence and Madness in Court: Australian Newspaper Coverage of Mental Illness. Abstract: The paper reports on a qualitative analysis of how mental illness is reported in Australian coroner's and criminal courts, and in routine police news coverage. This study is part of a larger quantitative and qualitative research project monitoring media coverage of suicide and mental illness in all Australian metropolitan newspapers and selected regional newspapers for a one-year period. The project is being conducted by the authors and by colleagues at the University of Melbourne. Using media frame theory, this study identifies the main ways the mentally ill are portrayed in police and court reporting in Australian newspapers. This coverage is compared to the Australian Department of Health and Aged Care's media resource kit, Achieving the

Balance, for reporting mental health and illness. This paper will also examine the real impediments in getting journalists and editors to realise what they're doing. The Department of Health and Aged Care funds the research project.
Dr Alan Rosen Title: Psychiatric Stigma in developed countries compared to developing countries. Abstract: This paper will raise the following issues for debate: Is the nature and threshold for psychiatric stigma different between Western and developing countries? Are we able to generalize comparisons between countries, or does it differ essentially from culture to culture? Does mental health or general illiteracy favour more stigma or less stigma? eg Does using the term 'schizophrenia' constitute a more emotionally neutral term or an unprovoked assault on a culture which has generally never heard of it before? Learning Objectives: People attending this symposium will learn more about stigma and discrimination in a range of community settings. With increasing evidence that stigma and discrimination can occur within mental health services, workers will be encouraged to consider how they can 'get their own house in order' at the same time as encouraging others, including the media, to be less stigmatising.

S24: Working towards mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- ICT - An innovative model of care in South Auckland
Verity Humberstone Lucho Aguilera
This paper describes components and outcomes of The Intensive Community Team (ICT) in South Auckland. South Auckland has the highest number of people living in severe social deprivation in urban New Zealand and has a high percentage of Maori and Pacific Islanders. ICT was established for mental health consumers with high clinical and support needs that were not being met by standard services. This team has some features consistent with an assertive community treatment approach and some unique initiatives. Serious housing needs of consumers lead to the establishment of two facilities. One house is for the long-term rehabilitation of men with serious histories of substance abuse and criminality in addition to their mental illness and the other a joint initiative with a non-government organisation for people who have a need for stability of tenure and high staff support. A service for daily administration of atypical antipsychotics has reduced the rate of hospitalisations and facilitates independent living for a number of consumers. A specific group and individual therapy program is offered for consumers who have borderline personality disorder. This paper illustrates positive outcomes in delivering a service developed specifically to community needs. Learning Objectives: 1. The audience learn how specific interventions in a community setting have been associated with a positive consumer outcome. 2. This is relevant to challenge services to look at the unique needs of the consumers they serve within unique community settings.

S24: Working towards mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Flexibility in meeting the needs: The Inner City Project in Wellington
Simone Piatti
The Inner City Project is a new and innovative approach aimed at better meeting the needs of mental health consumers/tangata whaiora in Wellington. The project is a collaborative one among eight existing community organisations and employs two mental health coordinators. The project's aims are: 1. Helping people access services 2. Promoting interagency collaboration 3. Addressing the gaps The project offers a prompt and flexible support service with a strong outreach approach and assertive follow-up. The focus is on linking people into existing services and advocating for new initiatives. This paper will discuss the main findings after one year of running the project. It will talk about who accessed the service, what their needs were and what support they were offered. Vignettes will be used to illustrate the complexity of people's situations that can lead to falling through the cracks. It will discuss what has contributed to the success of the project, what works well and which areas need

further developing. The presentation will include a critical analysis of demographic data and the gaps that have been identified. Learning Objectives: 1. People in the audience will gain a better understanding of how people who don't easily access services can be supported. 2. The topic identifies reasons why some people have difficulties accessing services and how this could be improved.

S24: Working towards mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Streetwork with Homeless Mentally Ill
Bill Davies
Homelessness is a significant issue facing what are otherwise affluent Western Societies. The City of Sydney not only recognises it as a problem but shares in the moral responsibility to act on this issue by providing services directly to people who are in need. Among the homeless population in Sydney are a significant number of people with mental illness of varying levels of severity. Among the City's initiatives are a number of innovative programmes To reach the most needy and isolated people Independent Community Living Association (ICLA) has established a street based outreach service funded by the City of Sydney. ICLA has a history of providing services to people with a mental illness in the community. Many of its clients have experienced homelessness or would otherwise be homeless. ICLA strives for a high level of professionalism with a clinical rehabilitation focus. A multidisciplinary team was established to operate 7 days a week based in Sydney's CBD. Its target group is people who are homeless or appear to be homeless within the Sydney LGA. The Street Outreach Service is not a 'rapid response' service. It provides casemanagement to clients on an ongoing basis ensuring they are linked to appropriate main stream services/agencies. The primary goal of case management is to ensure there are options for clients with multiple complex needs. Assessing the needs of the client and appropriately, arranging, coordinating, monitoring, evaluating, and advocating for them a package of multiple services to meet the specific client's complex needs. ICLA's City Street Outreach Service provides a well-coordinated and effective interdisciplinary effort so the client's needs are best served. Arranging and coordinating care working directly with and indirectly on behalf of individual clients. It is based on the recognition that a trusting and empowering direct relationship between the worker and the client is essential to expedite the client's use of services. It requires the worker to develop and maintain a therapeutic relationship with the client, which may include linking the client with systems that provide him or her with needed services, resources, and opportunities. The initial direction of the service was to engage with clients who were not currently making use of main stream services or at times any other community services in or around the CBD. For many clients having simple basic contact with someone concerned for there wellbeing is a positive outcome. All clients seen by the team were appropriately informed of all relevant services. Formal linking with main stream services is a major focus for the City Street Outreach Service serving as a conduit from the street to many government and non-government agencies. To provide a service of value to this complex and highly need group it is sometime necessary to leave the comfort zone of an office and be there with the clients on the street. Learning Objectives: To be informed of one strategy in combat issues of homelessness among people with a mental illness. Mental Health Services find themselves challenged to meet the needs of some of their most marginalised clients. These challenges cannot all be met from within the established service domains of hospital or community health services

S25: Services for people with challenging behaviour
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Enforced Community Treatment: Ethics effectiveness
Salih Ozgul
Mental health problems constitute a major public health problem and are associated with substantial level of disability, in terms of personal distress and suffering, disruption in occupational and social functioning. They also have significant economic and humanitarian

impact on families and the community. Relapse and chronicity are common with risk of ongoing morbidity and mortality. Compulsory community treatment is being utilized as a health care approach, despite much disagreement and lack of research demonstrating its effectiveness. The aim of the current paper is to present the findings of a recent study into the effectiveness of enforced treatment from a client, carer and mental health practitioner perspective as well as discuss the ethical, clinical and service issues raised. Learning Objectives: 1 Gain an understanding about the efficacy of enforced treatment Increased awareness of the ethical, clinical and service issues raised by enforced treatment. 2. Enforced community treatment is becoming a treatment delivery option commonly utilised by community mental health services. The efficacy of enforced treatment has yet to be demonstrated. Enforced treatment of any kind raises significant ethical, legal, clinical and service issues. Healthy discourse and empirical clinical and research activity needs to redress the lack of such endeavors.

S25: Services for people with challenging behaviour
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Unfit to Plead (Unsentenced Prisoners in WA)
Prem Tej Sacha John Van Der Giezen

Francis Flynn (now named Prem Tej Sacha) Office of the Public Advocate John van der Giezen Derbarl Yerrigan Health Service In Western Australia, people with decision-making disabilities who break the law run the additional risk to their freedom of being assessed as unfit to plead. When this happens, there is a possibility that the person will be detained in prison as an unsentenced prisoner for an undefined period. At the time of writing there are seven such prisoners in Western Australian prisons. This paper will outline a pioneering process of intervention, which has led to successful release plans for such people being developed through a collaborative approach. This involves close working relationships between the Ministry of Justice, Disability Services Commission, Derbarl Yerrigan Health Service, the Office of the Public Advocate and the persons' extended family. Pre and post release support plans are developed with the aim of enabling successful reintegration into the community. The paper will provide an analysis of the legal, ethical, social, political and cultural factors considered during the process and outline further work in progress. Learning Objectives 1. An understanding of how powerful working collaboratively can be. 2. The paper highlights some of the injustices still present in the Mental Health Service and shows constructively how these injustices can be redressed.

S25: Services for people with challenging behaviour
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- The fear inducing impact of aggression in Acute Inpatient Units
Carol Martin Tim Coombs

Aggression directed towards mental health staff is a significant problem in mental health units. Poor recruitment and retention of staff in mental health facilities has been attributed in part to the fear and anxiety associated with aggressive incidents. This paper examines 586 aggressive incidents that occurred across three acute inpatient mental health facilities over an 18-month period. These aggressive incidents their duration, time of day, location and the overt aggression of the incident (Yudofsky Overt Aggression Scale) are explored. Staff self reported no emotional effect or low grade fear and anxiety in 82.6% of the aggressive incidents. This has important implications dealing with stress that staff may encounter working in Acute Inpatient facilities. It is not so much that staff are involved in frequent intensive aggressive incidents but rather work in an environment which they perceive as having multiple low grade anxiety producing stimuli related to aggression. Therefore, workforce prevention and promotion activities that aim to reduce the incidence, prevalence and severity of stress associated with working in mental health settings must not only manage 'critical' incidence but the stress associated with higher frequency low grade fear and anxiety producing incidents in the environment. Learning Objectives: From attending this session participants will be informed of 1. The self reported fear-inducing impact experienced by

mental health clinical staff when involved in reported aggressive incidents in an acute inpatient facility. 2. This topic is relevant to mental health services because the fear inducing impact of these types of aggressive incidents has implications for current issues pertaining to staff wellness and retention.

S25: Services for people with challenging behaviour
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- The Simple Process for Difficult Challenging Behaviour
Terry Gleeson Michelle O'Neill Paul Burkett Patrick Cavanagh
Management of Difficult Challenging Behaviour: A Simplified Approach for Employees in the Workplace' is a one-day workshop which focuses on providing staff across the service with a process to follow in difficult situations. This workshop is fully flexible and adaptable to all health care services and focuses on ensuring a standardised professional response for consumers and their carers/family. This presentation will include a discussion of this effective process designed to enhance staff's communication skills to deal with difficult situations when they arise. The process also teaches employees to confidently respond when verbal communication has been exhausted and action is necessary to maintain safety and dignity for that individual or person(s) involved. The aims of this presentation are to inform delegates of the importance of good communication skills, teamwork and treating consumers and their carers/family with dignity and respect. It also focuses on the reasons for the aggression and not the behaviour. In summary, using a simple process emphasising basic communication skills will maintain consumer's dignity and provide a safe environment throughout any health service. Learning Objectives: 1. Participants will learn how simple it is to deal with difficult challenging behaviour. 2. To assist mental health services in providing a safe environment.

S26: The challenges of collaboration
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Ward 7 Patients' Group Evaluation
Valerie Williams
The Ward 7 Patients' Group Evaluation presents a rights based model for management and staff of mental health facilities wanting to offer patients/clients/residents access to a true consumer forum. The model is one of equal partnership between staff and residents based on differing roles. It uses the reality of power imbalances to create an environment in which residents are able to effect immediate and positive changes in their daily lives while changing staff attitudes towards client rights through practical application, beyond mere rhetoric. The model was developed to satisfy the National Standards for Mental Health Services requirements for meaningful consumer participation for clients accommodated in MHS facilities. Ward 7 was the locked ward of the Royal Derwent Hospital, Tasmania's state psychiatric hospital. Built in 1824, it was Australia's oldest 'mental asylum' when it closed its doors in February, 2001. The mental health advocate developed a model of participation and consultation for the acute and chronic clients of Ward 7. The two year project demonstrated the value of partnership between the advocate and the clinical nurse consultant of Ward 7, the advocate and staff, residents and staff and culminated in the paper to be presented to the conference. The paper offers a blue print for positive practical changes in a resident's environment, effective now while at the same time fostering attitudinal changes in both staff and residents. Learning Objectives: 1. What will people in the audience learn? · They will learn that they can satisfy in a meaningful way, international and national strategies around consumer participation in psychiatric facilities accommodating persons with a mental health disorder. · They will learn that using this model, they can initiate positive changes for their clients founded on concepts of empowerment, choice, esteem etc. · They will learn that staff attitudes are changed positively through application of the model. · They will learn that the model has application for consumers no matter what their level of wellness but was developed specifically with acute and chronic clients. 2. How is this topic relevant to mental health services and mental health issues? · The paper/model is relevant to MHS under its

obligations to meet the National Standards for resident participation. · The paper/model is relevant for the establishment of resident groups consequential to deinstitutionalisation. · The model aids in staff training around the rights of clients. · The model builds partnerships in the biosociopsycho model of the care and treatment of persons with a mental health disorder.

S26: The challenges of collaboration
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- A Guide to Consumer Advocacy by Consumers from Culturally and Linguistically Diverse Communities
Carlos Suarez
As part of one of the world's most culturally diverse societies, Australian consumer advocates from NESB communities have joined in partnership with mental health service providers to ensure that service delivery is appropriate for the ethnic communities they serve. The NESB consumer movement is still in very early infancy and faces similar yet different challenges to the mainstream Anglo-Celtic consumer movement. Effective implementation of NESB consumer participation requires specialist knowledge that cannot be achieved by using the cultural assumptions of the mainstream movement. The New South Wales Transcultural Mental Health Centre established Australia's first NESB Mental Health Consumer Action Group in 1997. The critical lessons of those years will be used to help participants, such as other consumer co-ordinators or service providers, learn how to: 1. recruit NESB consumers who typically access services less due to higher stigma in their communities 2. deal with the cultural tensions caused by the friction between the Western liberal democratic assumption of the supremacy of the individual as against more collective assumptions from other cultures 2. understand how some NESB consumers 'do business', ie. linear vs. circular ways of conducting meetings, body language, fear of publicly challenging authority, the need for 'social politeness' etc.

S26: The challenges of collaboration
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- The Evolution of Consumer Advice to Partnership
Gary Platz Suzy Stevens
Wellink Trust is an NGO that provides support for consumers/tangata whaiora in the community. Wellink first contracted a Consumer Consultant to in 1998 produce a report on consumer /tenant (service user) involvement and subsequently employed Consumer Advisor. to carry out recommendations in the report. Since that time the organisation has been in a learning cycle and so have those in the Consumer advisor roles. New Zealand is going through a period of growth in employment of Consumer Advisory positions in the hospitals and in the NGO sector. This means there is a culture change, taking place. That means a lot of new learning. The learning Wellink and its consumer advisory team are going through is not unique. Issues of trust, relinquishing an amount of power and control, discrimination and tokenism are generic issues. The question is how do we create a new working culture out of the mix of consumer and provider cultures The aim of this paper is to demonstrate the evolution of specialized consumer positions in a NGO service provider to the point where they are at the heart of the creation of a new working culture. Learning Objectives: 1. How do Consumer Advisory positions help create a new working culture in a NGO provider service. 2. How an organisation can truly benefit from the new working culture.

S26: The challenges of collaboration
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Realising Recovery, An Organisation's Struggle with the Realities of Collaboration
Tanya Kennard Helyn Beveridge
Recovery has become the guiding vision for the future of Mental Health Services as prioritised in the 'Blue print for mental health services' (working document 1997). Consumers and two mental health professionals from the Waikato region were privileged enough to

undergo two intensive training blocks as 'Recovery trainers' by Laurie Curtis, a well known and respected American Mental Health Consultant, who specialises in the area of Recovery. Following a period of debate and negotiation, Health Waikato embraced the commitment to implementing 'Recovery training' for its entire Adult Mental Health staff. This paper will briefly outline the contents of the training, but will specifically focus on dynamics involved in the detailed process of displaying collaboration between Health Waikato and NGO consumer groups and 'independent consumers'. Learning Objectives: · The outcome of this paper will be that the audience will understand what consumer collaboration really means, (especially in terms of realising Recovery) and will understand some of the inherent difficulties involved in this. In conclusion, recommendations will be presented on how to ease this process · The relevance to mental health services is clear when referencing the 'blue print' for mental health services document and other current literature on the subject of recovery.

S27: Working in partnership
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- The Great Debate: Client, Consumer or Patient?
Chris Lloyd Robert King

Language reflects and conveys meanings that are not always apparent to us. The words we use affect our viewpoints. Words that are used define roles and address issues related to power and create expectations about the nature of the relationship. This has been particularly evident in the area of mental health where various terms have been put forward as to what service recipients prefer to be called. This ongoing debate tends not to take the views of the service recipient into account. The aims of this presentation are: 1) to report the results of a survey that was conducted to determine the preferred terms of service recipients themselves, and 2) to discuss the implications that this has in the service provider/service recipient relationship. The results revealed that client was identified as the being the preferred term; this was followed by consumer, patient, and something other than these terms. The term preferred was also found to context dependent. As changes continue to happen in health care, the terms used by service providers will need to be re-examined. With the focus of mental health services being on collaborative partnerships, it has become imperative that we listen to the views of the people that use these services. Learning Objectives: 1. People attending this presentation will gain a greater appreciation of the views of service recipients in how they prefer to be known. 2. People attending this presentation will gain an awareness of the power of language and the implications this has in the formation of collaborative partnerships.

S27: Working in partnership
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- A Management Dream: Ten Years in the Life of a Mental Health Consumer Organisation
Angela Kelly

The Wellington Mental Health Consumers Union Incorporated has been operating in the greater Wellington area since the late 1980's. This paper will tell its story - the trials and tribulations, triumphs and tragedies, challenges, failures, achievements, the light side and the serious side and the big and small management, organisational and other issues it has faced over these years. The incorporated society has survived and continues into the 21st century . The paper will consider why consumer organisations are needed and necessary, what are some of the challenges it now faces as a consumer organisation and consider some of the important current issues for the mental health services, its providers and recipients. 1. What will people in the audience gain or learn from attending this presentation? Mental health professionals will gain an enhanced insight into and awareness of some of the realities, experiences and consequences for many people who develop a mental health condition and consequently receive health services, treatments and interventions. Consumer/Tangata whaiora participants, we hope, will learn from the mistakes and achievements of the WMHCU Inc. over the past ten years, avoid some of the pitfalls and learn some of the lessons in establishing and maintaining consumer activity in their own localities. 2. How is

this topic/issue relevant to mental health services and mental health issues? That there exists a need and an important place for active and organised Consumer/Tangata Whaiora groups within the mental health arena in itself raises ongoing questions and issues which providers of services must consider if they are to achieve improved outcomes from, and best practice in, the services they provide.

S27: Working in partnership
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Working in partnership with consumers in a psychiatric hospital
Margret Scheil
The quality of the partnership between consumers and service providers is the foundation of the sound development of mental health services. Although the current impetus is on the treatment of people with mental illness in the community, psychiatric hospitals remain. They are faced with changing traditional practices to practices consistent with the Second National Mental Health Plan. This paper considers the role of consumers in the development of inpatient services. The speaker will consider a range of strategies being used by the Royal Adelaide Hospital Mental Health Service (RAMHS), Glenside campus to encourage and respond to feedback from consumers. This service comprises a number of units and wards providing rehabilitation, asylum, services for older people and intensive care. In order to enhance the quality of its services RAMHS has established the position of Patient Adviser. As a new role the position has broad definitional scope. Margret Scheil will discuss the first 6 months in this position considering the following issues. 1. Negotiation of the definition of the role of Patient Adviser. 2. The management and reporting of consumer complaints in the context of quality assurance. 3. Strategies being developed to encourage consumers to provide feedback to the service. Learning Objectives: 1. The audience will learn about the development of strategies to enhance the delivery of mental health care in psychiatric institutions. 2. This topic is of relevance in the consideration of developing partnership between services and consumes.

S27: Working in partnership
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Team players or silent partners?
Val Goodwin
Collaboration with consumers and carers is now considered an integral aspect of mental health service delivery. A review of the literature, however, suggests that this ideal is not always realised. This paper presents the results of a study undertaken to examine the perceptions of consumers, carers and psychiatric nurses regarding the major barriers to the formation of a collaborative relationship. A joint venture between two rural mental health services and the Centre for Psychiatric Nursing Research and Practice at the University of Melbourne, the study utilises focus groups to assist participants to describe their experiences. In particular, the groups seek to examine aspects of nursing intervention that consumers and carers found to be helpful and those which were unhelpful or detrimental. The purpose of the study is to elicit information concerning barriers to nurses including consumers and carers in important decision making processes. This paper presents some of the initial findings from the investigation. Learning Objectives: 1. The audience will gain a direct insight into the lived experience and opinions of consumers and carers in rural Victoria, regarding their interaction with psychiatric nurses, and that of nurses regarding collaboration with consumers and carers in practice. 2. This topic is directly related to a number of mental health issues, including consumer and carer participation, workforce education, destigmatisation of mental illness, recovery from mental illness, rural mental health practice and future development of mental health service delivery.

S28: Maps for participation in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Maps to care: family resource, education and support in Victoria for carers of people with mental illness.
Elizabeth Crowther Warrick Arblaster Andrew Armstrong Catherine Bleasdale Rachael Cousins Robert Cummins Helen Herrman John Owen
The current research had two components with corresponding aims. The difference between two carer specific psycho-educational programs and their effect on the quality of life of participants was examined as measured pre, post and post post program participation, using a quality of life measure with seven domains: material well-being; health; productivity; intimacy; safety; place in community; and emotional well-being. One hundred and twenty-three participated in the programs and 114 formed a non-carer group. No significant differences were found between the effect of quality of life on participants between the two program groups. However, the findings highlight the reduced subjective quality of life of carers of people with mental illness, significantly in the domains of health and emotional well-being. A qualitative approach was used to consult with public mental health clinicians (85), and family members/carers (110) in a series of group specific forums statewide. The data were collapsed with four major combined themes of: better care for carers; need to address stigma and isolation; more appropriate and resourced professional support; and the need for carer education. The findings provide an evidence base to further develop a mutual support and self help model for carers, including a strong education component and recognizes the importance of family sensitive/inclusive practice. Learning Objectives:
1. An evidence based understanding of the needs of carers of people with mental illness, including the importance of carer education. 2. There is significant relevance in terms of greater collaboration between mental health services and psychiatric disability services that provide carer focused programs, especially regarding referrals and family sensitive/inclusive practice.

S28: Maps for participation in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Standards and Competencies for CSW/ISW Services - Northern Region
Lorna Murray
Challenge Trust was awarded a project to develop a set of standards and competencies for Community Support Work / Iwi Support Work (CSW / ISW) Services for the Northern Region. This paper describes the process of developing standards and competencies which build on work previously done in the Northern Region including Vision, Values and Philosophy for CSW / ISW. The Standards and Competencies document attempts to draw together the specifications and standards that CSW / ISW services must adhere to with influences and values that CSW / ISW services aspire to. It describes the opportunities and difficulties of using stakeholder focus groups to gather information, consult and draft a document which is 'owned' by the region. The structure of the document is described. Each of the Standards has a related string of Capabilities, Threshold Competencies, Core Competencies and Advanced Competencies. The paper also touches on the use of the document in training and development of employees within Challenge Trust. Learning Objectives: 1.a. The audience will gain an understanding of Project Management processes required to facilitate the development of a comprehensive document which is 'owned' by a diverse group of stakeholders. 1.b. The audience will gain an understanding of how standards and competencies can be used to positively influence the recruitment and selection, training and development of the workforce. 2.a. Facilitation of quality consultation processes is vital to effective Project Management. 2.b. Standards and Competencies are essential to the development of high quality services and workforces in Mental Health.

S28: Maps for participation in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Strategies for Family and Carer Participation
Kay Viola Margaret Goding Jeanette Murphy Judy Hamann
The Carer & Family Participation Committee of St.Vincent's Mental Health Service, Melbourne, has developed a sustained strategy to improve its responsiveness to families and carers. A brief overview will be provided of some activities and Quality improvement projects including: · The employment (from February 2001) of a Carer Consultant. · The payment of a quarterly honorarium to family/carer Committee members · forums with families and carers about how to improve service responsiveness and to involve families in service planning. · presentations by carers at a regular staff training sessions, to raise awareness of family and carer issues, especially among psychiatrists and psychiatry trainees · a series of four education sessions for families and carers · the development of an information kit for consumers and carers. An exploration of the challenges which have arisen from the strategy and service improvements which have resulted, will then be discussed. Learning Objectives: 1. An understanding of the implications and challenges which arise when a sustained strategy is applied to bring about service innovation. 2. An understanding that the social view of health and community based care requires clinical services to adapt a new perspective on the central role of family and carers in the treatment of consumers.

S28: Maps for participation in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Robinson Crusoe and Man Friday; Shipwrecked carers and consumers caring for each other - McFarlane Multiple Family Groups
Grace Couchman Anh Thu Nguyen Andrew Vastag
The McFarlane Multiple Family Group intervention has been shown to significantly reduce the incidence of relapse (by up to 50 %) and hospitalisation for people with serious psychotic illnesses in a number of American studies. The McFarlane model has been utilised as an adjunct treatment of Schizophrenia at the Inner West Area Mental Health Service over the last 3 years with the assistance of VicHealth funding. The groups consists of 5-6 families (consumers and carers) working together over 12 months with a group facilitator. Over this time the families engage in education, social support and systemic solution focussed work.. Three treatment and three control groups (total of 52 families), two English and one Vietnamese speaking, have been closely monitored using both quantitative and qualitative research methods. The research program has provided a unique opportunity to explore the implications of this way of working for consumers, carers and case managers. Of particular interest are the Vietnamese interviews which detail not only the exposure of Vietnamese families to the Australian mental health system but also the cultural experiences which form the basis of their mental health management strategies. We would like to present our current findings to enable and inspire other mental health services who may be keen to use the intervention and maximise the inclusion of carers and families in their mental health service. We propose a 3 part presentation by 4 presenters including a consumer, and a carer who have taken part and an active interest in the development of the program. Throughout the presentation, discussion will be actively invited. The 3 sections would be as follows 1. The structure of the groups including adaptations of the American model to suit English and Vietnamese speaking Australian families 2. The quantitative and qualitative findings of the English speaking Multiple Family Group interviews 3. The quantitative and qualitative findings of the Vietnamese speaking Multiple Family Group interviews 4. Bloopers, embarrassments and leaping structural hurdles Learning Objectives: 1. The audience will gain an understanding of the basic structure of a McFarlane multiple family group program and the adaptations that suit Australian families / Exposure to the themes which English and Vietnamese families raise when offered a family group intervention in psychiatric services and quantitative outcomes 2. How is this presentation relevant to mental health services/issues? The interventions described are effective in the treatment of Schizophrenia and also for the engagement of families in mental health care.

S29: What's the reality: consumers in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- 'Consumers' needs identified'
Robert Bruseker Lindsay Oades

It has long been recognised that the long term mentally ill have multiple needs, including physical, social, psychological and psychiatric. If care is to be provided on the basis of need consideration should be given what constitutes a need, when and how this need is assessed and how to turn needs into achievable goals. This paper (a) describes and discusses a collaborative clinical process in which the needs of 32 consumers of a regional psychosocial rehabilitation day program were turned into goals using the Camberwell Assessment of Needs Short Appraisal Schedule (CANSAS; Phelan et al. 1995) and Goal Attainment Scaling (GAS; Kiresuk, Smith & Cardillo 1994); (b) describes the most common unmet needs and goals set with these 32 consumers; and (c) provides a case example illustrating the process of turning needs into goals. It is argued that this needs-based and collaborative goal-setting procedure is significant because it facilitates consumers' subjective ownership over their goals, which in turn leads to improved clinical outcomes, functional outcomes and subjective wellbeing (Sheldon & Elliot, 1998). Key words: needs assessment, goal-setting, collaboration, psychosocial rehabilitation, day program. Learning Objectives: 1.With the use of the CANSAS the audience will be able to recognise the most common acknowledged needs identified by this sample group and with the use of the GAS identify the most common goals consistently identified by consumers. These goals are then further broken down into issues that are specifically related to the achievement of these goals. 2.The audience will recognise that need is not necessarily associated with service intervention and that people with severe mental illness are often invisible to services except when in crisis has led to a shift from service-based to a needs-led provision of services. If care is to be provided on the basis of need consideration should be given in what constitutes a need, when and how is this need assessed and thus turning consumers needs into achievable goals.

S29: What's the reality: consumers in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Spanning boundaries, brokering meanings: Reflections on my role as a consumer advisor
Monica Cartner

I start from the view that relationships between 'consumers/Tangata Whaiora' and 'service providers' are critical in understanding the role of the consumer advisor. My paper begins by describing a conceptual model in which 'consumers' and 'providers' constitute semi-autonomous but complexly inter-related domains, each of which subsumes further domains. An important feature of variance within and between the two domains lies in differing meanings attributed to shared interests and issues. Using illustrations from my personal and broader experience, the consumer advisor's role is portrayed as spanning boundaries and brokering meanings between and within the 'consumer/Tangata Whaiora' and 'service provider' domains. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? This paper should be of particular interest to mental health service professionals and consumer advisors involved in enhancing consumer/Tangata Whaiora involvement in planning, implementation and evaluation of the mental health services. A model is presented that conceptualises the complex and dynamic nature of inter-relationships within and between the domains of service providers and consumer/ Tangata Whaiora in broad terms. I consider this may prove useful at policy planning and strategy levels. The model may also be used to map relationships with respect to particular issues. I consider this may prove useful at the level of day to care for people using mental health services. The model is exploratory and it is hoped it will stimulate further thinking and dialogue. It is also hoped the illustrations used will enhance sharing of insights and ideas related to the consumer advisor's role. 2. How is this topic/issue relevant to mental health services and mental health issues? The National Mental Health Standard 9 in New Zealand

states 'Consumers are involved in the planning, implementation and evaluation of the mental health service.' This reflects international moves to greater consumer involvement in the provision of mental health care. Many of the major mental health service providers have appointed consumer advisors to help ensure this standard is met. Understanding the evolving and dynamic nature of their role and inter-relationships with consumers and service providers is challenging and timely.

S29: What's the reality: consumers in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Individual Service Plans in Public Mental Health Services: Policy Versus Reality for Consumers
Andrea Dunlop

Individual Service Plans (ISPs) are regarded in Victorian state government policy documents as an essential component of clinical case management for all public mental health service consumers. It is a requirement that all consumers have such a plan. They are promoted as an effective collaborative planning strategy to ensure client focussed treatment planning. What do consumers know about Individual Service Plans? Do consumers indeed have such a plan? What is their reaction to this planning process? Is it a collaborative process? What choices do consumers actually have? Do consumers really care about ISPs or are their priorities elsewhere? This paper explores the consumer experience of ISPs by reporting on themes emerging from a current research project being conducted within the School of Public Health, La Trobe University. The research project involves a qualitative investigation into the experiences of adult consumers of mental health services in the development, implementation and evaluation of their ISP. Emerging consumer themes will be contrasted with an analysis of the policy intentions of ISPs. Additionally, theoretical explanations are proposed which seek to understand the consumer experience. This paper aims to remind us that a consumer perspective is fundamental to the continued relevance of ISPs as an appropriate client centred treatment tool. Learning Objectives: 1. The audience will gain an understanding of the Individual Service Planning approach from the consumer perspective. 2. Obtaining consumer feedback on the Individual Service Planning approach may yield useful insights into the benefits and limitations of ISPs and changes necessary to ensure they remain a useful and relevant client centred tool.

S29: What's the reality: consumers in services
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Developing Carer Friendly Work Practices in Consumer Focused Services
Kerry Meiers Verna Fisher

Mental health services have a tradition of specialist practice in the treatment of people with mental illness. There have been relatively recent mental health policy directions emphasizing the need to work collaboratively with carers on interventions for people with mental illness. These directions are reflective of broader health and welfare sector initiatives highlighting service system gaps for carers. A number of strategies have also been introduced to increase the accountability of mental health services in working with carers. Changing the culture of how a service is delivered occurs through movements across a number of areas. Carer organisations and advocates are also placing pressure on mental health services to expand their view of `the client' and treatment processes. Changes in the delivery of services to people with mental illness and their carers are occurring only where the practice and culture of local mental health services shifts to be more inclusive of families. The Department of Human Services Mental Health Branch through the Support for Carers' Program funded regional Carer Resource Workers to provide support to carers and to assist mental health and generalist services with carer service development. A number of initiatives are being developed with mental health services to assist services to be more responsive to the needs of carers. While developing strategies to increase sensitivity to carers, a range of barriers, dilemmas and questions are raised in relation to how to deliver services to the consumer, with

the carer, and how to effectively identify and address carers' needs. Aim and Educational Objective: This paper illustrates for mental health services both the dilemmas and opportunities involved in working with carers. The presentation highlights transferable examples of carer focused practice as coordinated between carer and mental health services.

S30: Social and emotional wellbeing in Aboriginal & Torres Strait Islander commuities
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- A Model for Community Controlled Education and Training in Emotional and Social Well-being
Bronwyn Fredericks Jeanette Yow Yeh
The Central Queensland Emotional and Social Well-being Regional Centre, located in Rockhampton, is one of four regional centres in Queensland. While having common goals of training, support, networking and research, each centre is unique in how they have been established, structured and operate. The Central Queensland Regional Centre was established this year after a long process of discussions, consultation and planning within the Aboriginal and Torres Strait Islander community. This process involved numerous stakeholders, including community based organisations, government departments and agencies. The stakeholders developed a Community Consultative Group (CCG) and a Memorandum of Understanding (MOU). The CCG ensures that the community and relevant stakeholders have input and oversee the general activities of the Centre. The MOU outlines the roles and responsibilities to the Centre, each other and the community. The CCG and the MOU provide a framework for which we can collectively work to meet the emotional and social well-being needs of Aboriginal and Torres Strait Islander peoples as determined by us. Learning Objectives: 1. How to successfully establish a community process for developing and delivering community based mental health training across a range of diverse communities. Gain ideas about enhancing collaboration between a number of stakeholders with different interests but with a common goal of working within community. 2. Mental health services will learn how to better meet the needs of Aboriginal and Torres Strait Islander peoples as articulated by Aboriginal and Torres Strait Islander peoples. We will share how we are endeavouring to address the emotional and social well-being needs of Aboriginal and Torres Strait Islander peoples by developing skills in both Indigenous and non-Indigenous peoples within the mental health arena.

S30: Social and emotional wellbeing in Aboriginal & Torres Strait Islander commuities
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- The Structural and Practice Issues for Mainstream Indigenous Mental Health Workers in SE Queensland
Alf Davis Clinton Wallace
The traditional medical model within mental health services fails to cater for the cultural needs and experiences of Indigenous clients. The aim of the paper is to provide a framework for providing Indigenous mental health. Specific areas of clinical practice requiring attention will be addressed: out servicing versus clinical sessions, initiating bi-cultural approaches to treatment, and a dual assessment of clients from both DSM IV diagnostic format and a cultural framework.. The structural difficulties faced in initiating an Indigenous approach to mental health treatment are presented along with the barriers observed by the Indigenous Mental Health workers within mainstream services. It will increase participants understanding of an Indigenous experience and response to mental health. It will assist participants in thinking about what makes Indigenous friendly services in mental health. Learning Objectives: 1. Participants will be able to identify key factors for constructive and effective mental health service delivery from an Indigenous perspective. 2. There is a need to make services more Indigenous friendly. Often mainstream mental health systems are in conflict with 'best practice' for Indigenous clients.

S30: Social and emotional wellbeing in Aboriginal & Torres Strait Islander commuities
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Breaking Down the Barriers
Lisa Thorpe Sandy Hall
It has been over 30 years since the referendum, which finally recognised Aboriginal people as citizens of Australia. The fact that a referendum was needed to make us citizens in our own country says a lot about the injustices from the beginning of white invasion. Aboriginal people are still waiting for social justice. We are still excluded from many aspects of the general society. This includes mainstream mental health services, where there is little Aboriginal involvement either as planners, service providers or clients. This has consequences for our mental health outcomes and places additional burdens on indigenous controlled primary health services. To achieve social justice you have to change the attitudes of individuals and institutions. As well as properly funded and resourced Indigenous controlled services, access to culturally safe mainstream services is imperative, particularly in mental health. This paper will describe teaching programs that aim to improve Aboriginal utilisation and involvement in mainstream health services. Learning Objectives: 1. The participants will gain an understanding of the importance of cultural awareness education in improving indigenous access and involvement in mainstream services. 2. The participants will receive an overview of some of the teaching techniques used.

S30: Social and emotional wellbeing in Aboriginal & Torres Strait Islander commuities
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Suicide and Self Harm Prevention in an Indigenous Community 'A Good Story'
Mercy Baird
Australia's indigenous communities across Northern Australia especially have experienced an increasingly high rate of self-harm and suicides over the past 20 years. Our indigenous young men and women, in th 15-35 age range, are shown to be the group most at risk of attempting to harm themselves or take their own lives. The Aboriginal community of Yarrabah in Far North Queensland was one of many communities experiencing the suicide problem. In 1995, all community members gathered together in the local community hall and talked about the problem, the hurt, the pain, the causes and agreed on their own ways to stop the suicide problem. It was through community unity, community action, community effort, community ownership and community drive that the self-harm and suicidal behaviour stopped. Today the community of Yarrabah has a structured program that promotes life and family well-being. It is well-known and its concept is shared with other Indigenous communities throughout the country and has set the stage for a best practice model in suicide prevention. Learning Objectives: 1. How to engage community to prevent suicide among Indigenous People 2. The Aboriginal concept of mental health is guided by the principles of 'socio-emotional well-being of not only the individual but community as well'.

S30: Social and emotional wellbeing in Aboriginal & Torres Strait Islander commuities
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Youth Health and Wellbeing Research Project - Process and Findings
Les Corlett
The paper describes the process and findings from a study of the health and wellbeing of young Indigenous Australians aged 12-25 living in Melbourne. This is a longitudinal study being conducted at the Victorian Aboriginal Health Service under community control. Peer interviewers were recruited and trained to conduct health checks and administer an extensive computerised questionnaire of our random sample of 174 young Indigenous people. Some of the findings that will be outlined are issues with the justice system, substance use, emotional wellbeing, access to health services and the implications of our findings. Very little research has been done with young urban Indigenous Australians. This study has provided valuable

information about health and wellbeing issues and has enabled the community based health service to respond with appropriate programs.

S31: Older peoples' mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Identifying Mental Health Care Needs of Rural Elderly Referred to the Ovens & King Community Health Service (VIC) ACAS
Judy Carty Shirley Carvosso
The aim of the Aged Care Assessment Service (ACAS) is to ensure that frail older people gain access to available aged specialists, health, community care and residential care services appropriate to their needs. This paper presents the analysis of assessment results of 112 clients referred to the Ovens & King Community Health Service ACAS. This service has a catchment area being 49% of the Hume region, with 13 370 persons aged 65+. Most clients were referred for general assessment, respite care, or for permanent residential care. The majority of clients referred to the service had more than one reason for referral, and often presented with multiple signs and symptoms. After a comprehensive clinical assessment, the clients were identified with a primary or secondary diagnosis of a mental disorder: 41.07% with dementia; 29.46% were depressed; 11.61% had an adjustment disorder; and 5.36% had vascular dementia. Results of our collaborative research project showed that: 1. Dementia and depression are infrequently the reason for ACAS referral; 2. a majority of those referred were identified with mental health disorders; 3. the mental health care needs of rural elderly are high; 4. the need for training of rural health professionals in the area of mental health is timely; and 5. that ACAS staff can be upskilled to identify mental health disorders. Learning Objectives: 1. People will learn about the mental health care needs of the elderly in rural Victoria. 2. The topic is relevant to mental health services as it highlights the need for education of rural health professionals in geriatric psychiatry. 3. How services for older persons can work collaboratively across discipline and service barriers.

S31: Older peoples' mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- A support and education project addressing challenging behaviours in aged care residential facilities
Shane Bailey Ben Seikku
In response to a needs survey of nursing homes and hostels, the Mental Health Program for Older Adults at Osborne Lodge identified that nursing homes and hostels wanted assistance to deal with challenging behaviours. Those surveyed expressed a need for direct 'hands on' support and an educational program. Osborne Mental Health Service for Older Adults was successful in attracting funding for 12 months to develop, implement and evaluate such a service. This paper aims to describe the project, its functions, evaluation process, and the results to date. The project offers both direct 'hands on' support and formal education. It aims to equip staff with skills and knowledge which will assist them to both respond appropriately to challenging behaviour and minimise its occurrence. The corner stone of the project is thorough assessment of the problem situation and the educational needs of staff. Interventions comprise of modelling responses to challenging behaviour, guidance during care activities, and workshops addressing skill deficits. Evaluation comprises of pre and post standardised assessment, questionnaires and outcome measures. To date the projects success is indicated by the outcome measures achieved and positive feedback from agencies using the service. Learning Objective: 1. Attendees will gain insight into the effectiveness of this project aimed at addressing challenging behaviours in aged care residential facilities 2. Attendees will gain an appreciation of how this project provides a service which offers sustainable strategies and is based on a person-centred model of service delivery.

S31: Older peoples' mental health
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Defeating Depression Project
Jenice Craig Trish Wynne
The Defeating Depression Project, run on the Central Coast (NSW) in March 2000, attempted to raise the community's awareness of depression in older people. The target audience was the general community with messages highlighting that depression is an illness, it is common and treatable, and that it is not a normal part of ageing. The focus of the campaign was on the broad use of radio and print media over a four-week period, supported by an information kit containing a booklet we created about depression in older people. The project involved extensive community consultation and utilized a logo, slogan and key messages on posters, stickers & bookmarks. Displays and talks are ongoing. Aim of Presentation To raise awareness of the Defeating Depression project and the resources created. Presentation Outline This talk will be based on the following practical aspects of the Defeating Depression Project: * Campaign strategies and activities * Collaboration - Community Forums, Advisory Sessions * Defeating Depression Resources A brief overview of the Central Coast Health (NSW) Defeating Depression Project on depression in older people will be given, with copies of the final report and resource booklet available. Learning Objective 1 (What will people in the audience gain or learn from attending this presentation?) People attending this presentation will gain an overview of the processes involved in the Defeating Depression Project, possibly with a view to implementing similar strategies in their own area. Learning Objective 2 (How is this topic/issue relevant to mental health services and mental health issues?) This project is relevant to mental health services and mental health issues for the following reasons: * Depression has been identified as being one of the greatest health problems worldwide by the year 2020. * Depression will affect around 20% of Australians at some point during their lifetime. * The 1998 Second National Mental Health Plan and the Mental Health Promotion and Prevention National Action Plan 1999 include older peoples health as a priority area of concern. These reports also emphasis the need to focus on depression. * Defeating Depression Project addresses many of the outcomes outlined in the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000 in the following identified priority groups: - Older Adults - Consumers and Carers - Whole of Community - Health Professionals and Clinicians.

S32: Consumer journeys
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Beyond Recovery: The Rites of Passage
Brad Grimmer Nancy Kinross
This paper explores the notion that 'recovery' should only be seen as one step on the road to self actualisation for individuals who have survived a serious psychiatric condition. The notion of 'recovery' pervades contemporary mental health rhetoric and hence rehabilitation services. But how long should the process of recovery continue and when is it achieved? Should an individual be encouraged to pursue the hope of recovery to the point where disillusionment and disappointment sets in? Usually accelerated recovery will occur in a well supported environment where there is a strong partnership between users and providers. This may well lead both groups to become unduly optimistic about the level which may then be achieved by an individual living independently in a New Zealand community. It is our argument that 'recovery' is only one point on the continuum that leads to success. Milestones are developed to identify 'rites of passage' which can be used by both users and providers of services. These could serve to indicate readiness of an individual to perform those tasks normally expected of an adult in a community setting. Learning Objectives: 1.The notion of recovery pervades much contemporary mental health rhetoric and is practised to varying degrees in both treatment and rehabilitation services. Several questions arise about whether recovery should be viewed as an ongoing, unrelenting process which in itself encapsulates the individual or whether there is a point at which recovery is ultimately achieved. If there is not such an outcome, then it is postulated that the notion of recovery is not so helpful after all.

Can a consumer of mental health services ever consider themselves recovered? How long does recovery take? Should one continue to pursue a hope of recovering or does disillusionment and disappointment set in when recovery becomes interminable? What strategies might service providers adopt in supporting consumers through a recovery phase and beyond? What should the focus become to liberate an individual from the bonds of their recovering state? When does the individual cease being a consumer and attain the status of personage? What are the rites of passage? People attending this paper will learn about practical milestones to look out for in plotting the course of an individual's recovery journey. 2.We ought not to sit on our laurels in assuming that adoption of the recovery model is the answer for service providers. It is not yet apparent that a best practice recovery model has been developed. The reality may be that the notion of recovery means different things to different people, and is reflected in inconsistent practice across mental health services. The objective of this paper is to generate constructive debate about perspectives on recovery and perhaps be a catalyst for developing best practice for the model.

S32: Consumer journeys
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Second Chance
Joan McMillan Christopher Marshall

Early December 1997 was an incredibly exciting day for the employees and members of the Trust Board of Second Chance, as the Governor General, Sir Hardie Boyes, was visiting Second Chance to present an award. The award was the Richmond Fellowship Award of Excellence for Rehabilitation. Sir Hardie Boyes arrived, accompanied by his entourage of security, at the old converted laundry at Porirua Hospital. He gave a wonderful speech, presented the award and a cheque which was followed by afternoon tea. He spent considerable time talking with the Second Chance employees (who are also consumers of the Mental Health service), and left them with a feeling of pride in their accomplishments and achievements in their work place and their ability to maintain their status as a hard working members of the community. Second Chance had its beginnings in 1989 as a modest venture creating rehabilitation with a difference in the unused basement of Villa 6 at Porirua Hospital. Villa 6 was a ward for young men who suffered from chronic psychotic disorders. Many had dual problems associated with abuse of Marijuana. The most debilitating aspect of their illness was the negative symptoms was a lack of motivation. The Nursing staff of Villa 6 examined what motivated them to come to work in the mornings. The key factors were a sense of pride in a job well done and money. With these key factors, the innovative staff of Villa 6 started a small co-operative in the basement of Villa 6 to restore furniture for sale. The profits would go into purchasing more furniture for restoration and paying a reasonable wage for the workers in the co-op. A staff member purchased a van and donated it to the co-op and an ex client donated some furniture. From these very modest beginnings, Second Chance has formed a Trust and the majority of the Board consists of employees. The business moved from the basement of Villa 6 and, when it was closed down, the staff converted a dormitory of the Oban Villa into a shop. The business expanded and moved to the old Laundry, which had to be done up by Second Chance to make it habitable and acceptable for running a business. The introduction of Zoo Doo into the business from our enterprising manager has made Second Chance the successful business it is today. There is a major branch in Auckland associated with Auckland Zoo and it employs 15 consumers. There are seven franchises of Second Chance, Zoo Doo, businesses in New Zealand associated with other Mental Health rehabilitation groups. In Wellington, Second Chance has employed on average 70 mental health consumers. Many of these have become full time employees, have come off the sickness benefit, and some have even purchased their own flats. The business has received a large amount of publicity, including Maggie Barry's gardening show, due to the excellent fertilising product that is manufactured by Second Chance. CONCLUSION Second Chance offers a rehabilitation service with a difference. The employees form a high percentage of Maori and Pacific Nation consumers. It provides employees an opportunity to get paid for the hours they can work. It provides a work ethic

for the consumer and a choice of work experiences from running the business, taking orders, marketing, producing Zoo Doo (manufacturing), restoring furniture, and selling on the shop floor. The focus of recovery from a chronic mental health illness is on a work ethic and a feeling of pride and satisfaction in their own personal achievements. The debilitating effects of amotivation caused from chronic schizophrenia have been eliminated through employment in a supportive environment and commitment to the business through ownership and contribution to the management of the business. There has also been a marked reduction in readmission to acute inpatient units, with acute presentation of their illness. The business is very successful and the only clinical involvement is when the case manager of an employee is called to see their client, if they are unwell, or they may have to attend follow up appointments. An important point of success is to keep the 'illness' away from the work place and employees are treated with respect for their personal achievements and self-motivation. Learning Objectives: 1. The opportunity to work in employment that provides diversity in skill experience, assists consumers to gain confidence in their personal abilities and develop a wide range of vocational skills. 2. The employee involvement in management of a thriving business ensures ownership, commitment and motivation to come to work.

S32: Consumer journeys
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Don't Be Buried with Your Good Ideas' A Story of Consumer Participation
Julie Anderson Papakotsias Arthur Cheryl Goodson Cathy Fratto John Bryer Janet Clapton
We will describe the positive outcomes for consumers and the organisation that result from a consumer group working effectively in partnership with a large rehabilitation service. We will compare this process of consumer participation with the journey of recovery experienced in our organisation. We are a group of consumers of Neami (a psycho-social rehabilitation service in Melbourne, Australia) that have become motivated, activated, and serious about consumer participation. In May 2000 we organised a camp and invited staff, advocates and other guests to come and share in our vision. Together with Chief Executive Officer and several staff members, we have since created a forum within our rehabilitation service. Partnership and net-working are high on the agenda and our Committee of Management have invited us to write policy and procedures regarding consumer participation within the service. We have begun this task with a comprehensive questionnaire for all 500 consumers. The data from this will assist us to define consumer participation at Neami and develop sustainable pathways for consumers to be involved more fully in the future. Consumers and staff will present the process, challenges, accomplishments, and strategies of their journey over the last year and discuss their vision for the future. Learning Objectives: 1. Attendees will learn strategies that have worked for us in our organisation, that have assisted in the sustainability of consumer participation. 2. There is a parallel process between consumer participation and the journey of recovery.

S32: Consumer journeys
29/08/2001 From: 1530 To: 1730
Paper 20 minutes:- Community Mental Health: A Perspective from the Journeyers
Anne Ferrier-Watson
Existing literature considers aspects of the mental health arena, but none of it provides information about how the wide range of services interrelate. In order to give an accessible anecdotal over view of Wellington's mental health system I have produced a book containing stories from people who live, work or care for someone, within the community mental health system. The interviewees include users and providers of services for Maori and Pacific Island peoples as well as mainstream. Their stories will have parallels for other mental health services New Zealand wide. This paper will discuss some of the main findings from the interviews - what works, what doesn't work, how things could be improved, and how the jigsaw fits together. The implications of the lack of information about how services inter-

relate include: · Mental health consumers and their families/friends have limited knowledge about the services available; · Clinical and accommodation service providers have limited knowledge about one another's roles and responsibilities; · Inadequate communication between service providers results in gaps or duplication of services; and · Many non-professionally trained mental health (support) workers have insufficient knowledge of the range and inter-relatedness of mental health services. Learning Objectives: 1. People in the audience will gain a better understanding of how services in Wellington inter-relate and how this impacts on all the people who work in or use the services. 2. This topic is relevant to mental health services and mental health issues because it identifies some of the successes and failures of Wellington's current mental health services from the perspective of those involved with them, and offers some suggestions for change.

Thursday
30th August 2001

S33: Keynote address
30/08/2001 From: 0845 To: 1030
Keynote Address:- Resilience and Mental Health
Anne Deveson
I am currently writing a book on resilience, in which part of my approach is to look at the importance of community in mental health. Although resilience is an old word (Latin re-silere) it only became the focus of research in the nineteen seventies when psychologists and psychiatrists in the United States began studying the effect on children of living with a parent who had mental illness. Initial research was expected to reveal that a significant proportion of these children would either develop a mental illness, or be severely traumatised. Contrary to expectation, some ninety percent of these children not only survived, but grew to be competent well adjusted adults (Garmezy 72-74) Factors that were important included children needing to be needed, the presence of other adults in their lives, the support of community - from local community to the community of school. Results precipitated a flood of research, world-wide, into the impact of a vast range of stressors on childhood development (war, poverty, illness etc), leading to the concept of resilience as a dynamic - a part of life - with positive points of intervention possible throughout life. It also led to the challenging of myths such as the Myth of Irreversible Damage, the Myth of Pre-determination and the Myth of Identity, all of which have crippled people struggling to find mental health. I will approach this not only from the research into resilience, but also philosophically and personally, drawing on my own experiences in living with schizophrenia in our family, and in my work as a film-maker and broadcaster in which I have so often witnessed the triumph of the human spirit and the power of community.

S34: New research on outcome measurement
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Comparison in outcomes between a community - based and hospital - based assessment/crisis intervention service.
Malcolm Hugo John Banister
The aim of the study was to compare the referral outcomes of people presenting with a mental health problem at an emergency department of a general hospital (with an acute psychiatric inpatient unit) with those assessed by a community mental health team in the community. The hospital (Queen Elizabeth Hospital) and Assessment and Crisis Intervention Service (ACIS) are located in western metropolitan Adelaide. At assessment both groups were administered the HoNOS (Health of the Nation Outcome Scale), and diagnostic and demographic information was obtained. Of those assessed at the emergency department, 57% were admitted to the acute psychiatric inpatient unit, and of those assessed by the community team, 17% were admitted to the unit. There were no significant differences between the groups in HoNOS scores or presenting diagnosis. Factors other than presenting symptoms and diagnosis appear to account for the discrepancy in hospital admission rates. The paper presents an overview of the ACIS team and compares its assessment and care planning methodology with that of the hospital. Significant differences include a multi-disciplinary team approach to assessment adopted by ACIS, and their greater access to and use of alternatives to hospitalization. Learning Objectives: 1. People will gain information about how to minimize hospitalization rates at the point of triage by learning about alternative strategies to treating people in the community who present with mental health problems. 2. This topic is relevant to mental health services as it addresses the significant issues of providing alternatives to hospital admission and ways of providing an effective service to people with mental health problems in an environment of least restriction.

S34: New research on outcome measurement
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Performance of BASIS-32 compared with HoNOS in routine outcome assessment
Tom Callaly Tom Trauer
The Behaviour and Symptom Identification Scale (BASIS-32) is a consumer self-rating instrument in routine use in several Victorian public mental health services. We examined the characteristics of completed BASIS-32 consumer self-ratings and correlated them with HoNOS ratings completed by clinicians at the same time. Four hundred and thirty four BASIS-32 ratings completed by 367 consumers were examined. In 80% all items were completed while in a further 18% only one or two items were omitted. Two hundred and ninety four BASIS-HoNOS pairs, where each rating was completed on the same day or within one day of each other, were compared and correlations between total scores and sub-scale scores examined. Moderately strong correlations were found for those pairings completed in the context of service plan review, but correlations were much lower in the case of community intake and closure assessments. Possible reasons for this are explored. Certain items across the two instruments were more highly related than others; the implications of this for the sub-scale structure of the instruments and the usefulness of BASIS-32 in routine clinical practice are discussed. We conclude that the relationship between the assessments of mental health by consumers and clinicians vary according to when and what is being assessed. Learning Objectives: 1. Attenders will learn how a standard self-rating measure performs in routine use in a public mental health service, and how these self-ratings of mental health by consumers relate to ratings made by their clinicians. 2. While the systematic assessment of consumer outcomes is widely considered to be important, perceptions of health may and often do differ between consumers and their clinicians. This is one of the first reports that compare them directly.

S34: New research on outcome measurement
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Sensitivity of the Health of the Nation Outcome Scales (HoNOS) to changes between the start and end of episodes of care for consumers in public mental health services.
Thomas Trauer Tom Callaly
Outcome measurement is about the assessment of change. To date, most studies using standard instruments routinely in mental health services have examined changes between admission and discharge in acute psychiatric inpatient units. Little is known, however, about changes over the course of episodes of care in the community. Barwon Health, in Victoria, has been using a suite of measures, including HoNOS, for over a year throughout its mental health service. We report the mean profiles of consumers at intake and case closure for several hundred such episodes, and show improvements in most areas that HoNOS covers. The greatest improvements were in the area of depression. In some instances, however, overall changes were minimal or even suggested worsening. Given the reliability of the instrument, we estimate that HoNOS detected no change in just over half the episodes and real improvement in just under half. Changes were about the same whether the same or a different clinician performed the closure ratings. We compared the changes of groups of consumers with different diagnoses, and show that improvements concentrate in the areas that they would be expected to have the greatest problems. Our results suggest that the HoNOS is sensitive to changes between intake and closure of episodes of care in the community. Learning Objectives: 1. Attenders will learn about the changes on HoNOS in a community context. 2. Outcome assessment is an important part of the current national mental health scene, and HoNOS is the leading instrument in current use.

S34: New research on outcome measurement
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Measuring Consumer Uutcome: The Consumer Perspective
Carolyn Graham Tim Coombs
This paper will outline the process of consumer consultation that was conducted in Victoria to identify consumers'views about outcome measurement generally and specifically the Behaviour and Symptom Identification Scale (BASIS -32) the interim consumer rated outcome measure introduced as part of the Victorian Mental Health Outcomes Strategy. Essentially this was the conduct of information sessions on the outcomes strategy followed by focus groups that aimed to answer three general questions. These were: What content areas should be covered in a consumer self-assessment measure? What process should be followed to engage consumers in completion of the consumer rated measure? How suitable is the BASIS 32 as a consumer outcome measure? 58 consumers participated in focus groups. Consumers identified a number of limitations of the BASIS-32 and a number of domains that should be captured by a consumer outcome measure. These include, · Quality of life · Functioning · Physical health and health risks · Relationships · Illness symptoms · Coping and recovering from illness · Satisfaction with service quality Consumers argued that the quality of service provision and their relationship with service providers is integral to measuring changes that take place in their lives. As a result, consumers made a number of recommendations regarding changes to the BASIS-32 to improve the appropriateness of it as a consumer outcome. Learning Outcomes: At the completion of this session participants will be able to 1. Describe the consultation process undertaken with consumers in Victoria around the introduction of a self report outcome measure and identify consumer views about the BASIS-32. 2. Understand process issues important to consumers in the introduction of any outcome measurer.

S35: Recovery 1
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- The Ethics of Recovery
Mark Smith
This paper provides a theoretical and practical ethical justification for recovery focused interventions in the mental health context in New Zealand. What would provide an ethical justification? What would a recovery ethic look like? The paper will address practical issues based on the theoretical formulation to the above: when is it justifiable to intervene paternalistically in the care of someone who is recovering? What is the mental health professional's duty of care? When does that duty of care switch to the clients duty of care to themselves? Is there a justification ethically for responsible risk taking? Who is ethically responsible for a client's mental health? This paper will assist clinicians and clients to think about the ethical basis of recovery focused interventions in mental health. Learning Objectives: 1. By attending this paper the audience will have a better understanding of the ethical and philosophical basis to recovery-focused interventions in the mental health context. 2. This topic is particularly relevant to issues in mental health presently since many services are trying to implement a recovery vision. Many clients of mental health services are trying to live recovery with the constant difficulties which arise from service implementation and the non-linear nature of recovery itself.

S35: Recovery 1
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Can You Hear Me!
Andy Compton
This paper will present a scenario that has no right or wrong answer. I will present you with the scenario and I would like to hear what you as 'The Advocate' would do? When presented with an 'issue' an Advocate must listen to what the Consumer is asking for assistance with. We cannot assume that our advocacy may take a particular path because the Consumer is of a minority culture. We cannot assess the Consumer’s mental health and base our service on

this assessment. We cannot assume a clinical stance and decide 'the most appropriate course of action at the time'. There are various kinds of advocacy and various ways to be an effective advocate. The model I use is proactive. I work along side the Consumer to help them achieve what they want to achieve. I walk with them through the process until they no longer need me beside them. As an advocate we must leave our judgement, our personal experience and often our own personal beliefs at the door. In this paper I will present the model of self empowerment that our agency utilises. Learning Objectives: 1. You will see the different perspectives that an advocate can view an issue from. 2. This method of advocacy is working alongside Consumers to support them to achieve what they have requested. You will learn that the only way an empowering advocate can view an issue is from the perspective of the Consumer. This will enhance the Consumers progress towards their well being.

S35: Recovery 1
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Rehabilitation and Recovery
Lindsay Oades
The paper provides a descriptive overview of the Collaborative Recovery (CR) model- a trans-theoretical model for non-acute mental health consumers that has developed at the Illawarra Institute for Mental Health and associated sites over the past three years. CR is an integrative model that does not make a distinction between psychosocial rehabilitation and clinical case management. The model emphasises the role of goal identification, goal striving and goal monitoring as part of recovery. As the goals within this model are personalised goals, in which a professional, carer or peer collaborates and assists the consumer, the traditional distinction between psychosocial rehabilitation and the lived experience of recovery becomes less important. The key propositions of the CR model and its use are described before detailing key issues of recovery and working alliance and the four components of the CR cycle: (a) Establishing Readiness for Change; (b) Collaborative Needs Identification; (c) Collaborative Goal Identification and Striving; and (d) Collaborative Task-Setting and Monitoring. Key aspects of past and current clinical research conducted under the auspices of the CR approach will be described. Discussion of the implementation of this approach in three clinical sites in NSW will be described. In summary, the descriptive overview of CR provides the theoretical model, its components and how they are measured and used in the clinical sites adopting this model. Learning Objectives: 1. By attending this presentation members of the audience will learn of: (a) recent developments in recovery, (b) the importance of the working alliance, (c) the importance of assessing readiness to change, (d) the importance of systematised needs assessment, (e) key issues regarding goal making and goal taking, and (f) issues regarding task setting and monitoring of tasks with mental health consumers. 2. The Collaborative Recovery model is important to mental health in several ways: (a) it provides a framework to integrate case management, psychosocial rehabilitation and recovery, (b) it links clinical practice with production of evidence by providing ways of measuring each of its components and (c) it provides a service model for training professionals and consumers in key skills.

S35: Recovery 1
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Recovery Competencies - What do they mean for mental health services? New insights in preparing the mental health workforce.
Sue Ellis
The face of mental health services in New Zealand and Australia has been changing for some time. This provides mental health services with challenges for the future. Services are well placed to lead and drive the continuing and necessary changes that must occur if we are to meet the mental health needs of people in their recovery in the future. This paper discusses the recovery approach set out in the Mental Health Commission's Blueprint for Mental Health Services in New Zealand. In particular it examines some of the history leading to the

development of a set of recovery competencies and how the role of mental health services can assist those with poor mental health through a recovery approach to care. In addition, the paper discusses the critical role mental health workers have, at the edge of service delivery, to promote healing environments for those who use mental health services and to assist people on their road to recovery. It looks at how mental health workers need to involve consumers as active participants in their own recovery and in the services they use. To use a recovery approach in their work requires mental health workers to meet a set of recovery-based competencies. These recovery-based competencies also need to be reflected in training standards and curricula to support the teaching and clinical contents of courses. Although many mental health workers do use a recovery approach in their day-to-day practice and activities, there has been little attempt to describe in any detail what this really means. This paper attempts to do this.

S36: Mental health bridges
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Evaluation of a Rural 1800 Mental Health Telephone Service
Gordon Lambert
This paper describes the development and implementation of a 1800-Mental Health Information and Support Service (1800-MHISS) for the Mid Western and Macquarie Area Health Services that serve a population 270,000 in rural and remote NSW. It describes the development of assessment protocols including a Triage Rating Scale. It provides an analysis of calls received in the first 15 months of operation and reports the extent to which the service improved community access to mental health services. Participants were unidentifiable consumers of the 1800-MHISS. Service utilisation data was obtained from the electronic telephone information system and separately from an 'all calls survey'. Data regarding psychiatric emergencies was taken from the 'Mental Health Triage Assessment and Referral Form'. The study found high levels of community use of the service with an average of 1300 calls registered each month. Approximately 60 % of callers were primary consumers and over 70% of calls related to consumers currently being managed by a mental health service. Consistent with this the main services provided were 'social support' (41%) and brief counselling (33%). Crisis triage assessment was required for one quarter of all callers. After hours call outs were reduced by 40%. The potential of this service to be expanded, issues of accessibility, the ability to target under represented consumer groups, continuity of care and the relationship of the 1800-MHISS with other mental health help lines are discussed. Learning Objectives: 1. At the end of the session participants will be able to describe how the 1800-MHISS operates, its goals, who it serve and its impact on service delivery. 2. At the end of the session participants will have a better understanding of the potential of 1800 mental health information and support services to meet the needs of mental health consumers in under-served rural and remote communities.

S36: Mental health bridges
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- The GP-Mental Health Partnership in Western Sydney
Susanne Reynolds
Partnerships between specialised mental health services and primary services is of critical importance in achieving improved mental health outcomes according to Australia's Second National Mental Health Plan (1998). This paper will document and appraise the process of partnership building between the Western Sydney Division of General Practice (WSDGP) and Western Sydney Area Mental Health Service (WSAMHS). To help implement the National Plan, designated funding for mental health services to develop a partnership with GPs was allocated to Area Health Services in NSW. The strategic plans of both the WSDGP and WSAMHS identified mental health partnerships as a priority thus giving further impetus to the process. Having formed a Liaison Committee, co-chaired by the Director of the Mental Health Service and the President of the Division, the need for joint consultation with the mental health staff and GPs was identified. This process identified issues and strategies for

working together, and these were incorporated into a two-year plan. A GP Liaison Officer was appointed by WSAMHS to help implement the plan. Initiatives so far have involved: joint planning; joint education; provision of information to GPs on mental health services; establishment of baseline communication patterns between mental health services and GPs; and working towards shared care. The GP-Mental Health Partnership is founded on a formal relationship between the WSDGP and WSAMHS, and is using multiple strategies to systematically improve the working relationship between primary and specialised mental health service providers with the ultimate outcome of improving mental health services for local communities. Learning Objectives: 1. The audience will gain from this presentation an appreciation of: the necessary building blocks upon which to build a partnership; the range of strategies which can be used to develop a partnership; and some of the strengths, weaknesses, opportunities and threats to the partnership process. 2. This topic is relevant to mental health services and mental health issues because, given that GPs see the majority of consumers with mental illness, it is in the interest of mental health services to help ensure that GPs: know about specialised mental health services, how to find them and how to use them; have the knowledge and skills to identify consumers with mental disorders and know how to manage them and/or when to refer and; have an ongoing and shared role in the management of consumers with mental illness as indicated by their level of skills and interest.

S36: Mental health bridges
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Building Bridges Between Islands
Maryellen Haines Judy Rockall
Research conducted by the South Gippsland Division of General Practice indicated high levels of concern from GPs regarding access to mental health care for their patients. Concerns included: links to Gippsland Psychiatric Services, the communication between GPs and the mental health service providers, the GPs own lack of counselling expertise and their need for current medical education surrounding mental health, the shared care and the post discharge care of mental health consumers. In a cooperative spirit a multidisciplinary Level I Clinical Attachments program was designed to address these concerns. Attachments of 2 days, with an additional 1 day of individual GP ,work were co-designed by the Division and mental health services. Based on the outcomes of research and with attention to educative processes attachments included: - comprehensive manuals for GPs - timetables allowing for interaction between a psychiatrists, pharmacists, case managers, triage and inpatient staff - case studies developed by GPs - briefings and debriefings were designed to gather additional data - evaluations by all health professionals involved - professional of readings - RACGP points. These attachments have been highly successful. Thirteen GPs have completed Level I with twenty two GPs enrolled in the program for 2001. The Division has 32 equivalent full time GPs. Through working together to design, participate and evaluate a multidisciplinary mental health team approach in a rural area, GPs and mental health professionals have succeeded in taking the first steps across the bridge between the islands, service to service, professional to professional, health professional to patient. Learning Objectives: Participants to the session will: 1. Examine the relevance and support of a researched, planned cooperative multidisciplinary strategy to rural mental health care for both patients and all health professionals. Multidisciplinary training, communication and support are essential to the very theme of the conference - 'no one is an island'. This paper relates extremely well to rural professional workforces in both mental health and medicine. With often depleted human and economic resources, where patients are part of small, close communities, where specialist services and private psychiatric services are non existent it is imperative that professionals work in a supportive climate based on common understandings and communications. 2. Gain a sound understanding of the practical application and challenges of multidisciplinary shared educational activities between mental health services and rural general practitioners.

S36: Mental health bridges
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Survivor: The Consumer's Experience in the Outback
Gill Palmer Robert Williams
This paper explores issues faced by consumers and carers who live in a remote location in Far North Queensland. Issues include isolation, harsh weather, lack of knowlege and stigma and poor access to specialist mental health services. A particular issue faced by remote residents is that the few generalist health practitioners who are available in remote areas are often the first and only port of call for people experiencing mental health problems. They are not necessarily trained to recognise early mental health symptoms and do not know who to refer to. The Royal Flying Doctor Service (RFDS) Queensland Section developed a training tool ideal for remote health practitioners. The CD-ROM trains health staff in psychological skills such as counselling, recognition skills, early intervention skills and how to refer someone experiencing mental health problems. The CD-ROM is both an information resource and self-directed learning tool. A further project, commenced by the RFDS and with consumer and carer involvement, extends the training resource to target the general public, with the aim of raising awareness of mental health problems, self-help approaches and where to access professional help. These resources will ease the burden of consumers and carers disadvantaged by geography and the harsh Australian outback. Learning Objectives: 1. This presentation will lead to increased awareness of the issues facing mental health consumers and carers who live in a remote area and give ideas for strategies and resources to address these issues. 2. This presentation demonstrates the innovative use of technology to train health professionals in mental health skills, thus addressing some of the challenges to servicing rural and remote areas of Australia.

S37: Initiatives in forensic & primary care
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Development of the Statewide Forensic Mental Health Service: Getting over the seams in a seamless delivery service.
Deborah Wilmoth David Greenberg
This paper will provide an overview of the process the authors have experienced in developing a State Forensic Mental Health Service for Western Australia. This will include a review of the history of Forensic Mental Health Services in Western Australia and how policy developed to initiate the State Service. The authors will discuss the resistance experienced from different systems involved in the delivery of mental health care to patients with a forensic history. They will also discuss the strategies used to overcome this resistance and to proceed with the evolution of a new state service. This presentation presents the many issues involved in the development of a State Forensic Mental Health Service and to also provide support for the importance of program management as part of that new service delivery. The development of a statewide service is daunting in any field of endeavour but is particularly challenging in the area of Forensic Mental Health. This paper will demonstrate how these many challenges can be met successfully and applied to other areas of Mental Health Service deliveries. Learning Objectives: 1. Participants will gain an understanding of the wide range of issues involved in the development and implementation of a new State Forensic Mental Health Service. 2. Participants will be able to use the information presented in this paper to assist in meeting the same types of challenges in other areas of Mental Health.

S37: Initiatives in forensic & primary care
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Primary Mental Health and Early Intervention Initiative
Graeme Doidge
This paper will describe the expansion of the Victorian Mental Health system to enable the provision of specialist psychiatric services to the Primary Health Care sector, in particular Community Health Centres, Divisions of General Practise and Psychiatric Disability Support Services. The paper will initially briefly comment on the current state of integration

between the Primary Health Care Sector and Specialist Mental Health Services before moving to describe the Primary Mental Health/Early Intervention Initiative in Victoria. Significantly the focus of the initiative includes services for people with high prevalence disorders such as anxiety and depression and early intervention services for young people with emerging low prevalence disorders such as schizophrenia. The initiative has three components, · The Primary Mental Health Service · The Early Intervention Service · The Community Mental Health Plan. The paper will outline in more detail each of these components including the major objectives, broad service descriptions and associated issues. Finally the paper will briefly describe the method of implementation that is being used to roll out this initiative. The approach being utilised is a partnership approach involving both Specialist Mental Health and Primary Health Care Services in the development implementation and ongoing management and monitoring of the initiative. This paper describes an initiative designed to enable multiple service systems to work co-operatively together to improve access to and quality of, mental health services in both primary and specialist care settings. Learning Objectives: 'What will the audience gain from attending this presentation' 1.The audience will understand the approach taken in Victoria, through a Government policy initiative, to: · improve the clinical capacity of primary care services to work effectively with people with a mental illness through support provided by specialist mental health services and · improve the capacity of specialist mental health services to work with and within the primary care sector to achieve a more integrated approach to the delivery of mental health care. 'How is this topic/issue relevant to mental health services and mental health issues' 2. Projected increases in the prevalence of depression in the community into the twenty first century and acknowledgement of the significant role primary care providers play in the delivery of mental health services are significant issues for mental health services and the governments that fund them. This initiative is an example of how an intersectoral approach to mental health service development by general practitioners, mental health, community health and disability support services can be facilitated.

S37: Initiatives in forensic & primary care
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Sharing the Load
Jeff Symonds

Inevitably out of health reforms difficulties arise particularly when the intended change shifts traditional service boundaries resulting in service restructure. Regional Forensic Services in this country developed in the late eighties and early nineties, at the same time general (adult) mental health services were deinstitutionalising and re-focusing on a community care approach to their service delivery. These processes in regard to the interface between Adult and Forensic Services have in one way or another contributed to perceived service gaps leading to tensions and sometimes disputes between the two services. Boundary issues and expectations of roles and responsibility have been raised and recently articulated in the MoH's Future Framework for Forensic Services. This presentation aims to build on some of the recommendations of that report. My short presentation will focus on the collaborative and pragmatic steps that Forensic Services can use to support their colleagues in Adult Mental Health Services in their clinical service settings. The aim is to reduce risk and potential offending of the individuals they care for, i.e.: -supporting skill base of Adult Mental Health Services in the clinical care of high risk and/or ex offender mentally unwell individuals - risk assessment training - health promotion This initiative is dependent on attitudinal views service providers have to their boundaries and/or territory, if we can put aside the perceived differences that may hinder collaboration then collectively we have a chance to use the available wisdom in the best possible way. Learning Objectives: 1. What will people gain from attending? A view of the service roles & responsibilities that forensic and adult mental health services have in relation to mentally ill people that are considered 'high risk' or have a history of offending. People may also consider there are innovative ways that both of these services can work together on common issues in relation to this target group. 2. How is this topic relevant to MHS & issues? Locally, nationally, and international MH services are

struggling with their service delivery to high-risk offender related people with mental illness. Forensic services reacts to the breakdown between the offender and their primary and/or secondary support systems by way of interface services to the Justice and Corrections Systems. Somehow we have to get more support into the networks around high-risk individuals with mental health problems. Whilst the audience will appreciate there is no quick answer to these challenges as they are hugely complex, but I am able to offer some pragmatic suggestions as to how two key services can work together to help improve the situation.

S37: Initiatives in forensic & primary care
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Developing a Primary Mental Health Team
Cathy Jones Margaret Goding Lisa Gill Margaret Grigg
St Vincent's Mental Health Service has developed an innovative new service to target consumers with high prevalence disorders such as anxiety and depression. These consumer groups are often assisted by local general practitioners and community health services, however specialist mental health input has not always been readily available. The initiative is supported by the Department of Human Services in Victoria. The initiative incorporates three key areas: the development of a Community Mental Health Plan to identify mental health needs, gaps and service priorities. a Primary Mental Health Team of 3-5 clinicians, that will provide services such as training and secondary consultation to community health centres and general practitioners, as well as direct service delivery for consumers with anxiety and depression an Early Intervention Service for young people with first-episode psychosis Development of the proposal for this new service was a collaborative approach between the four key stakeholder groups - Psychiatric Disability Support Services, Community Health Services, Divisions of General Practice and Clinical Mental Health Services. A Memorandum of Understanding was developed between the key stakeholders, followed by workshops, working group meetings and steering committee meetings to develop the service proposal and plans for implementation. Learning Objectives 1. The audience at this presentation will learn how a Primary Mental Health Team can be established in partnership with GPs, community health services and psychiatric disability support services. 2.This presentation is relevant to mental health services dealing with high prevalence disorders such as anxiety and depression, and trying to collaborate effectively with primary care providers.

S38: Families & mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Supporting Parents Affected By Mental Illness, And Their Families
Megan Pieruszka
Much of the literature to date provides information on the negative affect on the child or welfare statistics. Little mention is given to the experience and needs of the parents. This paper expresses to its listeners consumer feedback on the difficulties and isolation faced by parents in this population with; parenting, accessing and using Mental Health Services, and living in the community, as well as, consumer's feedback on the services currently offered or proposed and services they feel would best suit their needs. One up and going consumer initiative in Northern Beaches of Sydney is: The 'Peer Support Group'. Parents with mental health problems designed the group. It provides a meeting point for parents who share similar experiences to get together and aims to provide peer support, a sharing of experiences and ideas, a chance to discuss and problem solve challenges they face, to feel validated and empowered, and to further build on each one's resources. It now strives to support the whole family. Its beginning and progress are also discussed. As family dynamics do not occur in isolation by one member, we should strive for services and support where no one in the family; not parent, not children, not partner, stands alone as 'an island'. Learning Objectives: 1. Listeners will gain an understanding of the needs of parents with mental illness as well as learning about a successful peer support group initiated by parents with a mental illness. 2.

This topic relates to consumers who are parents, needs in mental health service delivery as well as providing a structural ideas for peer support initiative in other areas.

S38: Families & mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Mental health has no boundaries: Development of a Fatherhood program for first time fathers
Alan Grochulski

The role of the mental health service provider is one of a dynamic model. They must be able to accommodate the needs and challenges that services have placed upon them and have the foresight to meet the needs of the wider community. Mental health can no longer seen on the peripheries of the health system as the unwanted or undervalued health service provider. Mental health services are now in a position that allows and encourages them to develop partnerships with other health service providers and to take on new frontiers and challenges in the provision of mental health prevention services. This presentation looks at such a service at Royal North Shore Hospital and Community Mental Health Service, which is currently addressing the mental health needs of first time fathers. Developed in partnership with Child and Adolescent Mental Health, Adult Mental Health, Early Childhood and Antenatal Educators, Academic Psychiatry, Health Promotion, Trescillian and the Maternity unit. This program specifically addresses the psychological and emotional needs of the first time father and the difficulties that occur for them in the second and third trimester of pregnancy. Its focus is not of an antenatal class but a program specially targeting the following issues that affects men during pregnancy and also directly affects the mental health and wellbeing of his partners and baby: Ø Expectations about fatherhood Ø Fathers unique input into the development of their child Ø Manhood - being a man Ø Healthy relationships Ø Communication Ø Fathers feelings during pregnancy Ø Bonding with the baby Ø Nurturing your partner Ø Problem solving Ø Emotional changes in the father Ø Post partum blues and depression in the partner and father Learning Objectives: 1. Participants will learn about the formulation of collaborative partnerships between stake holders and mental health services 2. This program addresses the need of health promotion in mental health and shows the flexibility of mental health services by developing new best practices with other health service providers

S38: Families & mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- A Maternal Mental Health Joint Venture
Jacqui Coates-Harris Joyce Leone

Maternal Mental Health issues affect a large proportion of women in our community. At present there are no specifically funded services for this in the Waikato/Midland region. In order to address the needs of women, who experience difficulties with the event of childbirth/motherhood, informal/joint ventures have evolved. One such joint venture was established in Hamilton (1998), between the Medlab Family Centre and the Adult Mental Health Service, Health Waikato. Medlab staff noted that there were increasing numbers of mothers attending the centre who were displaying signs of Post Natal Distress/Depression. These concerns were raised with staff at the Adult Mental Health Services. This resulted in the establishment of an informal consultation/liaison service. The service is unique in its ability to meet the needs of clients in the least restrictive environment possible, i.e. Family Centre. From these informal mental health assessments, women are advised of appropriate coping strategies, or referred onto other appropriate services. After two years this empowering approach has enabled mothers to recognise what their difficulties are, learn new information and strategies for coping and take to control of their own health. Learning Objectives: 1. What will the people in the audience gain or learn from attending this presentation? How to systematically set up a successful partnership of shared care. 2. How is this topic/issue relevant to mental health service and mental health issues? Gain

understanding of issues surrounding post-natal distress under the umbrella of Maternal Mental Health

S38: Families & mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Promoting a Better Response to Families Where a Parent has a Mental Illness: A Family Sensitive Training program For Adult Mental Health and Child & Family Services
Hanna Jewell Brendan O'Hanlon
Meeting the needs of families with dependent children where a parent has a mental illness presents a major challenge for the range of agencies that may attempt to assist these families. This presentation aims to give participants an understanding of the value and limitations of a unique training and service development program to assist staff in working with families where a parent has a mental illness. The Bouverie Centre in collaboration with Peninsula Health in Melbourne's southern region adapted the highly successful Get Together Fa.S..T.(Family Sensitive Training) program for adult mental health services for use with agencies across child & family services, child & adolescent psychiatry and adult mental health services. This presentation describes the contents of the program and identifies the value and challenges of involving consumers and carers and staff from different service sectors in training. It also reports on the outcomes of the program covering participant responses, satisfaction and perceived learning, service development initiatives and inter-agency collaboration. The presentation concludes by commenting on the use of cross-sectorial training as a way of promoting agency collaboration and improving service delivery to families where a parent has a mental illness. Learning Objectives: 1. Participants will gain an understanding of the value and limitations of a unique training and service development program to assist staff in working with families with dependent children where a parent has a mental illness that involves consumers and carers and workers from adult mental health and child & family services. 2. This presentation describes a training and service development program that aimed to improve the responsiveness and sensitivity of service providers to the complex challenge of better meeting the needs of parents who have a mental illness and their families.

S39: Researching service reform
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Psychiatric and Social Outcomes of the Introduction of a Community Mental Health Team in a Semi-Rural Region of Australia
Daphne Habibis Mike Hazelton
This paper reports the findings of a longitudinal panel design study of the introduction of a community mental health team (CMHT) in Northern Tasmania. Four notable features of the study are that it involved no changes to the routine activities of the existing service, it is in a semi-rural region, the CMHT is offering an extended-hour service only and the service has been recognised as being under-resourced. Between 1993-1994 data was collected on 57 respondents (pre-CMHT group) diagnosed with either schizophrenia or bipolar disorder who were admitted to the acute care facility of the district general hospital where the region's mental health service was based. These respondents were followed up for a period of a year with data collected at one month, six month and twelve months. In 1996, following the introduction of an extended hours CMHT data was collected over the same time-span on a new sample of 37 respondents (post-CMHT Group) who where matched with the pre-CMHT Group on age, gender diagnosis and severity of illness. The outcomes between the two Groups were compared. There were few significant differences between them although the numbers of hospital admissions and length of hospital stay were lower in the post-CMHT sample. Most patients in the post-CMHT group were admitted rather than treated in their homes by the CMHT. The findings of the study suggest that hospital-based services may have improved their effectiveness compared with thirty years ago and that the addition of a CMHT in itself is not sufficient to improve patient outcomes in a region which is seriously

under-resourced. The study also suggests that services need to pay greater attention to the activities of CMHT to ensure that the improved outcomes which the research suggests are possible are fulfilled at the level of routine service practice.

S39: Researching service reform
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Population Health: The dilemmas
Jenna Bateman Gillian Church

The broad range of mental health services alone cannot change all the factors which affect the mental health of communities. Whilst early intervention, promotion and prevention strategies can be employed in government mental health services and NGOs at the individual, family and community levels, recognition of the interrelatedness of all sectors and at all levels is required if the population's mental health is to improve. As expressed in the National Mental Health Strategy document, 'National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000' - 'Risk and protective factors occur through income and social status, physical environments, education and educational settings, working conditions, social environments, families, biology and genetics, personal health practices and coping skills, sport and recreation, the availability of opportunities, as well as through access to health services.' The non-government sector is integral to the 'whole-of-society' approach. Challenges for the sector lie in our ability to demonstrate how the work of NGOs reflects this approach and to identify opportunities for partnerships which may better allow us to promote the mental health needs of the communities we work with. The development of linkages and partnerships with other community-based organisations, government agencies and the business and commercial sectors is with the aim of increasing resources and opportunities for consumers to live 'in' rather than 'on the periphery' of the community. There is a growing expectation for business to participate in social development by embarking on joint projects with community based organisations and judging by the British and American experience, we are, comparitively speaking, only at the beginning of a trend that will see a major shift in the way the individual, community organisations, government agencies and business relate and work together. Learning Objectives: 1. The audience will better understand the concept of Population Health and the ways in which the community based non-government organisations work to form linkages which enable individuals to access the ingredients for good health. Many community based non-government organisations are formalising partnership amongst themselves, with the government sector and initiating partnerships with the business sector. The audience will learn why and how this has come about and some of the positives and negatives we may see emerge as a result. 2. Whilst there are current moves to increased inclusiveness of the non-government and community sector in planning mental health services within area health service areas the funding of the non-government sector in NSW is well below the national average. The Population Health approach should see an increased diversity in the types of services provided in mental health and the funding sources for those services. Articulation of the possibilities for making connections with other groups, government departments, businesses and community interests diversifies options for people involved in mental health at the prevention and rehabilitation ends of the spectrum and helps build communities.

S39: Researching service reform
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Mental Health Services Reform in Queensland: A Conceptual Framework
Ivan Frikovic Nikki Bushell David Harris

The continuing reform of mental health services in Queensland in accordance with the Second Nation Mental Health Plan 1998 poses many challenges for those at different levels in the mental health sector. The need to complete and consolidate the reform of treatment services initiated by the first National Mental Health Plan is compounded by the need to expand the mental health focus beyond the treatment and continuing care paradigm as identified by the

Second National Mental Health Plan. The development of a conceptual framework which incorporates the reform strategies in the first and second National Mental Health Plans and provides a vision for achieving positive mental health outcomes at the individual and population level has been a major task for the Structural and Services Reform Team in the Mental Health Unit of Queensland Health. This paper articulates the process of development of a conceptual framework to guide mental health services reform in Queensland, which incorporates treatment and continuing care with early intervention, illness prevention and mental health promotion. It adapts the Mrazek & Haggerty 1994 spectrum and places it into a context where there are both top-down (policy, expert and government) and bottom up (community, consumer and carer) supports and limitations. Finding a balance between the top-down and bottom up definitions of need determines the level and mix of interventions required by a particular community in a particular context. The Structural and Services Reform Team is utilising this conceptual framework to set a common vision for the reorientation of mental health services towards a population health approach and to bring other sectors into mental health who traditionally have not seen this as their area of activity. Learning Objectives: 1. A better conceptual understanding of how to progress mental health services reform by linking the top-down and bottom up concepts of need to achieve the required mix of interventions. 2. This approach is relevant to the mental health services as it integrates treatment and continuing care with early intervention, illness prevention and mental health promotion, and gives greater ownership and participation options to local community members, consumers and carers.

S40: Workforce education
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Evaluation of an innovation in postgraduate education in mental health
Jacqueline Horn Lois Surgenor
Aim:A survey was conducted of the 179 students enrolled during the first 6 years of an innovative postgraduate diploma for people working in mental health. This demonstrated the diverse range of people who had undertaken this training and its effects on mental health workforce development. The cry continues in both Australia and New Zealand about the pressing need to enhance the key skills of the mental health workforce. This course is directed at addressing that need. Seldom are such innovative courses evaluated systematically. Method: A file survey was conducted providing information about those who had enrolled in the diploma since its inception. In addition, the 38 graduates were sent a questionnaire about the impact of the course. Results: The wide diversity of people taking the course mirrors the mental health workforce. The benefits of the course were far-reaching for graduates. This demonstrates the importance of this innovative approach to meeting the increasingly sophisticated training needs in mental health. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? People in the audience will learn about a major initiative in mental health workforce training and development in New Zealand. 2. How is this topic/issue relevant to mental health services and mental health issues? In a rapidly changing health care environment there are increasingly sophisticated expectations placed upon providers of this care. The development of the mental health workforce is an important trans-Tasman priority.

S40: Workforce education
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Stemming the Tide of Chronic Depression - An Innovative Clinical, Research and Training Program
Paul Rushton
Depression is rapidly approaching epidemic proportions in Western societies. Despite significant research on treatments, especially biological treatments, it continues to increase in incidence and chronicity. Mental health services favour delivering services to consumers with acute Depression. However, research indicates that chronic Depression is responsible for

more marked impairments in psychosocial function and health care utilisation than acute Depression (Keller, 2000). The Gold Coast Integrated Mental Health Service has collaborated with consumers in developing a clinical program specifically for chronic Depression, entitled the Overcoming Depression program. The program offers Group Cognitive-Behavioural Therapy (CBT) or Group Interpersonal Psychotherapy (IPT). Interestingly, a number of major research studies have shown IPT to be as effective as CBT for Depression but surprisingly it is practiced by few clinicians. This program is one of the first in the world to apply IPT as a group therapy for chronic Depression. Preliminary results indicate that Group IPT positively affects the course of Depression, is relatively easy to learn and apply, and offers an adjunctive or alternative approach to traditional group therapies. Evaluation of the program includes qualitative and quantitative methods including consumer satisfaction surveys and clinician rated questionnaires. The program also serves as a training program for post-graduate university students. In summary the Overcoming Depression program targets consumers with chronic Depression, provides training for post-graduate students, offers a range of therapeutic approaches, and is only one of a few programs in the world that offers group IPT. Learning Objectives: 1. Outline the method and benefit of offering innovative and efficacious psychosocial programs such as Group Interpersonal Psychotherapy for chronic Depression, and in doing so stimulate interest in developing similar programs. 2. Demonstrate the ability of mental health services to offer programs that have clinical, research and training components.

S40: Workforce education
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Finding a safe place within the sea of learning
Marie Greenall Kevin Kellehear

Mental health nursing stands at a crossroad, in danger of losing its identity, culture and community. This is largely due to a decline in undergraduate nurses choosing this challenging, yet rewarding specialty as their future career. The Scoping Study, Clinton & Hazelton (2000) conducted on behalf of the Australian & New Zealand College of Mental Health Nurses Inc., has highlighted that a lack of exposure to the clinical setting resulting in the inability to integrate theory and practice, as a major concern in the recruitment of mental health nurses. Nurses constitute a significant part of the mental health workforce, therefore this shortage has major implications for mental health services in the future. The C.J. Cummins Unit of The Northern Sydney Area Health Service, NSW, acknowledge that no one is an island within the sea of learning. In collaboration with management it was decided by the nursing staff that to inspire the next generation of mental health nurses there needs to be an encouraging, supportive culture of both personal and professional development. OPOD (Orientation, Preceptorship & Ongoing Development) an existing model of professional development at The Royal North Shore Hospital, Sydney, was the inspiration behind a structured program developed and utilized by the unit. Partnerships in learning have been woven between management and clinical staff of C.J. Cummins Unit and The University of Technology, Sydney, with the unit being established as a Clinical Develoment Unit. This paper outlines and discusses the evolution of this program from its foundation as an idea to its implementation as a framework of learning, one which ensures all students have a sense of belonging within the culture of mental health nursing. Learning Objectives: 1. Participants will gain an understanding into the problems facing the education and recruitment of mental health nurses. 2. The development and workings of this program will be explored in a manner that encourages other organisations to acknowledge the importance of implementing a similar program. 3. Due to the current shortage of mental health nurses, establishing a program where the student can develop technical, reflective and analytical skills, within a supportive environment is essential for the future mental health services workforce.

S40: Workforce education
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Mental Health Education: The future direction.
Sarah Gordon
Mental health education is one of the most important areas to focus on when dealing with the issue of workforce discrimination. It is at this stage that many of the ongoing beliefs and attitudes of our mental health providers are shaped. To progress with the shaping of such beliefs and attitudes without a well thought through process of consumer input is not satisfactory. This paper presents a theory of mental health education, which combines the elements of theoretical and experiential learning, that will achieve three objectives: (i) provide a reasonable level of consumer input to the educative process; (ii) provide all material in a manner that facilitates optimal learning for the student; (iii) promote a philosophy of partnership between providers and consumers by presenting as such within the learning environment. This paper will involve the presentation of the theory with reasoning (primarily from the presenter's experience as both a theoretical and experiential educator) in support.

S41: Suicide prevention
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Survivor! - Psychoeducation about psychosis in a rural community
Michelle O'Neill Marie Panebianco
Surviving a mental illness in a rural environment requires additional support, with changes needed when adapting an educational group program from a metropolitan view to that in the country. These include addressing the issues of isolation, both personal and of location; stigma in a small town; and the need for educational resources (for the individual, the family and the community). This presentation will describe the psychoeducation group, Survivor!, a 7 week program for individuals who have experienced a first or second episode of psychosis; of 1.5 hours duration per week. The collaborative working party consists of non-government and government mental health organisations, including consumer consultants. The content of Survivor! will be discussed , including relevant topics such as, the definitions of psychosis, the personal experience and taking control; and the reasons for their inclusion. Explanation will be provided on the need for a social focus when providing psychoeducation to this target group, enabling the participants to form friendships and enhance their social skills. The aim of this presentation is to inform delegates of this innovative pilot educational program, its effective application and the benefits to a rural community. In summary, offering a program like Survivor! to young people and family/carers enables participants to increase their knowledge and share their experience in a safe environment in their community. Learning Objectives: 1. The delegates will learn the impartance of adapting programs to suit the community and environment. They will also have the opportunity to hear our experiences in developing and implementing the Survivor! psychoeducational program. 2. To assist rural and other mental health care organisations address local issues in providing appropriate psychoeducation for young people who have had a psychosis and their family/carers, utilising existing resources in the community.

S41: Suicide prevention
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Working to build connections and reduce the Risk of Young People from Minority Populations
Christine Farnan Anne Watson Julie Barlow
Authors: Christine Farnan & Mental Health Promotion Officers Network Victoria. A project in Statewide Training in Youth Suicide Prevention (STEP) was funded under the National Suicide Prevention Strategy. STEP involved the development and delivery of training for workers with three at risk youth populations: Koori, Same Sex Attracted and Refugee. The Project Officer coordinated the program development and the production of educational materials. The Mental Health Promotion Officers, based in Child and Adolescent Mental Health Services, assisted in each of their local areas across Victoria as well as contributing to

the overall project. A community development model was adopted for STEP. Three reference working groups were formed to act in an advisory capacity, and included Mental Health Promotion Officers and key stakeholders from the target groups. This paper outlines the process engendered in developing training materials, facilitating training and promoting the sustainability of the Project. In collaboration with key stakeholders, focus groups were conducted to determine the needs of young people from the identified target groups. These findings then were used as a component to inform the development of training materials. A key theme of the project is the importance of valuing diversity. The intention when working with the target groups was to underline the importance of connectedness in promoting their mental health. Learning Objectives: 1. Illustrate the practical relevance of the Community Development Model when applied to a range of youth suicide prevention strategies with culturally diverse groups of young people 2. Explain the application of a holistic and integrated methodology in the promotion of mental health with culturally diverse groups of young people.

S41: Suicide prevention
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Suicide Intervention Training of Mental Health Workers Suicide Intervention Training of Mental Health Workers Learning from a Statewide Initiative
Bruce Turley Geoff Martin
This presentation is for people considering options for suicide intervention training in a community or mental health setting. Its purpose is to inform choices about program content and raise awareness of implementation challenges. It shares learning from a regional suicide intervention training project in the mental health sector. This Statewide Suicide Intervention Training Project was funded by the Victorian state government for public health clinicians and staff from Psychiatric Disability Support Services. The project recognised that while people with mental health problems often experience increased vulnerability to suicide, many mental health workers are ill-equipped to offer a competent suicide intervention response. It also recognised the need to incorporate skills training within a co-ordinated regional approach where workers could adopt a common suicide intervention framework. The paper reports on outcomes from implementing LivingWorks skills-based learning programs to enhance the suicide intervention competencies of 3000 mental health workers. Strategies for addressing clinical and implementation challenges in co-ordinating training across several area mental health services are discussed along with methodological issues in conducting evaluations of suicide intervention training. Participants will take from this presentation practical learning on available resources and procedural challenges in implementing local or regional suicide intervention training initiatives. Learning Objectives: 1. Identify suicide intervention competencies community caregivers acquire through involvement in the LivingWorks Applied Suicide Intervention Skills Training (ASIST) as evidenced through evaluation studies. 2. Acquire foundations and frameworks for resourcing and replicating a field-tested regional approach to suicide intervention training specifically for mental health workers in community and institutional settings.

S41: Suicide prevention
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- The Best Years of Your Life
Sue Ellen Smith Collette Porter
How often have we heard, or in fact, expressed this sentiment? Adolescence and young adulthood - a roller coaster ride of new skills, new beginnings, new adventures and relationships. The best years for some, for others can also be fraught with fear, anxiety and despair. What then, the young person experiencing serious mental illness? This paper tells the story of innovative, residential psychosocial services for young people, recently established in rural Victoria. It embraces the powerful nature of 'personal story telling' as it relates the reactions of rural communities to young people, rurality, and mental illness. How does a service that provides community based psychosocial rehabilitation, is focussed on

'recovery' and supporting young people who are experiencing disconnection from themselves and their community, engage a community that is vociferously expressing its rejection, outrage and fear? The paper discusses strategies developed and implemented and their efficacy from the rural viewpoint. It specifically addresses the impact of rurality on outcomes for young people experiencing serious mental illness particularly in the areas of relapse prevention and community connection and integration. Learning Objective: 1. What will people in the audience gain or learn from attending this presentation? (Not what you are going to teach, but what they are going to gain.) · A clear understanding of the issues facing young people with serious mental illness within a rural Victorian setting, and the impact that these issues may have on recovery, community integration and relapse prevention. · The opportunity to acquire ideas/strategies and an evaluation of these, implemented in new residential psychosocial service development. These strategies focus on promotion of community acceptance, education and reduction of stigma. 2. How is this presentation relevant to mental health services/issues? · The focus of the presentation is on an innovative community based psychosocial rehabilitation model. · The presentation addresses barriers to the development of, or re development of community integration and linkages. · The presentation identifies issues specific to rural mental health, and the impact of rurality and recovery. · As the focus is on a youth based service it also addresses those issues pertinent to young people, mental health, and community.

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- 'Getting to Sense with Community Support Work'
Bridget Caird

Community support work (CSW) in New Zealand is relatively young compared to some overseas environments for CSW. Various niches within the US: Wisconsin, Kansas, Boston, New York, Los Angeles and from Trieste in Italy have been speaking the language and 'walking the talk' of CSW for 10-50 years. In New York, the original 'Clubhouse', set up by and for ex psychiatric patients in 1948, still operates. By contrast, New Zealand CSW ventures are at most 5 years old. On the other hand, it has only been about a decade and a half since western mental health professionals began entertaining the notion of a community support system for people with mental illness. This is a very short time for the whole field to be turned upside down in terms of mental health professional's beliefs about people and what they need. International literature on CSW shows three interlinking themes. One is a movement away from focusing upon rehabilitation and towards recovery that is defined by rather than for the service user, characterised by a holistic service orientation and user self determination. The second is an awareness of mental illness problems as community and social issues, in both the 'source of problem' and 'responsibility for solution'. The third theme is a movement that turns away from pathology and diagnosis and towards a focus upon individual and community strengths. Appearing in various guises across different practice methods, from the original Clubhouse model in 1948 New York, to Programmes for Assertive Community Treatment, the Village model, the Strengths model, Italy's Trieste experience, lesser known models and the emerging shape of New Zealand CSW, these themes sharply distinguish CSW as an authentic and increasingly rigorous approach to mental health recovery/ discovery in its own right.

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- Community Care - Caring for Community Staff
Elizabeth Powell Bill Pepplinkhouse

The roles of staff within the Victorian mental health system have been profoundly changed in the past decade, with the move from institutional to community based care. The introduction of a community-based model has seen a significant amount of responsibility and autonomy placed on case managers. This responsibility and autonomy can be both positive and negative and the effects need to be acknowledged, monitored and supports put in place. For rural

services that frequently experience difficulties in attracting professional staff, the support and retaining of experienced and skilled case managers is an important challenge. Grampians Psychiatric Services have implemented a number of innovative strategies in an attempt to support and address staff needs. These strategies include the development of professional peer links, debriefing for critical incidents, providing challenges and development opportunities, team building and the involvement of staff in changes in the service. The strategies have been simple yet effective and could be used in any workplace. They can been implemented at minimal cost to the service when compared with the cost of a high turnover of staff. Learning Objective 1.That the role of community worker has inherent pressures and stresses and that acknowledging this and implementing measures to support staff can have a significant effect on the ability of staff to continue working at an optimal level. These measures are simple, translatable across workplaces and can positively impact on human resource issues. 2.The model of caring for clients in the community relies on the link of the case manager. For mental health services to effectively meet the expectations and demands of an increasingly sophisticated and educated group of consumers, systems must be adequate to keep case managers informed, safe and able to work. The strategies that have been used at Grampians Psychiatric Services have focussed on professional support, education and empowerment for case managers.

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- 'My Island Home'
Simon Richards
This paper explores the Western paradox that socialises individuals in perceiving themselves as separate, alone, disconnected and isolated versus other perspectives that conceptualise individuals as integrated, connected and part of a wider social context. In particular, the historical context and influence of Western philosophy, religion, science and medicine is explored, emphasising how these doctrines have reinforced a disconnected mechanistic view of humanity. These influences are traced through their expression in modern approaches to the treatment of mental illness and the mentally ill. This paper contends that such approaches still objectify, categorise and stiigmatise; that despite changes in terminology, the 'consumer' remains isolated and disempowered. How is it that 'the customer is always right' when we believe that the customer is irrational and delusional? How can consumers and carers have a sense of recovery, when they continue to experience symptoms? If we believed our own rhetoric, why do we hesitate to tell young people and their families what the real diagnosis is? Who is really delusional here? The Western, predominantly male, Anglo-Saxon view of non-inclusion and reductionism is challenged, pointing to an alternative reality that engenders connection and co-operation. The scientific paradox is that in reducing everything to an atomic level, science has discovered that no atom is an island, that energetically events are connected and influential, even when separated by large distances of time and space. The question is posed and explored: In entering the new millenium, how do we, as mental health practitioners and members of our communities, advance this new paradigm on a local and societal level?

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- The Recreation Project: No One is an Island?
Andrew Sullivan Mark Hosken Trish James
The Recreation Project developed in Melbourne's Inner West and funded by VICHEALTH continues to be an innovation and a model for consumer support and empowerment in mental health. Now in it's third year of life the project offers recreational opportunities and peer support through its quarterly publication 'Salvation Jane' and through a range of consumer guided community activities. Salvation Jane can be the 'message in a bottle' that some consumers receive to let them know that there is support and that no one is an island. The recreation Project enables mental health consumers by increasing confidence and developing

self-esteem, and offers a social support network. The primary aim of the presentation is to demonstrate how this innovative model of peer support explores the 'No one is an island' concept. Presenters use The Recreation Project and Salvation Jane to show that individuals working together and offering support are empowered and connected to the community. The importance of both teamwork and respect for the individual within a community are explored. In doing so it is shown that an island, or being an island, is not necessarily a bad thing and an island can represent stability, a refuge, comfort and a 'home base'. As The Recreation Project evolves it continues to be a model for mental health peers support and offers THEMHS an innovative perspective on what can be achieved through a consumer driven development. Learning Objectives: 1. Those attending this presentation will learn how a consumer driven project is sustained through peer support and collaboration, and meets the needs of both the community and those employed by the project. 2. As a mental health service, The Recreation Project and Salvation Jane Newsletter represent an innovative concept relevant to contemporary mental health issues. This presentation demonstrates how a consumer driven project can facilitate connection to enhanced peer support and establish links with the broader community.

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- The Important Part that Support Plays in 'Recovery' and Maintainig Wellness
David Baker
Support in the context of Mental Health Recovery is essential. It requires an emphasis on the individuals own responsibility for their Recovery, welfare and growth. There is a need for supporters to communicate, collaborate and provide effective support in order for the person to develop their own inner supports. Support groups, counsellors, professionals and key workers (with in and with out of the Mental Health system), have roles as supporters and can encourage positive direction in the individuals health and wellbeing. Focus will particularly be made on the importance of the support group, peer support (one on one and in-groups) and the supportive group programme (including educational and therapeutic activities). Learning Objectives: 1. The issue of support is particularly relevant in terms of recovery (one of the six principles-L CURTIS), therefore it is essential that this issue is raised and discussed by Health Services/staff and consumers. 2. The outcome of this paper is that participants will gain a broader understanding of the part support plays in achieving and maintaining wellness.

S42: Presenters' showcase
30/08/2001 From: 1100 To: 1300
Presenters Showcase 10 minutes:- Collaboration not tokenism: establishing a partnership between consumers and nurses in mental health nursing academia.
Brenda Happel Cath Raper
The active participation of consumers in the education of mental health professionals was a fundamental goal of the first Mental Health Strategy. A number of tertiary institutions have employed consumers in casual academic positions. While this has been a useful starting point it has not enabled consumers to make a definite and sustained contribution to the education of mental health professionals as a participating team member. This paper describes the introduction of a consumer academic position at the Centre for Psychiatric Nursing Research and Practice. This initiative is funded by the Commonwealth Department of Health and Aged Care and results from a successful partnership between the CPNRP and the Melbourne Consumer Consultants group. In particular the authors will present the development and implementation of this unique position. The journey begins with the establishment of a project team to represent the partner organisations, and continues through the development of the position description, the recruitment process, and the provision of support and guidance for the introduction of the new role. This is the first known position of its kind in Australia, not only for nursing, but also for mental health professions as a whole. It is an opportunity for mental health nursing to provide leadership to both the broader nursing profession and to

the medical and allied mental health professions. Learning Objectives: 1. People attending this presentation will gain an understanding of the establishment and implementation of a mental health consumer position in an academic department 2. This presentation promotes the importance of consumer collaboration in the education of mental health nurses.

S43: Drugs & alcohol and mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Mental Health Services and Cigarette Smoking: Moving on from the Asylum Culture
Sharon Lawn
Within mental health services, the entrenched nature of smoking activity within all settings is overwhelming. Smoking is a tool serving many purposes for both staff and patients. It provides a central structure to all other routines and processes and is woven into the central fabric of daily life, encompassing social, political, and economic exchange. Within a system dominated by routines and external controls, the ability to smoke provides patients with one of the few opportunities to act autonomously. For staff, the use of cigarettes to manage patients' behaviour and illness symptoms, for protection against assault and abuse, to reward and modify behaviour is also apparent. These are some of the themes to emerge from qualitative grounded theory analysis of interviews with 24 clients and 26 staff of community and inpatient settings, combined with a lengthy participant observation of the settings, including community hostels. This paper will explore these themes and highlight the legal, ethical, and occupational health and safety implications of not acting to address and overcome the existing culture of smoking within psychiatric services. Within a climate of increasing potential for litigation, greater consumer participation and partnership in care and hopes to reduce the stigma of mental illness, combined with greater pressure for a non-smoking community, seeking solutions to this problem is timely. Learning Objectives : What will people in the audience gain or learn from attending this presentation? The audience will gain a greater understanding of specific areas of focus for improving policy and service provision for both clients and staff within mental health services. It will assist them to formulate their personal and professional stance on the smoking issue as it relates to mental health. How is this topic/issue relevant to mental health services and mental health issues? Cigarette smoking occurs in the mental health population at three times the rate of the general population. For most community mental health clients who smoke, they spend approximately 1/3 of their income on cigarettes, at the expense of other basic needs. The rate of staff smoking, especially nursing staff, occurs at almost twice the rate of the general population. The social, economic, quality of life, and physical health consequences of not attempting to assist those people who want to quit smoking are of serious concern if mental health services are to make meaningful progress with and for clients and staff.

S43: Drugs & alcohol and mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Effective treatments for alcohol problems & treatment-seeking for alcohol dependence in Australia
Healther Proudfoot
Alcohol poses a major burden on society and the individual. There are effective treatments for alcohol dependence but evidence from around the world, and now from Australia suggests that few people avail themselves of treatment services. Alcohol dependence affects a broad range of individuals - in particular men and young people. Alcohol dependence is also often comorbid with other psychiatric disorders such as depression and anxiety. Despite suffering major problems associated with their alcohol use, most individuals do not see a need for help and often express that they can solve their problems on their own. This talk will firstly focus on a review of effective treatments for alcohol use, then proceed to discuss the findings from the national survey of mental health and well-being. I will cover such issues as who in our society is most likely to be affected by alcohol dependence, who seeks treatment, how satisfied they are with the type of treatment received, and from whom do they seek treatment.

For those who do not seek treatment I will consider types of treatment wanted and reasons for not seeking help. In conclusion I will discuss the issues around how best to get good treatments to those who need it. Learning Objectives: 1. That those with alcohol dependence are not typically older males as most people think and that alcohol dependence is treatable and is under-treated in Australia. 2. Relevance to mental health services in that it will discuss the types of services needed to treat alcohol disorders and the types accessed within Australia. It will also look at some of the public attitudes which underlie treatment seeking behaviour.

S43: Drugs & alcohol and mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- Heterosexual attitudes towards homosexual adolescent suicide
Mari Malloy
Previous research has shown that while homosexual adolescents account for 30% of adolescent deaths by suicide, little investigation has been undertaken to examine attitudes towards homosexual adolescent suicide. The present study examined the attitudes of heterosexuals to both heterosexual and homosexual adolescent suicide as a function of age, gender and level of homophobia. University students (n = 206) completed The Suicide Attitude Vignette Experience (SAVE), the Index of Attitudes Towards Homosexuals, the Suicide Subscale of the General Health Questionnaire, and the Marlowe-Crowne Social Desirability Scale. Results indicated that participants, regardless of age or gender, viewed the suicide act as more justified, acceptable, necessary and psychologically healthy when the victim was homosexual than when the victim was heterosexual. Further, homosexual suicide victims were shown significantly less empathy than heterosexual suicide victims. Younger participants viewed homosexual suicide victims differently to older participants. Participants' level of homophobia was a significant predictor of attitudes towards homosexual adolescent suicide. Results indicate that the peer group of homosexual adolescents is unsupportive of their sexual orientation, and these attitudes may be an additional risk factor for homosexual adolescent suicide. The results have significant implications for the development of programs aimed at suicide intervention and prevention. Learning Objective: 1. To gain an understanding of the way heterosexuals view homosexual suicide. 2. The results have implications for whom homosexuals may approach when contemplating suicide.

S43: Drugs & alcohol and mental health
30/08/2001 From: 1100 To: 1300
Paper 20 minutes:- "Light up (...and take some more tranquillizers)"
Andy Campbell
The interaction between cigarette smoking and neuroleptic medications. The results of an audit of the medications prescribed to all 650 inpatients in non acute beds in NSW Mental Health Hospitals will be presented. Patients generally had been in hospital for lengthy period of time and were generally on stable medications. Most smoked. Analysing the neuroleptic dosage prescribed in chlorpromazine equivalents and compensating for weight and height showed an interesting dose like relationship between the amount of cigarettes an individual consumed and the level of dose of neuroleptic prescribed by clinicians, heavy smoking being associated with nearly double the dose. Higher levels of smoking also predicted low serum clozapine levels. The addition of 'mood-stabilizing' medications did not lessen the total neuroleptic dose prescribed. The possible mechanisms of the interaction and implications of the results for the prescribing of psycho trophic will be discussed.

S44: Panel: No one is an island
30/08/2001 From: 1400 To: 1500
Faciliated by Peter McGreorge
Recovery Oriented Mental Health Systems: Barbara Disley
This paper considers how to transform the existing mental health system into a recovery oriented system. It argues that to do so, we need to become more responsive to the needs of

individuals as individuals while also recognising the inter-dependent nature of people's lives. At the heart of recovery is the recognition that services need to address the needs of the individual not as an island and/or passive recipient of services, but as an active participant in their own recovery and as an individual who is part of a complex network of supports, and family and community relationships. There must be a shift from seeing people with mental health needs as simply mental health service consumers. All their roles, as well as their participation and needs in sectors outside mental health services, such as housing, employment, recreation and education, need to be recognised and addressed. Mental health services need to work in greater synergy than they do now. In addition mental health services will need to establish much stronger linkages with non-health services to achieve a real recovery orientation. Finally, the paper will comment on the role of mental health networks, consumer participation, policy and monitoring in developing and implementing the recovery vision as the fundamental orientation of the mental health system.

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

A National approach to improving mental health for all New Zealanders: Janice Wilson
Abstract not available at time of printing

S45: Community case management model
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Implementing an innovative community support case management model in the northern region of New Zealand, 1995-2000.
John Wade Rob Warriner Tipa Comparn
The purchase of community support work services for people with serious mental illness reflected a recognition that mental health planners needed to think beyond care and treatment alone. In the era of 'community mental health' planners also needed to facilitate access by people with mental illness to better housing, education and work opportunities, social support, and to mental health services. This workshop will: Ø describe the philosophy, model and operation of the Community Support Work service, including the key roles of needs assessment, service coordination, and support Ø describe the original intent of the purchasing body, identifying the 'drivers' for introducing this service model Ø describe key developmental issues that have occurred during the six years (1995- 2000) the service has been operating Ø report on the consumer perception of the effectiveness of CSW, based on three annual Regional Outcomes Measurement reports. Ø identify issues that are central to the continued development of the model and its effective contribution as a part of the mental health service system, including workforce development and integration with clinical treatment services Ø compare 'community support work' with case management models operating in the USA and United Kingdom, identifying areas of difference and similarity (e.g. psychosocial orientation, consumer focus, size of caseloads, cultural aspects, clinical

treatment versus social support emphasis, community integration activities, roles with client). Learning Objectives: 1. The audience will learn about the implementation, impact and effectiveness of a non clinical front line case management model that is focused on meeting the psychosocial needs of people with serious mental illness. 2. In this era of 'recovery' and 'community' it is recognised that mental health service systems must be designed to allow easy access and meet the social and lifestyle needs of people, not just provide clinical care and treatment.

S46: Bi-cultural education program
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Ka Kohi Te Toi, Ka Whai Te Matauranga
Marie Te Whare
In the third term of 2000, the staff of Te Whare Marie, Specialist Maori Mental Health Service of Capital and Coast District Health Board, delivered the first (to our knowledge) formal bi-cultural didactic programme to psychiatric registrars in New Zealand. The course ran over 12 weeks, for one and a half, to two hours each week on the Marae. This was in response to the instructions from the General Council of the Royal Australian and New Zealand College of Psychiatrists (1996) that all teaching programmes for psychiatric trainees must include 'training or other suitable experience in relation to indigenous cultural issues…'. This paper will describe the extensive planning process of organising the course, and the course content, process and feedback from participants. Delegates who attend this presentation will be assisted in their own efforts to plan such bi-cultural teaching programmes, by having the opportunity to learn from our experiences of the process, and to consider our course content and its relevance to their own situation. This paper presents an innovative, to date unique, approach to increasing the bi-cultural awareness and sensitivity of a group of future psychiatrists, in the context of a well-established formal university-based teaching programme. A tu whakaari (play) will be enacted highlighting te taha wairua (spirituality) and Maori identity issues. These two themes provided a foundation that the bi-cultural teaching programme embraced. This presentation will provide delegates with the opportunity to experience a demonstration of the spirit of Kaupapa Maori Mental Health Services in sharing knowledge and working toward the bi-cultural development of future psychiatrists.

S47: Employment
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- 'Everybody Wins. Enables Employment'
Samson Tse
(1) Background and Aims of the workshop: Build your people and your people will build your business! People recovering from psychiatric disability are still subject to discrimination by their employers (or prospective employers) and not have equal employment opportunities (EEO). The workshop discusses what could be done to encourage the full use of all the talents, skills, qualifications and creativity of any workers including those who have non-job related psychiatric disability. This will be presented from the employer's perspective. (2) Outline of the workshop - Introduction - Personal journey - Reflection and highlights: What have we learned? - Closure (3) Learning Objective The workshop particpants will learn: What could be done to reduce discrimination against employees' or job applicants' non-job related psychiatric disability. (4) Conclusion No one is an island. Employers need workers. Workers need to be treated fairly. This workshop will lead participants to a journey of creating a 'everybody wins' situation.

S48: The media and mental health
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Working effectively with the news media
Damiane Rikihana Tessa Thompson

How easy is it to change media perceptions, and subsequent reporting of, mental illness? Lets face it - mental illness only makes the front page as stories about violent crime or stories about funding - unfortunate considering the news media is the primary source of people's information about mental illness. Even when stories are about funding of service delivery, the media will inevitably find an angle that mentions violence. However, analysis shows that health professionals, families, community groups, government agencies and hospital staff are the most commonly-quoted sources in 'unacceptable' stories. This workshop is designed for individuals, community groups or organisations wishing to understand how the news media works - in particular, ways to build relationships with the media, opportunities for good media coverage, improving your response to the media, and creating messages that do not reinforce discrimination or stigma about mental illness. Learning Objectives: 1. People in the audience will gain an insight into how the media actually works, ie what happens to your press release or interview when it gets to the news room and learn new tools to feel powerful and confident when dealing with the media. 2. This workshop has been specifically tailored for those working in mental health services or mental health promotion with the aim of reducing negative media portrayal of mental illness - and includes many services/promotion-specific examples.

S49: Consumer organised audit tool
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Consumer Organised Audit Tool (COAT)
Douglas Holmes Lynda Hennessy

I have been developing an assessment tool that has involved consumers & carers in developing the model during the last 3 years. The model is guided by; 1. 1948 The United Nations - Principles for the protection of people with a mental illness and the improvement of Mental Health Care - Principal 22 Monitoring and Remedies 2. 1991 Mental Health Statement of Rights and Responsibilities - Standards The consumer has the right to have explicit standards set for all sectors of service delivery and that such standards should have operational criteria by which they can be assessed. 3. 1992 The Report of the National Inquiry into the Human Rights of people with Mental Illness made several recommendation in Chapter 28 - Accountability 4. 1996 The NSWCAG report 'From Consumer to Citizen' also identified that an independent assessment of services along with the standards the system needs to be; - more proactive and accountable than current mechanisms - developed in consultations with non government and consumer sectors and have the capacity to: - recruit independent people to undertake evaluation - provide training and support and be responsive to local issues and identify systemic issues 5. 2000 Issue 15 from the THEMHS Consumer DAY IN Adelaide - Lack of true partnership in service delivery and tokenistic representation This concept is being developed, because of the reluctance of both state and federal governments in Australia, to implement an independent evaluation and monitoring system that will be welcomed by consumers and carer of Mental Health Services. The Consumer Outcomes Assessment Tool (COAT) is a review tool being developed in consultation with the; Asia Pacific Co-operative Training Centre www.apctc.org.au & Members of the COW Cooperative Members of the CANDO network in GMAHS The COAT review tool is being used with the Consumer & Carer Participation Project (CANDO) in Greater Murray Area Health Service (a 12-month progress report is planned for release in April 2001). This tool will allow a stronger consumer & carer focus in the self-assessment process of the NSMHS (Social Auditing) across GMAHS. Written permission has been obtained from the Quality branch of the Commonwealth Department of Aged and Family Services to use the; National Standards for Mental Health Services (NSMHS) Tools for Reviewing the Australian Mental Health Services (TRAMHS) This assessment TOOL will provide a user-friendly way for Consumers & Carers of mental Health Services to become more involved in reviewing, planning, implementing and evaluating the NSMHS The aim of the Consumer Organised Audit Tool (COAT) Workshop is to form a network of Mental Health Consumers & Carers that will develop the Audit Tool (COAT) for Mental Health Services. COAT will have a strong focus on Consumer & Carer involvement in the review process of the National Standards for Mental Health Services. Evaluation of the Consumer Organised Audit Tool (COAT) Workshop The COAT Workshop presented at the THEMHS 2001 Conference in Wellington will be evaluated. The evaluation will have a two-fold purpose of helping to determine whether the workshop: 1. was delivered in the most beneficial and appropriate manner (evaluation) 2. has been effective in increasing the numbers of interested consumer & carers in COAT, the self-assessment process of the NSMHS (Social Auditing). The information collected from the beginning of the process will enable presenters to modify the workshop as it progresses. Participants from the COAT Workshop will provide information throughout the workshop. Presenters will be asked to provide feedback on the program. Members of the COAT Project steering committee will be involved. Information will be gathered from THEMHS Secretariat. Timeframe for the evaluation The evaluation will commence in August after the THEMHS Workshop and continue throughout the life of the project. To establish whether the project has an impact on the overall involvement with Consumers & Carers having a strong focus in the review process and evaluation and monitoring system of the NSMHS. Evaluation Methods. pre-program and post-program surveys feedback from presenters feedback from peers and other interested persons ex-participants follow up Evaluation techniques interviews questionnaires structured group process observation performance records diary or journal Analysis of data The information

will be analysed Reporting the findings The information will be presented to the partners in this project GLOSSARY CANDO = Community Acceptance Network & Dadirri Organisation COW CO-OPERATIVE = Consumer Organised Work Co-operative COAT= Consumer Organised Audit Tool NSMHS = National Standards for Mental Health Services Learning Objective 1. After attending a COAT workshop members of the audience will: · Gain a general understanding about COAT and the basic steps involved in how COAT protocols can be responsive to local issues and identify systemic issues locally 2. The issue is relevant to mental health services because it highlights one of the areas from the 'Evaluation of the National Mental Health Strategy Final report p3' where only minor or moderate support was achieved against Objective 32 to 35.

S50: Focusing on therapy
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Recovery for Mental Health Service Users through an Individualised and Integrated Menu of Services
Jeff Radford Rachel Jessop Cain Peke Kelly Cooper
Framework Trust staff and consumers will demonstrate and discuss how the development of individualised and integrated packages of care for mental health consumers contributes to their recovery. This will involve presenting the results of a service quality survey and invite audience participation in discussing the results. Framework Trust continues to develop philosophies for recovery and strives to provide services that are holistic and empowering based on the unity of soul, mind, body and family. This philosophy springs from and is nurtured by the cornerstones of Maori health; Te Taha Wairua; Te Taha Hinengaro; Te Taha Tinana and Te Taha Whanau. This approach also incorporates the bio-psycho-social model and we believe that full attention to this model is essential to facilitate recovery. We acknowledge the role of external clinical services for the biological (medical) contribution to recovery. Framework Trust specialises in providing for the psycho-social component of the model. Framework Trust is developing a 'Best Practice' model for recovery with innovation and flexibility to cater for various needs. The vision of Framework Trust is 'Recovery through Partnership.' A consumer representation structure is in place to assist in the accurate identification of consumer needs and to discuss in partnership how these needs can be met. There are consumer representatives on the Trust Board, Senior Management Team and Employment Services. Consumer Representatives from all the centres come together in the organisational Consumer Forum. Consumer Huis are arranged quarterly to obtain organisation wide consumer views. On an individual basis, the Needs Assessment process identifies consumer needs for recovery and recovery goal setting. Framework Trust arranges service co-ordination for services within Framework Trust and within the community based on needs and individual choice and gently challenges consumers to attain their recovery goals. Consumers can enter and re-enter services depending on their needs according to stage of recovery and/or relapse potential. Framework Trust acknowledges the Treaty of Waitangi and in partnership with Maori has developed strong cultural programmes. In addition, cultural diversity within the organisation is acknowledged and access to appropriate cultural support in the community is facilitated. The theme of the conference is 'No One Is An Island.' The workshop will highlight how rehabilitation services help consumers to interact and socialise. This will assist their recovery, community integration and work opportunities. It is recognised that 'No One Service Is An Island' and that a range of interactive services may be more suitable to promote and achieve recovery. Consumers can enter the services of Framework Trust via self or medical referral, Residential services, Community Support Workers, Rehabilitation/Recovery Centres, and Centre for Learning and Employment Services. Each of these services and their various combinations have important parts to play in assisting consumers to attain their recovery goals. Traditionally Social and Recreation Centres and Activity Centres have focused on developing social skills and activity skills towards recovery. However, these services along with Residential Services and Community Support Services are all involved in a major development of community integration with providing consumer participation opportunities in visits, clubs and social activities to assist

recovery. There is also opportunity to participate in the gardens, woodwork and bone carving, lawn mowing and office cleaning to increase activity level, learn business skills and use income earning opportunities. The experience of recovering from a mental illness gives an opportunity for learning. The Centre for Learning co-ordinates and delivers learning in the Rehabilitation/Recovery Centres and for personal/recovery and career development including work skills, horticultural training, management and governance education. Transition to other learning institutions is facilitated to enable consumers to change their career direction. Scholarships are provided. Employment Services provide training for job searching skills, assist in finding jobs and provide support for consumers and employers. This workshop will demonstrate how the provision of individualised and integrated services based on needs, choice and continuous improvement assist in optimising recovery for mental health consumers. Learning Objectives: 1.To demonstrate the recovery benefits of offering a choice of services across the Auckland Region. 2.To demonstrate how integration and co-ordination of services contribute to recovery.

S51: Our dream
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- O Matou Moemoea - (Our Dream)
Wendi Crofts Tahu Kahurangi Te Waki Whanau Jason Giddens Hareturewake Wihangi

This workshop offers participants the chance to experience what it is like to be a tangata whaiora, whether it is in a whanau setting or a service setting within mainstream.It highlights the stress, trauma, attitudes and stigma that occurs and what we have done to overcome them. The workshop has been developed and driven by Tangata Whaiora (Maori consumers of mental health services) under the umberella of the Maori Consumer Group , Te Awa O te Ora, which is a non-governmental -organisation situated in Christchurch New Zealand. Te Awa O te Ora is the only Maori consumer group that is funded by the Ministry of Health in the South Island and has been developing over two years highlighting the stance ' by Tangata Whaiora, for Tangata Whaiora'. The majority of the presenters of this workshop have all been high users of Mental Health Services, and to see them become the educators to the wider community is enlightening in itself. A Maori holistic approach to health, encompassing concepts relevant to the wellbeing of the individual, whanau, hapu and iwi is incorporated to empower tangata whaiora to make a stance on community attitudes and stigma utilising music , waiata and whanaungatanga. Learning Objectives 1. An opportunity is offered to all participants to see how we work in a kaupapa maori way within a non-governmental-organisation setting, incorporating processes and concepts that have other options and to have the opportunity for interaction of been used within Maoridom as well as using the audience to expand on the kaupapa. 2. Our aim is to highlight the attitudes and stigma that is attached to Tangata Whaiora who have a Mental Illness and how this becomes a 'double whammy' when it is Maori, and how we as Maori in Te Waipounamu are striving to reduce this by being pro-active to the wider community utilising processes from both cultures to demonstrate this. For the delivery of seamless care, the crucial importance of culture is the pinnacle that gives the strength to our Tangata Whaiora to be able to go out into the community to deliver our message, with the hope of changing attitudes and stigma that surrounds Mental Illness. We present to you, 'O Matou Moemoea' as our way of being pro-active in the community to reduce attitudes and stigma towards people who have a mental illness particularly Maori. WORKSHOP PLAN. This workshop will be full of interaction, where two short scenario's will be demonstrated by the group, then participation from the audience is essential. Come one, come all, join together with us to expand on these scenario, this is your opportunity to have your say and put your views into action in a safe environment. Format for the Workshop: Introduction of Group and Objectives 10 minutes; Introduction of Scenario 1, Audience participation 10 minutes; Feedback 10 minutes; Introduction of Scenario 2, Audience participation 10 minutes; Feedback 10 minutes; Closing of Workshop 10 minutes.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- F.R.E.D -------- A new beginning
Dianne Tarrant Sarah Gordon

The Functional Rehabilitation, Education and Development process is being piloted in the Extended Support unit at the Henry Bennett Centre. This unit opened in December 1997 on the closure of Tokanui Hospital. At that time we based rehabilitation, on a psychosocial philosophy with a programmatic approach. Our client population was largely: clients with high support needs, or continuing care clients. The ongoing development of mental health services in the Waikato saw our population change over time, and our programmatic approach was no longer able to meet client needs. The solution was in developing a more integrated and individualised rehabilitation process. F.R.E.D. is a living process as opposed to a form, involving the client as the expert on 'self' as an active member of the multidisciplinary team. The process involves staff and client assessments, risk analysis, the rehabilitation plan - goal attainment orientated, monthly reviews and outcome measures. While it is early days in the implementation of F.R.E.D. our clients are generally appreciating their active involvement. A great deal of research, and modifications over a five year period was carried out in Wales, prior to this administration in New Zealand and further amendments were made to adapt this process to a New Zealand environment. We intend to promote individualised rehabilitation processes as a best practice ideal in meeting the needs of rehabilitation clients. Learning Objectives: 1. The audience will hear about 'new work in progress' for improving services to rehabilitation clients. People will gain in their own service developments by knowing what the stumbling blocks have been during the planning and implementation of FRED and the solutions found by this service. 2. Services specifically targeted towards meeting the needs of the individual are a more humanising and effective use of rehabilitation time. The principles of 'expert on self' and inclusion as a member of the multidisciplinary team are aims towards meeting best practice principles and more inline with the 'Recovery' philosophy being implemented at Health Waikato. FRED is our driving force towards better inclusion of consumers in our service and self ownership of the therapeutic (recovery) process.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- Building Community Connections with People Who Access Mental Health Services
Neil Barringham

Research typically shows that people's physical 'presence' in community does not equate with people's meaningful 'participation' in community life. People who experience a psychiatric disability frequently articulate a lack of ordinary, typical relationships with other citizens. Studies also indicate the significance of ordinary relationships in people's lives towards their recovery from psychiatric trauma. As Community Connections Specialists we have worked for ten years towards helping isolated and vulnerable people find a sense of belonging by facilitating community connections. Community connections traditionally emphasises changing and developing the 'client' so they are more 'presentable' or 'appropriate' for entry to community life. While this may be relevant we have also found it important to nurture and locate 'spaces of welcome and respect' in community. Thus a person can be welcomed with their gifts and capacities and aspirations as well as with their challenges. This presentation explains our approach to community connections, describes some useful models and strategies and suggests how service agencies can incorporate a community connections focus in their work. The presentation will be illustrated by stories and examples. There is hardly a worse fate than being excluded from society. Enabling people to find a sense of belonging is a critical need in mental health work. Learning Objectives: 1. The people in the audience will be inspired and gain understanding about how people who are isolated and vulnerable can find a sense of belonging and connectedness in community life. 2. Having a sense of belonging and connection in the community is one of the greatest problems for people who

access mental health services. Service Providers need to enhance their understanding and skills about how they can work with others towards greater connectedness.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- Promoting pathways into creative communities
Lorna Crane Mary Ann Mussared
COCAS 2000 (Choice and Opportunity in the Community Art Season) was funded by Healthpact ACT as an innovative mental health promotion pilot through arts mediums. During 2000 COCAS sponsored four art exhibitions with a strong health promotion message. Artists were invited to create art works that either exhibited a positive mental health message or the participation of the artist expressed personal wellbeing. Using the exhibition Unique Cloth as an example, the presentation will demonstrate how partnerships can build pathways and bridges to a healthier community and arts mediums can deliver a strong positive mental health promotion message. The Unique Cloth project and exhibition was sponsored as a prime example of the arts community working with the mental health community. The project challenged the community to participate in healthy discussion around issues concerning mental health. It brought together people with different abilities from a variety of socio-economic and cultural backgrounds and provided a positive community experience by their willingness to learn and share. Participating and exhibiting was an important part of the learning process as it acknowledged the value of the individual in the community. By participating in arts activities members of the community can develop a sense of individual identity as well as community belonging. Learning Objectives: 1. How does a mainstream arts community deal with promoting a positive mental health message - COCAS 2000 with Unique Cloth will explain in the Choice and Opportunity in the Community Arts Season. 2. Sharing the mental health promotion process as a learning experience, this paper will explain how partnerships can build pathways and bridges into a healthier arts community with the delivery of a strong mental health message.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- Making a difference: The Rural Way
Corrie Makowski Tina Wood
As new trends in mental health in Australia emerge, a seamless model of case management is being utilised by mental health practitioners in rural Australia. The Southern Downs Mental Health Service commenced clinical services in April 1999. The staff (FTE:8) provide individualised and multidisciplinary focussed case management to persons in the Southern Downs District Health Service which has a defined catchment area of 33 949 Sq. kms and a projected population of approximately 16 419 (Child and Youth), 55 690 (Adult) and 7 464 (Older Persons). The population comprises of persons of European and Indigenous cultures. Within the district, mainstream health services are based in Warwick, Stanthorpe, Inglewood, Goondiwindi, Texas and Millmerran. Staff are based at three satellite mental health sites and outreach occurs to other towns. Toowoomba District Mental Health Service is the principal service site and it provides complementary clinical services, which includes acute in-patient care. The National Standards for Mental Health Services provide the framework for service delivery and the principles of primary health care are utilised. 'The culture of ruralism', demographic constraints, a lack of essential services and generic services requires rural mental health professionals to offer innovative, assertive and continuous case management. This is delivered in partnership with consumers, carers, general practitioners and mainstream service providers. Learning Objectives: 1. The audience will gain insight into A) utilising case management principles in a rural setting B) workload management and culturally appropriate, liaison psychiatry. 2. The audience will gain insight into the role of rural mental health services within the context of the current reform process, which proposes establishing mainstream integrated health services.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- 'ROCKET Launch'
Clare Amies Barbara Hill
ROCKET is a residential rehabilitation service for young adults between the ages of 16 and 24 with mental health issues. It includes young people who may self-harm as a result of their mental illness, and/or also have alcohol and other drug issues. ROCKET has been open since January 2000 and during this time has changed key worker models, life skills training methods, questioned policies and procedures and grown with the young people who have helped formulate the culture and grounding principles of the service. This is an opportunity for people to learn from our direct experiences. Important themes within our practice principles that we will focus on this paper are: -Acknowledging diversity -Consumer participation -A harm minimisation environment -Care coordination -Flexibility and creativity ROCKET is a new service with fresh ideas that are tried and reviewed regularly. Our focus is on diversity, choice, participation and independence. Through access t intensive rehab at an early age (early intervention), we hope young peoples level of disability and dependence on support services will decrease. Furthermore we challenge some perceptions relating to excluding young people with drug and alcohol issues and self-harming behaviour from residential services Learning Objectives: 1. An understanding of the role and implementation of rehabilitation and recovery within a residential setting for young adults. It is timely for the sector to consider, reflect and learn through the early development phases
2. Challenging perceptions of drug and alcohol issues and self-harming behaviour within a rehabilitation and recovery framework within the mental health service system.

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- An Interdisciplinary & Interdepartmental Approach to Mental Health Promotion : Therapeutic Recreation in a Regional Australian Mental Health Service
Lorna Moxham
Mental health academics and mental health clinicians combined their talents and skills to offer a therapeutic recreation program to outpatient consumers of a regional mental health service. A multi disciplinary approach was utilized to design and implement a program that would provide high quality therapeutic activities aimed at promoting an improved quality of life for consumers whilst positively increasing community awareness of mental health. This presentation describes the establishment of this Creative Artistic Program (CAP) at the Rockhampton and District Mental Health Service (RDMHS) in Queensland, Australia. It discusses consumer involvement from the outset and highlights the differences between consumer & health professional perceptions. It includes a qualitative & quantitative analysis of CAP in that the author of this paper is currently supervising a student who is completing his Doctoral dissertation based on an analysis of the programme. It details the experiences and expectations of the 35 consumer participants, the community based artists that were employed and the perceptions of the mental health professionals involved. It would appear that the CAP programme was a resounding success, there is statistical significance, especially for persons who are living with Schizophrenia. Learning Objectives: By the end of this paper the audience will:- 1. Have an appreciation of the positive benefits of utilizing a therapeutic recreation approach in a mental health setting. 2. Understand the consequences of differing perceptions between mental health professionals and consumers and the impacts of this to the provision of mental health services

S52: Presenters' showcase
30/08/2001 From: 1400 To: 1500
Presenters Showcase 10 minutes:- Rehabilitation Practice in a Residential Mental Health Service
Jackie Wilbe Lise Kjaer
The Independent Community Living Association (ICLA) has provided supported accommodation for people who have a psychiatric disability since 1985. It is established in Sydney's Inner and Eastern Suburbs having residential places for 65 clients. ICLA endeavours to provide an environment which facilitates community integration and aims to assist clients' access to appropriate services to ensure good health and quality of life. Over the past few years ICLA's staff and management have struggled with the interpretation of its service as being one of care and support versus clinical rehabilitation and growth. Recently we have made a concerted effort to redefine our service from a rehabilitation perspective. ICLA provides a holistic and professional service with the aim to promote individual growth, development of clients' potentials and to increase confidence, self reliance and independence. ICLA makes a conscious effort to stress individual ability rather than disability. In line with this philosophy is ICLA's rehabilitation policy as manifest in the Individualised Service Plan (ISP). The ISP represents a practical application of ICLA's rehabilitation focus. This goal orientated tool is designed to assist clients (when necessary) to achieve goals which are relevant to their needs and wants. The ISP process should occur in an environment which allows for a validation of clients' needs, wants and indeed sometimes desires. With its client focus, this process is designed to foster a sense of ownership, participation and responsibility for own progress. The ISP is a tool which documents measurable progress for rehabilitation plans which must be user friendly (for client and staff members alike), concise, unambiguous and consistent. Regular reviews, following documentation, ensure that ISPs are continually refined and amended as required. Rehabilitation is tailored to suit the specific needs of individuals, thus size and complexity of goals and plan can vary tremendously, not only between individuals but also for individuals at any given time. In the same way, it must be recognised that the time frame can vary significantly. Learning Objectives: The audience will be introduced to a method of incorporating active rehabilitation into the practice of a community based residential service. As we increase the number of supported residential services in the community they risk being part of old institutional ways unless active participation by staff and clients/residents/consumers is encouraged. Residential services should not be an island to which hospital units refer but a part of continuum of service for the client.

S53: GPs and mental health
30/08/2001 From: 1400 To: 1500
Workshop 1 hour:- Information Overload: Maintaining GPs' Interest in Mental Health Education
Tim Armstrong
As divisions of general practice continue to take a more active role in primary health care the pressure on GPs to absorb information, attend education seminars, and to participate in a myriad of audits and surveys, has resulted in many GPs choosing to focus their attention on physical health problems that reflect their underlying skills, training and experience. Engaging GPs in educational activities about mental health, drug and alcohol problems or counselling interventions requires an understanding of several key factors including time constrains, existing skills, relevance to clinical practice, learning styles and communication methods. This presentation discusses the use of a flexible learning model based on Kolb's concepts of experiential learning, the use of effective communication strategies and experience gained from two GP projects in northern NSW. The model supports the notion that GPs are active pragmatic learners who prefer activities that that are based on 'hands on' experience, experimentation and feedback. The model explores concept development, GP confidence rating, learning styles assessment, program, communication techniques, application to practice and self-evaluation. The need to provide mental health education for

GPs that is both pragmatic and sustainable is the primary aim of this approach to training. Workshop Outline · Problems encountered in engaging GPs in mental health training - 15 minutes. · Presentation of training model components - 15 minutes. · Small group discussion: focus on learning styles and communication strategies - 15 minutes. · Large group discussion: identification of key strategies in a mental health presentation and summary. Learning Objectives: 1. To encourage the development of concrete, realistic and achievable mental health training programs. 2. To promote a systematic training strategy that identifies GP preferred learning styles that may maximise participation in ongoing educational activities.

S54: Debating compulsory treatment
30/08/2001 From: 1530 To: 1700
Debate 1.5 hour:- Is the use of the compulsory treatment under the Mental Heath Act consistent with a recovery-orientated service?
Tessa Thompson O'Hagan Mary
Affirmative arguments could include; * That need for use of compulsory treatment is minimised by recovery-orientated services but is still required in some circumstances. * That the Mental Health Act will become redundant in a truly recovery orientated environment so the issue of whether it is consistent is also redundant. * That the use of compulsory treatment is a therapeutic tool consistent with recovery orientated services Negative arguments could include; * That it is not possible in a truly recovery orientated environment to use compulsory treatment * That compulsory treatment is un-ethical and therefore inconsistent with a recovery environment. * That while the Act is in existence we cannot truly provide a recovery orientated environment. Learning Objectives: In making the arguments described above the debaters will provide evidence and arguments in their presentations around two critical issues for the development of the mental health service environment. 1. What recovery orientated services should look like. 2. The purpose and ethics of the Mental Health Act Through an entertaining and controversial session people in the audience will gain a better understanding of the range of views and tensions in policy making around these issues and also a vision of what best practice in recovery-orientated service could look like in the 21st century. METHOD The Mental Health Commission will organise skilled speakers with a philosophical bent that represent a range of views and include a psychiatrist, service user, family member and legal representative.

S55: Mental health practice reform
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- 'The meaning of service delivery change to mental health nurses'?
Robin Boyd Robert Troy Steven Daunt
The impact of reforms in mental health services on nurses who have been caring for chronic and institutionalised clients has been profound. Queenslands model of service delivery has changed from a custodial to a psychosocial rehabilitative paradigm and organisational change strategies are not perceived by experienced mental health nurses as sufficient to embrace a new vision of service. To understand the consequences of these changes to clinical practice, written data from attitude and work satisfaction surveys, personal journals and sick and stress leave applications will identify concepts and themes that offer new insights into the dynamics of organisational change. The emotional exhaustion of service providers is reflected by detached concern, intellectualisation through reframing, withdrawal, over-reliance on staff and compartmentalising by never taking the occupational role home, as well as low worker morale and high job turnover. However, the shift from custodial care to psychosocial rehabilitation demands more than behavioural adjustment in practitioners. The commitment necessary for success depends on the readiness of the nurses work culture to accept change and therefore adopt an approach to client care devoid of covert negativism, passive aggression and sabotage. In light of this assumption, policy changes have not yet undermined a shared humanity evidenced in the protection of vulnerable people by an exposed discipline. Learning Objectives: 1. Gains to be made in this area of research lie in Warners' 'Human

Face of Deinstitutionalisation' as this impacts on mental health nurses. If wages are arguably the health budgets greatest expense, it is interesting that of the papers presented at National Mental Health Conferences over the last six years, no more than fifteen have been concerned with the nurse him/herself. 2. Historically, mental health nursing has been shrouded in myth and stigmatised by cultural mores. Findings from this study can be used to develop more structured and detailed questionnaires and therefore establish a shared frame of reference so that nursing roles remain relevant to the future delivery of mental health services.

S55: Mental health practice reform
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Making Carer Participation and Representation Meaningful - Mental Health Reform 2000 Plus and Beyond
Patrick Hardwick Leone Shiels
In September 2000, the WA Carers Issues Committee, with funding and support from the Metropolitan Mental Health Service, established the Carer Support Project in response to concerns at the lack of support available for Carer Representatives for the Mental Health Reform 2000+ Project, a major reform of the metropolitan mental health services. Prior to this project, representation was at best ad hoc and at times may have had an appearance of tokenism. A.R.A.F.M.I. (WA), in partnership with other carer support agencies, established a database of all interested carers and developed a training and support module to enhance their involvement in the reform process. During the project, 33 carers participated in 22 subcommittees, with a significant number of new carers providing representation with a 'fresh' perspective, but also enhancing carer's sense of ownership of the entire process. This fostered the development of effective carer representatives who are less likely to 'burn out' with support available from a funded Carer Support Positon located within ARAFMI. A comprehensive paper, the Carer Issues Paper - Mental Health Reform 2000 Plus, was prepared, which combined the collective wisdom of Carer forums over recent years with issues raised in various state/national reports. This paper is a key mechanism for managing the status of all the carer's issues, ideas and innovations throughout the period of the reform process, which will run for several years. This model is a very comprehensive Carer Participation Structure which can be used in major reform/changes such as the introduction of the National Standards for Mental Health. Learning Objectives: 1. What will people in the audience gain or learn from attending this presentation? A clear understanding as to how Carer Participation in a major reform/change process can be structured and maximised to provide real and meaningful input. 2. How is this topic/issue relevant to mental health services and mental health issues? Carer Participation in the Reform process focuses the process on the real issues for carers that need to be addressed in the mental health services and encourages the proper introduction of the National Mental Health Standards.

S55: Mental health practice reform
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Exploring the values of the Mental Health Service, the workers and consumers and their influence on work practices
Robyn Mills
This paper represents part of a participatory action research undertaken in an acute psychiatric unit of a major public hospital in Melbourne. This project is a collaborative one, bringing consumers and staff together to explore the work practices of staff in an acute psychiatric unit and to focus on developing new work practices driven by consumers and staff together. The aim of this paper is to explore the links between the value systems held by the 1) the Mental Health Service Organisation itself, 2) those held by the individual staff who work within it and 3) the consumers themselves. The main focus will be on how the culture socialises new individuals into the beliefs and values of the dominant group within the culture and how this impacts on consumers directly through the work practices of the individual staff. Ego-state therapy will be briefly introduced to help understand why individual staff members may react in different states depending on the whether they are in staff groups or alone. To incorporate

new values into an existing system requires modeling and reflective practices, which transform the existing defensive schemas of the organisation and the individuals. To move beyond mere lip service to consumers and into developing work practices that are collaboratively driven by staff and consumers there must be less discrepancy between the values in the three way split. The process of value alignment is a reflective and continuous process. Learning Objectives: 1. Participants to this paper will learn the different values the three stakeholder groups have in relation to work practices and some suggestions in value alignment. 2. This project is developed on experiences gained in acute psychiatric unit and is totally focused on mental health services, workers and consumers.

S56: Specialising in Maori mental health
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- A Best Practice Model dedicated Whai Manaaki (Maori specialist) rostering in an Inpatient environment
Whariki Gardiner Phylllis Tangitu
Lakeland Health, Po te Atatu (Maori Mental Health Team) have had Maori practitioners (Whai manaaki) working in the Acute Inpatient Psychiartic Unit fpor five years. The development and integration of this work in the Acute Inpatient environment has been difficult. The importance of a close relationship to a Maori Mental Health team and Kaumatua/Kuia is important This paper will provide an overview of the Whai manaaki developments in an Acute Psychiatric Inpatient Unit and how through qualitative research and community developments, Whai Manaaki integration in Mental Health Services was enhanced by adopting a roster system approach. Learning Objectives: 1.The audience will learn of a best practice approach in Whai Manaaki service delivery. 2.How to apply this approach to Acute Inpatient settings.

S56: Specialising in Maori mental health
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Po te Atatu (Maori Mental Health Team) A Best Practice Initiative Model, Pou Awhina, Pakeke Services to Maori Tangata Whaiora/clients, Whanau/Families
Phyllis Tangitu Arama Pirika
Lakeland Health Ltd, Po te Atatu (Maori Mental Health) have initiated the Pou Awhina role in Mental Health Services. This role provides support to clients and families on entry, treatment, and discharge planning. The Pou Awhina ensures a respect of Maori processes in the healing process, and provides support to Mental Health staff in understanding these processes. The Pou Awhina is also key in the development, refinement and implementation of Powhiri Poutama (Maori Models of Practice). This presentation with the use of audio, visual and performance will leave you spellbound. Learning Objectives: 1.The audience will understand the importance of collaborative relationships with Maori and health professionals in the 'healing process'. 2.The audience will learn how to apply this approach in other services.

S57: Long stay hospital care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Dynamic conservatism and mental health services; illusions of change?
Andrew Crowther
18 months of intensive work with 350 mental health nurses in an old institution has resulted in apparent changes in attitude and work practices towards mentally ill consumers. Methods and modes of action are offered for discussion and evaluation, strategic plans and performance indicators are related. However, the suspicion remains that changes are only cosmetic and the dynamic conservatism of mental health services continues to stifle change. Learning Objectives: 1. To become aware of the danger of changes to mental health sertvices

which are only cosmetic 2. To reinforce the need for actual attitudinal change in the current climate of reconstruction of mental health services.

S57: Long stay hospital care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- The Ripple Effect of Drug Trials: seeking better outcomes for long stay patients.
Jackie Warner

Despite modern advances in psychiatry , some people with mental illness remain treatment resistive and require extended care within a closed environment. Sovereign House is such a facility, accommodating twelve patients, all of whom suffer persistent symptomatology and exhibit challenging behaviours . In the quest for better outcomes for these patients, new drugs are often trialled. This paper will describe a longitudinal study of the Sovereign House patients, using a new anti psychotic drug. This paper does not aim to assess the drug, but examines the impact on the patients in the unit, the staff and the environment. This study covers a twelve month period, and will present qualitative and quantitative data, as well as utilising case studies, to highlight the positive and negative aspects of such a trial. It is essential that we never cease looking for better outcomes for those with mental illness. This paper will demonstrate that what we do to one patient in this environment, can deeply impact on many others, thereby, 'no man is an island'. This paper will discuss the findings, and leave the audience to make up their own mind about the outcomes of the trial. Learning Objectives: 1. People attending this paper will gain an insight in to the difficulties associated with treating this often forgotten group of patients, and the impact of any changes to their program and treatments. 2. The National Standards for Mental Health Services demand that we offer every opportunity to our consumers to improve outcomes, and that where appropriate, we participate in clinical drug trials. This paper will highlight for the audience the positive and negative factors of this in relation to long term, chronic mental illness.

S57: Long stay hospital care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Life in the Asylum / An Oral History Study
Shane Murphy

Oral history is a history of obtaining through interviewing and recording verbatim the personal reminiscences of people who participated in, or were witnesses to past events. In this instance it refers to a collection of stories from a group of staff and patients from a large Victorian asylum spanning the years 1946 - 1992. Oral history is about individual lives and maintains that any life is of interest. It is a history built around people; it thrusts life into history. It allows heroes not just from leaders but from the unknown. It allows for contact and thence understanding between social classes and between generations. The researcher will attempt to re-capture the descriptive power of the verbatim accounts and in doing so address emerging themes: 1. Mental Hospitals a separate community 2. A custodial oppressive system but not devoid of human kindness. 3. The age of reform and 4. Work ethic and enforced idleness. 'They would spend their day actually doing nothing. There was no occupational therapy of any description; some people would sit in a corner all day - others would pace the yard from one end to the other. Some would sit under a tree with a pile of small pebble stones, passing them from one hand to the other, day after day until those little stones were absolutely shining' (Jack, Charge Nurse - deceased) Learning Objectives 1. To learn more about living and working in the now largely defunct asylum system and to consider that everyone's life is important - everyone has a story to tell. 2. To re-emphasise the importance of history in psychiatry - that is - How can we know where we are going if we don't know where we have been and how we got there.

S58: Healthy mental health organisations
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Exploring Health and Wellbeing: an educational journey towards recovery
Janice Clayton Sharon Whyte Mervyn McFadyen
A recovery approach is proposed as the way forward in the New Zealand Blueprint for Mental Health services (Mental Health Commission, 1998). This will alter the focus of mental health care for New Zealanders from illness models towards a holistic approach to care, which focuses on wellbeing. The Blueprint challenges other sectors such as the education sector, to be involved in implementing the recovery approach. The development of an education programme, the Health and Wellbeing Course, is described in this paper. This is a course designed for those in recovery from mental health issues, and is based on the recovery approach. This course was developed at Otago Polytechnic in Dunedin, New Zealand. The course consists of seven unit standards, which have New Zealand Qualification Authority approval. The first course started in September 2000. This paper gives the rationale for the development of the course in a New Zealand tertiary setting. An evaluation of the course will be presented. This will include the student's perspective's, and the significance of the course for them. This data is based on evaluation processes so far, including written comments, rating scales and verbal comments from students based on a taped interview. The findings provide the basis for a discussion on the effectiveness of health education programmes for those in recovery from mental illness. Learning Objectives: 1. The audience will hear the rationale for designing and developing an educational course for people in recovery from mental health issues, in a Polytechnic setting. 2. Those interested in mental health issues will hear about the significance of the course to the targeted student group.

S58: Healthy mental health organisations
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Creating structures to support the work and development of health professionals with management responsibilities in a growing community mental health organisation
John Wade
It is common in community mental health services that high-performing professional staff be promoted into team leader positions with management responsibilities, assuming responsibility for responsible for organising, monitoring and controlling the business operation. Making the transition from being a health professional working directly with those served - to being a manager, can be a traumatic process - for the individual, those they are supervising, and for the organisation. The process can be facilitated by providing a framework of systems and procedures that facilitate integration of people and teams, and by providing management skills training for all senior staff of the organisation. Effort should be made to ensure that both the structure and training offer dual pathways for the development of professional staff, allowing them to retain professional influence and autonomy, while developing their management skills. I will describe the growth of Challenge Trust (a not for profit community mental health service) between 1994 and 2000. This will include the changing structure (visible and deeper hidden structures), systems (human resource, finance, accountability, authority and delegation) and training activity (on the job, external) that assisted health professionals to make the transition from 'clinical practice' to positions with management responsibilities. This will be complemented by information from brief interviews (questionnaire will be provided) of 5 team leader staff, seeking their views about the organisation environment, structures and systems, and their experience of assuming management roles and responsibilities. I will draw conclusions from the exercise. Learning Objectives: 1. How high performing mental health professionals can become effective leaders and managers in a community mental health service. 2. In the professional service context organisations that can facilitate professionals to assume positions of leadership and management responsibility will gain a competitive advantage.

S58: Healthy mental health organisations
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Telling It Like It is
Trevor Parry

This Commonwealth funded 'Consumer and Provider Partnerships in Health' project has been consumer driven from the very outset. It uses trained, paid consumer interviewers to obtain consumer feedback, customer satisfaction information, data on unmet needs and opinions about future service development. The Project Advisory Group has a majority of consumers and is jointly chaired by a consumer and a service provider. Five consumers were recruited via open advertising and trained as consumer interviewers by the Project Officer, assisted by two consumers from the Project Advisory Group. Training covered interviewing skills, employee duties of confidentiality and occupational health and safety. A standardised interview schedule was developed by consumers, consumer interviewers, and service providers, and endorsed by the Project Advisory Group. To obtain the rich, lived, consumer experience, open-ended questions were asked to facilitate this qualitative research, which is then objectively analysed. This paper will include the experiences of the consumer interviewers throughout the project. The issues identified from the consumer in-depth interviews will assist the Mental Health Service to know more about what consumers find acceptable, or unacceptable, and their suggestions regarding future service development. Learning Objectives: 1. Details will be obtained regarding the process of developing partnership, service development and research projects in conjunction with consumers. The issues regarding the employment and training of consumer interviewers will also be discussed in detail. 2. Mental Health Services have great difficulty in obtaining meaningful consumer feedback and consumers experience a complete lack of vocational opportunities. As a consequence of this project, the benefit of using consumer interviewers has proven to be beneficial for both partners. Further casual project interviewing work has been found for the consumer interviewers.

S59: Women in mental health care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- 'Breaking the Silence of Deliberate Self-Harm'
Priscilla Berkery

Today I am going to speak of the secrecy, shame and pain which stalks the lives of those whom self-harm. Those of us who experience this often don't see it as a deliberate act but almost as an outcome of the process of trauma. I will share with you the stories of some whom have broken the chains of silence. These stories have been limited to those of women, for so far that is the limit of my exploration. An aspect of my Masters Degree was the drafting of a project Proposal promoting strategies for the prevention of suicide and deliberate self-harm in young women. An outcome of this proposal was the formation of a steering committee, so we will explore the work that this group is doing in Hobart, in relation to forming a critical reference group of young women, dissemination of information and the promotion of models of best practice for service providers with a primary care perspective and consumer focus. In addition I will touch on my role as consumer on the Guideline Development Team for the development of the Clinical Practice Guidelines for Deliberate Self-Harm (RANZCP). Objectives for consumers: 1. To provide people who are at risk of suicide or deliberate self-harm with positive clinical and primary care experiences in response to their expressed needs 2. To reduce barriers that impede and/or prevent access to services. Objectives for service providers 1. To introduce clinical practice guidelines for deliberate self-harm 2. To increase the knowledge the knowledge, skills and understanding of the psycho-social issues relevant to young women at risk of self-harm/suicide. 3. To enable service providers and GPs to develop strategies and/or guidelines on accessing/developing supportive, integrated and intersectoral, collaborative care for people at risk. 4. To introduce the concept of the need for gender specific programmes. Outcomes 1. State systems of governance and administation to foster collaboration for strategic planning for equity and social justice. 2. Inclusion of primary health care initiatives that shifts from the dominant

clinical, tertiary, administrative and legal methodologies. 3. Provision of an infrastructure to facilitate strategies that more fully reflect the National Mental Health Policy.

S59: Women in mental health care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Depression - A Female Malady?
Sophia Dommisse

Literature from the Western nations consistently lists women as having an increased risk of developing a depressive episode than men, this is also apparent in New Zealand, where 'women are more likely to experience a depressive disorder than men: lifetime prevalence of 19.4% for females, 10% for males'. Wells et al, 1989 cited in Guidelines for the Treatment and management of depression, (1996). The rates for depression in children are equal between the genders but the disparity appears during the adolescent years, 'The gender gap in the rates of depression widens at puberty, where the sex ratio approaches 2:1 between girls and boys (Mutson, 1993, p 28). This ratio remains the same in adulthood, where the '2:1 female ratio appears to continue throughout the early and middle years of life' (Walsh, 1998, cited in Romans Ed., p 166). This paper will examine the question of why the figures of depression are almost twice as high for women than for men? The exploration of the literature will include historical aspects of women's depression, a feminist viewpoint to discuss reasons why the disparity in the statistics exists and recommendations to close the gender gap. Learning Objectives: 1. Conference participants will gain an awareness of the incidence of depression in women, the historical aspects related to depression in women, and possible contributing factors for the gender disparity in statistics between women and men and depression. 2. This paper topic will emphasise the importance of considering the gender disparity in the statistics on depression in the planning of and the delivery of Mental Health Services.

S59: Women in mental health care
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Women-Sensitive Practice - Still an Issue in 2001?
Sabin Fernbacher

The Women's Mental Health Program spans across three Area Mental Health Services in Melbourne and is in its fourth year of operation. This program is a direct outcome of a consultation process and the report of the findings, 'Tailoring Services to the Needs of Women', conducted by the Department of Human Services, Mental Health Branch, in Victoria (1997). This paper will outline the Women's Mental Health Program and give an overview of its structure, implementation and the ongoing collaboration between clinical services and community agencies. The following areas of work will be discussed: -Policy - Staff development - Development of linkages between mental health services and specialised agencies. -Working towards a cultural change within the service system regarding women's sensitive practice. Some of the specific needs and issues that women are facing as clients of mental health services today, will be presented by discussing case vignettes and linking them to the service system. Conclusion: This presentation will provide an example of the Women's Mental Health Program, its implementation and focus. It will specifically provide case examples of women and children sensitive practice and women's specific needs within the mental health field. Learning Objectives: 1. The audience will gain an understanding about issues for women and their children, as well as interagency collaboration and innovative projects, which address the needs of women, and their children. 2. This issue is highly relevant to both, clinical mental health services and the psychiatric disability support sector. The women's mental health program provides a link between parts of mental health services as well as between the two sectors.

S60: Mental health nursing
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- The Collaborative Role of Mental Health Practitioners in High Risk Siege/Barricade Situations
Michael Ash

Increasingly Mental Health Professionals are being asked to assist police in the resolution of critical incidents involving mentally disturbed people. A publication from the Australian Institute of Criminology entitled 'Police Shootings' revealed that of 75 people shot in police confrontations almost half were affected by alcohol or other drugs and a third were depressed or had other mental disorders. This contributed to the formation of a Departmental Ad Hoc Advisory Committee which produced its final report in 2000, it addressed Crisis Intervention, Ethical issues, Legislative issues, Establishing networks and Protocols for Information Sharing. This paper is in three parts and seeks to address and share real clinical experience in these high risk areas which have resulted in the non lethal resolution of these situations The first part details protocols that need to be established in terms of Memorandums of Agreement and describes conjoint training issues The second part discusses the 'on site' clinical role of the mental health practitioner in terms of information gathering/sharing and analysis, and profiling of the person of interest and the role of the negotiator. The third part addressing the overall management of the environment including support to families the local environment. The needs to support staff and provide debriefing both to mental health staff and police and other emergency service workers. How best to manage the overall environment from a mental health perspective. Ethical and legal issues concerning information sharing will be discussed throughout the presentation. Learning Objectives: · The role of the mental health practitioners in high-risk situations, the training required to work safely and effectively. The sourcing of information and its analysis, profiling of the person of interest. · The increasing awareness of mental illness and drug induced behaviors have led to a need for mental health practitioner to establish formal relationships and training protocols with police services for the resolution of high risk situations. Services must be able and prepared to intervene to ensure the non lethal resolution of such challenging incidents. This requires a high degree of cooperation trust and skill and partnership. The paper describes and shares knowledge and skills learnt from a number of such critical incidents

S60: Mental health nursing
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- A lifesaver in psychiatric mental health nursing: The importance of professional supervision in practice
Chris Walsh Thelma Puckey

Psychiatric mental health nurses work across the full range of mental health services. They have complex and privileged relationships with consumers and are often privy to personal and intimate details of people's lives. For nurses to maintain the boundaries in these complex relationships it is important that they receive support to not only assist relationship management but also to reflect on their responses to clinical situations. Data has been collected from nurses over two sites in New Zealand for the past three years. This paper will present evaluations from over one hundred psychiatric mental health nurses about their experience of individual supervision undertaken as part of a postgraduate programme in advanced nursing. Data from these evaluations suggests that nurses are very responsive to professional supervision, they identified confidence building as a key component of decision making and used professional supervision to negotiate complex situations in their practice. Nurses' feedback about the impact of professional supervision on their personal and professional growth will be examined and details about key influences on their practice will be discussed. Barriers to professional supervision will be identified and issues for future workforce development explored. Learning Objectives: 1. People who attend this paper will gain an understanding of and an appreciation of appropriate professional supervision in advancing nursing practice from the nurses themselves. 2. People who attend this paper will gain an understanding of the benefits of professional supervision for employers and nurses,

the implications for workforce development, nursing recruitment and retention, risk management in clinical practice and ultimately the provision of safe and effective nursing for consumers.

S61: Mental health programs in schools
30/08/2001 From: 1530 To: 1700
Workshop 1.5 hour:- A Mental Health Group Work Program Model That Delivers To A School Near You
Wendy Bunston Paul Leyden Cathy Alderson Tara Pavlidis Sue Zinedar
The Community Group Program (CGP), a unique joint mental health and education department initiative, serves up a delectable and diverse menu of groupwork programs to children and young people in the Western metropolitan region of Melbourne. Whilst the thread that weaves its way through all of our group work programs is enhancing the self esteem and coping skills of children and young people struggling with mental health issues, it is delivered in a myriad of ways, and at locations accessible to our clients. Predominantly this is in the school setting, but can involve venues ranging from the local community health centre through to the cliff tops of Lincola. Emotional expression through art, building trust through music, role playing conflict resolution strategies, building teamwork through games and adventure based activities; these are just some of the many creative mediums we use to engage children and adolescents in the process of therapeutic healing and change. Important too is the active involvement of families and teachers, and framing all of our work within a context of family and school. It is not enough to equip a child alone with new skills, resources and stories of self without endeavouring to engage other parts of their world in a relationship that will support and reflect back these positive changes. Sound good so far! So how do we do it? We'll take you on a tour through our programs so you can experience them for yourselves. But don't expect to just sit there. Get your paint brushes ready, your running shoes on and be prepared to move through this groupwork experience at not just the level of the 'intellectual self', but the 'somatic self'(physical) as well. Note: Handouts about all of our programs as well as our the CGP 2000 Progress report will be made available to workshop participants. Learning Objectives: 1. To learn about, as well as experience a diverse range of creative and 'user friendly' therapeutic groupwork interventions specifically developed for children and young people struggling with mental health issues. 2. To consider the applicability of a diverse range of therapeutic mediums and specific group work programs for other mental health programs that work with children and young people. A Mental Health Group Work Program Model That Delivers To A School Near You WORKSHOP OUTLINE: Introduction and overview of what will be covered in the workshop: The aim of the workshop is to provide participants with a basic understanding of the Community Group Program whilst mirroring the processes we utilise in delivering groupwork programs. This is to create safety (emotional and physical) through creative expression and responsible risk taking and trust building. Gentle warm up/ice breaker Overview (verbal, visual & participatory) of four of our Cognitive Behavioural & Insight Orientated programs: Stop, Look & Listen FisT (Feeling is Thinking) BUDDIES (Building Different Dynamics) in Engaging Socially Bright Lives Fun Team Building Exercise Overview (verbal, visual & participatory) of our creative arts therapy groups: Boyz'n Art MuSaRo (Music Sexuality and Respecting others) Girls and Art Trust Building Exercise Overview of our Activity Based Interventions: Bike Challenge Adventure Based Counselling camps Question Time Group Closure Activity

S62: Young people
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Young people working on the image problems of Mental Health Services.
Cindy Dargaville Jeff Crumpton
In November 1998, the Minister announced funding for a Community Health Innovation Program to address continued concerns about young people's poor access to health services.

In the Northern Sydney Health Service, this took the form of the 'Youthealth' Project. It employs twelve young consumers as Youth Consultants to visit and consult with service providers on their 'youth friendliness'. Other health initiatives have developed from this base. Several factors have been critical to success including: Maintaining high level managerial support; employment of the young people; support of a project officer and continued adherence to the project's philosophy of youth-friendly work practices. Learning Objective 1. How to use young people's experience and expertise to improve the delivery of health care. How to incorporate key youth cultural issues into service delivery. How to influence health service planning by incorporating young people into the consumer consultation process. Learning Objective 2. Mental Health Services have an image problem, particularly with young people. This paper shows you a method of achieving a better image by incorporating Mental Health into a holistic health framework.

S62: Young people
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Parents with Mental Illness and Their Children
Eleanor Fowler

Over recent years many service providers have worked to address the needs of parents with mental illness and their children. In this paper, I will describe some of these projects and address key issues found by workers and participants in these programs. I will then describe the efforts of a community mental health service to improve service provision to parents with mental illness and their children. Several specialist services have worked together and in consultation with consumers, to run a group for children and a concurrent group for their parents. The children have been able to have fun, while meeting others in a similar position, while parents have gained support from staff and other consumers. At times they have addressed issues, such as communicating with their children about mental illness or general parenting and at times they have relaxed and participated in activities. Another project by this community mental health service has involved setting up consultation sessions for adult community mental health workers, where issues are discussed, which arise in working with parents with mental illness and their children. CONCLUSION: I aim, through this paper, to inspire participants to consider the needs of parents with mental illness and their children and for those in a position to be able to, to have a go at providing services for this group. Learning Objectives 1. For people in the audience to learn about key issues for parents with mental illness and their children. Options for service delivery to these people and ideas for setting up programs. 2. This paper is relevant to mental health services. In most areas there are no special services for children of parents with mental illness. This paper looks at ways existing services can address the needs of these children and their parents, including agencies working in co-operation with each other.

S62: Young people
30/08/2001 From: 1530 To: 1700
Paper 20 minutes:- Modelling Community through Case-Management
Alison Snashall Bronwyn Massie

Mothers who have dependent children and who are consumers of mental health services will have a number of services and personal support networks involved in their lives. It is crucial for these supports to work together and this is best managed by someone who takes the responsibility for co-ordination. The end goal is to maximise the opportunity for consumers to be actively participating in their own journey of change to become the managers of their own lives and to make independent choices. Utilising these support networks is mutually beneficial for consumers, their supports and services. Community case-management is a working tool for co-ordinating the range of services involved and encouraging collaborative work. This becomes the fertile ground for modelling and teaching the skills required for an individual to independently and interdependently live, contribute and benefit in their own communities. The Mothers Support Program (MSP) IS A Prahran Mission program funded by Mental Health Branch, Department of Human Services, Victoria Australia. Prahran

Mission is a non-profit, community managed human service organisation of the Uniting Church in Australia, Synod of Victoria. The MSP is funded to work with somen living with a mental illness who have children in their care, and aims to support women to identify goals, develop skills, and use resources within their community, enabling them to parent as effectively as possible. The MSP provides community case management, home based outreach support and peer support opportunities for women in the program. MSP is unique in Victoria, as an innovative psychiatric disability support program assisting women who are mothers in their recovery to 'increase their functioning so that they are successful and satisfied in the environment of their choice with the least amount of professional intervention.' (Anthony: 1997) Part of recovery for a parent living with a mental illness is the need to be connected and integrated in their own environment. What does it mean for a parent to feel connected and integrated in their own community? It may mean validation and acceptance of their role as a parent in their community; feeling that their own contribution is purposeful and worthwhile; being able to negotiate for their own needs and acquiring these things through meaningful relationships. As one of the mothers in our program says about her experience of case-management, 'This model assisted me in becoming more determined to have the ability to understand that we are all responsible for ourselves and how we look at life as a whole. It did this by creating a support network for myself and family and assisting me in understanding how to use my supports in a beneficial way. I felt that I was included and played an even role which helped me feel better about myself and in turn my family.' (Sheenagh 1999) If these things are to be achieved then community case-management successfully draws all of its players into a similar process. This workshop will aim to: · Explain the MSP model of community case-management and engage the participants in discussion about those aspects of this model which are unique as well as providing the opportunity to compare and contrast other existing models. · Using case studies, explore with participants how community case-management can be incorporated into work practice. Learning Objectives: Participants will gain knowledge and understanding of:- 1. a working model of community case management (MSP) and how they can implement community case-management practices and principles of this model into their own work role. 2. the use of community case-management to promote and maximise:- a. more effective service delivery and better outcomes for women who are parenting and who have a mental illness. b. Best practice for workers in mental health specific to mothers with children.

S63: Workforce consultation
30/08/2001 From: 1530 To: 1700
Workshop 1.5 hour:- National Practice Standards for the Mental Health Workforce
Wendy Weir Gordon Lambert Vivienne Miller Steven Castle

The National Mental Health Strategy has been the driving force behind changes in mental health service delivery in Australia over the past decade. It is essential the mental health workforce is sufficiently skilled and competent to implement the national mental health strategy. National Standards for Mental Health Services are currently being implemented by all states and territories, but will the workforce have the knowledge, attitudes and skills to implement them? The draft National Practice Standards for the Mental Health Workforce are derived from the Service Standards and will complement the discipline-specific competency standards of the core mental health professions. The draft Practice Standards will be useful in the development of relevant curricula in the higher education sector at undergraduate and postgraduate levels, and also for service providers' supervision and further education. They focus on promoting recovery and the involvement of consumers, family members and/or carers in all aspects of care, service planning, development and evaluation. This workshop will present an overview of the draft National Practice Standards for the Mental Health Workforce and discuss some of the issues in their implementation. It is designed to maximize participation of attendees and will be part of a wider consultation process that will occur throughout Australia. Workshop plan: 1. Overview of the Practice Standards (30 minutes) 2. Exercise - small groups each discuss one practice standard (20 minutes) 3. Feedback invited about the Practice Standards and discussion about improvements. (30 minutes) 4.

Uses of the Practice Standards - how can the standards be used to improve staff's ability to deliver services (20 minutes) 5. Discussion (20 minutes) Learning Objectives: 1. Participants will gain an understanding of the National Practice Standards and how they may be applied in the workplace and in curriculum development. 2. National Practice Standards form the framework for the education of a skilled mental health workforce.

Friday
31st August 2001

S74: Keynote Address
31/08/2001 From: 0845 To: 1030
Keynote Address:- SOAR Case Management Services - Making Recovery a Reality - Towards a System's Integrated Approach
David LeCount Jenifer Koberstein
While the Dane County system or Madison Model (located in Madison, Wisconsin USA) as it is frequently referred to, has evolved a comprehensive, integrated, and well coordinated community based system of care over the past quarter of a century, Jenifer and David have been working closely together, since the inception of SOAR, to incorporate consumer provided services into the County's adult mental health system. SOAR's inspired consumer centered recovery oriented approach is having a significant impact on the entire system to the degreee that they will be discussing recovery from a variety of perspectives: System, Provider, Staff, Family, Consumer, and the Community. Examples and implications will be provided from each of these perspectives.

S76: Transcultural programs
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Carer Profile (NESB)
Grace Chan
Carers NSW developed a generic Carer Profile in 1998 which identifies the needs of different types of carers and recommends ways in which services can better help carers. In January 2001, Carers NSW began the NESB Carer Profile project, aimed at developing an assessment process and assessment tool for NESB carers of people with a mental illness. The duration of the project is 9 months and wide consultation will be carried out in 2 selected communities, the Chinese and the Greek communities. The project involves a carer survey, a service provider survey, carer focus groups, service provider focus groups, and the development of a carer profile and an assessment tool. The project aims to identify the common and different needs of carers from the two communities. It will also identify the common and different needs of carers of people with a mental illness compared to carers of people with a disability and/or who is frail aged. It is also an opportunity for service providers to identify difficulties in service provision to people from different backgrounds and develop strategies to resolve these difficulties. The assessment tool/form will then be trialed with carers and service providers followed by an evaluation process. Learning Objectives: 1. Identify common and specific needs of carers of people with a mental illness from different cultural backgrounds. 2. Develop strategies to improve both the access to and suitability of services for carers and consumers.

S76: Transcultural programs
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Australian Transcultural Mental Health Network: Setting the Agenda for a Culturally Diverse Nation
Meg Griffiths Conrad Gershevitch
The Australian Transcultural Mental Health Network (ATMHN) is widely recognised as a demonstration model of partnership between governments, service providers, consumers, carers and the community sector. Established in 1995 under the National Mental Health Strategy and continued under the 2nd National Mental Health Plan, the ATMHN represents an Australia wide alliance of organisations working to develop strategies to better meet the often complex mental health needs of Australia's diverse communities. This session will chart the pioneering work of the ATMHN under the 2nd National Mental Health Plan, describe some of the many projects it has auspiced, the results of a recently completed evaluation, and will discuss the development of a framework scoping a new agenda for transcultural mental health in Australia. The presenters will report on how the Network operates as a strategic alliance at the policy and practical level and discuss the agreed priorities to be pursued in the years ahead. Furthermore, this session will be a opportunity for members of the audience to discuss the work of the ATMHN and some of its many projects.

Participants will also be able to comment on the National Agenda document prior to its finalisation. Learning Objectives: 1. Participants will gain an understanding of how the Network operates in partnership with government, the community, consumers and carers to present a co-ordinated and systematic policy approach to transcultural mental health in Australia, and 2. participants will receive information about the ATMHN's strategic action areas for transcultural mental health for the next decade and will have the opportunity to contribute to the debate about national priorities via comments on the ATMHN national agenda.

S76: Transcultural programs
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- The Vietnamese Mental Health Program
Anh Thu Nguyen Hang Nguyen
A collaborative program between: Western Region Outreach Service (WROS) a program of the Western Region Health Centre, South West Area Mental Health Service and Doutta Galla Community Health Service, The Macaulay Program. The Vietnamese Mental Health Program is a unique service model providing innovative service to Vietnamese residents with mental health disabilities in the inner urban west of Melbourne. It has grown out of collaboration between clinical and psychiatric disability support services. This collaboration initially began when each of the participating organisations employed bilingual Vietnamese workers up to seven years ago. Whilst the client is the main recipient of the service the needs of their families/carers are also recognised and addressed. Components of the program include: A Vietnamese Women's Group A Vietnamese Men's Group A Vietnamese Children's Homework Group Vietnamese Camps and Family Dinners Evaluation of the program suggests that this program has significantly enhanced Vietnamese access to and satisfaction with mental health services, improved peer supports, and improved mental and physical well-being for clients and their families/carers. Learning Objectives 1. The audience will gain an understanding of the importance of a culturally sensitive framework for addressing the needs of NESB clients with a mental health disability. 2. The topic is relevant because it demonstrates how a collaborative approach between clinical and PDSS' services improves access to quality mental health services for NESB clients.

S77: Consumer researchers
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Consumers as researchers: The development and evaluation of a training program in research skills for mental health consumers
Lindsay Oades Gordon Lambert
The aim of this presentation is to describe the process of developing, implementing and evaluating a training program in research skills for mental health consumers. The overall context of this project involves eight paid mental health consumers from the Illawarra and Shoalhaven region of NSW, Australia. The consumer-researchers have collaborated with University-based researchers to achieve the objectives. These consumers have been trained to work on a three year Commonwealth funded research project in which they play a role in evaluating mental health services. The unique experiences, needs, knowledge and skills (inputs) of the consumers, which have influenced the development and implementation of the training program will be discussed. The process used to train the consumers and the experience of being trained from the consumers' perspective will be described. The resources developed (outputs), including the training package on how to conduct a training program in research skills for mental health consumers, will then be summarised. The impact of the training program will also be discussed. In summary, the presentation will address the issues involved in developing and implementing a training program in research skills for mental health consumers. Learning Objectives 1. By attending this presentation members of the audience will gain insight into the issues involved in the development of mental health consumer researchers. 2.Training mental health consumers to conduct research is important because it provides an additional and legitimised form of advocacy.

S77: Consumer researchers
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- I'd Like To Introduce You To Our 'Consumer Researcher'
Debbie Peterson
The mental health researcher is much the same as any other researcher - always on the hunt for new research money; a topic to explore; an audience to present to; a paper to publish. There is a general assumption though, that mental health researchers are, or have been, clinicians. There are a growing number of us, however, whose background in mental health is one of having made use of the services. How does this effect the research process and final outcome? What are the considerations that someone who has experienced (or is experiencing) mental health problems have to take into account when undertaking mental health research? This presentation explores the above issues in relation to the research that I am undertaking which looks at consumer participation in mental health research, policy, and services. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? Some understanding of the issues which mental health researchers who are also mental health 'consumers' may face. 2. How is this topic/issue relevant to mental health services and mental health issues? Research is the basis from which improvements to mental health services and policy come. Looking at the increasing involvement of mental health 'consumers' at all levels of the research process aids understanding of the area.

S77: Consumer researchers
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Learning to Do Consumer Driven Research
Michael Holland Gerald Graves
The original research project in 1998 intended to discover consumer concerns by interviewing them in hostels, wards and boarding houses without staff present. Two and a half years of research later there was gathered eighty-nine pages of research notes which led to eighty-nine pages of commentary. This project was wholly consumer driven and this paper will present how the project was done and some summary results. Learning Objectives 1. Participants will learn ways to negotiate consumer driven research. 2. The issue is relevant in light of the partnership goals of the First and Second National Mental Health Strategy.

S78: Early intervention
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- A Common Assessment and Referral System To Achieve Earlier Intervention with High Risk Adolescents
Jenny Anders Craig Gye
A system to enable earlier identification and intervention with adolescents at high risk has been developed by the High Risk Adolescent (HRA) Reference Group in Gippsland Victoria. The HRA Reference Group, consisting of Government and non-government agencies is a forum for discussing service fragmentation and multi service strategies in responding to HRA. Police, Teachers and General Practitioners are often aware of High Risk Adolescents before other support services. A Common Assessment and Referral System was developed for these groups to refer into services therefore enabling earlier intervention. This Common Assessment and Referral System operates across all Police Stations in the Gippsland Region and within some schools and Health Centres. In addition to enabling earlier identification of High Risk Adolescents, the Common Assessment and Referral System has facilitated improved communication and relationships between Police, Youth Services and High Risk Adolescents. The system has been operating for 18 months with results indicating that 86% of young people engaged with support services following referrals from police. The presentation will include: * Key components of the HRA Reference Group for effective collaboration between Government and non-government services * Methodology and process of the Common Assessment and Referral System * Results and a police perspective on the success of the system. Learning Objectives 1. From this presentation, participants will

gain an understanding of a simple and easily replicated referral system which is successful in both identifying high risk adolescents and enabling earlier intervention. Additionally, participants will learn techniques for creating successful partnerships and achieving collaboration amongst Government Departments and non-government agencies. 2. Evaluation of the Common Assessment and Referral System has indicated Mental Health as the fourth highest category of risk among referred adolescents. The referral system has strengthened relationships between mental health services and other services with whom they share clients. Adolescents with mental health issues have been receiving earlier intervention and a more co-ordinated systems response for multi-service clients.

S78: Early intervention
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- The Challenge Project
Anthony Graham Simone Grose
The challenge project sought to engage, prepare and support seven at risk youth on a six day orienteering project focused on canoeing the Glenelg River situated in the Lower Glenelg National Park, Victoria. Each participant has experienced a range of social disadvantages, by virtue of geographic location, and disorders relating to damaged emotional/psychological development. The Project achieved the following objectives: · Achievement in specific, measurable, pre-vocational competencies. · Provided an experience, which was designed to enhance participants', self-image, social confidence and teamwork and leadership skills. · The project also sought to address a fundamental challenge to a disadvantaged rural community such as Colac/ Otway, namely the engagement of young people in creative experiences that link to further personal development in the areas of recreation, education and further training. Our community is seeking action on a number of issues pertaining to service development in the youth sector. Psychiatric Disability Support Services are asking the question. What is the sector focus in this area and where does our service response begin. The Challenge Project gives insight into program design that sought service partnership and offered innovative practise as a means of engagement. The challenge is not just with the participant but also the provider. Learning Objectives 1. By developing youth programs that are innovative and offer opportunities that seek to challenge, we can expect a level of mental health awareness that has a positive impact on the participant's self-image and social confidence. 2. This presentation will offer an example of an early intervention strategy that is based on a program that sought to engage at risk youth via a challenging orienteering project focused on leadership, teamwork and positive interactions.

S78: Early intervention
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Pathways to initial care of young adults with their first presentation of mental disorders
Sue Webster
The purpose of this study is to develop a grounded theory of the lived experiences of young adults with a first episode of mental disorder accessing health services for the first time. It will document their initial pathways to care and identify reasons for young adults' delay in accessing care until the acute state becomes apparent. The information will offer clinicians an opportunity to understand the barriers confronting young adults prior to accessing health care services. The seriousness of their illness on entry to health care is of major concern. It is only by taking experiential knowledge into account that intervention and detection can reach their full potential. The research design uses the Grounded Theory approach of Glaser and Strauss (1967). The process will include recording of in-depth interviews, participant observation, field notes and recording of data. The constant comparative method of analysis and its coding procedures will be used, first comparing items in each category, then drawing up categories and, finally, comparing categories. The grounded theory that will be developed may identify where more appropriate services can be provided and move the point of entry into care earlier, so that the seriousness of the acute phase and the chronicity of

outcome can be reduced. Consequently, this study will have significant implications in the fields of clinical practice, mental health care policy and education, as well as furthering knowledge of the field and opening new avenues of research.

S79: Consumer run services
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- The dynamics of a community consumer based service working in partnership with recovery/rehab service
Liz Kelly
The Gosford Mental health resource centre is a consumer run organisation on the Central Coast of NSW. Oasis is co-ordinated by a Consumer Consultant to give direction and implement changes to help empower community based consumers. Presentation will focus on the development of consumer services offered at the centre and the implementation of a primary consumer volunteer program. . Volunteers must have mental health related experience and work to help other fellow consumers who attend the centre, which is shared with the rehabilitation service. A partnership has been established whereby Oasis volunteers co-facilitate a range of social/recreational activities. This unique link to rehab has helped consumers of a higher level of wellbeing work amongst those who are recovering and long term consumers. Other innovations to Oasis structure include a consumer built and maintained website which will assist links to other mental health organisations and readily available information accessible from various internet sites locally and worldwide. Embracing consumer participation is not only empowering but an important means by which service providers can enhance community Mental Health services. Learning Objectives: 1. Gain ideas for promoting equality in consumer/carer participation of community mental health services 2. Consumers of mental health need to be recognised as potential sources of knowledge by mental health services in order for quality care within the Community.

S79: Consumer run services
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Integrating Service Delivery: A Model for Individual Choice and Community Connection
Karen Fairhurst Linda McKinnon
The current paper presents information on the development, implementation and evaluation of Community Access Mental Health Alliance, (C.A.M.H.A): a service model which facilitates the access of individuals with a psychiatric disability into the programs offered by the Neighbourhood Houses in the Dandenong Ranges, Melbourne, Victoria Governed by a partnership between Morrison House, Eastern Access Community Health and Maroondah Hospital, CAMHA functions to integrate the distribution of each organisations resources into a support network which addresses the complex situation of people experiencing mental illness. In recognition of this complexity CAMHA has as it's focus both the deconstruction of the stigma associated with mental illness, through the education and ongoing support of the Neighbourhood House staff, and the construction of individual support networks based on assistance with fees, transport, orientation, application and participation. The development of community capacity and the structuring of a service delivery model, which coordinates both community and clinical mental health resources with the services provided by the Adult Community Education Sector, functions to facilitate individual choice, and enables people to access programs within a community setting which offers pathways to the development of self confidence, individual opportunity, community linkages and social connectedness. Learning Objectives 1. People in the audience will gain a clear understanding of the design, implementation and evaluation of a new model of psychosocial rehabilitation based on the facilitation of direct community inclusion through the integration of inter and intra sectoral resources 2. The Service Delivery Model enables people to access resources from a range of organisations in order to build a support network which addresses the impact of mental illness in their lives. The model is relevant to current issues in mental health in it's integration of services, focus on consumer choice and development of community capacity.

S79: Consumer run services
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Working Together - A Consumer Run Activity Centre Using a Community Development Approach
Neil Brosnahan Jenny Arthur Michelle Hughes
This paper will discuss the development of a Mental Health Consumer group in South Canterbury with a focus on the setting up and running of a consumer-controlled Mental Health Activity Centre in Timaru. The paper will outline the history and development of the Group. This includes the difficulties experienced, significant events and issues, and how the group has responded to these. Topics covered include funding, employment and providing a truly 'safe environment' for all concerned. A focus for the paper is the lessons that have been learnt and can be shared with other groups. Key points of discussion will include the processes and principles developed by the group, and the role of other organisations such as funding bodies and local Mental Health Services. Another key aspect will be the role of the public health worker. It is anticipated that this paper will be a catalyst for others to share their experiences both at the conference and afterwards. This paper will deal with the reality of consumer-run services and point to workable principles and processes. Learning Objectives 1. What will audience gain/learn from paper? An understanding of issues involved with services run 'by consumers, for consumers' including the role of other organisations 2. Relevance to MH Services and MH issues? Consumer input into services and consumer-controlled services are becoming more common. This paper will contribute to MH services understanding how they can effectively interact with consumer groups.

S80: Effects of psychosis
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Mother of God, Am I Spiritual or Delusional?
Sami Ryan
This presentation looks at spirituality as an intrinsic part of the 'whole' person which needs to be explored and nurtured, especially in times of turmoil or grief. Spirituality has always played a major role in my life and my story. I lost an infant son to Sudden Infant Death Syndrome, was shunned by my religion, and thus entered thirty-odd years in the revolving door of psychiatric ward admissions. Almost three years ago I had a 'spiritual experience' which has resulted in my being drug and symptom-free and employed after so many wasted years. Whilst spirituality was part of my illness and recovery; there was no place for my 'spiritual self' in the mental health service. We hear everywhere the rhetoric about treating the 'whole' person, but without open discussion of the spiritual, critical parts of the story are lost. Learning Objective1: The audience will be challenged to consider whether spirituality is a taboo subject in mental health, and to see the implications of continuing to marginalise the different spiritual dimensions of each individual. Learning Objective 2: By discussing the role of spirituality in mental illness and recovery, this article challenges the current narrow focus of mental health treatment and the continuum of care.

S80: Effects of psychosis
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- 'Life After Psychosis'
Laura McIntyre
I have a Schizo-affective illness and spent six years in psychosis, living for 6 1/2 years at Level 3 care. I experienced many symptoms without much relief. Constant voices, delusions, paranoia, hallucinations, anxiety, psychotic episodes, mood swings and months out of reality were some of the problems I had to face. I moved to Level 2 care and spent 3 1/2 years gaining rehabilitative life skills by structured goal plans. Pathways Trust taught me many strategies and techniques of the mind without the use of extra medication to keep the symptoms at bay. I still use walking as a focus to stay well, being close to nature eg. the beach, having a shower, calling or visiting a friend, using distraction techniques eg. radio,

T.V., playing a favourite C.D., visualisation techniques, relaxation and homeopathy which help combat stress. I have now reached the stage of being able to problem solve. Moving into my own home this year and my brother having a family has taken me to a new level of wellness. Next year I aim to study advocacy and conflict resolution and do one paper of my B.A. degree. Learning Objectives 1.People will learn that it is generally good practice to take medication as it keeps you well. But that strategies can be used, and the power of the mind is considerable, to maintain and increase wellness and therefore have a higher quality of life without always relying on extra medication. Learning Objective 2. On my journey to mental wellbeing I used three main services locally which were vital to my progress: Community Mental Health, Pathways Supported Accommodation, Stepping Out Hauraki.

S80: Effects of psychosis
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Keeping the Scales Balanced: the importance of spiritual and emotional stability in living with schizophrenia
Annie Sykes
This paper will provide the opportunity for participants/delegates to travel the personal journey from internal ruin to spiritual riches. I will discuss and explore my account and experience of being 'lost' in the New Zealand mental health system as a long-term patient diagnosed with schizophrenia and post traumatic stress disorder. The system labeled and described my case as hopeless, and decisions were made to discontinue interventions other than psychotropic medications. The paper will describe the tools used to aid recovery and how this was brought about. A SES toolbox was used - Spiritual Emotional Stability. Through holistic interventions, the toolbox was filled with the equipment to aid recovery. All aspects of the human condition are needed to aid in this process, and all too often the mental health system fails to look at the whole person but will merely treat the diagnosis. Learning Objectives 1. That participants /delegates will be able to describe the depths of mental illness experienced from a consumer viewpoint and identify the tools utilised to aid recovery. 2. That participants/delegates will possess knowledge of and suggest reasons why clients need to be given assistance to explore all avenues of spiritual, emotional, intellectual and physical well-being in conjunction with accepted treatment methods.

S81: Housing
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Housing within the Community: Improving Service Delivery to People with a Mental Illness
Penny Gillespie Suzanne Sondergeld
The achievement of sustainable housing outcomes for people with a mental illness is a key focus for Queensland's Department of Housing. The Department recognises that safe and affordable housing options are vital to maintaining an environment in which an individual's mental health is maximised, and to enable people to become part of a local community, to establish support networks and to have a sense of belonging and well being. During the past year the Department has implemented and evaluated three models of housing service delivery to enhance services to people with a mental illness. Each service delivery model has been implemented in a different location throughout the state. The service delivery models each focused on a different area of service provision, covering staff training and development, practice enhancement, and local area partnership agreements with other service providers. The aim of this paper is to: · Provide a brief description of the three service delivery models; · Discuss the outcomes of the project's implementation as evidenced by the evaluation conducted by the Queensland University of Technology; and · Highlight key organisational learnings regarding service provision to people with a mental illness in a generic service organisation. At last year's conference the paper, 'Sustainable Housing - A Key to Mental Health', was presented which outlined the development of the service delivery models and the evaluation framework. This year's presentation will focus on the outcomes and learnings from the project. Learning Objectives: 1. The audience will gain an understanding of the

range of responses that Queensland's Department of Housing has implemented and evaluated to improve housing assistance to people with a mental illness, and the key learnings that have been derived from the project. 2. Safe and affordable housing is a crucial issue for people with a mental illness. This paper will outline the responses developed by Queensland's Department of Housing to improve housing assistance so that people with a mental illness receive a service that is tailored to their individual housing needs.

S81: Housing
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Housing Democracy: providing mental health consumers with real housing choice
Angie Cairncross
The supports - based inclusion paradigm is based on the assumption that a person should be supported to live in their own house in an integrated setting with whatever level of support they require in order to be fully involved in the community. It involves consumer owned or rented housing where mobile support workers are available as is necessary to assist people. This allows for a wider range of housing options that reflect people's individual life choices. This is fundamentally different to how housing has been provided or funded in New Zealand where the support and landlord roles are often combined. Housing is becoming one of the key issues for tangata whaiora as they face issues of affordability, limited availability and discrimination in trying to find housing in the community. These issues do not necessarily resolve themselves by setting up community support work schemes. Key development and support can make for good housing outcomes but they must be done in parallel to community support developments and in a way that promotes housing democracy. This paper will talk about some of the principles promoted by the Housing Solutions Project to create housing options in the Wellington region and some of the developments that aim to promote housing democracy. Learning Objectives: 1. This paper identifies housing as a major issue for the mental health sector and provides background for a paradigm shift in thinking around how housing can be provided that is consumer driven and consumer responsive while providing mechanisms for the separation of landlord and support roles. 2. Participants will learn about examples of housing democracy and the principles used for the development of housing choice for mental health consumers in the community.

S81: Housing
31/08/2001 From: 1100 To: 1230
Paper 20 minutes:- Yesterday's Model Meeting To-Days Needs.
Mal Keenan
Our society is effectively condemning thousands of men and women to homelessness because they have the misfortune to be afflicted with a mental disorder or disability and lack of material resources and support. This judgement was made by the authors of a significant report Down and Out in Sydney published in April 1998 (by Hodder, Teeson & Buhrich). One year earlier the Brothers of St John of God had completed their own study of residents with psychiatric illness living in sub standard conditions in Sydney's inner west. The study found 54% of the 430 people surveyed were suffering with either schizophrenia (89%) or some other illness. Casa Venegas was formed under the umbrella of St John of God Health Services to address this need. This presentation will outline what makes us different to other service providers. 1. No Government funding, therefore no conditions or restrictions. 2. Clinical support and backup from St John of God Health Services. 3. Strategic alliances developed to overcome gaps in service delivery e.g. Department of Housing, Area Mental Health Teams. 4. Respect for the individuality and right to privacy of each client. 5. Linked to a 500-year tradition of caring for the mentally ill. Back in 1539 on discharge from hospital in Granada - Spain, John of God was homeless. Miquel Venegas provided accommodation for him in the porch of his house. Our mission is to improve on yesterday's model to meet today's needs. We now care for 57 clients. Learning Objectives: The audience will learn how to develop a service free from the restrictions of Government funding. Because Shelter

is a basic need particularly for those made vulnerable by mental illness this topic is of obvious relevance to Mental Health Services delivery and policy development.

S82: Mentally health communities
31/08/2001 From: 1100 To: 1230
Workshop 1.5 hour:- Strategies For Building a Mentally Healthy Community
Jo Diorio Pat Rix Jill Fowler Lee Knitschke Edna Llewllyn
1) What makes for a culturally safe zone? ie: What is the shared language and what are the shared experiences that help define culture? 2) What personal, social and political factors need to be taken into consideration when deciding how best to express the culture of a group? 3) What kind of leader? What qualities, experience and skills are you looking for? How to facilitate leadership opportunities for people in the group as and when they are ready 4) What potential links are there for contact with the wider community? What are some of the strategies for fostering positive relationship with other groups and organizations inside and outside the health sector? 5) A creative writing exercise using a technique evolved by We Now Walk Tall to develop material for performance. We will finish with a video of a whole group performance and some performed solo excerpts from our work. 2) a writing technique used by the group to develop material for performance. Such techniques would involve particiapants Aim of the presentation. To show how a previously marginalized group has become politically and socially pro-active in the community Learning objectives: 1. That people attending will appreciate the significance of creating a culturally safe zone where people can express themselves honestly, be understood and experience doors opening rather than closing. 2. That people understand the connection between being pro-active socially and politically in order to effect change in community attitudes to mental health and an historically negative system. Outline of content: WNWT - first seeded in 1994 at Wistow, is an unusual group by any standards. Not only are our members isolated by their mental illness but also geographically. To attend our rehearsals and workshops people travel 100km or more. 1) Give the historical context and an overview of the positive social and political outcomes through writing and performance that this group has achieved to date Who are our members and where have they come from? Issues and age differences. 2) Discuss the fact that from the beginning this group had permission to be political and what effect this has had on our evolution. 3) Our concept of leadership. The style of leadership that has worked and why Opportunities for leadership within the group. 4) From the Self to the Other. From the Personal to the Political. What factors encourage the continued engagement and commitment of members? The stress factor: How we achieve a balance between expectation and flexibility 5) Patterns emerging. The benefits of long term involvement. Case studies - Edna, Lee, Jo Summary: This workshop will show how building awareness of the reciprocal nature of working in a creative community has long term benefits for mental health. As one of our members put it: 'Why walk straight down the corridor when there are so many other doors you could knock on.'

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- A Maori Model of Practice - The Te Ngaru Way
Paraire Huata Cushla Tangaere
Te Ngaru Learning Systems is a training provider that has provided training for Maori organisations for the past 9 years. Te Ngaru maintains the utilisation of Maori processes throughout all their training and use the Wananga framework as the basis of their work. Te Ngaru offers courses in cultural auditing, cultural assessment, cultural supervision, cross-cultural communication, alcohol and drug prevention and whanau dynamics. Te Ngaru provide a Maori framework and have also provide the core components of a model of practice. Learning Objective 1.The purpose of Te Ngaru training and it's importance to ensure that concepts of tika, pono and aroha remain paramount in the learning environment. Learning Objective 2. The audience will have an understanding of how the Powhiri Poutama

framework (Maori Model of Practice) is incorporated into the mahi of a Maori Mental Health Worker.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- Least Restrictive Environment: the impact of a locked door on an acute inpatient unit.
Jackie Warner Michael Mennen
The Victorian Mental Health Act 1986 (VMHA 1986), states that patients must be treated in the 'least restrictive environment'. It does not, however clearly define what this means. Common sense would suggest that treating a person in the community is less restrictive than admission to an inpatient facility. When inpatient admission occurs, varying levels of restriction may apply. Environmental restrictions may occur in the form of an unlocked unit, a secure unit, or to seclusion. The majority of Victorian inpatient units are open during daylight hours. Doors may be locked at times when resources are stretched, or when patient safety requires the unit to be locked. A locked unit impacts on patients, families and staff in many different ways. This paper aims to examine the impact of an 'open door' policy in an acute admission unit. It will discuss issues and feedback arising from a survey of patients and staff regarding their understanding of 'least restrictive environment'; and open versus locked units. It will also discuss strategies that can be employed to assist in providing the least restrictive environment, using the survey results and current literature. By providing the 'least restrictive environment', we can ensure all patients are treated in the way intended by the VMHA 1986, and in a manner consistent with the National Standards for Mental Health Services. Learning Objectivess 1. To gain an understanding of 'least restrictive environment' from the perspective of consumers and staff, in order to improve practices within an inpatient unit. 2. To recognise the importance of the concept of 'least restrictive environment' in relation to the Mental health Act of Victoria 1986 and the National Standards for Mental Health Services.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- Consumer Employment in Mental Health Services
David Guthrie
In 1991, there were some resolutions and decisions adopted by the United Nations General Assembly entitled 'The Protection of Persons with Mental Illness and the Improvement of Mental Health Care'. This document provides some clauses to assist consumers seeking paid employment. In Principle 1, part 4 it states that 'Special measures solely to protect the rights, or secure the advancement, of persons with mental illness shall not be deemed to be discriminatory'. This should reassure service managers that they are allowed to specify a consumer in a job advertisement. In the Geelong Mental Health Consumers Union Inc. Statement of Purposes, we have a clause reserving all 'paid positions, committee positions and benefits provided to consumers'; - defined as 'persons with a history of mental illness which has been treated by medical practitioners'. All consumer groups should reserve membership, paid and elected positions for consumers in their constitution. There could be a tighter definition of 'consumer' applied such as; 'Persons with a history of mental illness which has been being treated by medical practitioners and which has ongoing consequences'. This would place the relevant people in such positions. Learning Objectives 1. Audience will learn that there are legal measures which enable them to reserve some jobs and /or group membership for consumers. 2. Audience will gain exposure to appropriate definitions of 'consumers' for employment purposes.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- Eligibility and Monitoring in Community/Iwi Support Work Services in the Northern Region
Lorna Murray
Eligibility for Community Support Work / Iwi Support Work (CSW / ISW) Services has been measured in the Northern region using the Basic Support Needs Assessment. Monitoring has been carried out using the Life Circumstances Form. Both of these Assessments have been widely criticised by Clients, Employees and Managers. Challenge Trust was awarded a project to consult around and develop alternative methods to assess both eligibility and monitoring in CSW / ISW services. This paper describes the process of consultation with stakeholder groups and explores some of the alternative assessment methods that were identified. It describes the process of consultation with clients and the drive to make the assessment and information gathering process client centred. The stakeholders were mindful that there is a need to ensure that CSW / ISW services are used appropriately and are shown to be effective, however it is essential that clients are not over-assessed and that any assessment is useful to the client and to the service. The tools that were developed and the opinions of clients, staff and Ministry of Health staff about their effectiveness are described. Learning Objectives 1. The audience will learn about assessment and monitoring tools which · ensure the correct match between services offered and client need · measure the effectiveness of services. 2. Appropriate matching of client need to services offered and monitoring of the effectiveness of services is essential to quality psychosocial rehabilitation

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- The Myriad Experiences of Multiplicity
Diana East Trish Cole
Multiple Personality Disorder/Dissociative Identity Disorder (MPD/DID) is the most severe yet least understood of the dissociative disorders. The person with MPD/DID has the condition as a consequence of overwhelming, life-threatening trauma at an early, sensitive childhood age. As well as having to survive, cope with and heal from the devastating emotional effects of the abuse, and the subsequent lack of self-esteem, they have to overcome the virtually total lack of understanding and acceptance of their disorder. Myriad is a mutual support group for women with MPD/DID which emphasises: · Forming positive, accepting relationships and working together as a team · Increasing the range of coping and problem solving skills and the capacity of members to tolerate a variety of feelings, memories and experiences · Building social connectedness and helping members to fulfil their familial and social interpersonal relationships. Group members are encouraged to share aspects of their experiences as survivors in an open and honest way. This is a very creative way of bringing depth and texture to their individual healing journeys. Their achievements convey a strong message to other survivors about recovery and being a productive and valued member of their community. This presentation will reflect on the achievements of the group process and explore how such an approach can promote healing and recovery for people with MPD/DID. Learning Objectives: 1. People in the audience will learn how a support group such as Myriad can play a very effective role in the lengthy, intense and very painful healing and recovery process of people with MPD/DID. 1. The presentation will raise awareness of the paucity of services for people with MPD/DID and increase understanding and acceptance of this relatively unacknowledged mental health disorder.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- My Triumph over Mental Illness
Daniel Vohland Kevin Small
This paper is the personal story of Kevin who has progressed from institutional care to supported community living with the assistance of Project 300. A brief background to Project

300 will be offered but the focus overall is the ongoing impact of this project on Kevin's life. The story will progress from the initial onset of his illness to institutional admission, and then in more depth to his discharge under Project 300 and his life now within the community and the form his individual support now takes. The aims of this paper are to reorient audience perception from one of reductionist diagnosis back to the person behind the illness, and to exemplify current, community-based support strategies. Overall this is one story of resilience and hope that positively reflects the human impact of a government initiative. (Project 300 is funded by Disability Services Qld and allocates recurrent funding to individuals enabling their return to community living and into independent housing from long stay psychiatric hospitalisation). Learning Objectives 1. The audience will gain a personal insight into the experiences of a person with a major mental illness progressing from institutional care to supported community living under Project 300 here in Queensland. 2. This paper will help to reorient people to focus on the individual rather than a illness through exemplifying the unique, lived experience of one person with an enduring psychiatric disability.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- The Acute Services Project
Carol Martin Tim Coombs

The main aims of the Acute Services Project ASP, (Martin and Oades 2000 a, b, c) funded by the Department of Health, Centre for Mental Health, NSW, Australia, have been (a) to develop and implement standardised triage, assessment, care plan and discharge protocols for mental health services (b) to identify factors which may contribute to pressures on acute units including aggressive incidents involving patients; (c) to review pathways of mental health care; and (d) to develop research based work practices. The project forms part of a clinical information strategy across several mental health sites. The aim of this presentation is to provide an update on the ASP, including discussion of clinical mental health staff resistance to a multi-disciplinary standardised modularised approach to routine clinical assessment, future plans for statewide standardisation, education and integration with information systems, including electronic medical records and the future linking of Mental Health Outcomes and Assessment Training (MH-OAT). MH-OAT is a specific, focused training project for all 4,700 mental health clinicians in NSW during 2001-02 and directly supports achievement of many of the National Standards for Mental Health Services including uniform assessment protocols and outcomes and casemix measures throughout NSW. Learning Objective 1. From attending this presentation people in attendance will be informed of the initiatives in NSW to standardise assessment and outcome measurement protocols Learning Objective 2. The issue of standardisation and outcome measurement is important to mental health because (a) standardisation enables the consumers of the service to be more clearly defined and compared across sites, and (b) routine outcome measurement provides accountability of service providers and one opportunity to establish evidence for practice in 'real world' mental health settings.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- Mentally Ill Homeless: Accommodation and Housing
Jan Ali

This paper attempts to examine the problems of housing afflicting the mentally ill homeless. The problems of housing are explored with a particular focus on the mentally ill homeless population in the Sydney City local government area. Whilst homeless people in general confront multitude of obstacles to care and services, the mentally ill homeless are among the most vulnerable, abused and disadvantaged in our society. In a recent research conducted by the Sydney City Street Outreach Service, it was established that vast majority of the mentally ill homeless in Sydney are either literally without shelter or living in sub-standard dormitory type accommodation which often proves to be inappropriate, restrictive and counter productive. Thus, inappropriate housing and homelessness significantly contribute to the

stress in the day-to-day living of the mentally ill homeless and further marginalise them from the normative structure of society. The basic argument of this paper is that the current conditions of the mentally ill homeless requires immediate and systematic ameliorative measures and sound clinical practice in the areas of intake and assessment, diagnosis, follow-up to ensure continuity of care and linkages to other services. Importantly, it is perceived that in order to emancipate the mentally ill homeless from the structural constraints of housing and poor mental health services, the establishment of a variety of styles of housing that provide a range of levels of residential supervision, on-going support, and care needs to be given priority. Learning Objectives 1. The audience will be able to gain a much deeper insight into the phenomenon of homelessness and assess how the complex structural constraints preclude the mentally ill homeless from securing a decent housing and lead a meaningful existence. Moreover, there will be the opportunity to expand on the understanding that mental illness may be chronic and an irreversible condition in some homeless individuals, however, through appropriate supported accommodation, the mentally ill homeless could establish positive social networks (which is so often missing in their lives) and affiliations with social service and mental health providers and thus begin some recovery. 2. The mentally ill homeless are marginalised from the main homelessness services, particularly in relation to housing and this paper attempts to highlight how enhanced understanding of this malaise can help the professionals and the service providers in delivering better care and services and mitigate problems confronting the mentally ill homeless. There are many mental health issues afflicting a lot of homeless people in Sydney which are discussed in this paper and a deep understanding of them can help in the designing of improved services and appropriate facilities and contribute to effective clinical and service provision practices.

S83: Presenters' showcase
31/08/2001 From: 1100 To: 1230
Presenters Showcase 10 minutes:- Kiwi ACE: A pilot targeted programme in depression prevention
Barbara Woods
Kiwi ACE Depression Prevention Programme. Kiwi ACE, based on the Australian ACE depression prevention programme, is currently being piloted in six secondary schools in the Wellington area. The programme uses school counsellors and mental health workers to facilitate groups that use CBT and the teaching of negotiation, social, assertiveness and problem-solving skills to students identified at risk of depression. Year 10 students are screened using the CES-D and CDI, and identified students pre- and post-tested using CES-D, CDI and ACS. The programme is innovative, and will incorporate a parallel group for Maori students. Australian participants showed decreased depressive symptoms and negative thinking patterns, and increased coping and problem-solving skills. Learning Objectives: 1. That attendees will be aware of the pilot, and that interest will be stimulated to ascertain the outcomes of the programme; 2. That attendees will support the continuation of the programme in schools with mental health workers as co-facilitators.

S84: Overcoming phobias
31/08/2001 From: 1100 To: 1230
Workshop 1.5 hour:- Overcoming Phobias: The CBT Approach
Sue Leigh Terry Hare
Phobias are increasingly common in the general population, with up to 13% of people experiencing sufficient impairment or distress to warrant a diagnosis of phobia during their lifetime. Phobias can cause severe problems related to emotional, occupational and/or social functioning. The purpose of this workshop is to provide a broad understanding of the nature of phobias and to provide participants with user-friendly skills to overcome them. Case studies (which will be de-identified) will be discussed. Participants will learn the key components to writing a successful graded exposure plan, and will have the opportunity to refine and practise these new skills. Our aim is also to provide a greater awareness of the difficulties experienced by people suffering from phobias. Sufferers can go untreated for

many years and they often develop dysfunctional strategies to deal with their phobias. In avoiding their fears they often withdraw and become isolated. Phobias come under the broad heading of anxiety disorders, as exposure to the phobic stimulus generally provokes an immediate anxiety reaction. Phobias are categorised into three main areas: · Agoraphobia (fear of being in places or situations from which escape might be difficult). Approximately 75% of people suffering from agoraphobia are women. · Social phobia (fear of social or performance situations in which embarrassment may occur, such as, eating, writing, or speaking in front of others). The average age of onset is typically in the mid to late teens and is thought to occur almost equally in males and females. · Specific phobias (eg, fear of animals, environments [eg, heights, storms, water], situations [eg, lifts, enclosed spaces, planes], objects, or other phobias). The symptoms of phobias include a number of physical symptoms that are related to the anxiety and panic, such as a racing heart, breathlessness and trembling; actions like fleeing or 'freezing'; and thoughts of fear. The fear experienced in phobias may be fear of the feared object or, in fact, fear of the associated anxiety or panic. People who suffer from phobias usually avoid the situation or object they fear or, at best, endure it under considerable distress, often with others unaware of the distress they are experiencing. This fear and associated avoidance can lead to severe problems related to occupational and/or social functioning. Some people with agoraphobia, for example, become housebound and unable to go as far outside their home as their letterbox and are, therefore, unable to participate in the workforce and other life activities. People with social phobia are likely to avoid most social events, including large family gatherings, work situations such as meetings or presentations, or other situations where scrutiny is likely. Cognitive Behaviour Therapy (CBT) is the most widely used form of treatment for phobias. Programs based on CBT have reported up to an 85% success rate for people suffering from phobias (Franklin, nd). St John of God Hospital opened its Anxiety Disorders Unit three years ago and we have been running our CBT program since that time. Client feedback on the program has provided some spectacular results. One 57-year-old woman, suffering from agoraphobia, who completed our program had previously been virtually been housebound for 20 years. She was unable to attend her beloved church and had lost all social contact. After completing the program she rejoined her local community, returned to church regularly, and is now attending women's lunches (by public transport on her own!) and other regular social outings. She has maintained these gains at three month and six month follow-ups. Others have reported successes such as being able to return to work after many months away, enjoy overseas holidays, and attend crowded social functions. Several of these 'graduates' of the program have been keen to come and describe their 'new found life' with new participants in the program. Treatment programs for phobias based on CBT include: · developing a personalised graded exposure plan. This is a systematic behavioural approach to overcoming the fear associated with the situation or object; · learning strategies to reduce anxiety and panic, including a slow-breathing technique and various relaxation techniques; · learning cognitive strategies to challenge the link between a given situation and panic, the negative outcome expectancies, and the perceived inability to cope; and The important thing is that these techniques provide sufferers with skills for life. Once the techniques have been learned, it is simply a matter of regular practise to overcome phobias, return to normal living, and maintain these gains. Participants in this workshop will learn how to write a basic graded exposure plan, correct breathing techniques, and various relaxation techniques. Further, while cognitive strategies can often appear complex and daunting, some simple, user-friendly techniques will be explained. Learning Objectives 1. Participants in this workshop will learn basic cognitive-behavioural techniques for treating phobias. They will learn how to write a basic graded exposure plan, correct breathing techniques, and various relaxation techniques. Simple, user-friendly cognitive techniques will also be explained. Participants will have an opportunity to practise and refine their new skills. 2. Phobias are increasingly common in the general population, with up to 13% of people experiencing sufficient impairment or distress to warrant a diagnosis of phobia during their lifetime. Phobias can cause severe problems related to emotional, occupational and/or social functioning. Gaining

the skills to overcome phobias enables people to either help themselves or others return to normal productive lives.

S86: Traditional healing
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Tambu and My Experience of Psychosis and Recovery
Imogen Phillips

In this paper I will share my experience of how 'tambu' impacted on my psychosis and recovery as a New Zealand born part-Melanesian woman. While I was in Guadalcanal in the Solomon Islands, I encountered 'tambu'. This is a combination of what is sacred and custom or rules for living that preserve the tradition of cultures. I aim to share insights that have come from my experience of 'tambu', psychosis and recovery. Some of the issues that I will deal with are what I experienced as the positive and negative things about 'tambu'; how 'tambu' affects my identity in different cultures and its impact on my mental health; how the break-down of 'tambu' impacts on my relationships with other people; how my psychiatric care could have been enhanced by recognition of 'tambu'. In doing so I hope to be one of the many voices of the indigenous consumer experience that need to be heard in order for our mental health needs to be met. The first part of the paper will consist of a factual account of my experience in the Solomons. The second part of the paper will be my insights about 'tambu' and its affect on my psychosis and recovery. The third part will be a creative response to what I learnt. In this paper I hope to share my story and insights I have gained from 'tambu' and its impact on my mental health so that people working in mental health can have a better understanding of the needs of indigenous peoples. Learning Objectives 1. What will people in the audience learn from attending this presentation? I hope people will learn the following: · To understand how 'tambu' impacts on mental illness and my recovery from mental illness. · To understand the mental health issues for a person who is searching for cultural identity in the context of understanding 'tambu'. · To share the experience of mental illness and the journey of recovery through hearing my story about my encounter with 'tambu'. 2. How is this topic/issue relevant to mental health services and mental health issues? This topic is relevant for the following reasons: · Mental Health Services are contracted to meet the needs of consumers, some of whom are indigenous people. The voice of these people need to be heard in order for their needs to be met. · Psychiatry needs to work together with indigenous people in order to offer creative solutions to mental health problems that are appropriate.

S86: Traditional healing
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Traditional Healing in Modern Psychiatry: A Pacific Perspective
David Lui

This paper will discuss Pacific perspective of health, illness and traditional treatment of those illness. In particular it will describe and discuss types and causes of mental illness in the pacific. The paper will touch on spirituality and the super natural and how it relates to mental illness in the Pacific Island. The paper talk about examples of illnesses in the various pacific islands from the Cook Island in the south through Tonga, Samoa to Tuvalu and Kiribati. The paper will present the authors view point of how these traditional illnesses and in particular their treatment and the healing processes relate to the more modern Mental Health settings in New Zealand. Pacific traditional healing does have a place in modern psychiatric environment. 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. 2. The audience will learn of Pacific Island people's culture, traditions and beliefs they brought with them during the time of their migration to New Zealand; how their new environment impacted on their mental health. The Mental Health system has struggled to appropriately cater for the needs of pacific consumers. The audience will learn that an understanding of the traditional Pacific view on health, illness and treatment will assist the care and treatment of Pacific Island consumers.

S87: Primary & rural mental health
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Fly In/Fly Out Psychiatry - The Rural Experience
John Lyons Caryn Hamilton
Since 1994 the towns of Coonabarabran and Coonamble in western NSW have been receiving six 'fly in, fly out' visits a year by a mental health team from Sydney, which comprises of a psychiatrist and senior mental health nurse. This paper will discuss the 'fly in, fly out' system of mental health visits as an effective use of resources, and benefits since this programme commenced. These benefits include reduced mental health transfers out of the district, access to specialist education for the local mental health workers, GPs, and other health professionals, but most importantly a regular service to mental health clients in isolated rural areas. It will also examine what the benefits to the clients have been, as well as how the education has improved service delivery by the local mental health workers that has enabled them to successfully treat an ever increasing variety of complex presentations in an isolated area. Learning Objectives 1. The audience will learn how an isolated rural mental health practice run by two nurses can be greatly enhanced, by regular visits by a specialist, as well as how such a service has led to improvement in quality of life for many mental health clients 2. This topic is relevant to mental health services and mental health issues, as it will clearly demonstrate that, despite not having access to a full range of mental health services, isolated mental health services can still deliver a high quality service and treat complex problems without the need for clients to travel long distances.

S87: Primary & rural mental health
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Mental Health in General Practice: Removing the Barriers to Care
Rowena Cave Valerie Bos Helen Rodenburg
The Wellington Independent Practice Association, Capital Coast Health and the Wellington Mental Health Consumers Union (Inc.) worked together to develop a mental health service based in general practice for the care of people who require ongoing mental health support. The programme closely involves both providers and consumers of mental health in Wellington and Porirua. The aim of the programme was to transfer clients of the secondary mental Health services to general practice with the support of a liaison worker. The scheme was supported by a comprehensive education programme for doctors, practice nurses and practice staff, which was well attended and received positive feedback. The scheme was funded through a capitation payment to GPs, and clients were not charged for receiving GP care. - The evaluation found clients had a high level of satisfaction with the programme, the majority preferred the primary care arrangement to specialist mental health services, and that clients were very confident in the ability of GPs to manage their mental and physical health issues. - GPs were initially ambivalent about the programme, but became more supportive once they had experienced it for twelve months. - The programme was very cost effective. . Learning objectives: 1. The audience will learn about barriers between Primary and Secondary Mental Health care in the New Zealand context, and approaches to addressing them. 2. We will present results from the evaluation of an innovative service delivery and GP education programme that is based around mental health issues identified by both consumers and service providers.

S88: Young peoples' mental health
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Gaining Ground 'Getaway Camp' - Raising Awareness of Children in Families with Mental Health Problems
Leigh Cowley
Gaining Ground, which advocates and lobbies for children of parents with a mental health problem, recently conducted their 'Getaway Camp'. Children were involved in fun activities, team building exercises, creative expression workshops and peer group support sessions

which together provided opportunities for the children to express themselves and raise issues of significance within a supportive environment. Evaluations were carried out through questionnaires completed by camp leaders, campers and parents (five weeks after the camp). Evaluations would suggest there have been three major benefits. Firstly, to campers and their families by increasing self-esteem and family functioning. Secondly, to the core business of Gaining Ground, by raising awareness in the community and by further identifying the needs of consumers and their families. Finally, by building partnerships among relevant Government and non-Government services within SWSAHS. The success of the first 'Getaway Camp' suggests a need to facilitate and further evaluate such camps to assist in developing camps underpinned by evidence-based practice. The 'Getaway Camp' has been a useful tool in assisting campers to develop physically, emotionally and socially. Learning Objectives 1. To raise awareness of the effectiveness of camps in building partnerships, identifying issues and providing respite to children of parents with mental health problems. 2. To highlight the effectiveness of camps in assisting children of parents with mental health problems to develop physically, emotionally and socially.

S88: Young peoples' mental health
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- PATS - Paying Attention to Self
Matt O'Brien

PATS (Paying Attention to Self) was developed in 1996 by the Centre for Adolescent Health, Melbourne, in response to the identified lack of support and lack of resources for adolescents whose parents have mental health issues. PATS is a peer support program which aims to provide young people with the opportunity to share their experiences and be supported by other young people in a situation similar to their own. The philosophy of the group is true to its name - Paying Attention to Self. The group focuses on the young person's experiences, recognising that mental illness not only affects the parent who is ill but raises many issues for their children too, especially in adolescence.The program's timeframe, topics, stategies and general approach will be outlined. Learning Objectives 1. To raise issues relevant to adolescents that have a parent with a mental health problem. 2. Increasingly, within adult psychiatry services, efforts are being made to heighten the awareness of professionals regarding the problems of children who have a parent with a mental illness. Peer programs such as PATS are an effective means of addressing the needs of these children in a non-threatening and positive way.

S88: Young peoples' mental health
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Outdoor Adventure with young people experiencing first episode psychosis
Sarah Povey John Stratford

The Early Psychosis Prevention and Intervention Centre (EPPIC) is a comprehensive mental health service which aims to treat and promote recovery for older adolescents and young adults (aged 15-30) with emerging psychotic disorders. This paper focuses on a closed 8 week Outdoor Adventure Group facilitated by the EPPIC recovery group program and will include the rationale and our insights into running such groups. In brief, the Adventure group aimed to improve self esteem and confidence, enhance awareness of social and communication skills, assist in the achievement of individual goals, to have fun and to extrapolate skills learnt to everyday life. The weekly outings were graded physically and interpersonally, ranging from bushwalking and low ropes through to abseiling, caving, high ropes and concluding with a 3 day white water rafting camp. The qualitative evaluation gained through entry and exit interviews as well as post group verbal and written evaluation, found that all participants subjectively noted an improvement in their confidence within the group and most described that they could transfer this new sense of self confidence to their own personal environments. Several clients made comments about their improved awareness of social skills. Whilst Outdoor Adventure has been shown to be an attractive and age

appropriate medium for young people, there is little empirical evidence to support the benefits of such a group for young people with first episode psychosis. Thus the experiences of the EPPIC group program to date strongly supports the implementation and further evaluation of Outdoor Adventure groups for this client population. Learning Objectives 1. The audience will learn how an 8 week Outdoor Adventure group was facilitated and evaluated with young people who have experienced first episode psychosis and gain ideas for planning, implementing and evaluating their own Outdoors group for this population. We will include discussion about what we believed contributed to the success of the program and the factors we would change in the future. 2. Developmentally appropriate to people with mental health problems, and thus a potentially excellent engagement treatment option - Incorporates wholistic recovery including physical, emotional, social aspects as an adjunct to clinical treatments -medication and psychotherapies. - Highlights the integral role of groups in mental health services.

S89: Community recovery programs
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- A Professional Community-Based Psychosocial Support Model with Rehabilitation and Recovery Impact
Sheryl Carmody

The paper presents the model of service delivery of Ruah Inreach, the largest non-government mental health disability and psychosocial service provider in Western Australia. The service has been in operation since 1993 and has a consistent performance record with strong endorsement by consumers, carers and public service providers. From the presentation, the audience can draw on concepts and strategies that have applications to other service providers or program development. Areas covered in the presentation will include agency culture and capacity, psychosocial focus of work, key service principles and strategies, client-worker partnership in client work records, staff management, training, community development, the role of one-to-one work and group activities, and service impact on people's rehabilitation and recovery. The overall intention of the presentation will be to identify principles and key processes at both management and service delivery levels that create a model that contributes to rehabilitation and recovery outcomes. Learning Objectives 1. Participants will learn about different components of a service both at management and service delivery that together constitute conditions to impact on people's rehabilitation and recovery journey. 2. As significant resources are now being directed in community mental health services we need to work on continuous improvement, draw on good practice from other agencies and ensure program intentions are in fact contributing to people's rehabilitation and recovery.

S89: Community recovery programs
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Agency Sponsored Business - are they working?
Helen Walch Vicki Tohill

Agency Sponsored Businesses (ASB) are enterprises: · Created by a support service to provide employment for consumers. · Which offer services or goods directly to the general public at the prevailing market rates, and · With consumers having varying levels of involvement in the operation of the whole business. Green Team has lawn mowing, labouring and cleaning teams as well as providing support to a small group of newly self employed people. Some of the dilemmas inherent in this approach to assisting consumers into employment include: For the manager/employer - Helping to build work skills and technical expertise in the workforce while maintaining a quality service to customers Providing flexibility because of people mental health issues while keeping a strong employment focus For consumers in the workforce: Levels of pay and perceptions about the appropriate productivity, job security and moving on into open employment. How is success of these ventures to be measured? Preventing relapse? The worker's increased confidence and self-esteem? Extra income for the individual worker? The opportunity for growth and learning? The number of consumers who move into jobs in the open job market? The

creation of opportunities for people to contribute to and participate in the wider community? The paper will explore these issues and the presenters' perspectives on the value of this approach to assisting consumers to gain employment. Learning Objectives: 1. Listeners will gain a framework for testing the potential benefits for consumers in an Agency Sponsored Business. 2. Because of the number of Agency Sponsored Businesses operating the paper will help mental health service providers to understand the dynamics of these employment services.

S89: Community recovery programs
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- It's too early to tell
Marge Jackson Victoria Roberts
Kites is a new community development organization established by Wellink Trust, Pathways, M.A.S.H. Trust and Te Roopu Whakapakari Ora Trust, four NGO's in Wellington, New Zealand that focus primarily on residential support. Kites works in partnership with consumers/tangata whaiora and service providers to achieve the best possible outcomes in access to services, recreation, housing employment and training. The operational team, consumers and non-consumers, have diverse experience within the mental health sector. As we work in service development, resource development and training activities, we struggle with a number of key issues: How to focus on health rather than mental illness How to develop working partnerships between consumers and non-consumers, between Maori and non-Maori, between separate and independent providers and between mental health services and the wider community Working from inside or outside an organization for development and improvement of services. We believe we can offer some insight into different ways of working. Despite not having resolved these issues there are a number of projects that we have undertaken that will be discussed more fully. The issues are complex and there are no pat solutions. For us it is still too early to tell if our approaches and style of working are of benefit or not. Learning Objectives: 1. People will gain an understanding of the issues that arise when large non-governmental organizations come together to work co-operatively. 2. For mental health service providers that are questioning the way they deliver services, this session will give practical insights in the process of questioning the way things are.

S90: Recreation
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- What do people with mental illness tell us about their leisure satisfaction - and can we believe them?
Chris Lloyd Robert King
Leisure is considered to be an important part of life for every individual. This is even more so for people who have limited employment prospects and life options. Rehabilitation programs promote adaptive functioning for people in their daily pursuits including leisure. It has been suggested, however, that the potential therapeutic value of leisure participation have largely been ignored. The aim of this presentation is 1) to report on a survey which examined the leisure satisfaction of clients with a mental illness, and 2) to discuss the implications of these findings, specifically relating to the benefits that are gained through leisure participation. The results revealed that clients of mental health rehabilitation services believe that their leisure pursuits provide them with intellectual stimulation, enjoyable relationships with others and relaxation suggesting that they are very satisfied with the activities they engage in during their leisure time. Including leisure programs in mental health rehabilitation we believe are a useful tool to meet the physical, psychological and social needs of clients. Learning Objectives: 1. People attending this presentation will learn about the leisure satisfaction of clients with a mental illness. 2. People attending this presentation will gain an understanding of the therapeutic value of including leisure programs into

S90: Recreation
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Influence Shared is Influence Enhanced - National Development of the NGO Providers in New Zealand
Hugh Norriss Marion Blake
NGO (Non Government Organisations) providers in New Zealand provide a significant amount of the mental health services. They use about 30% of the total mental health spend, and they also attract significant other resources through employment, housing and recreational government funding, social capital and charitable funds. There are more than 200 NGO mental health providers associated with mental health in New Zealand. Most are not for profit legal entities and this gives them a common values base, even though the range and diversity of organisations is huge. Platform is the Association that has been established to meet the collective needs of mental health NGO providers (including consumer run organisations) - it receives no government funding and relies on contract work and member subscriptions. The challenge for Platform is to create a common identity among its membership, while valuing diversity and regional differences. We are also taking an increasing role in defining quality and good outcomes for the sector. The aim of this presentation is to provide information on the development of the NGO sector, and Platform's role in facilitating this. Learning Objectives 1. The audience will learn about the diversity and range of NGO providers, while understanding what processes are in place to encourage collective working at a national level. 2. This topic shows the relevance of mental health service providers working together in a time of major change in the health sector.

S90: Recreation
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Creative Expression in Psycho-Social Rehabilitation
Kate Ellis Kaz Mitchell
The Second Story Psycho-Social Rehabilitation Program, at Prahran Mission in Melbourne, offers a creative expression group for participants who are interested in exploring feelings and issues with the use of art materials. This paper will include the background of the group at Second Story and why it was started, an outline of how the group works and the role of the two facilitators, slides of work produced in the group and quotes of reflections from group members, theory relating to art therapy and group work, and an overview of how creative expression fits into the overall program. The aims of the presentation are to share with the audience the impact creative expression can have on participants who are open to self-searching, why this group is different to the more traditional art programs on offer, and why it can be effective as part of rehabilitation. Learning Objectives: 1. Delegates attending the creative expression presentation can expect to gain insight into the creative process and how it can be helpful, in a supportive and contained setting, in communicating difficult and often sub-conscious feelings. It will demonstrate that everyone can express themselves creatively and this process is not only for those who identify themselves as artists. 2. As part of a psycho-social rehabilitation program, the relevance of creative expression in psychiatric disability services are multiple. Allowing participants to express themselves freely in a trusting environment can be a cathartic experience as many issues are discussed and used as themes in the art work that are often hard to talk about. As part of a group, members are encouraged to share their feelings, and this can be helpful in exploring emotional uncertainties. The revealing images from these sessions can play a part in allowing people to recognise and achieve goals that are part of the process of self-actualisation. As a component of a rehabilitation program where goal setting is important, the facilitators of creative expression believe the group has an integral part to play for many participants.

S91: Recovery 3
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- 'The Recovery Approach: Moving from an island to the mainland'
Sonja Goldsack
The 'recovery approach' is still in its infancy in Australasia and is currently sitting as an island in many mental health services - unreachable and not much use until bridges are built. Despite moving quickly into mental health services it is surrounded by a level of confusion hindering its usefulness. What does the literature agree on? What does it disagree on? What attention has it given to cultural diversity? And how does it 'fit' with how service users see their own recovery journey? A HRC-funded research project is underway in New Zealand which aims to clarify recovery from the viewpoint of mental health service users / tangata whaiora. As the 'experts', mental health service users and tangata whaiora will define and characterise recovery from mental illness, as well as sharing what hinders or helps recovery. Where and how to place recovery appropriately within mental health services is a dilemma faced by most areas of mental health. The results of this project to date, including an indepth literature review and an overview of where this stands on both the Australasian and international scene will be discussed, along with a practical look at what implications these results have for mental health service delivery. Learning objectives: 1. What will people in the audience gain or learn from attending this presentation? It is expected that the audience will gain a clearer picture of the status of the recovery movement, its benefits and pitfalls, and its place within mental health services. Ideas on how to move the recovery approach from being an island, to being a part of the mainland of their services will be shared. 2. How is this topic / issue relevant to mental health services and mental health issues? The recovery approach is the biggest and most exciting movement to encompass mental health services for a long time. It affects mental health service delivery on all levels and as such, must be adopted in a manner appropriate for its clients.

S91: Recovery 3
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Is There Recovery in the Community?
Chris Hay
The aim of this paper is to investigate the efficacy of community treatment for consumers in the field of mental health and show whether the goal of recovery can be achieved. Changes in scores over time on the Living Skill Profile (LSP) of 101 adult consumers of a community rehabilitation/assertive treatment team were analysed. The consumers assessed; lived in the Ryde/Hunters Hill area in Sydney, Australia; ranged in age from 21 years to 65 years; and were diagnosed predominantly with schizophrenia but also affective and anxiety disorders. A comparison of LSP scores at (1) time of referral, at (2) two-year follow up, and then at (3) five years was completed. The analysis showed that most gains in LSP scores took place in the first two years from referral, with the level of living skills tending to plateau following this period. In addition the effectiveness of community treatment was influenced by variables such as diagnosis, type of accommodation and level of support from significant others. This paper adds further evidence to the efficacy of community treatment in achieving recovery.

S91: Recovery 3
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- The Role of Peer Support and Friendship in Facilitating Recovery for Doctors who have Experienced Mental Illness
Patte Randal Deborah Proverbs
We will discuss the issues that doctors face when they become patients with mental illness. Our own experiences of psychosis and mood disorder, as doctors working in psychiatry, will be explored. We will discuss the concept of 'peer support' as it relates to doctors with mental illness. We will talk in particular about how peer support can become friendship, and the vital role friendship can play in recovery, as illustrated by our own experience. We will touch on the importance of a shared spiritual dimension. We will investigate the overlaps and

boundaries between treatment, therapy, professional support, peer support, fellowship and friendship, in this group, using our own relationship as a model for what is required to promote healing. We will discuss issues of identity, isolation, demoralisation, discrimination, stigma, acceptance, validation, recognition, purpose, meaning and hope, as they relate to this group. We will propose that a peer support network be established for doctors who suffer with mental illness. In summary, this paper will illustrate the unique situation, and potential contribution, of doctors, including those working within psychiatry, who suffer with mental illness, and will set out guidelines for addressing the special needs of this group. Learning Objectives 1. We would expect that by attending this paper, a delegate would learn about the special potential contributions and needs of doctors with mental illness. They will learn about the ways in which mental health professionals can avoid inadvertently destroying the confidence and morale of doctor colleagues with mental illness, and conversely, how their recovery and healing can be facilitated. 2. This topic is relevant to mental health services and mental health issues because at present the unique needs of this doctor/patient group are not being adequately met, and yet this group has a specific and unique contribution to make which might be lost to mental health if these needs are not addressed.

S92: Dual diagnosis
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Case Identification Of Dual Disability In A Public Mental Health Service: A Pilot Study Using The Mini Pas-Add
Stephen Edwards
The barriers to clinical research into dual disability in adult public mental health services include the difficulty in obtaining viable samples and the paucity of purpose designed schedules for assessment and monitoring of mental illness symptoms. This study identified a small sample of consumers with dual disability from a community based metropolitan public mental health service. Interviewers gathered symptom information from (a) a case manager and (b) a primary carer/support worker for each consumer using the Mini PAS-ADD assessment schedule. This is an assessment schedule which has been designed to provide an indication of 'caseness' in seven diagnostic categories based on clinical symptom information from informants only. Symptoms are defined in a glossary and an algorithm used to determine 'caseness' on each diagnostic scale. The Mini PAS-ADD diagnoses were compared with the file diagnosis for each consumer and with their clinical team's estimation of current symptoms in the seven categories. The study highlights the difficulties encountered in assessment and monitoring of clinical symptoms in people with dual disability in a public mental health service, and also yields promising results about the validity of a new assessment schedule. Learning Objectives 1. Participants will learn about the barriers to research into assessment and monitoring of mental illness symptoms in an adult public mental health service. 2. Participants will learn the results of a pilot which study which gives some indication of validity for the Mini PAS-ADD in identifying dual disability using informant interviews within a metropolitan public mental health service.

S92: Dual diagnosis
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Dual Disorder. A case note review to assit prevention strategies
David Whealing
The REDDI* project is a prevention program. As prevention programs in mental health are still embryonic (and unheard of in comorbidity) it was considered essential that this project begin by gathering data on its area of interest. This interest is the comorbidity of a mental disorder with a concurrent substance use disorder developing in adolescents (often referred to as dual diagnosis). This paper presents the findings from the first area of data gathering. This being a case note review of people who have come into contact with Community Mental Health Services in two regional towns of Albury and Wagga Wagga in southern New South Wales. Some 302 case notes were reviewed and the findings are presented. Statement of

aims of the presentation. The aim of this paper is to provide evidence on particular demographics and traits concerned with the expression of comorbidity in rural areas. It is likely this will encompass generic features that will have wider application. The paper aims to provide data on the significance of foundation issues such as trauma, sexual assault and relationship issues applicable to comorbidity in adolescents. The paper aims to convey the complexity of comorbidity through the presentation of a new graphical representation of clients' networking of contacts. This work is based on radar charts to show how affected clients intermingle with their key individuals and community agencies. Learning Objectives. 1. Participants will gain a more comprehensive view of the complexities involved with adolescents caught up in mental illness and substance abuse. A new concept for the graphical representation of the key players involved in an episode of care for dual diagnosis amply illustrates this complexity. Participants will come away with the necessity that prevention strategies for dual diagnosis requires an appreciation of complexity. Moreover participants will gain an insight into the involvement of foundation issues such as sexual assault, trauma and relationship issues applicable to dual diagnosis in adolescents. 2. The evidence of differential treatment on gender connected to foundation issues is new and of critical importance to mental health services. The issue of the necessity for the collection of data, and the collection of data on substance use is clearly made.

S92: Dual diagnosis
31/08/2001 From: 1330 To: 1500
Paper 20 minutes:- Working together developing Victorian comorbidity services
Chris Tanti O'Leary Pat
Effective treatment and care for people with a Mental Illness and a coexisting substance use problem is an issue that has long been of significant concern to consumers, mental health and drug treatment services, and carers. The Substance Use and Mental Illness Treatment Team (SUMITT) was established as a pilot project the North Western suburbs of Melbourne in 1998. The project set out to develop a model of care for people with coexisting mental health and substance use problems, promote collaborative practices and effective interagency arrangements, and provide training and consultation to mental health and drug treatment services. The June 2000 published evaluation of the SUMITT pilot indicated the impact on clients receiving direct support from the program was significant. In July 2000 the Victorian Mental Health Branch expanded the SUMITT pilot to a Statewide initiative based on the SUMITT approach. The Statewide initiative has involved the establishment of 3 new lead agencies and specialist Dual Diagnosis workers in each of the 21 area mental health services across the State. The paper will examine the complexity of inter sector collaboration, the expansion of the pilot project to a Statewide initiative, and the SUMITT approach. Learning Objectives: 1. The audience will learn about the approach taken in Victoria to improving the response of mental health and drug treatment services to people with a mental illnesss and substance use problems. 2. The need to improve the responsiveness of mental health and drug treatment services to people with a mental illness and substance use problems has been clearly recognised by governments, health services, consumers, and carers. The presentation aim is to provide an overview of the Statewide Substance Use and Mental Illness Program established in Victoria in 2000/2001, and to stimulate discussion on the critical components of providing effective treatment and care for people with a mental illnes and substance use problems.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- A Typical Nursing: One Team Success in Managing Clients After Introduction of Modern Medications
Greg Gorton Peter Treloar
The Mobile Support and Treatment Team (MST) is a specialised service of Grampians Psychiatric Services Ballarat Health Services, Victoria. The team provides intensive treatment, support and follow up for people with disabilities associated with a serious mental

illness in a community setting. This paper presents the results of a two year study, which attempted to discover the reasons for change in the role of the MST without a conscious modification of policy by the team. Instead of concentrating solely on assisting clients with daily living skills and monitoring their compliance with medication, more emphasis was placed on assisting them with higher functioning skills such as seeking employment and furthering education. Two major factors identified were the introduction of atypical antipsychotic medication, and collaborative nursing interventions. It is clear positive outcomes have been achieved for both clients and staff. The number of client contacts reduced, but became more valuable resulting in an improved service delivery for clients and carers. We now find that the team is working in conjunction with clients and their carers rather than focusing on goals that were not important to them. Greater consumer and carer satisfaction indicates that nursing interventions are making a difference. Learning Objectives 1. The introduction of newer atypical medication, accompanied by a change of community nursing interventions has assisted in reducing the disabilities caused by serious mental illness for those people included in our study. 2. As a result in the improvement of our clients' symptoms, they are contributing more to the community and seem to be enjoying life more.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- Bay of Island
Gabrielle McDonald
This paper will describe one method of creating satisfying theatre with a group of people who have had experience of mental illness. It will challenge the notion that being an island (as in the Conference theme) is necessarily a handicap, using the Bay of Islands as a metaphor - how individuals in relationship to each other create a landscape of beauty and challenge. We don't have to form one land mass to create a landscape. The topics addressed will be: Working with a 'modular' approach to making theatre - both in the structure of rehearsals and in the way in which the different components of the show are constructed and presented. The development of a practice whereby people are free from the pressure to fulfill another person's theatrical vision thereby enabling exploration of individual expression. Creating a strong 'group' dynamic by enabling people to work absolutely independently. Including a brief description and history of Upstart Theatre with videos of rehearsals, performances and participants talking about their experiences in the group. How do you work with a group of people who have varying goals, practices, theatrical visions, abilities and commitment to the project? A way for group leaders to transform perceived weaknesses into strengths Learning Objectives 1. People in the audience will gain a model which can be used to create theatre, but which can also be applied to other group created work. 2. Due to the diversity of people experiencing mental illness and the diversity of mental illnesses, the practice of providing one service to many people presents drama groups with specific challenges in catering for such disparate demands. The stress of being relied upon and relying upon others is often acute for people with mental illnesses. There is a need for people to pursue their own recovery, to build their own lives which can be parallelled through this 'modular' appr

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- Why Art
Wendy Randall Larry McCormack
Pablos is an art studio and gallery in Wellington city (New Zealand) used by about 90 artists who are, or have recently been, consumers of mental health services. In 2000 a survey of artists sought their views on the service. The presentation of responses to the survey will consider: · Why artists come to Pablos · What their art means to them · What they like and dislike about Pablos · Why art is important · Differences between Pablos and an integrated community artspace as seen by one artist who uses both. Learning objectives: What will people gain or learn? · Why consumers, or Tangata Whaiora (people seeking wellness) use

Pablos · What their art means to them · The purpose of a consumer/Tangata Whaiora-only artspace. How is the topic relevant? Pablos is seen as intensely relevant to their lives by almost all the people who use it. Relevance and value in the eyes of consumers has to be the goal of all services.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- An innovative community strategy focussing on Postnatal Depression
Paul Napper Jane Howard
The issue of PND has implications not only for a woman/mother but also for her partner, children, family and community. It therefore involves all areas of the health and social issues because its impact if untreated can have long-term implications. The traditional presentation of acute or chronic mental health services has created stigma for those with mental illness and a lifelong label. This project is trying to bring mental health into the everyday living experience so that those experiencing the common problem of depression can have early supports and even preventative actions through knowledge and empowerment without the hesitation and stigma that are traditional. The overall aim of the current project is to provide a collaborative, community program where women and families gain information about PND and its impact, that the stigma is reduced, that women are openly sharing their stories and that relevant assessment, supportive care, advice and referral is available. This is a unique project that has sought to develop an interface between a Psychiatric Disability Support service and the Primary Health Care system that seeks to provide innovative responses to complex community health issues. Learning Objectives 1. That Rehabilitation services need to break tradition and address preventative and interventionist approaches of service. This should be achieved in partnership with community. In this we seek to challenge a system that has developed a comfort zone of predominantly providing supportive structures. 2. That an overall aim of the mental health services is to provide a collaborative community focussed programme where women and families gain information about PND and its impact, that the stigma is reduced, that women are openly sharing their stories and that relevant assessment, supportive care, advice and referral is available.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- A change proposal for a post graduate paper turned into reality:
Carole Cameron-Rees
The aim of this presentation is to encourage more clinicians to adopt a psychosocial focus for consumers whom clozapine is prescribed. Whilst completing a postgraduate paper I was required to identify an area in need of change. Clozapine therapy is prescribed for consumers with a diagnosis of schizophrenia. Working in a community setting as a Community Mental Health Nurse it became increasingly evident that consumers were left in a vulnerable position unsupported emotionally, socially and spiritually, as they walked the journey towards recovery. The literature search strongly supported a clozapine clinic. However due to the potential adverse effects of clozapine we decided to leave clinical monitoring with consumer's key workers. With the support of key people in the community setting the Clozapine Club was initiated on June 28th 2000. Our focus was psychosocial, with an educational flavour to it. The outcome to date has been overwhelmingly positive; consumers are actively participating in the group setting. Targeting the psychosocial aspect of care has been advantageous for both consumers, whanau and our committee. We continue to grow together and this club is opening doors for consumers whom once felt isolated and vulnerable. Learning Objectives 1. The audience will essentially gain knowledge of how a psychosocial focus within a clozapine club environment can greatly benefit the recovery process for many of our consumers whom are on clozapine therapy. 2. The mental health commission identified in the Blueprint for mental health services that 3% of the general population may

experience a major mental illness at some stage in their lives. Consumers with a diagnosis of schizophrenia require ongoing clinical input by mental health services. By introducing clozapine clubs within a community setting we are able to help empower the consumer to have a life outside of their illness.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- An Artworks Project In An Intensive Care Setting
Anthony Moran Les McDonald
The project itself evolved from the need for service development to align itself with a recognition of the principles of the TREATY of WAITANGI and recognition to the Tangata Whenua (indigenous peoples of this land) Health Waikato provides mental health services to approximately 300,000 people of which approx. 21% are Maori. Health Waikato also provides support mental Health services for the Midland Region of the North Island of New Zealand.The Inpatient content of Maori as consumers of Mental health service make up approximately 40%. Following a series of recognitive responses to development a more culturally sensitive service for Maori we embarked on a journey of transformation to the Intensive Care facility. This started from humble Beginnings of a Mural on a wall to a kaleidoscope of inventive and therapeutic tools to enhance and further develop not only the environment but to build relationships with people through art form that we had never attempted before. Part of the presentation will be to share the transformation and the works in conjunction with the others through both picture and story. The use of overhead projection will be required . Learning Objectives: 1. An understanding of how levels of violence and behaviour related to acute mental illness can be reduced with artwork used as a Therapeutic tool. 2. This presentation demonstrates another alternative to assist in the reduction of the levels of disturbed behaviour related to both cultural and emotional needs of the consumer. It also lays down the start of the principles of the recovery model of Mental health management.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- When carer is breaking the barrier and ready to meet other carers in a own community group: the process of establishment of the Korean carers support group for carers of people with mental illness
Myong DeConceicao
Aim: 1. To share the experience in working with Korean community 2. To describe the process and time required for the establishment of Korean carers support group for carers of person with mental illness Korean Carers to be ready for facing another carer from own community takes a lot of time and preparation work is required. It has been more than one year with Korean carers of person with mental illness to accept the own language support group. With support and constant contact by the project officer over the time each carers were able to face other carers. Sharing their problems with other people is not a common practice in this community. However, they have admitted that they needed to talk to someone yet because of stigma attached to the mental illness they are afraid to be known to the community as having a family member with the mental illness. The experience and the process of its group establishment are described. Learning Objectives: 1. Will have a better understanding to why this community takes time to access the mental health service 2. will have a better idea in setting up support group for this community

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- The Queensland Mental Health Community Development Strategy: Mental Health Promotion and Prevention in action
Cath Leask Anna Delamain
This paper will present the Queensland Mental Health Community Development Strategy, a state response to Australia's National Mental Health Policy and an example of mental health

promotion and prevention in action. The principles of health promotion and community development have provided the foundation for the development of this strategy to address the needs of people at risk of and living with mental illness, their carers and their families. These principles encompass such key themes as: healthy public policy; empowering communities; enhancing health literacy; increasing support networks; and reorienting health services to prevention. Under this strategy thirteen community development projects have been established in key locations across Queensland. Each project is of central importance in the development of sustainable locally coordinated responses to the needs of people disadvantaged by mental illness, their families/carers and the general community. A brief overview of historical and policy influences will provide the context for discussing the implementation of this strategy. Workers involved in its implementation will provide personal narratives to exemplify the highlights, challenges and lessons learned in the application of such an approach in the mental health context. Learning Objectives: 1. People will learn how the principles of health promotion and community development can be incorporated to develop a community- focussed approach to mental health, and the issues that may be confronted in such a process. 2. A population approach to mental health is still a relatively new concept. The lessons learned through the implementation of this strategy provide valuable information for similar future initiatives.

S93: Presenters' showcase
31/08/2001 From: 1330 To: 1500
Presenters Showcase 10 minutes:- Psychology and the Changing Face of Community Mental Health
Fiona Kenvyn Victoria Shaw
This presentation has as its focus the growing role of psychologists within Community Mental Health services, particularly with the change in mental health practice from institutionalisation to community-based care. Research has demonstrated that a more holistic, integrated approach to the treament of mental illness yields a greater outcome for consumers and their families in comparision to treatment from what has previously been a largely pharmacological base. The incorporation of psychologists within multidisciplinary teams allows a greater opportunity for true biopsychosocial intervention, providing a more specialised psychological focus to complement the already established modes of care. South West HealthCare, operating within the South-Western region of Victoria, offers an example of a service with a growing emphasis on psychological intervention in the treatment of mental illness. Approximately 70% of the Mental Health Clinicians within the Psychiatric Services division are working as either registered or probationary psychologists. We hope to discuss the implications of this development on client care, with reference to private vs public mental health care, alternate options for treatment, and the issue of probationary psychologists as health care providers. Our objective is to share our own experience and promote discussion on the growing relevance of psychology to community mental health. Learning Objectives: 1. Audience will gain an understanding and an appreciation of the role of psychology within Community Mental Health settings. Furthermore, they will acknowledge challenges faced and overcome by psychologists, in particular probationary psychologists, in a rural Mental Health setting. 2. This is a fundamental issue reflective of the changing face of mental health care over the past decade. The changes that have occurred in psychiatry since de-institutionalization to present day acknowledge the importance of psychology in the integrated approach to treatment, therefore providing better outcomes for those affected by mental illness.

S94: Web-based information & referral
31/08/2001 From: 1330 To: 1500
Symposium 1.5 hour:- A partnership between the Australian Government and community organisations to deliver a new Web-based information and referral service
Conrad Gershevitch Turley Bruce Wendy Reid Dawn Smith Dermot Casey
There have been rapid developments in recent years in tele-communications and computing software which offer exciting opportunities to convey information and to provide support to both service providers and to the community. Under Australia's National Mental Health and National Suicide Prevention Strategies, combined funding is being directed to the establishment of a national data-base listing over 20,000 mental health, health, community, allied and emergency services across Australia. Collected and regularly updated by Lifeline Australia's network of tele-counsellors over many years, this data-base represents the establishing infrastructure for the new service. The purpose of this project is to make the data more readily available and to help ensure its relevance to a broader range of services. In the first instance this will be to 'partner' organisations participating in a trial of the new operating environment. If the trial is successful - and the various technical, access and confidentiality issues are fully addressed - it is intended that this resource will be made available to the general public via the portals of the partner agencies (the Commonwealth Department of Health and Aged Care, Lifeline Australia, Kids Help Line and Reachout!). It should also be scalable to other government or non-government organisations interested in gaining more comprehensive access. This initiative is seen as innovative and exciting by both government and non-government participants alike. It is a practical example of government agencies working in partnership with community organisations, utilizing the on-line environment, to develop new, efficient, innovative and empowering services. Introduced by a representative of the Commonwealth funding body, presentations will also be provided by: 1. Lifeline Australia - Lifeline will manage the data-base content and will ensure quality and accuracy of records. Additionally Lifeline will maintain the data-base system. In this presentation you will hear about how the information will be collected, updated, protected, classified and presented 2. Kids Help Line - is one of the non-government organisation partners in the trial of the system. KHL will provide a presentation on their service and describe how they will utilize the new system to assist them to meet their service objectives: this will be a practical example of how other organisations could benefit in the future 3. National Office for+ the Information Economy - the Commonwealth Government has established the Government Online Strategy; a framework for action to make available, on-line, information about all Commonwealth-funded services by 2001. In this presentation you will hear how this initiative fits within a whole-of-government program to provide information to the community. Learning Objectives: 1. The audience will gain an awareness of the new service - how the data has been collected, the operating system, how it will be managed (including confidentiality and security maintenance) and how it will be used by partner organisations involved in the trial. 2. The audience will also gain an understanding of how the service could be used by the general community as well as a range of providers whether these be community-based, clinical or allied services. This will also be an opportunity for participants to learn about how they could become more actively engaged (as partners) in the system once it is fully developed and operational. The audience will learn about how the Australian government is using the Internet to promote services to the community in new and innovative ways.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Te Tiriti o Waitangi (The Treaty of Waitangi) The Founding Document of Aotearoa (New Zealand) a Living Testimony of Partnerships between the Crown and Maori - how do we apply the articles in practice?
Phyllis Tangitu
This paper examines the principles of the Treaty of Waitangi and how they relate to the delivery of mental health services to Maori. The opportunities of working in true partnership with Maori, and the benefits of ensuring choice is offered. The presentation will provide a brief historical overview of the periods before, during and after the Treaty of Waitangi was signed. The status of Maori and mental health yesteryear and today and a futuristic view of where Maori mental health statistics could be through a collaborative effort of inter-agencies working together towards achieving mental wellness. Learning Objectives 1.Provide the audience with an overview of the principles of the Treaty of Waitangi. 2.Application to health professional practice and service development in Mental Health.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Your Rights when sectioned under the Mental Health (Compulsory Assessment and Treatment) Act 1992
Cheryll Graham
When a person is a proposed patient or a patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992, they lose many of their rights. The act, however, does specify some rights which a person has. Wellington Mental Health Consumers Union Inc.(WMHCU) has been providing an advocacy service to individuals who are or have been mental health consumers since 1991. A common difficulty that individuals who are under the act have identified to our advocates is the feeling of complete loss of control over their own lives, due to the legal and physical restrictions imposed on them. In response to this difficulty, WMHCU produced a poster listing the rights as identified in the act, but written in plain English. This poster has been very popular throughout New Zealand, with more than 1000 copies distributed so far. People who have been under the act have appreciated having their rights clearly identified and publicly displayed. These posters, which we are distributing free, are available to anyone who is able to display it in an environment where it will be visible to those affected by the act. Learning Objectives 1. Mental Health Consumer Organisations have a great deal to offer other health service providers in terms of helping to make services as friendly as possible to those who use them. We are available to talk about peoples rights, and how to make people aware of these. 2. Compulsory assessment and treatment is a major event in a person's life. Ensuring that everything possible is done to inform the person of their position is one way to lessen the negative impact of the process.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Benefits to Mental Health Consumers working in Therapeutic Gardens in the Community
Debra Bathgate Baker Susan
This poster presents the benefits and importance of organic horticultural therapy in an integrated community based training / workskills programme in the mental health service industry, and how the positive outcomes of this programme are achieved for both consumers and the community. The measurable benefits of this programme are reflected in consumers longer periods of wellness, more stable lifestyles and commitment to the challenge and vision the programme offers. This enables a realistic transition between workskills programmes and the workplace. The programme focuses on organics, environmental education skill development and looking at health holistically in a mental health setting. The programme operates as a caring community, with a culture of acceptance, respect and kindness with

benefits for all from a shared lunch to paid work. All work at the gardens is valued, and is based on 'what you put in you get out ' 'Living with mental illness does not make us different, it makes us unique' Learning Objectives 1.Participants will learn how working in a therapeutic gardening environment can have positive effects on well being. Working in an integrated community setting enables worker members to feel a sense of belonging within their local community; the benefits for consumers working as a team. 2.The benefits of meaningful activity (work) for mental health consumers: Enables people to keep focusing outwardly rather than inwardly. Gardening is a very grounding activity that heals wounds in people, enables people to find their strengths and their connection to the earth. The benefits of gardening have been documented over the centuries for maintaining wellness and inspiring creativity.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Lotofale Pacific Islands Mental Health Services
Havea Uila Tina Lanifole
The aim of the posters is to raise the awareness of the Pacific Islands Mental health Service, servicing the central Auckland area under Auckland Healthcare. The ethnic specific programmes running and the feedback from consumers who have attended the programmes. We will demonstrate the clinical pathway of consumers and their families entering mental health service and working in collaboration with other services. Learning Objectives 1.It will raise the awareness of Lotofale, P.I.M.H.S. What is making a difference to other Mental Health services delivery. The Fonofale model of health in the service delivery. 2.Raise the awareness that Pacific Islands cultural input has a place in mental health service delivery. People do have choices to offer in the treatment plan.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Consuming Matters - Collaboration in the Development of an Eating Disorders Teaching Resource
Deanne Gaskill
The common face of eating disorders is either a waif like figure who is suffering from anorexia nervosa or an easily recognised public figure who has experienced bulimia. Yet, both of these conditions are at the extreme end of a continuum of eating disordered behaviours. Numerous research studies indicate an alarming use of extreme weight loss behaviours by female adolescents and young adults. These include purchase of laxatives, diet pills or diuretics. Other behaviours include extreme exercising, taking up smoking, skipping meals, crash diets, and self-induced vomiting. Underlying these behaviours is a society-constructed dissatisfaction with boy image/shape. This presentation includes: An account of the collaborative processes between a community group: Isis - Centre for Women's Action on Eating Issues, and university department: The QUT School of Nursing. Showing the video: Consuming Matters The Video runs for approximately 13 minutes and includes the stories of 4 young women who have experienced an eating disorder, It serves as an education resource for a wide range of individuals from community health professionals to school teachers and also has appeal to those who have been touched by, or are currently working in, the area of eating disorders. Learning Objectives 1. The audience will be able to: Engage with the stories of near/recovered eating disordered young women which may in turn improve health professional attitudes towards treatment of eating disordered clients. 2. Health professionals will be offered an opportunity to: Benefit from our experience of collaboration with a community group that resulted in a quality product of relevance as a teaching aid towards prevention.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- The Platform Project - Speak Out!
Sarah Spurr
The Peer Participation Project at the Mental Health Service for Kids and Youth (MH-SKY) program is an innovative service-specific Project that provides and encourages young people at the service to participate as informed consumers. The young people's participation model used in the project is based on the Ottawa Charter for Health Promotion framework and community development principles. The Project creates supportive environment by involving young people and staff of the service at every level of the Project from the initial planning phases to the evaluation phase. The process of peer participation gives rise to the opportunity for the health service to re-orientate towards a service that promotes better health outcomes through participation and quality improvement. The Project will enable young people of the service to experience the positive sense of community action and promote policy change in the internal framework of MH-SKY. There is a distinct lack of participation models available that are specific for youth-orientated mental health services that incorporate the needs of young people with a mental illness: the MH-SKY model provides this with an aim to disseminate the message throughout the broader community. Learning Objectives 1. Delegates at the conference will learn a youth-specific model of participation based on the Ottawa Charter for Health Promotion. Delegates will also learn the various strategies that were implemented in the project; the barriers to participation that were faced in the project and the strategies implemented to overcome these barriers; and the formative evaluation report of the project. 2. Consumer participation is a key standard in the National Standards for Mental Health Services in Australia. The poster will enable delegates to learn a model that utilised the criteria set out in the National Standards to improve the quality of the Mental Health Service for Kids and Youth program

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- SANE Australia's Helpline Services
Barbara Hocking
This poster will provide an overview of SANE's telephone and online Helpline services. SANE has the only national freecall telephone Helpline in Australia. It operates during working hours, offering information about mental illness and referral to local support. Helpline online operates 24 hours from SANE's website. Helpline activities will be outlined and its role in needs assessment will be discussed, using examples.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Carer Participation
Clelia Aragona Kerryn Pennell
Carers of young people who use mental health services possess a rich resource of experience and knowledge. Sharing this with each other ensures carers provide and receive support and understanding from others in similar situations; sharing their views with the service provides great opportunities to tailor programs to be more responsive to carers' needs and capabilities. This poster aims to describe a model developed within a Melbourne-based mental health service for young people, the MH-SKY Youth Program, which draws on support groups to generate discussion about potential program improvements. These are then raised and discussed at management level by carer representatives, and outcomes followed up by a working group comprised of carer representatives, carer volunteers and clinical staff. Implementing such an approach with carers of young people who are very new to mental health services ensures they are encouraged early to turn to each other for support, and to advocate for themselves and each other within the service. In accessing support groups to generate and prioritise carer issues, allowing carer representatives to lead discussion at management level, then distributing the responsibility for action to a diverse working group,

genuine carer-led participation is integrated at both the grass-roots and management levels. Learning Objectives 1. The audience will learn how to tap into carer support groups as a source of feedback and direction to management. 2. The topic is relevant to all mental health services as carer participation is a key component of the National Standards for Mental Health Services in Australia. The potential to combine traditionally untapped resources such as support groups as a key avenue for participation and empowerment ~ particularly for carers new to mental health services ~ is also exciting.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Integrated Youth Health
Vicki Crarer

Late last year Health Waikato identified that traditional approaches to providing services to young people have resulted in fragmentation and that youth are either not receiving adequate services or are falling through the gaps. Services have been encouraged over the last decade to operate independently resulting in an understandable overemphasis on patch protection and structure, rather than on community need, aspiration and acceptability. To compliment an increasing focus on youth health nationally, the organisation wanted to look at innovative ways of integrating service delivery for young people at a local level. It was decided that this issue should be project managed, using a process of widespread community consultation and a Literature search of both national and international literature. This has resulted in recommendations being forwarded to the District Health Board on the most appropriate framework and strategy for future service delivery for youth. The final recommendations are based on the principles that services will be: · Needs based · Accessible · Inclusive · Delivered in a youth friendly context · delivered in a 'seamless' and integrated fashion The presentation will cover the following key issues: · Why specific services for youth? · Major areas of health concern for youth · Services to Rangatahi · Greatest need groups · Integrated framework - A process not an outcome and implications of implementation · Youth friendly services - What are they? Says who? 1. What will people learn? This is an opportunity to look at how services can be delivered and developed creatively. It is an opportunity to think outside of our traditional professional, specialty, sector frameworks. The only binding glue being the specific health needs of youth, the how cutting across primary/secondary, specialist/community providers, mental health/physical health. The where cutting across structures and bricks and mortar 2. How is the topic relevant to mental health services and mental health issues Assisting young people to access appropriate services earlier and easier is vital to reducing the appalling mental health statistics for youth in New Zealand. An integrated approach to service delivery for both physical and mental health issues, delivered in a way that is not stigmatising or labelling - where young people can access the same service at a number of points without unnecessary barriers. This way of working with other providers, delivering services with a shared vision across providers, with input and participation from young people at all levels - is pertinent not only for youth services, but for youth mental health services and mental health services in general.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Partnerships in Integration
Lyn Chapman Bryan Hoolahan

NSW Central West Division of General Practice is a leading Rural Division. It has a record of effective response through projects and other activities to identify community and GP needs. One of the five aims of the Division is 'Improving the Integration of Health Care provided by GPs and other Health care providers. General practitioners see over 80% of the population least once a year, and 95% of people with an alcohol disorder and comorbid anxiety or affective disorder seek treatment from a general practitioner. Therefore, GPs present the greatest opportunity to address issues of comorbidity in the community. To inform stakeholder level of understanding of treatment for people with a comorbid condition an

analysis of the area's current treatment practices is being undertaken within an appropriate model of integration derived from the available literature. This includes examining General Practice, A&OD, and Mental Health treatment practices and consumer satisfaction. The project seeks to develop a framework to enable parallel and sequential treatment models to move towards an integrated model of treatment broadly defined in the literature.Using the available literature, treatment services will be identified in terms of co-operation; co-ordination; and integration. The project is developing an Integration Rating Scale (IRS) which examines these stages with respect to the key integration infrastructure indicators outlined in the literature, i.e. organisational systems; information systems; communication systems and education systems. Learning Objectives 1. What will people in the audience gain or learn from attending this presentation? 1.The Poster is a visual representation of the elements, stages, indicators and framework for integration. 2. It depicts the crucial elements of collaboration/integration 3. Depicts the stages of collaboration leading to a fully integrated service 2. How is this topic relevant to mental health issues? 1. The poster addresses the issues of partnership development and integration to support better management of people with mental illnesses and comorbid substance use issues in a primary care.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Kick Start
Allan Townsend

The Ballarat Kick Start Challenge is a professionally delivered multi-disciplinary health promotion program. The program was conducted by Ballarat Health Services - Grampians Psychiatric Services and supported by Ballarat Community Services. The challenge is in response to the Victorian Burden of Disease Study (Department of Human Services, July 1999) which indicates that the average Ballarat person is living 1.5 years less than the State average. The focus of the Ballarat Kick Start Challenge is upon cardiovascular disease risk factors. Participants and the community are encouraged to adopt and maintain a healthy lifestyle by regularly exercising, eating fruit and vegetables and a sensible fat intake, having a moderate consumption of alcohol, giving up smoking and managing stress. The Break Away Challenge (stress management) aimed to identify specific areas, cognitive/ social/ emotional/ spiritual/ physical, of an individuals coping mechanism that are lacking in resource availability and introduce relevant activities/interventions to improve the resources available to deal with an individuals stress or stressors. Innovative mental health programs that promote community participation act as a catalyst for improving the communities understanding of mental health services, reducing the stigma associated with mental illness. Learning Objectives The audience will learn about: 1. an innovative way to involve the community in a mental health promotion program 2. the type of program that can be offered to the community using existing community resources 3. the results of the program conducted 2. The stigma related to mental illness/health is a barrier to the delivery of mental health services to the general community.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Supported Employment - The Bridge Between Two Islands
Maggie Poll

Individuals with mental health issues face a number of barriers unique to their illness, which make it difficult for many to find employment. Firstly, it is more often than not invisible, and secondly the range of patterns and symptoms is enormous. In the past this has often made mental health a taboo subject, particularly in an employment situation. Employment is a very important, integral part of daily lives for many of us. It gives us structure, purpose, a role in the family, income, social contact, among other things. This paper looks at ways of supporting employers to learn about mental health issues and of assisting individuals to achieve their aspirations, without feeling hindered by their mental health. The area of Supported Employment is a growing field. It is providing the bridge between two previously

isolated islands - employers and employees with mental health issues - encouraging them to understand each other's culture and needs. Learning Objectives 1. Ideas of successful ways of working with and supporting employers to help them understand mental illness Insight into a programme that has successfully helped secure and maintain employment for individuals with mental health issues 2. Gain insight into the strengths and skills individuals have to enter / re-enter the workforce and facilitating a process to assist those strengths to emerge rather than being prescriptive ie gain ideas of thinking outside the square

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Group based interventions for first episode psychosis consumers and families - An alternative model for generalist adult mental health services
Andrea Herman Julie Hevey
The Central East Early Psychosis Project was initiated in 1995 in the eastern suburbs of Melbourne Australia as a collaborative project with EPPIC (the Early Psychosis Prevention and Intervention Centre) to improve interventions for first episode psychosis consumers and families. This project included the development of a range of group based interventions. The group program has evolved over the years to become a unique 6-week integrated community based program with the following aims: · psychoeducation regarding early psychosis issues · provision of opportunities for peer interaction and support · provision of opportunities for consumers and families to share information Family and client groups are run concurrently with 2 sessions run jointly at intervals throughout the program. The poster will address: 1. assessment of need across the area 2. program development and implementation 3. description of the model 4. obstacles encountered 5. program evaluation and 6. discussion of theoretical underpinnings Provided is a description of a psychoeducation model that involves working both with families and consumers, serving to strengthen their understanding and knowledge, and to reduce the sense of isolation experienced by many of these individuals. It has proven to be a workable model in a busy adult community mental health service. Learning Objectives 1. The audience will learn about practical implementation and theoretical understanding of a specialist early psychosis intervention within a mainstream mental health service. 2. There is a growing amount of research into the benefit of provision of early psychosis interventions. For established mainstream mental health services, the challenge lies in implementing best practice given limited resources. This poster is highly relevant for any mainstream service looking to improve the range of services they offer for this client group.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Making the Journey
Lorna Crane Sally Paterson
The Belconnen Open Art Program (ACT Mental Health Services) and the Leisure Program ACT (non-government sector) will share the journey of the shaping of two innovative and dynamic inclusive community initiatives that have integrated people with mental health issues and illnesses into mainstream community arts. A collaborative approach by the team with shared vision, shared resources and shared process brought together the Belconnen Open Art Program and Leisure Program ACT. This was identified by the National Mental Health Strategy developing partnerships between the government and the non-government sector in the community. This team exemplified a willingness to forge links with these sectors by developing inclusive arts programs. These programs are working examples that offer mainstream inclusion into the arts community. By building bridges and pathways into the community we can now see people discovering the value of the individual. By including people with a mental illness into the community we are now building community strength with a safe, supportive and friendly calender of arts events with a variety of choices and opportunities. With supportive staff from diverse backgrounds in the Arts, Community Development and Mental Health the programs have been strengthened by the forging of these

partnerships and the people that bind it together. Learning Objectives 1. This poster will share in the building of partnerships between a mental health service and the non-government sector. The strength of collaboration in team building with a shared vision, shared resources and shared process make this a beneficial presentation. 2. Learning by example and shared experience, the presentation will explain how to include people with a mental illness into a mainstream setting in a caring and supported environment.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- The good, the bad and the ugly of becoming one
Frances Larcombe Kathy Hill
One of the priorities of the initial Australia National Mental Health Plan was to 'mainstream' acute psychiatric units within general hospitals., It was believed that substantial improvements for in-patient care would follow if acute psychiatric units were relocated from 'stand alone' psychiatric hospitals to mainstream general hospitals. This meant that acute psychiatric units would be administered within the hospital complex in a substantially similar manner as other already established specialist units allowing ease of accessibility and equity of service for patents with a mental health problem. For the Southern Area Health Service the inaugural step occurred in December 1997 the newly built acute psychiatric unit, the Chisholm Ross Centre (CRC) was opened on the grounds of the Goulburn Base Hospital, central to the Southern Tablelands of New South Wales. With the change of campus came changes in relationships with the general hospital in particular with mainstream policies and systems. This progressed to further alterations of work practices and the review of the new unit with respect to accountable processing of reporting and statistics via a general hospital system. However, it was quickly recognised that the CRC differed from other specialist units within the general hospital. The CRC is part of an indivisible, 'seamless' structure that is larger than simply an inpatient unit, and its servicing extends far beyond the catchment for local general hospital where it is located. For these reasons responsibility for the management of the centre extended beyond the Goulburn Base Hospital structure. The challenge was then to provide the benefits to clients of co-locating the centre but at the same time balancing the operations of the Unit, mainstreaming principles in accordance with the National Mental Health Plan with an already established integrated area wide mental health service. Learning Objectives what will the audience gain? An understanding of opportunities ot enchance the operation of a Mental Health Inpatient Unit and a Mainstream Hospital with dual lines of responsibilities, and at the same time retaining the benefits inherent in a specialist service, and How is this topic relevant to mental health services and mental health issues? This project is in-line with National Mental Health Plans and Initiatives, and demonstrates the mutual benefits of a working relationship between Mental Health Inpatient Unit and a Mainstream Hospital for improved patient care outcomes.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Principles underpinning Queensland's Mental Health Act 2000
Dean Lewin
The Mental Health Act 2000 passed last year by Queenslands parliament will provide a more effective and accountable system of involuntary treatment and care for people with mental illnesses. For the first time the new Act includes principles consistent with national and international mental health policy and principles. In addition, the principles have been drafted to be consistent with other related legislation such as general health legislation, guardianship legislation and criminal justice provisions. The principles within the Mental Health Act 2000 include the following: · basic human rights must be respected · a persons cultural, religious and language needs must be considered · treatment can only be provided if it is appropriate to promote and maintain the person's mental health and wellbeing · a person's right to confidentiality must be recognised and taken into account · a person's liberty and rights are affected only if there is no less restrictive way to protect the person's health and

safety or to protect others · if a person's liberty or rights are to be affected, the effect is to be the minimum necessary in the circumstances. The Mental Health Act 2000 has been developed to contain principles consistent with national and international mental health policy, principles and practices. These principles underpin decisions made, or actions carried out, under the Mental Health Act 2000. Learning objectives: 1. Delegates will gain an understanding of the principles contained within the Mental Health Act 2000 and how these principles are consistent with national and international mental health policy and principles and other related legislation. 2. The Mental Health Act 2000 provides for the involuntary assessment and treatment of mental illness. The principles contained within the legislation are consistent with national and international mental health policy and principles, as well as other legislation. The principles are relevant to mental health service provision because they underpin decisions made, or actions carried out, under mental health legislation.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Patient rights and Queensland's Mental Health Act 2000
Dean Lewin
The Mental Health Act 2000 passed last year by Queenslands parliament was developed following extensive consultation with a wide variety of stakeholders including consumers and carers. The Mental Health Act 2000 will provide a more effective and accountable system of involuntary treatment and care for people with mental illnesses. Key provisions are now contained within the legislation to improve and protect patient rights. These include: · providing greater safeguards for the use of involuntary assessment and treatment provisions · increasing patient involvement in decisions affecting them · reducing review timeframes · improving the quality and increasing the number of independent reviews of a patient's involuntary status. · giving an involuntary patient the right to choose an 'allied person' to help them represent their views · guaranteeing access to a statement of rights · guaranteeing access to visits by a health practitioner or legal adviser · guaranteeing access to the community visitor from the Office of the Adult Guardian. The Mental Health Act 2000 contains a number of provisions that improve rights for persons subject to the involuntary assessment and treatment provisions. These provisions were developed following extensive consultation and provide a more effective and accountable system of involuntary treatment and care for people with mental illness. Learning objectives: 1. Delegates will gain an overview of the patients rights provisions related to Queenslands Mental Health Act 2000, and how these provisions were developed through extensive consultation. 2. The Mental Health Act 2000 provides for the involuntary assessment and treatment of mental illness. The patients rights provisions contained within the legislation demonstrate how legislation can address patient rights issues whilst providing an effective and accountable system of involuntary assessment and treatment for people with mental illness.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- And you ask me why l didn't tell the doctor?
Tim McKay
This poster addresses what it is like to hear voices and have a delusion. This may facilitate an increase in understanding of people who experience voices and delusions. It will address: · Stigma. · Non Disclosure. · Engaging people. · Workers understanding: Voices / Delusions. · Positive learning-Consumer self support, dignity. · An increase understanding of the experiences of voice hearers and people with delusions which will enable workers to image better ways of supporting people. Learning Objectives: 1. What is going on inside a person hearing voices. 2. Not all voices are negative. 3. What it is like to have delusions of reference. 4. The dilemmas faced by people with voices / delusions. 5. Understand why a deluded person behaves strangely. 6. Learn why people do not feel able to disclose what is happening. 7. Appreciate the stigma that comes from voices and delusions. 8. Learn that it

might be possible for consumers to use their understanding of voices / delusions to their own advantage.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Friendships Stitched Across the Miles
Kathryn Broadbent Maria Vanderburgt
The SNAP Friendship Quilt Project was originally developed as a creative and interesting way for participants to learn new skills in crazy patchwork in a supportive learning environment. It received funding from the Victorian Federation Grants Scheme in 2000. In the Victorian rural town of Sale the group meets on a weekly basis to trade blocks and stories, and work on the quilts. The project is facilitated by Community Worker and quilter, Linda Barraclough. Members of the group are in recovery from mental illness. The main quilt is made largely from ties, donated from some eminent persons and each block has a story, linked in some way to mental health. The group's creations have come to be highly regarded in the local community. The quilting group facilitates the swapping of blocks through their website, and is working with other quilting groups and individuals across Australia and in USA. There are many works in progress both in Sale and further afield. This project not only provides opportunities for participants to be involved in community centenary of federation celebrations, learn new skills and showcase them in the community, but also promote mental health and links with other communities in unique ways. Learning Objectives This paper serves to highlight the many talents and accomplishments of a small group of consumers and what they can achieve when given the opportunity to develop their skills and broaden their interests. It further demonstrates the value of consumers linking into, and working with other communities. This project has been It has also been beneficial to establish and maintain links through our website on http://www i- o.net.au/ members/snapsale The framework for this project may well be of use to other psychiatric disability services and groups in setting up projects of this nature. It has also useful in breaking down barriers individuals with mental illness have in their interactions with their community. By working together toward a common goal myths and misunderstandings between groups diminish.

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- The Station Community Centre - Promoting Mental Health
Peta O'Reilly Wayne Oldfield
Learning Objectives 1. How to establish a Community Centre program and activities. People with a mental illness taking on the managerial roles and the responsibility of running. The Station, Promoting autonomy and self-determination, Building confidence and self-esteem. 2. A primary health care, community development project

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Models of Best Practice for Carers of People with Mental Illness
Kerry Meiers Verna Fisher
Aim and Educational Objective The poster provides a visual illustration of examples of collaboration between carer, PDSS and clinical services on carer initiatives in mental health. The poster stimulates reflection and ideas for workers on carer service development. Abstract Mental health and carer policies have over the last decade increasing emphasised the importance of improving carer satisfaction and participation through involvement in decision making, advocacy, program development and collaboration in treatment processes. Initiatives to assist services develop carer friendly work practices have been introduced by the Department of Human Services Mental Health Branch in recent years. Since 1996, the Support for Carers' Program has assisted the Mental Health Branch to strengthen initiatives focusing on the needs of carers. In 1998, regional Carer Resource Workers' Mental Health were funded to provide direct support to carers and to assist mental health services improve

their responsiveness to carers. These workers are co-located with the Carer Respite Centres, through combined funding from the National Respite Program for Carers and the Support for Carers' Program. This provides a regional focal point for carers and the service system on care issues. This poster presentation exemplifies regional and local initiatives with carers and mental health services that are influencing change in service practices. Including: - Carer training for both clinical mental health and psychiatric disability support services - Education and support to carers through carer retreats and carer groups - Carer mental health promotion through the use of theatre on care issues - Identifying trends in the utilisation of mental health carer support groups - Identifying and highlighting carer expectations of the mental health system - Development of a Carer Consultancy Model for mental health services

S105: Poster Session
29/08/2001 From: 1400 To: 1500
General Poster:- Partnerships in Delivering Information to Families and Carers
Kerry Meiers Verna Fisher
Mental health policy identifies the key role of families and carers in the treatment and recovery process. Policy directives identify the importance of developing partnerships with families. These partnerships may range from individual care planning to influencing service decision-making. It is clearly articulated that services will support carers with education and information provision. Carers consistently identify through national, state and local consultations their difficulty in accessing quality, user-friendly information to assist them in their care role. Information for the family network to support the short and long term `ripple effect' impact of mental illness is needed. The Victorian DHS Mental Health Branch Consumer and Carer Satisfaction Survey reveals `getting information' as a major source of service dissatisfaction for carers. The kit aims to cater for carers', consumers' and professionals' resource needs. The Carer Respite Centre, SFV Frankston and Peninsula Community Mental Health Service collaborated to address the lack of information available to families. Strategies were developed in carer consultation, staff involvement, clinical guideline development, review and evaluation tools.