ABSTRACTS FOR CONFERENCE

Presentations on

Wednesday 21st August 2012

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Program Changes

DISCLAIMER
Information given by presenters at the conference does not represent the views of
TheMHS, and does not constitute therapeutic advice.
The question of universal human rights is always raised within the context of specific forms of knowledge that directly or indirectly legitimate or invalidate access to such rights. Psychiatry, often associated with ideologies of exclusion, continues to perpetrate ‘peace crimes’ through total (and other) institutions or other forms of de-humanization. Recent International documents in Europe stress this kind of neglect, while the Italian Constitution proposes the right to health as a major concern. The current global crisis poses major questions regarding personal and collective security, lifestyles, values and the possibility of survival. Risk seems to be absorbing and redefining psychiatry, relocating the paradigm of danger within the more general issue of ‘diversity’ which is seen as a threat and not as the challenge of integration. Personal crises taking place within the global crisis contain either the possibility of new solutions or the loss of even the most basic rights. The global crisis underscores the need for a different development model, both for advanced capitalistic countries and those with low/medium incomes. How do we recover wasted resources and apply them to providing essential social and healthcare responses that reduce the increasing levels of inequality regardless of gender, ethnic origin and religion. There are increasing stresses due to privatisation, fee-for-service, need for standardisation of treatments, time budgets and access to care. This is happening despite the personalisation of pathways and programs which are required in a person-centred system. How can the human and professional resources present in the community and hospital healthcare services be freed-up, linking them with personal and micro-contextual resources? How can we re-think the structures and places where care is provided and create social habitats that reconvert resources devastated by our society, beginning with the assets of the great institutions, including former asylum parks and grounds? What role could social enterprise play here? How to recover the ethical and political dimension in healthcare work by experimenting with innovative practices that benefit both the individual and the whole community? Trieste, Italy, is internationally recognised for the process of changing its practice and services from the first closure of a psychiatric hospital in Europe (in 1980) to the present community-based services. It is recognised as a WHO Collaborating Centre and considered a sustainable model for service development particularly in the context of economic crisis. Trieste’s innovative community mental health model has moved from a narrow clinical model based on the illness and its treatment to a wider concept that involves the whole person and the social fabric. Citizenship is key, bringing individual and social transformation. Peer-operated or self-help groups, cultural or gender identity are all different ways of participation, the struggle for a better service is often connected to an awareness of being a citizen and part of a community. This presentation will cover specific topics: recovery of people with complex needs using personalised healthcare budgets as tools for addressing rehabilitation and comprehensive responses; development of residential facilities and supported housing, from sheltered homes to individual support; mental health departments and social enterprises in Italy (results from a national research); research on social network and on citizenship.
S04 Three Faces of Change
22/8/2012 From: 1130 To: 1300 Venue: Hall A&B
Featured Symposia: Three Faces of Change
Tom Brideson  Gracelyn Smalwood  Ernest Hunter
This symposium features three speakers who will reflect on social change in rural and remote Australia with a focus on Aboriginal and Torres Strait Islander people. Chaired by Kevin Kellehear they will consider three aspects of the dramatic transformations of the last four decades: the processes of social change, the consequences of those changes and the political and systems issues informing responses. Tom Brideson will speak about 'Establishing citizenship' within mental health services for the Aboriginal mental health professionals. Gracelyn Smalwood, academic and elder, will speak about the political, social and cultural context of change. Ernest Hunter, psychiatrist in Cape York, will speak about the cascade of mental disorders that have emerged in Indigenous populations across time.

S05 MH Workforce
22/8/2012 From: 1130 To: 1300 Venue: Hall C
Paper 20': Peer Specialist and Carer Consultants working in Mental Health Units in SA: A follow up evaluation of Consumer, Carer and Staff Perspectives.
Matthew Halpin  Charmaine Gallagher
The Lived Experienced Workforce is defined by the fact that people who have similar life experiences may better relate and consequently, may offer more authentic empathy and validation (Mead S., & MacNeil C, 2006). The introduction of employees within South Australian (SA) government Mental Health Services with a lived experience either as a consumer (Peer Specialist) or Carer (Carer Consultant) is an innovative workforce development program that has occurred over the last five years. The current study is a follow up evaluation based upon Kling LW, Dawes FJ, Nester P, (2008) who examined attitudes of clinicians, consumers and carers within Mental Health Services in SA, regarding the value of the Lived Experience Workforce for improving mental health outcomes. Initial findings from this research indicate that attitudes toward the Lived Experience Workforce are overall positive and the roles are perceived as an imbedded part of South Australian Mental Health service provision. The employment of a Lived Experience Workforce within Mental Health service provision is an innovative program illustrating a recovery based framework which values the lived experience of Consumers and Carers. People in the audience will gain an understanding of how the introduction of a Lived Experience Workforce within mental health service provision can enhance recovery based practice, promote social inclusion and reduce stigma. The employment of a Lived Experience Workforce within Mental Health Service Provision is relevant to mental health as it illustrates the value of utilising the lived experience of consumers and carers to enhance outcomes, facilitate a recovery oriented approach, promote social inclusion and reduce stigma. References: Kling LW., Dawes FJ., & Nestor P (2008). Peer Specialists and Carer Consultants Working In Acute Mental Health Units: An Initial Evaluation of Consumers, Carers and Staff Perspectives. International Journal of Psychosocial Rehabilitation. 12 (2), 81-95. Mead S., & MacNeil C, (2006). Peer Support: What makes it unique? International Journal of Psychosocial Rehabilitation. 10 (2), 29-37.
This paper outlines the innovative and nationally recognized workforce development program Certificate IV in Mental Health (CHC40508) offered in Victoria through a partnership of VICSERV and Wodonga Institute of TAFE. This is based on training a mental health workforce that ensures a recovery-orientated culture is adopted in mental health services - a culture that is underpinned by appropriate values and attitudes. Many studies will indicate that the attitude of staff is at least, if not more important than their skills and knowledge. (Davidson et al, 2009) Such attitudes create an organizational culture that shows true commitment to actually embedding principles of recovery into organizational practice, policies and procedures. Consumers, carers and health services were involved in re-writing the training materials to the updated Certificate IV in Mental Health qualification. The workforce, in partnership with consumers and carers is pivotal in achieving a recovery-orientated service system (Mental Health Coordinating Council 2008). The paper presented will outline the importance of collaborative partnerships with education providers as well as health services, carers and consumers in producing current and relevant training. The evaluation of the first 12 months of this program will be discussed, including analysis of the overall structure and quality, knowledge gained, and materials and methods. Learning Objectives: 1. The importance of cross sectorial partnerships in developing and delivering effective accredited training. 2. The factors of training that are important in integrating recovery knowledge into practice. References: Davidson, L., Rowe, M., Tondora J., O'Connell M J., Lawless M S.(2009) A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care. New York, Oxford University press. Mental Health Coordinating Council. (2008) Mental Health Recovery Philosophy into Practice; A workforce development guide. Mental Health Coordinating Council. Sydney

The No Suppression Group, a peer-facilitated group, established in 2011 by the presenters, Linda Mizzi and Paula Hanlon provides a welcoming and safe environment for people living with mental health issues to discover and share their creative self as a valuable component of their recovery journey. The presenters aim to show how the self awareness and personal development from participation supports peoples' experience of citizenship (e.g. being involved with a like-minded group, sharing strength and hope and exerting a right to be!). The presenters will outline the formation and structure of the group. Roeper (1991) affirms that 'giftedness can be both a positive and a negative force - burden when it has no channel for expression and it is not understood... Unsupportive environments can lead to depression, to the suppression of one's abilities, even to feelings of desperation that could become self-destructive.' Participants of the No Suppression group support this comment, sharing the healing experiences of artistic expression. Group members are 'finding their voice', preparing contributions for the groups and exhibiting changes in social and physical attributes (standing taller, eye contact, projecting their voice and connecting with people). Greenspoon (2000) states that...
the 'self experience depends largely on two intermingled factors: what the person is capable of doing, and how this seems to be evaluated by others. Learning objectives: 1. The audience will gain knowledge of the theories and recent research on the relationship between mental illness and creative expression. 2. The audience will develop understanding of the processes and value for the recovery journey of a mental health peer group to enable the sharing and developing of creative aspects.


S06
22/8/2012 From: 1130 To: 1300 Venue: Hall D
Symposium – 1hr: Recovery and Reconnection for people in Remote Communities.
Xenia Girdler Wayne Harrington Geoff Loehmayer
In May of 2011, at the invitation of Sunrise Health Service Aboriginal Corporation in Katherine NT, RMIT University (Community Services AOD and Mental Health) spent a week in Katherine consulting managers, staff and clients about current training and professional development needs. It soon became clear face-to-face, contextualised and supported training around working with complex needs in complex environments was needed. However, it was not just about enrolling students. Qualifications might be nationally recognised but to be meaningful and relevant it is imperative they are specifically tailored to meet the unique needs of each learner-group. And this is where the real work started; the institute of teaching needed to be taught. Whilst RMIT are the formal education providers this partnership with Sunrise is one of mutual exchange and learning - where the content and context is shaped by the experiences of the learner's and their clients. This mirrors the community mental health sector's fundamental principle of honouring the lived experience as a guide to practice. RMIT are now offering workers in the greater Katherine region face-to-face training in mental health and Addiction in nationally recognised qualifications - the content of which resonates and reflects the current and unique nature of remote service provision. This provides workers, for the first time, an opportunity to have their unique insight, skills and knowledge recognised and valued. Learning Objectives: This symposium aims to provide audience members with: 1: a greater insight into the complexities of contextualising training in remote settings. 2: an opportunity to interact and engage with experienced professionals from the field who will explore the intricate nature of working with Aboriginal people in their communities whilst providing nationally accredited courses. This topic is directly related to improving service delivery to clients with complex needs in remote Australian communities. This presentation explores how to contextualise training and learn from our clients to ensure better outcomes in mental health and complex needs.
S07 Peer Leadership
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Conexus Magazine - A UCWPA creative arts magazine enterprise for consumers around Australia.
Kristy Webb  Sharon Buer
People residing in the community living with mental illness range from those enjoying a significant degree of citizenship, as family members, workers and welcome group participants still often experiencing some stigma, to those people living with severe mental illness, who have suffered homelessness, repeated trauma and hospitalisation, loneliness and significant stigma. The UCWPA Community Mental Health of SA's innovative Conexus Magazine which has been in operation for one year and celebrated it's twelfth magazine edition December 2012, empowers people living with the range of mental illnesses to express themselves as creative, thinking, feeling citizens. One participant describes it as a voice of the unheard. Compiled and edited by a peer worker, previously a client of the organisation, it gives expression through visual art, photography, story-telling, fiction, poetry and discussion. It is expanding its' horizons receiving submissions from around the country. The presentation will feature a bumper magazine edition and digital documentary presented by the editor and consumers involved since its' conception. The magazine enriches the lives of participants and readers via engagement, learning skills and gaining confidence through the joy of artistic expression, and in perusing the works of arts themselves which stand alone as a connection between all people.

S07 Peer Leadership
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 1
Beth Fogerty  Rebecca Murphy  Christine Strachan
In any industry consumers are an integral source of information, inspiration, and awareness. The mental health field is no different. It is important that this knowledge and hope is living within the health sector. Some ways that the power of the peer role is being highlighted in recovery are through support groups, peer testimonials and the creation of peer workers within the community mental health setting. In having dedicated peer worker roles, these workers are able to use their lived experience to provide hope for consumers on their own recovery paths. In becoming more connected to their communities, consumers are exposed to a number of settings where their expertise and lived experience can be used to assist other consumers. This paper follows two consumers through their challenges and successes in becoming more active and engaged in their communities and the importance of supports in taking the opportunity to try new activities. Their experiences serve as an inspiration to others that it is possible to reach for your dreams and to become more connected and active in the community at large. Learning Objective 1: To inspire and provide hope in recovery through reflection on consumers own journeys. 2. To explore different ways mental health consumers can become connected in their communities. References: Slade, M. 2009. 100 Ways to support recovery. A guide for mental health professionals. Rethink recovery series. Volume 1. Psychiatric Disability Services of Victoria (VICSERV). 2008. VICSERV's Pathways to Social Inclusion: Social Inclusion. VICSERV.
International evidence tells us that peer workers enable a range of recovery outcomes for consumers and make an invaluable contribution to how services are provided. This paper will argue and demonstrate that well supported and resourced peer worker roles are a necessary plank within the sector. Recovery from mental illness is a human rights experience (Fisher, 2008), and until ‘peers’ are enfranchised to work within and influence ‘their’ services the service environment will obscure the full exemplification of recovery. People with mental illness have the right to perform respected and supported work roles, and to influence how services for people with a mental illness function. Unfortunately, a vast body of literature reflects that Peer Workforces are inadequately supported, resourced and understood within mainstream service environments (Gates et al, 2010). MI Fellowship conducted an all-staff questionnaire and results from this provide clear directions for the exploration and development of a Peer Workforce Framework, to ensure authentic peer worker inclusion. This paper will discuss support and training approaches that are currently being trialled and evaluated by MI Fellowship’s Consumer Participation Team - including peer designed and delivered Peer Worker Training, Training for supervisors, a ‘Peer Worker Hub’, and Online Peer Mentoring. Learning objectives: 1. The audience will learn why citizenship, demonstrated through the employment of peer workers, equates with quality recovery practice. 2. The topic is relevant to mental health services, as it provides an example of implementing best practice strategies and approaches to including Peer workers as workplace citizens.

References:

Some of the changes to the mental health workforce are due to new concepts of recovery and the growth and acceptance of Peer Workers. The utilization and understanding of the value of the lived experience is growing and while it is great to accept the concept of drawing from the lived experience, it is essential that it is implemented with appropriate attention to organizational cultural change and putting in place support structures for peer workers as well as recruiting people who are ready and trained for peer work. Training of staff and management is imperative, not only for the peer workers to know how to draw from their lived experience safely and relevantly but also for the staff around them to know how to support peer workers and facilitate their roles in the workforce. On the back of the Community Services & Health Industry Skills Councils’ (CSHISC) development of the National standards/competencies for Certificate 4 in Mental Health-Peer Work, the Peer Work Project, PWP, has formed a partnership with TAFE SA to create, facilitate and assess a pilot Certificate 4 in Peer Work. References: Australian Government,

S07 Peer Leadership
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Recovering Citizenship: Exploring the path from consumer participation to consumer leadership.
Lana Woolf
At Doutta Galla we are redefining the relationship between consumer and provider; we are looking beyond consumer participation and restructuring our service provision to include consumer leadership. Our answer is The Peer Leadership Initiative (PLI). This initiative is early in evolution for Doutta Galla's Social Inclusion Program. The initiative encompasses the principals of autonomy, skill development and peer mentoring. The PLI is headed by the Consumer Coordinator who has been developing and implementing this service stream. The PLI is broken into 3 parts which include: Consumer Developed Initiatives - supporting groups of people to build their knowledge, resources and capacity to run independent consumer programs within the community. Peer Services - employing Peer Workers to deliver programs to our consumer base. These Peer Workers are professionally trained in the appropriate fields to deliver such groups programs as Flourish (a consumer group recovery program). Advocacy - This includes programs such as a Speakers Bureau and Workforce Capacity Building Workshops. The Speakers Bureau is a program that will bring the experience and expertise of people with a lived experience of mental health issues into a highly professional format aimed at influencing social attitudes and encouraging informed debate surrounding mental health issues.

S07 Peer Leadership
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 1
Peter McKenzie
Carer and consumer peer workers/consultants (COPES, 2009) have been playing an increasingly vital role in the Victorian mental health workforce. Their work is now emerging as an essential element in better outcomes for consumers and their families. Peer practice offers unique opportunities for one to one support and care based on lived experience and informed knowledge. The introduction of 'Single Session Peer Work' (SSPW) training both compliments and is a valuable framework and tool for direct and effective support work. Based on Single Session Therapy developed in the 1990s (Talmon, 1990) and currently promoted and taught at the Bouverie Centre in Melbourne, this model offers peer work a framework to collaboratively and respectfully support consumers and carers to identify and prioritise their own needs and concerns. The strength of SSPW model lays in the way it honours these needs and concerns by creating a process for a contained and 'focused interaction' that is directed towards achievable outcomes; with the underlying assumption that this may be the only opportunity that peer support can take place. This presentation will briefly discuss some of the key benefits of the
SSPW model for peer support work; outline the features of the model; and present evaluation results from training in the model conducted by the author. Learning objectives: 1: The audience with gain a picture of the key and relevant elements for peer work; with an outline of the SSPW model; supported by training evaluation results. 2. Peer support work based on lived experience and informed knowledge is an essential element in better outcomes for consumers and their families. The introduction of 'Single Session Peer Work' training both compliments and is a valuable framework and tool for direct and effective support work. References: COPES (2009). Carers offering peer early support. A decade of an evolving model of care peer support within clinical services (report). Eastern Health, Adult Mental Health Service. Talmon, M. (1990). Single-Session Therapy: maximising the effect of the first (and often only) therapeutic encounter. San Francisco: Jossey-Bass Publishers.

S08 Citizenship: kids and adults  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 2  
Toni Hines  Caitlyn Seymour-Smith  Shandell Holmes  
The Time Out Program - an innovative youth specific mental health service - is showcased in this snapshot presentation. It is well documented that people in younger age groups experience higher rates of mental disorder; with more than a quarter (26%) of people aged 16-24 years & 25% of people aged 25-34 years. ((National Survey of Mental Health and Wellbeing: Summary of Results 2007, Australian Bureau of Statistics, 2008) Most adult type mental disorders have their onset and maximum impact in late adolescence and early adult life. It is argued that youth-specific services are required that focus on the onset phase of a broad range of potentially serious mental disorders (including psychosis, mood, eating and substance use disorders), in order to have maximum impact for prevention and early intervention purposes (McGorry, Parker & Purcell 2006). The Time Out Program is a youth specific community based organisation; offering outreach & residential support to young people aged 15-25 years in the Cairns & district area. We aim to provide a safe, friendly & welcoming place that promotes well being & recovery. A young consumer shares her story & how Time Out has made a 'real difference' in her life. Learning Objectives: 1. The audience will gain understanding of an innovative pilot program aimed at providing early intervention & support for young people with mental health issues. 2. Relevance to mental health: The audience will have an opportunity to hear directly from a young person what it's like living with a mental illness & specifically the support from Time Out What approach has helped her & what hasn't. References: McGorry, P., Parker, A., & Purcell, R. (2006). Youth mental health services. InPsych. (National Survey of Mental Health and Wellbeing: Summary of Results 2007, Australian Bureau of Statistics, 2008)

S08 Citizenship: kids and adults  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 2  
Peg Ludwig  
In 2000, the Active Linking Initiative (ALI) program was implemented across the state-wide Licensed Residential Centres (Boarding Houses) with the aim to link the
residents with a community based activity and increase community participation and independence. Working with 140 residents in a rural setting where residents may be living with up to 67 other residents who have a range of disabilities, the program faced many challenges in working with such a large and varied group in a small town with limited community based activities. Probably the most challenging was to involve these residents in the building of external social networks with the end goal of being accepted, valued and respected as a citizen of their local community. In this session we would like to share the wonderful ALI achievements of the many residents living with a mental illness in this type of accommodation. So has the ALI program assisted these residents to recover their citizenship? We believe by supporting these residents to vote, do volunteer work, attend the local cinema, catch the local bus, play in a local hockey team, attend TAFE, work at the local café, walk down the street, buy their own clothes we are on that road.

Learning Objectives:
1. To promote the concept and successes of the ALI program in a rural Boarding House setting.
2. To provide the audience with a range of activities which support citizenship of people with a mental illness living in a Licensed Residential Centre.

References:

S08 Citizenship: kids and adults

22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 2
Snapshots - Brief Paper 10’: Team Work Increases Support and Recovery for Mothers.

Priscilla Yardley  Suzanne Heppell

Up to 15% of women suffer from depression, with the majority being diagnosed in the first three months after giving birth [1], and with well documented health consequences [2]. Peninsula Health Mental Health and Community Health Services, Maternal & Child Health Services, the Peninsula GP Network and Consumer Representation are in partnership on a project to increase support and recovery for mothers for women in the perinatal period. Surveying of practitioners represented by the partnership in January 2011 (N=136) revealed that only 46% routinely screened for depression and 72% identified that referral options and/or service pathways were unclear. The project included the roll-out of training to clinicians represented by the partnership and implementation of routine screening and specific referral pathways for women identified at risk of perinatal mental health issues. Results of the project reveal that 12-15% of women are now being identified through the antenatal clinic or Maternal and Child Health Centres as at risk and are being linked to relevant services according to the referral pathways. A post survey is currently being collected. Initial results indicate an increase in practitioner screening across services (from 46% to 68%) and 36% reported overall easier access to support and recovery for women.

Snapshots - Brief Paper 10’
Implementing Indigenous Child and Youth Care Coordination.
Jenine Godwin-Thompson

To facilitate and practice culturally appropriate engagement based on the Care Coordination Model, care needs to be split into ‘Clinical Care’ and ‘Community Care’ in order to enable effective treatment for the overall wellness of the young person. Over the last decade there has been an increasing policy focus on culturally appropriate care such like Ways Forward that have confirmed what had identified previously - devastating impact of the removal of children, dispossession of Indigenous people, the ongoing social and economic disadvantages and how these have contributed to the widespread social and emotional wellbeing problems (Swan and Raphel 1995.) Knowledge Gained


Conclusion: These directions are a guide for applying Care Coordination towards closing the health gap by 2033 and maintaining sustainable health outcomes thereafter. It also needs to articulate the various roles and accountabilities across the life continuum.

Snapshots - Brief Paper 10’
Embedding the Principle of Citizenship in Practice to Create Opportunities and Pathways.
Delia O’Donohue    Linda Rose

Jesuit Social Services has developed a practice framework that emphasises the importance of the promotion of education, lifelong learning and capacity building with young people with complex needs to help them reach their full potential and to exercise their full citizenship. A number of activities are being undertaken across our organisation to ensure that this practice framework is embedded in all our work with young people with complex needs and that it leads to the development of opportunities and pathways to inclusion for them. This paper will outline some of the key activities including:

• The development of an education and training model which aims to deliver flexible informal vocational training to young people in the justice system, refugees and young people with complex needs including mental health issues.
• The development of a practice orientation, staff supervision and staff training program that builds understanding of the organisational practice framework, supports the skill development of staff in the frontline and helps to ensure that workers are intentional and focused in their practice.
• The development of a supervision skills development model for supervisors that develops their capacity to work with staff on building participation and accessing pathways to inclusion.

Learning Objectives:
1. To recognize the importance of developing a practice framework that emphasises the importance of citizenship for young people with complex needs and then delivering programs that facilitate access.
2. To recognise the importance of a multi-layered approach to building the capacity of program and supervisory staff to ensure that workers are intentional and focused in their practice with young people with complex needs in order to help them reach their potential and exercise their full

**S08 Citizenship: kids and adults**  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 2  
Snapshots - Brief Paper 10': You're it, or, service transformation for adrenaline junkies.  
Andrew Blythe  Kate O'Keefe  
This presentation discusses the challenges faced by two consumer consultants from Queensland when given the opportunity to radically reframe consumer and carer participation in local service transformation (the Metro South Mental Health Service of South-East Queensland, a health service district covering a population of over one million people). It will consider the serendipitous circumstances that led to their involvement, the negotiation and collaboration they needed to gain consensus, and the areas from where they found their most vocal supporters. It will also consider the outcomes of this process: the creation of a new position, the Director of Social Inclusion and Recovery (to sit as an equal on a remodelled service executive), the centralisation and reinvigoration of the consumer and carer workforce, and the greater opportunities afforded to that workforce in the face of imminent, substantial mental health reform. As a work in progress, the natural conclusion to this presentation will be a summary of how far the process has travelled, and the directions by which the remainder of that journey may be completed. Learning Objectives: 1. To present a model to conference participants (as a starting point for further discussion within their own respective services) about how consumer and carer participation might be re-framed, using the shared results of our (consumer consultants) methodology. 2. To challenge participants to suggest ways to future-proof services with which they are involved, especially by having a clear sense of what kind of service they would like, irrespective of budget and current models, and their level of preparedness when the opportunity to reform services comes sooner, rather than later.

**S09 Collaboration, confidence, capacity, community**  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 3 & 4  
Snapshots - Brief Paper 10': What is Best Practice for true collaborative participation between consumers carers and providers.  
Ingrid Bentsen  Sally Whyte  
There have been countless papers written, research evidence provided and conference presentations, on the value of consumer and carer participation in the provision of mental health service. The National Mental Health Standards sanction it, it is written up in guiding principles, terms of references' and is best practice, but WHAT is 'best practice' for services in implementing and sustaining true collaborative participation. The aim of this presentation is to highlight a model that not only empowers consumers and carers but equips them with tools that will increase the effectiveness of their inimitable viewpoint. To support this model, we aim to convey strategies that can assist services providers in the recruitment, retention and advancement of an underutilized recourse, the consumer and carer voice. Learning Objectives: 1. Attendees will leave this presentation with knowledge that will assist them to (a) Increase the number of consumer and carer representatives (b) Strengthen and support quality representation (c) Providers will increase their
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awareness of the benefits in strengthening participation partnerships. 2. Consumer and carer participation is endorsed by the National Mental Health Standards and other guiding principles. Better outcomes can only be enhanced by increasing the quality, quantity and diversity of consumer carer representation.

**S09 Collaboration, confidence, capacity, community**

22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 3 &4

Snapshots - Brief Paper 10’: Developing a national consumer experiences of care tool. Who is it for anyway?

Brigid Clarke  Wayne Weavell

Quality improvement and innovation are priority areas under the Fourth National Mental Health Plan. The revised 2010 National Standards for Mental Health Services provide a key mental health quality framework that has a strong focus on consumer experience and participation in care. In this brief paper, we will describe the development of a national mental health consumer experiences of care survey tool which aims to support the translation of these policy commitments and Standards into service level improvement. We will highlight the tool development process and how the work was strengthened through a collaborative project team that combines technical, policy and lived experience. By listening to the policy, practice and consumer voices who have an investment and interest in the survey tool and drawing on their experiences, we are attempting to create a process that could be used to inform future implementation of the survey. We will present the draft survey that is being trialled in public adult mental health services and the technical and consumer evaluation approaches that are being utilised to ensure that the eventual survey tool is a meaningful and purposeful quality improvement resource. Learning Objectives: 1. Consumer involvement in quality improvement is critical to the development of a responsive mental health service. 2. The paper highlights a future resource to support services to meaningfully implement the 2010 National Standards for Mental Health Services. References: 2010 National Standards for Mental Health Services. 4th National Mental Health Plan.

**S09 Collaboration, confidence, capacity, community**

22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 3 &4


Helen McMullan

The project ‘Leisure Bank’ was an opportunity to enhance our current service provision by being innovative, strengths based and client driven. Fifteen consumers planned recreational and leisure activities, to then withdraw resources, financial support and worker support from their 'bank' to increase their notion of citizenship that had been disrupted and challenged by a range of barriers drawing them to common experiences of stigma and limited acceptance in mainstream community. Working within the Recovery Framework of goal setting, and utilizing internal resources and external resources clients were supported in attaining relationship skills and practiced accessing mainstream community resources to build their sense of community, citizenship and to increase their understanding of both their rights and responsibilities to help achieve meaningful goals and understand their individual and collective strengths. The peer learning provided opportunities to learn from each others strengths and challenges and experience of successful gains providing respite from challenging daily life. WHO-Qol Bref data reflected mean data 50% lower than the Australian population norms across all the domains of quality of life,
health, physical health, psychological, social relationships and environment, suggesting all clients self report a much lower quality of life in all areas of their life.

Learning Objectives:
1. Clients were referred to Filling the Gap due to unstable housing or at risk accommodation. Criteria included no current case management by other providers as historically they have slipped through the gaps of service provision some times due to their limited insight into the needs and issues they experience.

References:
- Responding to People with Multiple and Complex Needs, Phase one report, Department of Human Services, July 2003.

**S09 Collaboration, confidence, capacity, community**

22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 3 &4

Snapshots - Brief Paper 10': Consumer and Carer Representation building confidence and capacity.

Penny Thomas  
Louise Howe

In 2011, Western Australia's Mental Health Commission announced scholarships for people employed in mental health services for the 2012 academic year. Some of these scholarships were targeted at people with a lived experience of mental illness. Members of Peel and Rockingham Kwinana (PaRK) Mental Health Service's 'Guidance Group' successfully applied for scholarships. This dedicated group of volunteers represent Consumers and Carers on strategic and leadership committees across PaRK Mental Health Service. In consultation with all stakeholders, Murdoch University's Executive Education Centre designed a program to meet the specific needs of this group. The focus was on developing leaders in the area of Consumer and Carer representation, including exploring: what is important (values), hearing what consumers and carers want (stakeholder inclusion), getting the message across (communicating effectively), navigating communication (conflict resolution). The final product is a credit to the partner organisations who demonstrated flexibility and creativity throughout the process. The goal of this important initiative is to plan for a future roll-out to include Consumer and Carer representatives across WA. Hear about how meaningful citizenship through collaboration is being promoted at PaRK Mental Health Service - producing a win-win situation for all. Learning objective 1. To gain an understanding of how three agencies worked together on a pilot program to provide targeted education and leadership skills to Consumer and Carer representatives in Peel and Rockingham Kwinana Mental Health Service. 2. Citizenship has been described as 'the quality of an individual's response to membership in a community References: Merriam-Webster Online Dictionary at http://www.merriam-webster.com/dictionary/citizenship viewed 7th March 201 2. WA Mental Health Commission - Mental Health 20 2. Making it personal and everybody's business. Reforming Western Australia's mental health system. (in particular see p 4 - Key principals; p 6 - Connected approaches; p 17 - Services working together; p 43 - A sustainable workforce, Looking forward; p 44 - A high quality system.)
S09  Collaboration, confidence, capacity, community
22/8/2012  From: 1130 To: 1300  Venue: Meeting Room 3 &4
Snapshots - Brief Paper 10':  Regaining citizenship; Connecting with community at Yakkalla.

Liz Kelly
Recovering Citizenship is ABOUT growth and change for a consumer driven program; Yakkalla Recreation Program (YRP) has operated since inception 2003, servicing consumers on the Central Coast NSW. We continue to go from strength to strength, thanks to a dynamic forward thinking approach which has seen us move from ‘just a place to go’, to a program which is underpinned by new attitudes on linking and sustaining good Mental Health with healthy lifestyle options and is reflected in Policy reform guiding how Mental Health Services within a community setting can best serve consumers. Yakkalla (YRP) is a collaborative partnership of government and NGO owing success to all key stakeholders for planning, development and ongoing day to day management. Imagine, a place in your community where formality and ‘sickness’ is left at the door, friendship; smiles abound, participation is nontime framed, non clinical, and a choice of up to twenty programmed activities offering a pathway of recovery/social inclusiveness await...IMAGINE, a community Mental Health leader where respectful connections to community is part of our vision. YRP not only utilizes fantastic onsite facilities, we maximize community connectedness and coastal surrounds as activity based opportunities. YRP offers hope and reconnects people to self, family and community by breaking down barriers of isolation and building resiliences along the way. Learning Objectives: 1. The audience will learn who we are, how it began, and how we now work to support consumers accessing our service in the context of ‘recovering citizenship’ 2. Will demonstrate how YRP is putting Policy into practice as an integral community support structure fundamental to sustaining good mental health outcomes.


S09  Collaboration, confidence, capacity, community
22/8/2012  From: 1130 To: 1300  Venue: Meeting Room 3 &4
Snapshots - Brief Paper 10':  Restructuring for Independent Citizenship.

Steven Dolman  Brian Owen
This presentation will be pertaining to regathering our independent ownership (citizenship) based upon our philosophical starting charter as a consumer focused organization. With the requirements these days from funders focusing on outcomes and accountability there is a vast need for NGO’s to be very professional and financially viable and yet be able to maintain our consumer ownership. Before problems can be solved it is necessary to be able to agree on just what the nature of the problem is. This may prove complicated in discussions about the need for, and scope of, restructuring required. How do we involve and engage members, to have the right and the necessary support to make/be involved in decisions affecting oneself, family, and to be engaged in community life. How did we lose our way from our charter? What/where do we go from here? Going from being dependent to independent. Learning objectives: 1. You will be able to identify what is wrong, be like the chameleon and change focus by restructuring successfully as an NGO and meeting funding body requirements. 2. Reclaiming citizenship to be consumer

S10 Quality, outcomes, ethics
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 5 & 6
Snapshots - Brief Paper 10': How Mental Health Group Workers think about their practice
Michelle Swann
Little specific research has been conducted which has focused on group work in the mental health field and, more specifically, the relationship between what group workers think they provide and how the recipients of these services evaluate the group work they have received. The current exploratory study was designed to examine this question, albeit to a limited degree. By undertaking seven semi-structured, in-depth interviews with group work academics and experienced group workers the current study examined how a sample of group workers in the mental health field understood and theorized their practice. This material was compared with the results of a critical review of consumer and carer perspectives derived from secondary data sources. This comparison identified two conclusions (i) there is currently a sizeable gap in the available literature concerned with the articulation by consumers of their needs and views with respect to group work, and (ii) it is likely that better co-ordination between what is offered by professionals and what is wanted by consumers could be facilitated if group workers were more explicit in their capacity to identify and cite group work theory and were more attuned to the views of their service recipients in how their groups were planned and evaluated.

Learning Objectives: 1.An enhanced understanding of group work theory and its application to mental health group work together with an increased appreciation of the needs of group members within mental health groups. 2. Effective targeted mental health group work is an asset to any mental health service, therefore, this exploratory study provides valuable insights into effective group mental health group work practice.


S10 Quality, outcomes, ethics
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 5 & 6
Snapshots - Brief Paper 10': Bridging organisations through their code of ethics.
Evan Bichara  Sandy Mulhauser
From the doctor's Hippocratic Oath to today's many organisaitonal Code of Ethics - it is imperative to further dialogue in this area. Building stronger communities and raising human understanding to create better moral working environments is a catalyst towards best practice for any profession. Designing and re examining frequently one's organisaitonal code of ethics is a forward process many organisations undertake to review and re design their code of ethics. It will look at different code of ethics belonging to different professions in the mental health sector and discover that many similarities do exist. THis enhances opportunity for
collaboration and partnerships to develop with organisations knowing that their work similate to each other. The brave and large aim of this paper is to belong to code of ethics of some different organisaitons together in a way better than ever before so that engagement in philosohical discussions can emerge in working together. It is hoped through this paper key understandings concerning the improtance of talking about code of ethics of organisaitons so partnerships may easily be bridged and established for better outcomes at large with the wide Mental Health communities.

Learning Objectives: 1. Audience will learn that regurldless of diverse fields & Professions within the MH sector similarities do exist and that opportunities lie in working together on similar plainfields with similar working ethics to enhance the standard of care given by the service providers to ALL consumers, their families and their carers to produce a more thorough and productvie MH system. 2. As the Australian population each year grows substantially and the need for MH services expands in similar proportions we need to acquire existing methods of how to enhance MH services to contribute to this increasing demand. We need to make use of existing supply of services more effective and what better way than engaging them to work together by exploring their code of ethics. This will allow more transparency in similarities of work ethics (values) and therefore allow easiness to work together.

References: RANZCP College of Psychiatrists - Code of Ethics. VMIAC Consumer peak body of Victoria - Code of Ethics.

S10 Quality, outcomes, ethics
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 5 & 6
Gail McNaul  Michelle Orr
This presentation will show how Centacare, Catholic Diocese of Ballarat, Mental Health Services have measured outcomes on the journey of recovery for people with a mental illness, with the services they provide, supporting the Victorian Department of Health's 'Framework for Recovery Orientated Practice. The model of support that has been implemented is the Mental health Recovery Star (one of a family of stars from the suite of 'Outcomes Star'- A tried and tested tool to support and measure change.), which is an evidenced based practice that supports recovery by valuing the clients/consumers perspective and giving them choice in mapping their own journey of recovery, making decisions on interventions and measuring the outcomes. This practice supports social inclusion and is holistic in its approach to recovery. Interventions made by the client/consumer and worker are agreed upon in collaboration, providing empowerment to the client with their choices, whilst understanding change isn’t easy. The dimensions covered are: Managing Mental Health, Self Care, Living Skills, Social networks, Work, Relationships, Addictive behaviour, Responsibilities, Identity and self esteem and Trust and hope. The model covers all dimensions linked to recovery which have been identified by clients/consumers, carers and professional services. Learning Objectives: 1. The audience will gain an insight into an empowering holistic journey of recovery. 2. The audience will also be able to visualise the measured outcomes. Reference: 1. Framework for Recovery Orientated Practice (2011) Mental Health and Drugs Division, Victorian Government. Department of Health Melbourne Victoria 2. Mental Health Recovery Star, Joy MacKeith and Sara Burns, Triangle Consulting, London.
Snapshots - Brief Paper 10': Using Measures of Service Quality to Improve Client Outcomes.

Phil Eddy

In 2009, St Luke’s community services sought to develop a method of collecting client feedback in a way that information and data collected would be able to have a direct and positive influence on client outcomes. The goal was to create something that could be easily administered and distributed, could involve a large number of clients without taking up a significant amount of time and could very clearly highlight areas to focus on that would have a positive impact on outcomes. St Luke’s created a quantitative client feedback survey that focussed on the various aspects of service delivery, satisfaction and outcomes. In 2011, 1022 surveys were mailed out and more clients were asked to participate via staff consultation and through group sessions. 140 surveys were gathered in total. Analysis found that satisfaction, outcomes, tangible resources and staff knowledge were all rated significantly higher than the previous survey; while accessibility and recovery factors were rated lower. This type of survey allows St Luke’s to measure client perceptions about service quality and their own achievements, and turn these perceptions into tangible activities, and then target specific aspects of service quality to focus on for improvement. Learning Objective 1: This presentation aims to provide alternative ideas about the how client feedback is collected, and how this information is used to improve client outcomes. Learning Objectives: 1. This topic focuses on service evaluation and improvement and how this interacts with client outcomes. References: Aarons, G. A., Wells, R. S., Zagursky, K., Fettes, D. L., & Palinkas, L. A. (2009). Implementing Evidence-Based Practice in Community Mental Health Agencies: A Multiple Stakeholder Analysis. American Journal of Public Health, 99(11), 2087-2095. Olorunniwo, F., & Hsu, M. K. (2006). A typology analysis of service quality, customer satisfaction and behavioral intentions in mass services. Managing Service Quality, 16(2), 106-123.

Snapshots - Brief Paper 10': Bringing Consumers and Carers to the Table - Collaboration in the development of Outcome Measures.

Tania Lewis

This paper will present an overview of consumer and carer consultation and collaboration undertaken by the Australian Mental Health Outcomes and Classification Network (AMHOCN) in the development of three consumer and / or carer rated outcome measures; Life in the Community Questionnaire, Carer Experiences of Care measure and an online version of the K-10. Routine Outcome Measurement began in Australia in 2001 and has subsequently been implemented across all states and territories. The Australian Mental Health Outcomes and Classification Network is in the process of identifying and developing a number of new measures in consultation with relevant expert panels and subcommittees on which consumers and carers sit. In addition, AMHOCN is consulting, and collaborating with consumers and carers during a two-day workshop in July 2012 bringing together members of the National Mental Health Consumer and Carer Forum and the National Register of Mental Health Consumers and Carers. Consultation with state and area representative consumer and carer groups is also...
being undertaken. This session will provide an overview of the consultation process and introduce two draft measures, the consumer completed Life in the Community Questionnaire and the carer completed, Carer Experiences of Care measure and an online version of the K-10. Learning Objectives: 1. Participants will hear how AMHOCN is collaborating with consumers and carers throughout Australia in the development and piloting of several proposed national Outcome Measures; 2. Participants will view draft copies of two of the new measures; the consumer completed Life in the Community Questionnaire and carer completed Carer Experiences of Care. The online version of the consumer completed K-10 will also be introduced. References: Fourth National Mental Health Plan: An agenda for collaborative government action in mental health, 2009-2014. Canberra: Commonwealth of Australia; 2009

S10 Quality, outcomes, ethics  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 5 & 6  
Snapshots - Brief Paper 10': Carers Experience of Mental Health Care  
Tim Coombs  
Within the Fourth National Mental Health Plan, Priority Area 4: Quality improvement and innovation, articulates the need to improve the carer and consumer experience of engagement with mental health services. This is also reflected in the National Standards for Mental Health Services 2010 which recognises the role played by carers, as well as their capacity, needs and requirements as being separate from those of consumers. The development of measures specifically for carers was identified as an initiative within the 2nd National Mental Health Information Priorities document. The current paper will outline a review of the literature that yielded 10 potential instruments for measuring carers’ experiences of service provision. Comparison of these measures against seven review criteria identified just one measure that may be suitable for further development as a standard measure of carers' experiences of service provision across Australia. The development of this measure will be discussed along with the results of pilot testing. Learning Objectives: 1. Participants will gain a better understanding of carer experiences of care and its importance to mental health. 2. Participants will learn about approaches to the measurement of carer experiences of care and become familiar with the development of a measure suitable for use in Australia. References: Fourth National Mental Health Plan: An agenda for collaborative government action in mental health, 2009-2014. Canberra: Commonwealth of Australia; 2009. National Standards for Mental Health Services 2010. Canberra: Commonwealth of Australia, 2010

S10 Quality, outcomes, ethics  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 5 & 6  
Snapshots - Brief Paper 10': Client Management Systems - Struggle or success? Changing mindsets and using data to understand Recovery outcomes  
Jill Steverson  
Adopting a computerised Client Management System is a change management process that has multiple challenges and it can also be met with resistance. Schizophrenia Fellowship of NSW implemented a system 2 years ago from the UK called Framework i, to improve quality and measure outcomes. The process will be briefly outlined together with a survey of staff and client satisfaction 2 years on. Static data eg demographics is an early success, measuring Recovery outcomes is
more difficult. Using data collected from the outcome measure Camberwell Assessment of Need, and Individual Recovery Plans, results will be presented using the dynamic visual tool - Google Motion charts, showing change over time. The pitfalls and successes to date will be discussed.

**S11 Citizenship: advocacy, employment, generations**  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 7  
Paper 20': Believe ... Achieve.  
Peter Tos  Kerry Lynch  Lansi Lin  Rebecca Tsang

PreEmploy Institute staff believe that our program is a modern, real, working example of community involvement and a 'Recovering Citizenship' initiative. In the brief time we have been in operation, we have seen participants grow on a personal and professional level, thus finding the confidence to be more proactive in the community. Our holistic approach to recovery sees participants grow in confidence as they become empowered by our 'You can achieve' philosophy. Whilst preparation for open employment is our primary goal, positive side effects have also been found in other areas of consumers' lives. We propose highlighting these achievements and giving an insight into the PEI story with a 10 minute documentary style video presentation. This presentation will be produced and presented by former and current PEI participants, and supported by staff. The documentary with the working title of 'Believe à Achieve' will feature interviews with PEI participants and staff. Some of the areas which the presentation will focus are: Building confidence (by mutual respect and inclusion); No limits (freeing ourselves of limits set by others); Ladders (a tool used at PEI to identify goals); What I've achieved through PEI (students' stories); How the PEI team works together and what each member brings to the equation. Learning Objectives: 1. The audience will hear of the benefits of a holistic approach to preparation for open employment; Benefits that promote self esteem and community engagement, as well as job skills. 2. This is a new way of looking at recovery and building confidence to engage with the community in both employment and social environments.

**S11 Citizenship: advocacy, employment, generations**  
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 7  
Paper 20': From Consumer to Carer and Back Again: Managing intergenerational mental illness and employment.  
Fay Jackson

With the increase in life expectancy of people both with and without mental illness we have reached a state of being that may never have existed before. That is that consumers are finding ourselves in the position of caring for up to four generations of people with mental health issues and still working. We have fought for and earned the right to be educated and to work. We have struggled to gain ground, respect, recognition of our abilities and experience. We are students, CEOs, volunteers, general staff, Peer Support Workers, Commissioners, teachers, judges, and members of all fields of the arts. However in reality our lives and relationships are still often dogged by mental illness. Our parents are aged and being effected by depression, dementia, and comorbid conditions. Our adult children who have inherited our mental illnesses are having children who although being born into love and good physical and mental care, also have inherited mental health issues. We are consumers sharing the caring of people affected by intergenerational mental health issues and still need to work to pay our rent, mortgages and follow our
careers. We must learn to care for ourselves, relax and plan our lives. Learning objectives: 1. This presentation will prepare consumers for the intensity of caring for up to four generations of people with mental health issues and still ensure their careers and the ground they have gained are not lost. They will learn ways to relax and principals of time management. 2. This presentation is important for mental health services, clinicians, consumers and carers to attend to gain insights into the issues pertaining to intergenerational, across the lifespan mental health and the value placed on consumers' careers. It addresses the human rights and respect for consumers to have relationships, children, grand-children and to lead fulfilling lives.

S11 Citizenship: advocacy, employment, generations
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 7
Michael Burge Keiran Booth
The aim of this presentation is to promote awareness of the National Mental Health Consumer & Carer Forum (NMHCCF): who we are, what we do, future plans and how you can be involved. The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia. We have 24 members and our purpose is to give mental health consumers and carers a united, national voice focused on creating a more responsive service system that will improve their quality of life. Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform. Learning Objectives: 1. Audience will learn about the NMHCCF: who we are, what we do, activities we undertake on any given issue, future plans and how you can be involved. 2. Conference participants will also hear about the importance of giving mental health consumers and carers a united, national voice focused on creating a more responsive service system that will improve their quality of life.

S12 Creating better futures for aboriginal people
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 8
Paper 20': Creative Livelihoods - It's not just art it's a healing thing.
Michelle Leenders
Creative Livelihoods evolved out of an innovative arts and health pilot project aimed at improving social and emotional wellbeing (SEWB) in remote Indigenous communities in Far North Queensland. It utilises creativity as a tool to engage with people with mental health problems and has produced a multitude of positive and unexpected outcomes for participants. A significant aspect of the project has been to include opportunities for intergenerational exchange between community elders and young people. Finally, the aim within evaluating this project was to test the hypothesis of the role of arts in improving social capital and inclusion, as well as social and emotional wellbeing in these communities. These types of projects offer unique opportunities in remote Indigenous communities for social enterprise, utilising creativity as the tool for meaningful engagement. They are best practice examples of projects which respond to challenging environmental and social changes. There is enormous potential for this concept to contribute to the wider social and economic future of remote Indigenous communities by encouraging creative livelihoods. This presentation will highlight the challenges and opportunities of using collaborative, innovative arts and health partnership models to address SEWB, in remote
Indigenous communities in Cape York and present results from the Evaluation of the project over the past 3.5 years.

S12 Creating better futures for aboriginal people
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 8
Paper 20: Trauma: A pathway to prison for Aboriginal women.
Juanita Sherwood Elizabeth Sullivan Tony Butler Lise Lafferty Sacha Kendall

There is an international phenomenon of trauma, cumulative trauma (including sexual assault and family violence) and high incarceration rates amongst the world's Indigenous peoples. Duran and Duran (1995:30) make the point: 'the world has not acknowledged the Holocaust of native people'. However, unlike the Holocaust, the process of colonisation worked to entrench trauma within the culture of the group being colonised over multiple generations. Thus, colonisation was not a single experience of trauma but an ongoing series of events which continuously injured and victimised the colonised race. However, a lack of awareness among mental health workers in understanding intergenerational trauma can have social-emotional wellbeing and cultural implications on the healing process for Indigenous peoples. Trauma and/or PTSD play a major role for impacting on Aboriginal women and appear to be a part of the pathway for these women into prison. Aboriginal women are more likely to experience trauma, discrimination, domestic violence, substance misuse and social emotional wellbeing issues, thus increasing their exposure to these pathways (Heffernan & Andersen et al. 2009:41). While research in the USA and Canada already support this, we are currently conducting research within Australia to understand the correlation of trauma and imprisonment on Aboriginal women. Objectives: 1. Audience members will take away in-depth understanding of the complexities experienced by Aboriginal women, their families and communities as these women 'cycle through' the prison system without appropriate supports in place. 2. This topic is relevant to mental health services and psycho-social issues in that multiple complexities including undiagnosed mental health (undiagnosed and/or self-medicating), substance misuse, trauma and PTSD can further traumatisse and compound experiences of victimisation of Aboriginal women. References: Duran, E and Duran, B 1995, Native American Postcolonial Psychology, State University of New York, Albany, New York. Heffernan, E., Andersen, K et al 2009, 'The insidious problem inside: mental health problems of Aboriginal and Torres Strait Islander People in custody', The Royal Australian and New Zealand College of Psychiatrists, 17 (Supplement): s41-46.

S12 Creating better futures for aboriginal people
22/8/2012 From: 1130 To: 1300 Venue: Meeting Room 8
Cate Stanton Grant Wilson Matthew Salen Paul Ryan

The Aboriginal Housing and Accommodation Support Initiative (HASI), is a NSW government program that was developed to provide culturally appropriate support services, for Aboriginal people who experience significant social and emotional wellbeing issues. The program assists clients to achieve stable housing and links to resources while emphasising the significance of the interconnectedness of individuals in the context of family, wellness clusters, community and the land. This paper will explore this culturally-specific service designed to enable Aboriginal people to heal within their community. It will be presented by an Aboriginal worker.
who will be accompanied by an Aboriginal musician to emphasise that the foundations of this recovery program are rooted in Aboriginal culture. The paper will review the theoretical underpinnings of Aboriginal HASI, describe its structure, and outline its implementation across urban and rural NSW. It will also address the challenges of providing the service and provide examples of the resources required to achieve positive outcomes for clients, families and communities. It will conclude that with sensitivity and commitment, programs such as Aboriginal HASI are able to facilitate a culturally appropriate recovery pathway towards community connectedness and citizenship for Aboriginal service users.

S14 Cultivating Emotional Balance
22/8/2012 From: 1400 To: 1500 Venue: Hall A&B
Workshop 1 hr: Cultivating Emotional Balance—from adjustment to flourishing
Ivan Milton
For thousands of years all the spiritual traditions of the world have used contemplative practices to enhance human well-being and flourishing. Modern science, too, has developed new ways of understanding the mind and promoting healthy psychological balance and adjustment. CEB, a intensive (42-hour) meditation/emotion regulation training, has been developed over a decade by Dr Paul Ekman, a world leader in the science of emotion, and Dr Alan Wallace, an eminent Buddhist scholar and contemplative. In a recent Random Control Trial CEB has been shown to reduce the destructive enactment of emotions and enhance the experience and expression of altruistic love and compassion. Ivan Milton (Ven Thupten Lekshe) will give an overview of CEB and discuss its potential value for mental health workers and their clients.

S15 Recovery-orientated culture
22/8/2012 From: 1400 To: 1500 Venue: Hall C
Paper 20': Service Coordination: True Partners in Recovery or Just More Medical Model Approaches..
Tina Smith
The concept of integrated service delivery is increasingly prominent in the Australian government's policy agenda (i.e., care/service coordination approaches). But just what is service coordination and what are the skills required by service providers to deliver integrated psychosocial services? In 2011, the Mental Health Coordinating Council (MHCC) worked with Dr. Leanne Craze to develop a 'Care Coordination Literature Review and Discussion Paper. This was undertaken toward informing MHCC's proposed NSW Service Coordination Strategy. The literature review included information about existing service coordination programs undertaken in Australia, New Zealand and the UK including lessons and limitations. A framework for thinking about service coordination was developed and proposed as a structure for evaluation of care coordination programs (e.g., Partners in Recovery). A major gap identified in the literature was the lack of consultation with people with lived experience of mental illness and/or recovery and their families and carers about the knowledge, skills and attitudes /relationships required for effective service coordination. MHCC is currently undertaking these consultations towards providing leadership on this matter. Consumers are increasingly complaining about the growing number of 'care coordinators' involved in their service delivery and seek self-directed care consistent with the aspirations of the proposed National Disability Insurance Scheme. Learning Objectives: 1. Participants will gain a more complex
understanding of the challenges related to achieving effective service coordination and, hopefully, more critically appraise the nature of the service being discussed when care coordination activities are being discussed, planned, implemented and evaluated. 2. Participants will benefit from the perspectives of people affected by mental illness in NSW about the mental health worker competencies required for effective service coordination. References: Mental Health Coordinating Council (2011). Care Coordination Literature Review and Discussion Paper: Mental Health Service Coordination and the community Managed Mental Health Sector in the Context of the National Health and Hospitals Reform Agenda. MHCC: Sydney. Commonwealth Department of Health and Ageing (2007). Evaluation Report of the Second Round of Care Coordination Trials. Australian Government: Canberra.

S15 Recovery-orientated culture
22/8/2012 From: 1400 To: 1500 Venue: Hall C
Ruth Vine Leanne Craze
The 4th National Mental Health Plan included the promotion and adoption of a recovery oriented culture in mental health services as a key action. A shift towards recovery oriented practice has been supported through increased investment in community based treatment and support, and through legislative provisions directed to greater emphasis on supported decision making, autonomy and choice. A number of states have developed their own policies and guidelines to support recovery oriented care. A National forum is being held to share learnings and practice changes in Australia and internationally. We will describe the process and findings of national consultations to support the development of a nationally agreed framework to guide delivery of mental health services across the life span and spectrum of care. Learning Objectives: 1. To gain a greater understanding of the implications and expectations of recovery oriented care in mental health practice and service delivery. 2. To understand the complexity of a national consultation process and the means by which consensus is being sought. References: National Recovery Oriented Mental Health Practice Framework discussion paper. CrazeLateralSolutions. March 2012 Reference: 2.4th National Mental Health Plan - an agenda for collaborative government action 2009 - 2014.

S16 Employment: social purpose organisations
22/8/2012 From: 1400 To: 1500 Venue: Hall D
Paper 20*: Health Optimisation Program for Employment (HOPE) assists job seekers with mental illness to better manage their health in order to gain and maintain employment
Caitlin McDowell
Employment is increasingly recognised as a key factor in recovery from mental illness, and a key component of social inclusion. However, people with a mental illness are significantly under represented in employment statistics (ABS, 2007; Australian Government, 2011). To address some of the barriers for job seekers with mental illness, Social Firms Australia (SoFA) has collaborated with St. Vincent's Health to develop the Health Optimisation Program for Employment (HOPE). HOPE has been adapted from an evidence-based psychoeducational program, to focus on managing health in the context of getting and keeping a job. SoFA employs a team of peer educators who assist in delivering the programs alongside facilitators from
local mental health or employment services. Peer educators have contributed to the success of the program as they empower and educate participants about their health. Since 2010, over 300 participants have completed the program, which has improved their sense of self efficacy and ability to achieve their employment goals. Evaluation has shown that in the six months post-program, 60% of participants have secured new work or become engaged in education and training programs. In summary, the HOPE program has enabled and empowered participants with mental illness to take greater control of their health in preparation for sustainable employment. Learning Objectives: 1. Attendees will learn about a new program that is helping job seekers with a mental illness manage their mental health and wellbeing as they progress towards their employment goals. 2. This presentation will outline the importance of evidence-based psychoeducation for people with mental illness, and how peer educators with the lived experience of mental illness can enhance the outcomes.

References:

S16 Employment: social purpose organisations
22/8/2012 From: 1400 To: 1500 Venue: Hall D
Paper 20': Social enterprises: defining the role of social co-operatives in Trieste, Italy
Roberto Mezzina
In the context of low numbers of psychiatric beds, 24 hour community mental health centres and the closure of the psychiatric hospital decades ago, Trieste (population of 240,000) is renowned for the high number of social cooperatives and many innovative programmes in the area of recovery and social inclusion. Italian Law 381, "Regulation of Social Coops", states that these social enterprises "work in the public interest through the human promotion and social integration of citizens". The workforce must be made up of at least 30% of "disadvantaged" people who should be members of the coops for which they work. The Law also provides for public agencies to stipulate contracts with Type B coops for goods and services not pertaining to social, healthcare or education, in order to create employment opportunities for disadvantaged persons. Subsequent Regional and National legislation further defined and expanded the functions of coops, especially in terms of the public funding/contribution of resources for training and the kinds of public contracts that can be stipulated with coops, as well as providing for individual coops to form consortiums. Trieste’s work co-operatives include: Landscape maintenance, salvage and recycling, transport, porterage, management of parking areas/garage, café, catering, hotel, radio station, Gardening, information technology, public relations, maintenance of public greenery, cemeteries, organisation of events, exhibitions and conferences, graphic products and services, silk-screen, data processing publications. Roberto Mezzina will discuss and define the Trieste social co-operatives in this talk.
S17 People Planning: count on it
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 1
Workshop 1 hr: Knowing the People Planning - count on it to change lives
David King  Carolyn Swanson  Barry Welsh  Clinician

KPP is a Kiwi invention new to Australia that was awarded a Silver Medal at the 2011 TheMHS conference in Adelaide. This year a workshop will explain the system with the aim of recruiting Australian participants to join the circle of enthusiastic users. This workshop will be of interest to: Consumers - how KPP handily assists clinicians do a better job for you. Clinicians - information that enables you to show what is working well and where help is needed to get things done for consumers. Managers and Planners - how to base plans on objective, quantified information, about real people and their needs. Politicians and Government Officials - information enabling you to show consumers, results, and tax-payers, value for money.

What is KPP?
Consumer orientated - KPP is based on what people who have used services for a long time say are their ten most important needs to speed their recovery and resume citizenship: KPP answers the question for each and every consumer - are you getting what was promised? Improves service performance - KPP assists productivity by defining the work and its purpose: for example, research (Welsh B D, below) shows reduced use of acute bed days in services using KPP. Encourages practical self-evaluation: KPP is an open, free, flexible system providers can adapt for their own purposes. Its principal use is in services for consumers who make long-term use of services, but the principles have also been applied to consumers of child and youth and methadone services. KPP is promoted by the New Zealand Ministry of Health and promulgated by Te Pou. KPP has been tested outside New Zealand and successfully used in UK inner-city districts. How does KPP help? KPP will tell you, who and how many people on your caseload need help with personal plans for recovery and crisis prevention change of accommodation paid work better medication access to a GP alternative to frequent hospitalization. Aims and Learning Objectives of Workshop: Understand the principles and value of KPP. How to use the KPP toolkit. Using KPP reports to influence plans and practice. How to join the current group of users to get advice, coaching and share experience. By helping ensure consumers get what they want, KPP speeds their return to independence and citizenship. References 1. Welsh BD. Co-production in Health Management: An Evaluation of Knowing the People Planning. A Thesis presented in partial fulfilment of the requirements for a degree of Doctor of Philosophy in Management. 2010: Available from: http://muir.massey.ac.nz/bitstream/ handle/10179/1680/02_whole.pdf?sequence=1. 2. Te Pou. Enhancing Systems to Meet the Needs of Long-term Mental Health Service Users: Te Pou; 2008 9 Feb 2012]. Available from: http://www.tepou.co.nz/library/tepou/enhancing-systems-to-meet-the-needs-of-long-term-mental-health-service-users.

S18 Physical and mental wellbeing
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 2
Paper 20': Wellbeing Unit a Multidisciplinary Model of Care for the Physical Health of People with Mental Illness.
Janice Plain  Kristine Grainger  Sharon Mak

The burden of chronic disease co-morbidities and associated premature death in people with mental illness has been well documented. However strategies and interventions to minimise and manage the chronic disease risks and mortalities to minimise morbidity in this population is limited. In 2009 NSW Health launched the
'Physical Health Care within Mental Health Services' policy and associated guidelines. They highlight that 'mental health services are uniquely placed to support an improvement in the physical health of those who use their service through the adoption of a holistic approach to the care and treatment of mental health consumers'. To respond to this challenge, Macquarie Hospital established a Wellbeing Unit in 2011 with a multidiscipline team, including Dietitians, Exercise Physiologist and Speech Pathologist. The Wellbeing Unit adopts a co-ordinated collaborative model of care to integrate physical health care into patient recovery. The unit assesses patients and prescribes positive lifestyle interventions in a coordinated lifestyle care plan care. Interventions and individual care plans are negotiated with the patient and focus on their well-being, self-management, self-efficacy and quality of life though patient centred lifestyle changes, which they are interested in.

Learning Objectives: 1. Participants will understand the lifestyle contributors to good physical health for people with mental illness and how these can be achieved. 2. Participants will learn from clinicians about monitoring physical health parameters and healthy lifestyle interventions, particularly related to diet and exercise, which can be applied and implemented in different settings.

References: NSW Health Physical health Care of Mental Health Consumers - Guidelines (GL2009_007), NSW Health Physical Health Care Within Mental Health Services - Policy Directive (PR2009_027)

S18 Physical and mental wellbeing
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 2

Paper 20': HIV and mental health- a review of consumer experiences and can this be used to recover citizenship.

Michael Smith

People diagnosed with a co morbidity of a mental illness and HIV positive are faced with multiple challenges with health and treatment. Both diagnoses have experienced community misunderstanding, poor media representation and societal intolerance that for many has resulted in stigma and difficulty accessing health services. Treatments can be complex and confusing with numerous services and clinicians involved in providing care and support. It has been documented that a co morbidity of mental illness and HIV leads to poor outcomes (Andersson-Noorgard, 2010). It has also been noted that mental health systems are seen to be reluctant to address the issues of HIV (Sullivan et al, 1999). This paper will discuss a review undertaken involving people with major mental health issues who are HIV positive and will explore experiences and challenges with these diagnoses. The paper will explore insights into how people understand and cope with this co morbidity and the services and supports that are involved in providing care. With this knowledge services can attempt to understand a consumer's perspective of how services and society treat them and how as clinicians we can help them regain citizenship into the society they live. Learning objectives: 1. To gain a better perspective of peoples experiences living with HIV and a major mental illness. 2. How these learnings can be incorporated to empower consumers to regain citizenship. References: Anderson-Noorgard K. (2010). Mental Illness and HIV. Social Research Briefs. NCHSR.oSullivan G., Koegal P., Kanouse D., Cournos F., McKinnon K., Young A. and Bean D. (1999). HIV and People with Serious Mental Illness: The Public Sectors Role in Reducing HIV Risk and Improving Care. Psychiatric Services 50(5), pp648-65 2.
S19 Overcoming self-abuse
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 3 & 4
Workshop 1 hr: SAFE in Sth OZ Self Abuse Finally Ends. A step by step to overcoming self-abuse, recovery program.
Jo Rugless  Annie Solcombe  Caitlin Sullivan
SAFE in Sth OZ recovery program is for individuals to achieve their resolve to overcome self-abuse and to provide them with a tool box for life. This tool box includes a diverse range of skills, techniques, strategies, life tools and workbook resources. This not only allows group participants to cease their self-destructive behaviours; it also allows them to manage any further urges or triggers to self-abuse. Self-abuse is a pattern of behaviour that provides both immediate gratification of an urge to avoid the confronting stressors of living, relieve of painful emotions and the need to punish oneself. It can also be described as a group of maladaptive coping strategies in response to some form of sexual, physical, verbal, emotional and spiritual traumas experienced with the developmental years. Sadly self-abuse is generally a short term gain at the expense of long term harm to the individual and often impacts on family, friends and carers. If the behaviour is not addressed as close to the first experience of self-abuse as possible, there is potential for the behaviour to spiral out of control. A flow effect to the community can be evident through the overuse of community resources, the cost of ongoing mental health issues or the tragic loss of a life. Working with youth as soon as possible after their first experience of self-abuse, which is often between the ages of ages of 10 - 16 years, will enhance the recovery process and in the future, ultimately reduce the number of adults individuals who continue to self-abuse. The SAFE in Sth OZ recovery program is an 11 model, step by step to overcoming self-abuse that is dedicated to helping individuals to overcome and further manage their self-destructive behaviour/s and move towards a safer and healthier lifestyle. Each module teaches group participants important personal and life skills that improve their perception of self, increasing their confidence, self-worth and empowering them to take control of their life whilst making safer, healthier and overall better choices. With Hope, Support, Companionship and Acceptance, clients are able achieve their resolve to overcome self-abuse. In the resulting life affirming environment group participants are able to use the many activities and stories to acquire and practise the knowledge and skills which permit them: to understand what triggers their self-abuse, to examine their thinking for cognitive distortions, to identify and better manage their emotional reactions, to identify harsh or critical self-talk and change it to supportive and helpful self-talk, to formulate a variety of alternative strategies to deal with trigger events, to choose more constructive alternatives and act on them, to form lasting and supportive relationships, to achieve their resolve to overcome self-abuse. SAFE in Sth OZ address’s the unmet recovery need clients and make a difference in their lives. The growing pressures on schools and community resources to address this trend are immense; the need to help is growing in urgency. Learning Objectives: 1. The SAFE in Sth OZ workshop will provide all participants with the opportunity gain practical hands on tools that can be taken back to the workplace to better support people who experience self-abuse. 2. There are a number of psychiatric diagnosis which are of applied to individuals who self-abuse. Over time some individuals receive more than one diagnosis, typical diagnosis labels could include: borderline personality disorder, eating disorders, addictions, post-traumatic stress disorder, depression and bi-polar. References: SAFE in OZ. SAFE in Canada.
S20 Wellbeing and cultural diversity
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 5 & 6
Workshop 1 hr: Harmony Place’s Well-Being Program.
Beatriz Martinez  Ruth Bello  Bronwynne Jettoo
This workshop aims to: oshare our community education model that increases awareness and understanding of mental health issues in communities from culturally and linguistically diverse background (CALDB).ostimulate ideas on delivery of well being /mental health programs odemonstrate an efficient and effective way to prevent mental health issues from becoming major mental illness. The purpose of the Harmony Place Well-Being Program is to empower individuals and communities to embrace and maintain well-being. We deliver innovative and creative community education to increase awareness and understanding of mental health issues in communities from culturally and linguistically diverse background (CALDB). We do this through fun activities which focus on mind, body and relationships. The activities and information presented in the sessions generate discussion on mental health which aims to break down the stigma around mental illness and to develop confidence for participants to access the appropriate assistance when needed. From the program’s inception in mid 2008 to December 2011 we have had a total of approximately 5,268 participants from 70 various countries attending the program. Our team has had the opportunity to witness changes in participants’ well being. We have seen hope instilled, increased belief in themselves and appreciation of the present moment as a key to move forward. We have received lots of positive feedback from participants which help us to confirm our observations e.g.: ‘I feel peaceful after this session. I will use this information a lot.’‘The exercises that I learnt today can help me to improve my health problems.’‘I really enjoyed this workshop, informative, clear, and engaging.’‘The most important thing I have learned is when I feel stressed; I have to do something like music, reading, exercise. Really I was in stress but now I got some idea of what to do. Thank you.’The above figures and feedback from participants demonstrate that our Mental Health community education, as per the Harmony Place model, is reaching a broad range of groups and having a successful impact on the CALDB communities in the Brisbane and Logan areas. This is an efficient and effective way to prevent mental health issues from becoming major mental illnesses. The costs of treatment are lessened because of early intervention. Learning objectives: 1.Participants gain ideas about creative ways of delivering mental health and well being community education. 2.This workshop demonstrates an efficient and effective way to prevent mental health issues from becoming major mental illness.

S21 Better Access to Primary MH Care
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 7
Round Table 1hr.: Primary Mental Health Care Roundtable the implications of changes and new developments to the Better Access and Access to Allied Psychological Services (ATAPS) initiatives.
Harry Lovelock  Jenni Parham
To provide a forum to discuss the changes and new developments in the delivery of psychological services within primary mental health care through the Better Access and ATAPS programs. The 2011-2012 Federal Budget included new investments in mental health and changes to the Allied Psychological Therapy Services (ATAPS) component of the Better Outcomes initiative and to the Better Access initiative that both provide psychological services to people with mental health problems.
presenters will provide an overview of the origins and purpose of each initiative, an update and overview of the current status of each initiative followed by analysis of available data and discussion of the impact of the changes. The forum will provide an opportunity for service users and providers to discuss their experiences thus far and the implications of the changes and new developments on future access and participation in the programs. It will also provide an opportunity to discuss the role of Medicare Locals in ensuring the ongoing effective implementation of these programs in the primary care setting. The Australian Government's investment to increase access to cost effective evidence based psychological services in primary care has been well received. This Roundtable will provide a forum to identify both opportunities and challenges for service users and providers in delivering these services in the primary care setting. Learning objectives: 1. To gain a better understanding of changes to the Better Access and ATAPS Initiatives. 2. To gain a better understanding of how to access these programs, To increase the participants knowledge on the impact of these changes and developments for service users and providers, To provide an update on the Partners In Recovery Initiative. References: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba, http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps.

S22 Recovering from trauma: personal, professional
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 8
Paper 20': Recovering citizenship - a personal perspective.
Cathy Kezelman
This paper will portray a personal journey of recovery from childhood trauma and its mental health repercussions. It is a journey common to many from facing stigma, judgment and social exclusion but one which has evolved to empowerment, autonomy and a way forward. It examines the reactions of family, friends and professional colleagues to mental illness and the damaging effects of those reactions. It analyses these factors within the broader socio-political landscape, and uses the personal to reflect on the community and societal factors which foster taboo and ostracise and marginalise fellow human beings, who are experiencing mental distress. At the same time it will explore the challenges many mental health consumers experience in seeking to participate in the lives of their communities as is every human being's right, desire and need. The paper seeks to examine the reasons behind stigma, taboo and discrimination, explore how these elements add to the challenges of recovery and what we might do as consumers, consumer organisations and as community managed organisations to counter them. It looks particularly at the lived experience of trauma and at re-traumatisation in existing systems and services and the role of traditional hierarchal models in maintaining both the diagnosis of illness and the perception of difference. It talks about a trauma-informed approach to care in parallel with a recovery-orientated model as ways of championing change, culturally, philosophically and practically. Learning objectives: 1. Principles of trauma informed care and recovery oriented practice. 2. Factors which foster stigma and taboo and how the consumer and community managed sector might counter them. References: Corinne Henderson & Jenna Bateman. 2010. A National Strategy for Trauma Informed Care. Mental Health Coordinating Council. Mental Health, Drugs and Regions Division, Victorian Government. Department of Health, Melbourne, Victoria 2011. Framework for Recovery-oriented practice www.health.vic.gov.au/mental health.
S22 Recovering from trauma: personal, professional  
22/8/2012 From: 1400 To: 1500 Venue: Meeting Room 8  
Paper 20': Restoring citizenship: trying to reform practice staff perspectives.  
Toni Ashmore  
Defining citizenship in Australia has been complex and confusing, so also has defining citizenship in mental health service provision. Implementation of a range of practices such as trauma informed care have been initiated over time in order to restore the values that are the essence of citizenship. Values such as dignity, freedom, equality, as well as opportunities to participate. Such values demand reflection on the status and rights of consumers. But what are staff’s experiences of reforming their own practice and workplace to align with citizenship values. This paper will draw upon the experiences of those working in community and inpatient settings. The presentation provides an overview of findings from a research study comparing two inpatient units (one in Australian and one in New Zealand), as well as the presenter’s own experience with staff in community settings. Challenges and key outcomes will help inform how staff and services can better promote and recover citizenship at a local level. Learning Objectives: 1. Participants will gain an understanding of staffs experience in trying to implement practice and reform a system to work in line with the values of citizenship. 2. Trauma informed care aligns with values of citizenship and sees these as core to its philosophy. The trauma formed care framework has been implemented internationally and is currently being rolled out to various degrees within mental health settings across Australia and New Zealand. References: Chandler, G. (2008). From traditional inpatient to trauma-informed treatment: Transferring control from staff to patient. Journal of the American Psychiatric Nurses Association, 14, 363-371. Huckshorn, K., Stromberg, N., & LeBel, J. (2005). Trauma informed care: An overview of fundamental concepts. In National Executive Training Institute (NETI) (Ed.), Training curriculum for reduction of seclusion and restraint. Draft curriculum manual. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center for State Mental Health Planning (NTAC).  

S24 Getting Older  
22/8/2012 From: 1530 To: 1700 Venue: Hall A&B  
Paper 20': Getting the message out to older people and their carers: depression and anxiety are not a normal part of ageing.  
Sue Gherdovich  
Older people are a priority target group for beyondblue. Depression and anxiety are under-treated in this age group and, in spite of recent improvements, stigmatising views around depression and ageing persist both in older people and in those who care for them. Research commissioned by beyondblue has highlighted a number of key gap areas that need to be addressed. The presentation will provide an overview of beyondblue’s work in the areas of research, awareness-raising programs, support for health professionals, education and training options, and consumer and carer engagement. The presentation will highlight two key projects being undertaken by beyondblue to improve outcomes for older people: a national awareness raising campaign targeting older people, accompanied by print, radio and TV ads; professional educational initiatives targeting staff in the aged care sector. Learning Objectives: 1. People in the audience will learn about latest research into depression and anxiety in older people, including levels of stigma and awareness among older people about mental health issues. 2. In discussing issues relating to
depression and anxiety in older people, and beyondblue's responses to those issues, the presentation is directly relevant to mental health services and mental health issues. References: McNair BG, Highet NJ, Hickie IB, Davenport TA. Exploring the perspectives of people whose lives have been affected by depression. Medical Journal of Australia 2002;176(Supplement):S69-S76. S Pettigrew et al. Mature adults' attitudes to mental health service utilisation. Australian Psychologist, June 2010; 45(2): 141-150.

S24 Getting Older
22/8/2012 From: 1530 To: 1700 Venue: Hall A&B
Paper 20': Developing a SMHSOP Acute Inpatient Unit Model of Care. John Dobrohotoff
Specialist Mental Health Services for Older People (SMHSOP) in NSW are currently undergoing a period of significant change. In line with the NSW Service Plan for SMHSOP (2005-2015) the OPMH Policy Unit undertook a project to develop a model of care for SMHSOP acute inpatient units. The current units have been developed under a range of models of care. The project was intended to guide service improvement and service development in existing units and to inform planning for new units and ultimately to support greater consistency and quality of care across NSW. The final report contains detailed information regarding the current published literature along with the current range of service models and practice. Based on this information and on the consensus opinion of clinical experts the report provides recommendations regarding good practice and service development guidelines to inform planning and development. This presentation will discuss the processes undertaken to develop the recommendations and guidelines and will give some examples of the more significant and challenging priorities for change. Learning Objectives: 1. Audience members will gain an understanding of the processes involved in developing a Model of Care in a specific mental health setting and some of the key priorities for change in SMHSOP Acute Inpatient Units in NSW. 2. The Model of Care is comprehensive and will be of value in guiding service improvement in existing units as well as informing service planning for new units. References: NSW Health (2012). Draft Specialist Mental Health Services for Older People (SMHSOP) Acute Inpatient Unit Model of Care Project Report (in press). NSW Health (2006). NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015.

S24 Getting Older
22/8/2012 From: 1530 To: 1700 Venue: Hall A&B
Paper 20': Ourselves - getting older. Reflecting on thirty years of mental health consumer advocacy and action. Meg Smith
What are the factors that have been influential in bringing about positive change in mental health services policy and practice in Australia over the last thirty years? This paper will explore some key historical issues in change and transformation of mental health care. In 1981, the International Year of Disabled Persons, a number of consumers and clinicians got together to rephrase mental illness as 'psychiatric disability'. Mental health activists have effectively used this strategy of changing the face of the issues to take advantage of current government policies and issues being taken up by other social movements. As people living with mental illness get older, there are a number of unique issues that we have yet to face. There are now
excellent programs for young people experiencing first episodes of psychosis - but what about those of us in our fifties and sixties? We are living longer thanks to better treatment and services over the last thirty years - but where are the services for us and what will be the upcoming challenges? A number of case studies will be presented that illustrate how community mental health groups are rephrasing issues to develop innovative services and resources. While there are lessons to be learnt from successful action in the past, these groups have developed new strategies for change. learning objectives: 1.to explore the history of consumer activism in Australian mental health; 2.to develop strategies for future change based on what we have learnt from the past thirty years .

S25 Personal road to recovery
22/8/2012 From: 1530 To: 1700 Venue: Hall C
Featured Symposia: The Personal Recovery Journey - the road to citizenship
Paula Hanlon Michael Appleton Paul O'Hara Linda Mizzi Douglas Holmes Lynda Hennessy
Recovery “...involves the re-definition of a sense of self, the emergence of hope...and the establishment of meaningful relationships with others” (Provencer, Gregg, Mead & Mueser, 2002). The presenters, Michael Appleton, Paula Hanlon and Paul O'Hara, Linda Mizzi, Douglas Holmes and Lynda Hennessy will reflect on specific aspects of their personal journeys describing how their sense of self and hopefulness for wellbeing aids the development of meaningful relationships and a sense of citizenship and vice a versa. The presentations will explore the importance of performing “significant social roles” and the relationship with wellness and life satisfaction. The symposium will provide an opportunity for participants to discuss the mechanics of ‘recovery focused’ services and how the individual approach is not only essential but is possible and can be successful in supporting the recovery experience for consumers. The “Recovery Bus” will be introduced as a concept promoting the personal responsibility and ownership of the recovery journey.

S26 Supporting employment, understanding recovery
22/8/2012 From: 1530 To: 1700 Venue: Hall D
Paper 20’: Partnerships for Employment: The perfect match for getting jobs for people with a serious and persistent mental illness.
Luisa Adesso Catherine Skate
Forming effective partnerships between mental health and disability employment services has long been recognised as a key strategy to enable people with serious and persistent mental illness to enter the paid workforce (Nicholson & Skate, 1995). Recently, the Individual Placement and Support (IPS) Model of supported employment has demonstrated that partnerships between employment and mental health services has consistently shown employment outcomes of 60% worldwide (Bond, Drake & Becker, 2008). So how can we not only build but sustain evidence based effective partnerships between mental health and employment services to get people into employment? This paper will discuss the implementation of the Blacktown City Mental Health and WISE Employment Collocation Initiative and propose how a dedicated Vocational, Education, Training and Employment (VETE) Clinician can be a crucial value adding factor in sustaining effective partnerships required to deliver services using the IPS model, and potentially yielding greater employment outcomes for people with serious and persistent mental illness. Learning Objectives: 1.Members of the audience will gain an understanding of the practicalities of
developing and sustaining partnerships between mental health and employment services to increase open employment opportunities for people with a lived experience of mental illness. 2. This topic is extremely relevant to mental health services and current mental health issues as increased opportunities for employment for people with a lived experience is a crucial factor impacting on a persons recovery and assist them in the process of regaining their citizenship. References: 

S26 Supporting employment, understanding recovery
22/8/2012 From: 1530 To: 1700 Venue: Hall D
Paper 20': Understanding the domains and later stages of the recovery journey: Insights gained from Clubhouse members.
Nicola Hancock Anita Bundy Anne Honey Mark McMahon Sally Tamsett
This paper reports on a multi-phased collaborative project which advanced the understandings and measurement of recovery. Trained consumer and academic researchers worked together throughout this study. First, we tested the utility of the Recovery Assessment Scale (RAS) and enhanced its measurement properties where possible. However, we identified that the RAS did not contain items to enable precise measurement of people further along their recovery journeys. We then ran focus groups with people who scored highly on the RAS to better understand what is involved in later-stage recovery. Findings suggest that recovery is multifaceted, including clinical, functional, social and personal or psychological aspects. Further, each recovery domain involves earlier and later-stage recovery achievements. We mapped our findings against the RAS items. It appears that additional items are required if people further along their recovery journeys are to precisely measured. The aims of this paper are to: Describe a multifaceted and multi-staged perspective of recovery. Describe earlier and later-stage recovery achievements that occur within each facet or domain. Outline how this knowledge can lead to a stronger and more sensitive recovery instrument that would better measure people in later stages of recovery. Learning objectives: 1. Participants will leave this presentation with a greater understanding of the multi-facetted and multi-staged journey of mental health recovery and appreciate the challenges of ‘capturing’ these within currently used recovery measures. 2. Nationally and internationally, efforts are being made to develop a robust mental health recovery instrument that can be used in routine outcome measurement. Currently no instrument is ideal and no sensitivity-to-change properties have been reported. This paper will report on a collaborative research project that advances the conceptualisation and measurement of recovery.

S26 Supporting employment, understanding recovery
22/8/2012 From: 1530 To: 1700 Venue: Hall D
Paper 20': Mindful Employer: A SANE response to mental illness at work.
Charmaine Smith
Mindful Employer, an initiative from SANE Australia, provides managers and employees with mental illness awareness training and the skills to work with, and support an employee who has a mental illness. The training increases a persons’ confidence and ability to work with a person who is affected, directly or indirectly.
Responding effectively to mental illness in the workplace can seem confusing and difficult. Managers may be tempted to avoid the situation because they don't have the right solutions or the knowledge to respond effectively. With the right information and skills both managers and employees can effectively support an employee affected by mental illness. This presentation will outline how workplace training in mental illness, can benefit not-for-profit, public and private organisations. Going beyond mental health awareness to look at the skills and information that both managers and employees need, including information on disclosure, workplace adjustments and knowing how to respond proactively and positively to behavioural or performance changes.

S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Snapshots - Brief Paper 10': The evolution of a 30 year support group.
Susana Bluwol
The Ryde Bipolar Disorder Support Group based in Sydney, NSW has been meeting for over 30 years. It invites consumers, carers, families and friends of people with bipolar. This presentation will include a short historical background on how this group was formed. It started in the living room of a person diagnosed with Manic Depression, today Bipolar, as an afternoon tea event to share personal experiences and how to live with the condition. As the group grew in numbers there was a need for a more appropriate venue and a more structured approach. There was a change in facilitator and the focus of the group included carers. There have been changes along the way with the group focussing and adjusting to the needs of a diverse and multicultural community. Over the years the group has seen close to 200 members. Due to its continuity the members have revisited the group when needed. Bipolar Disorder is a condition that could present relapses at any time, therefore the constant support provided by the group is valuable. Isolation and rejection are the reality of many consumers and carers. They develop trust in the group finding a place of true acceptance and inspiration. Learning Objectives: 1: The audience will learn about a successful model of an inclusive multicultural bipolar support group for consumers, carers, family members and friends. This model could be applied to other mental health conditions. 2: The continuity of the support group (for 30 years) has reduced relapse rates and people have regained employment, study and mental health stability. The group provides personal support and general information conducted by guest speakers. References: Assoc. Prof. Meg Smith OAM. Looking Back: Support Groups for People with Mood Disorders. Accessed: 8-3-1. 2. Kate Maclean. The Support Group Survival Kit - A Guide to Setting Up and Facilitating Support Groups, Mental Health Association NSW. Oct. 2001

S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Caring for Carers - Supporting the front line of mental health
Adrienne Mary Hicks  Bernie Triggs
Carers, including close family members and friends, are the 'front line' of mental health services, providing crucial support for a person with a mental illness, at times 24 hours a day, seven days a week, when their loved one is unwell. Carers also play a key role as the 'third party' in the relationship with clinicians and community services personnel trying to ensure that the person gets the services they need.
However, there is evidence that caring for someone with a mental illness seriously impacts on the carers own health and wellbeing. This impact is exacerbated by the variability of some illnesses and the misconceptions and stigma that is often associated with mental illness. Services such as education, counselling, advocacy, and respite can play a very important role in supporting family and friends and have a positive flow on effect for the person with the mental illness. This support appears to be even more effective if it is provided in an integrated manner. The Cairns Mental Health Carers Support Hub was established in October 2009 by the Mental Illness Fellowship of North Queensland to provide this integrated support through a multidisciplinary team of staff and volunteers and through key partnerships with other agencies. Increasingly this service is being made available to carers in FNQ rural communities outside of Cairns through modern telecommunications and more targeted resources. Perhaps this model, or elements of it, could benefit other communities.

S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Snapshots - Brief Paper 10’: Reaching ‘Hidden’ Carers through Integrated and Collaborative Service Delivery Model: A case study of Mental Illness Fellowship Victoria’s Family Service Program in Melbourne West.
Yonas Mihtsuntu

The situation of families caring for a family member with mental illness is poorly understood and inadequately supported. Carers provide continued emotional and practical support to their member with mental illness that underwrites treatment effectiveness. Nevertheless this comes at a high cost to the psychological and socioeconomic wellbeing of carers particularly on the hidden carers. There is a strong case to be made for the provision of evidence based services for carers that enable them to access programs tailored to their needs and offers them knowledge, skills and support. This paper outlines the case of reaching hidden carers through an integrated and collaborative service delivery model. This case rests first on understanding hidden carers, the factors that hinder them from accessing the mental health support systems and the adverse impacts to their wellbeing. Second, how the family services program has been reaching the hidden carers through the aforementioned model. And third, the outcomes, benefits and challenges of providing such service with the aim of enabling hidden carers to overcome the exclusionary factors and provide informed, assertive and sustainable care for themselves and their loved ones.

Learning objectives:
1. To increase understanding of the role of families/carers of people with mental illness particularly hidden carers, their experiences as carers and the factors that hinder them from accessing the mental health support systems.
2. To demonstrate how an integrated and collaborative service delivery model can reach hidden carers and help them overcome some of the exclusionary factors and increase their capacity to provide sustainable care for themselves and their loved ones.

References:
Integrated service delivery model for the NWT Health and Social Services: Detailed description, a document developed by North West Territories Health and Social Service, March 2004 - Sue Farnan (2011)
Well Ways Family Education: for families and carers of people with mental illness, published in New Paradigm, the Australian Journal on Psychosocial Rehabilitation.
S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Enhancing carer peer support through clinical and non-government collaboration to deliver support early in the caring journey.
Amber Scanlon Amanda Gillam Frances Sanders Carmel Pardy
In 2011 ARAFEMI and St Vincent's Mental Health, Melbourne (SVMH) commenced SVMH COPES, a collaborative carer peer support program. The initiative builds on analysis of the SVMH carer participation strategy and the desire to enhance support and engagement for carers early in the caring journey. Similarly the project furthers ARAFEMI's core expertise in carer support and its strategic objectives to develop peer support at acute service contact points. The purpose of the SVMH COPES initiative is to develop a carer peer support program to deliver an evidence-based and replicable peer mentoring support service for family and other carers of people with a mental illness in the SVMH catchment. It was envisaged the introduction of a carer peer support worker role would complement the work of the carer consultant to increase provision for direct peer support, information and referrals to carers of those consumers receiving treatment at SVMH. The initiative incorporates: a theoretical model for exploring carer peer support and mentoring within the mental health system an integrated approach based on structured policies and procedures, with carer mentors supported by peers and coordinating staff to support the carer mentees. National benchmarks for effective development of mentoring programs.

S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Mental Health is not a solo excursion. 
Rita O'Toole Paula Westhead Reima Pryor 
Drummond Street Services is a family and relationship community service in inner Melbourne. Via our Research and Evaluation program, our academic partnerships, and our funded mental health programs and projects, we have over the past five years, contributed to the evidence-base regarding the importance of relationship- and family-based mental health treatment for high prevalence disorders. Positive, close connection with others is seen as a key element of 'citizenship' and a pathway into community life. Our research and evaluation, including counselling outcome measures, have demonstrated the importance of the strengthening of couple relationships, of fostering family well being, inclusive of confident parenting skills, towards the prevention, early intervention and recovery from mental illness. Close relationships which offer support yet require reciprocity, responsibility and personal development, provide a role and sense of being valued, as well as pathways into other areas of active citizenship. We present evidence that a whole-of-family and relational focus, in particular the targeted engagement of new fathers within a universal peri natal and family service context, provides a highly effective, efficient and less stigmatised means, to both treat and prevent mental ill-health. 192 words Learning Objectives: 1. Participants will learn about the efficacy of family based mental health treatments. 2. Participants will broaden their understanding of the potential of a mental health service, based within a Family Service Agency. References: Galea, A. (In press) The Mental health impact of family relationship services. A systemic literature review. Mrazek & Haggerty, 1994., Spectrum of Interventions for Mental Health Promotion. Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and Early Intervention for Mental
S27 Supporting carers/families
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Michelle Swann  Frances Sanders
The ARAFEMI Victorian Carer Advocate Program was implemented in September, 2009 as a pilot program. The aim of the program has been to provide an independent, service-neutral, state-wide Carer Advocacy Program in Victoria with a view to improving the responsiveness of the mental health system to carers and mental health consumers alike. ARAFEMI Victoria has proudly provided this innovative program for over two years. The findings of the recent evaluation of the program highlighted the need for a standalone advocate position. Carers accessing the program and services engaged have highlighted the benefits of the program to improve existing structures by allowing the carer voice to be heard. The advocate role is not tied to a service and therefore, can offer a neutral and fresh perspective across all stakeholders to seek a 'win-win' for all. The types and breadth of requests shows the complexity of issues that carers face are reflective of broader carer issues that are well documented within the carer literature. Representatives from ARAFEMI will discuss the outcomes of this project and the possibilities for the future. Plan: Findings and knowledge gained from formal evaluation and additional information will be presented. Followed by presentations by a carer who has utilised the program and a representative of a mental health service who has experienced the advocacy intervention. Learning Objectives: 1. A clear understanding of what a case-work carer advocacy program offers carers and service providers alike together with a detailed appreciation of the model and process utilised within the carer advocacy program. 2. How to incorporate a case-work advocacy program within a suite of carer services. Enhanced awareness of the breadth of difficulties and issues mental health carers are confronted with. References: Dwyer, J., Stanton, P. and Thiessen, V. (2004) Project Management in Health and Community Services: Getting Good Ideas to Work. Crows Nest, NSW: Allen & Unwin. Springgay, M. (2007). 'Advocacy and the Family Organisation' in D. Froggatt et al's Families as Partners in Mental Health Care. Toronto: World Fellowship for Schizophrenia and Allied Disorders

S28 General Practice initiatives
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20': Physical Health - Recovering Our Citizens.
Jordan Stephenson  Patrick Roe  Teresa Kelly  Carolyn Bolton  Jessica Schwartz
It is widely reported in the literature, people with serious mental illness experience physical health problems. Risk factors include lifestyle factors, psychotropic medications and systemic barriers to health care, including the division of mental health and primary health services. One solution is the development of integrated service models that address the mental health - physical health service divide, enabling targeted, evidence-based care. This paper details the development and implementation of a nurse-led integrated model of care that is a collaboration between Plenty Valley Community Health and Whittlesea Community Mental Health
Centre. Funded by a Department of Health Innovations Grant and positioned on the mental health, primary care interface, this innovative model aims to break down the barriers of accessing primary health care services. This paper will present an overview of the model, explore barriers to success, as well as enablers, such as an integrated model of care encompassing the engagement of community General Practitioners, mental health service case managers, primary health care clinicians and other mainstream services. We conclude this paper with the project findings related to client outcomes, reflections on the challenges associated with achieving sustainable change and present a case study of one client's journey towards better physical health. Learning Objectives:

1. A practical presentation of how a Mental Health service and a Community Health service have worked in partnership to coordinate a model of care to address the physical health needs of clients with a mental illness. They will learn some of the enablers, barriers and learn about the findings from our project.

2. The literature heavily reports on the chronic health conditions prevalent amongst people with a mental illness. We have developed a practical way forward to addressing current service gaps. References:

1. Osbourne David, The poor physical health of people with mental illness, West J Med 2001; Volume 175; 329-33

S28 General Practice initiatives
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20*: Clozapine patients can successfully be transitioned into GP Shared-Care or private psychiatrist care.
Stuart Lee Sacha Filia Alyson Wheelhouse Sally Wilkins Anthony de Castella
Clozapine is the most effective treatment for persistent schizophrenia, however, its need for extensive safety monitoring often means consumers remain in case management. New and less intensive care pathways are available to give greater consumer choice over how they receive care. Aim: Compare outcomes for consumers treated with clozapine via one of three care pathways: 1) remaining in public mental health service case management; 2) transitioning to General Practitioner shared-care; or 3) transitioning to Private Psychiatry care. Files for thirty randomly selected consumers from each group were audited (total N=90). Demographic, illness, medication compliance, service utilisation and performance on clinical outcome measures was collected. Results showed that BEFORE TRANSITIONING, consumers transitioned to Private Psychiatry care displayed less functional impairments or substance use, greater medication compliance and fewer clinician contacts. Consumers transitioned to Shared Care had been treated with clozapine for longer, had less illicit substance use and less clinician contacts. Consumers remaining in case management displayed greater disability, more current illicit substance use and less compliance. Only one Private Psychiatry or Shared Care consumer required psychiatric hospitalization in the 12 months following transitioning. Transitioning appropriate consumers treated on clozapine to less intensive care pathways can be achieved with appropriate support. Learning Objectives:

1. Audience members will learn about the capacity to manage people treated with clozapine via less intensive care pathways than public mental health service case management.

2. This topic is relevant to mental health services by demonstrating which consumers treated with clozapine are likely to be transitioned to

**S28 General Practice initiatives**

**22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 2**

**Paper 20': Mental Health Nursing in General Practice a new Paradigm.**

Meni Stefanovski  Josephine Tan

The Mental Health Nurse Incentive Program (MHNIP) was introduced in July 2008 as part of the COAG National Plan on Mental Health 2006-2011. The Program was set up to provide an alternative model of mental health care for people with serious mental illness, and significant impairment in their daily functioning. The Medical Practice at Banyule Community Health (BCH) received funding to employ 3 mental health nurses to assist GP’s in the provision of co-ordinated clinical care. BCH is currently undertaking an evaluation of their Mental Health Nurse model to establish whether placing Mental Health Nurses in a General Practice within a Community Health Centre has in fact engaged with citizenship to increase patient access to mainstream primary medical care and reduce stigma in seeking treatment. Nurses use engagement and participatory citizenship as a framework to encourage and support people with mental health illness to actively participate in their own care via a co-ordinated care plan with a holistic focus on physical, social, emotional and psychological well-being. It further provides opportunities for people to regain control of their lives, reconnect with their community and pursue their individual aspirations. The evaluation outcomes and the capacity of this approach to support consumer engagement with citizenship will be discussed. Learning Objective 1: The people in the audience will gain knowledge on mental health consumers experiences of how coordinated care in a primary care medical practice has helped them improve their health and well-being. There will be further learnings on the value of capacity building and developing a culture of collaborative practice between GPs and mental health providers. 2. Having mental health nurses in a community based general practice has significantly improved service access for mental health consumers, collaborative service planning and partnership in optimal treatment. References: DoHA (2010) Mental Health Nurse Incetive NACMH (2010) Mental Health Nurse Incentive Program: Case Studies Project Report

**S29 Aboriginal communities**

**22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 3 &4**

**Paper 20': Adapting DBT for Aboriginal Communities.**

Maxine Fennell  Gabriella Den Hollander

The aim of this paper is to inform people that Dialectical Behaviour Therapy (DBT) is for all people, including Aboriginal people. We will share experiences and insights from our community based DBT program, Emotional Wisdom for Mums and Mums to be (EWM) and consider its potential for supporting the social and emotional well being of Aboriginal families. The learning in DBT can be about spirituality, belonging and self belief. Participants learn to listen to their bodies, learn to trust their own wisdom and reduce vulnerability to harmful thoughts and actions and start to do things in a different way. We have discovered that the EWM program is strengthened by including Aboriginal cultural perspectives. As our service considers applying DBT more widely with the Aboriginal community it is essential to take into account the
impact of intergenerational fractures on sense of self, use of personal and communal power and the capacity for growth. The social and emotional difficulties, such as these, that lead Aboriginal mums to undertake the program may not disappear but have less impact over time. Our hope is that DBT could contribute to the healing of these fractures and difficulties.

Learning Objectives:
1. To identify and explore issues in applying a community based DBT program with Aboriginal participants.
2. To consider and envision how Aboriginal cultural perspectives can be effectively integrated into therapeutic work within family mental health support programs.

References:

S29 Aboriginal communities
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 3 &4
Paper 20': Now we can talk the talk, how do we walk the talk: Implementing the key principles of care for older Aboriginal people living with a mental illness.

Chontel Gibson
The Aboriginal Older People's Mental Health Project was undertaken by NSW Health to assist NSW Specialist Mental Health Services for Older People (SMHSOP) clinicians and managers to understand mental health needs of older Aboriginal people, and to inform policy and service strategies to better meet the needs. The Aboriginal Older Peoples' Mental Health Project Report recommends that SMHSOP deliver the key principles of care for the provision of mental health services for older Aboriginal people, and also recommends the formation of a working group to support the implementation of the principles of care by SMHSOP across NSW. The implementation of the key principles of care are being progressed through partnership development strategies, self-audit strategies linked to SMHSOP benchmarking processes, SMHSOP acute inpatient unit model of care and implementation priorities and dementia initiatives. The key challenges and solutions for implementing the key principles of care include building collaborative partnerships between Aboriginal and non-Aboriginal services, developing tools and processes to translate the key principles of care into everyday practice and encompassing inclusive communication strategies to incorporate all key stakeholders, including community members. The Aboriginal Older Peoples' Mental Health Project Report's recommendations continue to be undertaken at both a policy and service level. Learning Objectives:
1. The audience will gain an understanding of the progress for the implementation of the Aboriginal Older People's Mental Health Project Report's recommendations, including the key principles of care for providing services to older Aboriginal people and their communities.
2. The Aboriginal Older Peoples' Mental Health Project Report draws together the literature and research relevant to older Aboriginal people, collects stories from both older Aboriginal people and their communities across NSW, identifies key principles of care that empowers older Aboriginal people to share their stories and needs in relation to mental health, and identifies the next steps forward for implementation of these key principles of care.

S29 Aboriginal communities
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 3 &4
Paper 20': Calling Australia's leading family practitioners.Cape York Family Centre (Cooktown).
John Pead Oriel Murray Bruce Adams Tamara Bridges
The Australian Government has funded this new family residential service for Indigenous Cape York families at high risk of breakdown through alcohol and drug use and related mental and physical health problems. The skilled application of evidence-based and practical family therapy concepts will be carefully adapted to the cultural environment of each family. The location is a wilderness lodge, located in a picturesque setting, comprising ten self contained houses and a community centre. Up to 20 families each year will complete up to 6 months intensive family care and then return to their original, or other, community with continuing support for 18 months to ensure a stable and safe family, secure housing and a pathway to economic independence. Family practitioners will have responsible for working intensively with just a small number of families all the way from initially visiting and assessing them in their own local community, travelling by road with them to Cooktown and coordinating their treatment and care. Practitioners will be paired with an Indigenous person from each Cape community who will be undertaking formal university training as an Indigenous family therapist.

Learning objectives.
1. To appreciate the creativity required to implement family oriented mental health services for Indigenous families living on their traditional lands.
2. To consider ways that you might contribute your skills and knowledge in the service of helping Indigenous people take their rightful place in Australian society.
Reference:

S30 Community-based care
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 5 & 6
Paper 20': Evaluation of a 4 week Rehabilitation Assessment program at St Vincent’s Mental Health Community Care Units: mental health consumers and clinicians perspective.
Jodie Key Corinne Owens Michael Wilson Melissa Petrakis
Some consumers with a mental illness can benefit from a period of intensive residential-based rehabilitation in a community setting such as the Footbridge Community Care Units in inner city Melbourne. Consumers who participate in the Rehabilitation Review Program (RRP) are thoroughly assessed by the Multidisciplinary team over 4 weeks to identify areas of need for rehabilitation. To share a Quality Improvement project that provides a descriptive process evaluation of the RRP. The consumer and clinician perspectives on the value of the assessment process are uncovered, and how this experience may relate to the consumers’ recovery journey is explored.

Methods: A descriptive process evaluation of the referral process. Online surveys were sent to referring clinicians to explore their perceptions of the program and a purposive sample of consumers who participated in the RRP were interviewed to understand their experience of the program with relation to their own recovery journey.

Results: This paper will report on a thematic analysis of clinician views regarding the process of referral and consumer-reported experiences of participating in the program. Conclusions:
Implications are that the process of assessment could benefit from revision in order to more fully embrace recovery principles. Learning Objectives: 1. Learn about the process of referral and the holistic assessment approaches that the Footbridge CCU multidisciplinary team takes to gather meaningful information about the consumer. 2. We will together learn about the clinicians and consumers views on this review process and discuss how aspects of this may or may not fit with the Model of care that is imbedded in St Vincent's Mental Health Service, the Strengths Model (Rapp & Groscha, 2006). We will review how consumers view this process in relation to their personal recovery journey. References: Rapp, C.A, Goscha, R.J. (2006). The Strengths Model of Case Management with People with Psychiatric Disabilities. New York: Oxford University Press. Munro, J., Palmada, M., Russell, A., Taylor, P., Heir, B., McKay, J. and Lloyd, C. (2007) Queensland extended care services for people with severe mental

S30 Community-based care
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 5 & 6
Paper 20': A Front Door of My Own - From institution to community.
Dorothy Belperio  Paula Hakesley  Gayle Goodman  Janice Hogan

In South Australia, supported accommodation has been established as a core initiative of the mental health reform process. Mind Australia is the provider of the key service transitioning consumers from long term institutional hospital care to the community, including people who are long term forensic patients. A highly integrated partnership service model with community mental health has been established, enabling the transition of consumers who have been living in hospital for decades, some up to 35 years. This paper will describe the personal impact of transitioning from hospital/institutional care to the community, the model of service, the development of the integrated partnership and most importantly, the thoughts and feelings of the consumers and their families about this move. The presentation will also feature a visual tour of the site, highlighting how significant the physical housing model is to the support model provided. The presentation will focus on how this service model has developed and restored citizenship for this highly disenfranchised group of people, and how Mind Australia, Acute and Community Mental Health, have worked together to establish a robust service model enabling and supporting social inclusion. Learning Objectives: 1. Participants will be provided with an overview of South Australia's new supported accommodation service, a key aspect of the SA government's reform process. 2. Participants will have information about consumer and family perspectives in relation to this model of service, and hear about how effective the transition has been for individuals. References: Farhall et.al., Minimizing adverse effects on patients of involuntary relocation from long-stay wards to community residences. Psychiatric Services, July 2003. Meehan et.al., Outcomes for elderly patients with mental illness following relocation from a stand-alone psychiatric hospital to community-based extended care units. Australian and New Zealand Journal of Psychiatry, 2004.
S30 Community-based care  
22/8/2012 From: 1530 To: 1700  Venue: Meeting Room 5 & 6  
Paper 20’: Citizenship of Mental Health Intellectual Disability to our Community.  
Jenny Cardno  Sandy Smith  
The closure of Psychopaedic Institutions has bought about issues of citizenship rights for those with serious mental health problems and disorders. The placement into our communities where by they live in communal housing along with careers/family still isolates them from community activities. Also a problem for those with a dual diagnosis, accessing mental health, disability services and general services which in turn compounds their health problems such as earlier aging and a shorter life expectancy (Raghavan & Patel, 2005). Since the disestablishment of large institutions there has been a recognition that specialist agencies need to be involved to assess and clinically be involved to advocate for treatment (Einfeld, 2001). It is to be remembered that people with an intellectual disability experience the same range of emotional and mental needs as the general population and when placed in residential care they are expected to establish a satisfactory living pattern for themselves or those they live with, in the community with limited or diminishing support. Disabled people themselves and families and advocates have had to fight, and continue to do so for their human rights to participate in citizenship with in any community. The development of specialist services to meet the needs of the mental health intellectual community have been developed to support individuals, families, carers, agencies and General Practitioner in assessing the mental health needs. It will be acknowledged in this presentation of how the work of a dual diagnosis team assists this process. Einfeld, S. L. (2001). Systematic management approach to pharmacotherapy for people with learning disabilities. Advances in Psychiatric Treatment, 7(1), 43-49. Raghavan, R., & Patel, P. (2005). Learning disabilities and mental health: a nursing perspective. Oxford, UK: Blackwell.

S31 Perinatal mental health  
22/8/2012 From: 1530 To: 1700  Venue: Meeting Room 7  
Paper 20’: Perinatal mental health: women, clinicians & services provided.  
Karen Myors  Virginia Schmied  Maree Johnson  Michelle Cleary  
Perinatal distress can have negative consequences for the unborn infant and negatively impact the developing maternal-infant relationship. The importance of the early years for child development is well documented. Likewise, the benefits of prevention and early intervention services are well known. Due to the complexities of the perinatal period specialist perinatal and infant mental health (PIMH) services have been developed. However, little is known about these services or the women who access them. A mixed methods study identified that clinicians use assertive strategies to engage women and predominantly use supportive counselling and model 'a secure relationship ... (so that) in time that mother internalises and ... is able to ... give that model to her children'. Women reported that they highly valued the service as it improved their emotional wellbeing and increased their parenting capacity, 'I wouldn't be like I am today if I didn't have that level of support'. describe the characteristics of women who are referred to specialist PIMH services; This presentation will: report on the services/interventions that the specialist PIMH teams provide to women.Learning objectives: 1.Attendees will gain an understanding of the diverse characteristics of the women who engage in specialist PIMH services, 2.Attendees will gain insights into models of PIMH services, which is a new and

S31 Perinatal mental health
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 7
Paper 20': Working with Mental Illness
Tanya Taylor
With the annual cost of mental illness in Australia being estimated at $20 billion, (these costs include the loss in productivity and labour force participation) the reality is that now is the time to stop being fearful and start working with Mental Illness. This presentation will look at past transformations in the workplace including the implementation of parental leave and flexible working hours, and how we can learn from them. With each change there needed to be a shift in culture, approach, new policies developed and negotiations undertaken. Looking back on those changes we wonder why it took so long to be put in place and can't imagine a workplace without those considerations and entitlements. We will explore what can be learnt from other countries already working with Mental Illness. For example New Zealand has demonstrated a very successful and supportive approach to the employment for people with Mental Illness. Most importantly this paper will show what is being done to create meaningful employment for people with mental illness the policies and procedures that can be put in place to support both the employee and the employer. It will also include discussion about the resources available, the development of appropriate supervision, advance directives and flexible working hours.

Learning Objectives: 1. The audience will learn that with some small adjustments people with a mental illness can be accommodated within the workplace without creating an adversarial relationship between the employer and employee. 2. It has been proven that employment is a tool for recovery. It is now time for the Mental Health and Employment Sector to get behind instigating the change. References: The Employment Experiences of People with Mental Illness: Literature Review, Written for the Mental Health Foundation of New Zealand by Chloë Duncan and Debbie Peterson, Freak Factory & CREATE! Initiating Change and Inventing the Future, David Rendall.

S32 Social inclusion; physical health
22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8
Paper 20': Citizenship - A sentimental idea or the next major step.
Anthony Stratford
Have we been looking at Citizenship in too broad a fashion and through a sentimental lens? If citizenship is going to have a positive and real impact, we then need to be talking about applied theory and strong research. Where is the research being done on citizenship and mental illness? Where is the strong thinking and theorizing being done? Why would we talk about citizenship rather than or in addition to recovery? Why talk about citizenship instead of social inclusion or community integration? The Yale Program for Recovery and Community Health has had a team of researchers, led by Prof Michael Rowe, working on just these questions posed above for the past ten years. A theoretical framework was developed and tested and...
has now resulted in a measure of citizenship. The author is spending ten weeks from March 2012 as a visiting scholar at Yale. This paper will answer these questions but also look at what are the promises and challenges faced in embedding the rights, responsibilities and dignity of citizenship. References: Rowe M, Klass B, Chinman M, Davidson L & Cross AB. Homelessness, mental illness, and citizenship. Social Policy and Administration, 2001, 35(1)Rowe M, Bellamy C, Baranoski M, Sells D, Dinzeo T, Girard V, Sells D, Schwab L, Bellamy C. Citizenship, Community and Recovery: A Group and peer-based intervention for persons with co-occurring disorders and criminal justice histories. Journal for Groups in Addiction and Recovery, 2009,4(4) Learning Objectives: 1.To question the listeners understanding of Citizenship - sentimental or evidence based. 2.How to set the environment to support true Citizenship in a community.

**S32 Social inclusion; physical health**

**22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8**

**Paper 20’: Social inclusion an important indicator of recovery**

**Tim Coombs**

Social inclusion is widely recognised to be central to mental health (Wilson, 2006) and an important indicator of recovery (Slade 2009). Social exclusion can contribute to poor mental health and poor recovery from mental illness, while mental health problems can systematically promote exclusion through stigma and discrimination, loss of self-esteem and social competence. However there is no agreed definition of social inclusion (Coombs 2012). The current paper will provide a review of the literature and outline the development of a social inclusion measure that looks at employment, education, social participation, accommodation, physical health, control and the consumer’s voice. This measure has been created for use in routine clinical practice, to support the engagement and assessment process and provide useful information for reporting the performance of mental health services and the social outcomes of care. Results of field trials of the measure will be reported along with plans for further development. Learning Objectives: 1.Participants will gain a better understanding of social inclusion and its importance to mental health. 2.Participants will learn about approaches to the measurement of social inclusion and become familiar with one particular approach. References: Coombs, T. and A. Nicholas (2012). A Review of Individual-Level Measures of Social Inclusion for use in Mental Health. Sydney, AMHOCN. Slade, M. (2009). Personal Recovery and Mental Illness: A guide for mental health professionals. Melbourne, Cambridge University Press.

**S32 Social inclusion; physical health**

**22/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8**

**Paper 20’: Measurement of physical and mental health are they really that different.**

**Tim Coombs**

Measurement occurs all the time. In physical health care, blood pressure and blood sugar levels are routinely monitored and life style modifications and medications prescribed on the basis of those measurements. In Australia the National Outcomes and Casemix Collection (NOCC) has seen the introduction of a range of standard measures introduced into clinical practice. While the use of these measures has been increasing (Coombs, Stapley and Perkis 2011), attitudes towards the use of standard measures varies cross professions and clinicians have less positive views of their practicality or their benefit over using clinical judgement alone Jensen-Doss
This paper will explore important aspects of measurement including unidimensionality, hierarchical order, and equal interval scaling and how these relate to the measurement of physical as well as mental health care. The paper will report on a training package and measurement materials made available for use in mental health practice to measure and monitor physical as well as psychological and social aspects of the consumers presentation. Learning Objectives: 1. Participants will gain a better understanding the importance of measurement in physical and mental health care. 2. Participants will learn about materials that have been developed to support mental health clinicians monitor physical as well as psychological and social aspects of the consumers presentation. Reference: Coombs, T., K. Stapley, and J Prikis. (2011). 'The multiple uses of routine mental health outcome measures in Australia and New Zealand: experiences from the field.' Australasian Psychiatry 19(3): 247-253. Jensen-Doss, A. and K. M. Hawley (2010). 'Understanding Barriers to Evidence-Based Assessment: Clinician Attitudes Toward Standardized Assessment Tools.' Journal of Clinical Child & Adolescent Psychology 39(6): 885-896.

Belonging Art Exhibition Opening From: 5.10pm Venue: Hall 2 and Foyer Areas, Exhibition/Ground Level & Level 1

Welcome Reception and Contemporary Aboriginal Dance and Didgeridoo performance. From: 5.10 – 7.30pm Venue: Hall 2, Exhibition/Ground Level Finger food and soft drinks supplied after the Contemporary Aboriginal Dance and Didgeridoo performance.
ABSTRACTS FOR CONFERENCE

Presentations on

Thursday 23rd August 2012

Please check Notice Board for any last minute Program Changes

DISCLAIMER
Information given by presenters at the conference does not represent the views of TheMHS, and does not constitute therapeutic advice.
S35 Keynote - Mick Gooda  
23/8/2012 From: 0900 To: 1000 Venue: Hall A&B  
Keynote Presentation: Mental illness and cognitive disability in Aboriginal and Torres Strait Islander prisoners – a human rights approach  
Commissioner Gooda will talk about the citizenship of Aboriginal and Torres Strait Islander people in the criminal justice system in terms of the human rights that citizenship entails. He will discuss recent revelations regarding Aboriginal and Torres Strait Islander people with cognitive disabilities in the WA and NT criminal justice systems, and the rates of Aboriginal and Torres Strait Islander prisoners with mental illness. These revelations highlight the urgency of the need for cultural competence in the criminal justice and mental health processes and for culturally appropriate alternatives to imprisonment. A human rights framework, including the Declaration on the Rights of Indigenous Peoples, can provide useful guidance in looking at practical solutions to some of the citizenship and ultimately human rights concerns in this context.

S36 Recovery, early psychosis, evaluation  
23/8/2012 From: 1030 To: 1230 Venue: Hall A&B  
Paper 20': Can prospective memory performance in individuals with early psychosis benefit from implementation intention.  
Chris Lloyd Philip Williams David Shum Nasseema Khoyratty  
Prospective memory (PM) refers to the ability to remember to carry out actions in the future. This study aimed to: Examine whether individuals with early psychosis are impaired on PM. To explore whether implementation intention can improve PM in individuals with early psychosis. The study consisted of 30 participants with early psychosis and 33 healthy controls and used a 2 x 2 between group design to evaluate the effects of group and instruction on event-based PM performance. The results demonstrated that individuals with early psychosis showed PM deficits relative to healthy controls. PM performance of early psychosis and control groups benefited from implementation intention. While the early psychosis group was found to perform significantly more poorly than the controls in the standard instruction condition, the PM performance of the two groups was not found to be different in the implementation intention condition. These results suggest that the use of the cost-free implementation intention holds promise for improving PM performance in individuals with early psychosis. Early intervention of PM deficits is likely to help individuals with early psychosis to live an independent life and better manage their daily activities. Learning objectives: 1. From attending this presentation the audience will learn about how young people's PM performance can be significantly improved by changing the method of instruction of various tasks they need to fulfil such as remembering to take medication, remembering outpatient appointments, and other follow-up arrangements. 2. This topic is relevant to mental health services as it will demonstrate how services can be improved for young people with psychosis through the use of an efficient intervention.
S36 Recovery, early psychosis, evaluation
23/8/2012 From: 1030 To: 1230 Venue: Hall A&B
Paper 20: Effective consumer involvement in the establishment of an Early Psychosis Service.

Chris Lloyd  Michelle Edwards  Gabrielle Vilic  Philip Williams  Kathy Turner
The CORAL group is a consumer advisory group for the Early Psychosis Gold Coast Team. CORAL stands for Consumers, Opportunities, Recovery, Advocacy, and Learning. In 2009, planning commenced for the establishment of an Early Psychosis Service for the Gold Coast. A district wide approach was viewed as essential to ensure that all services could work collaboratively and synergistically to improve access, facilitate early intervention, and provide the best evidence-based treatments. An Early Psychosis Interest Group was formed and expressions of interest for consumer involvement were sought. In the time that they have been in operation they have had effective functioning on the reference group, designed visual representation for the CORAL group, participated in the Early Psychosis State Wide Forum, and provided feedback to the Early Psychosis Team. CORAL’s vision for the future is to continue to provide a service that is holistic and empowering to consumers, provide constructive feedback based on recent, relevant personal experiences, and to ensure a recovery oriented culture that provides a youth friendly service. Learning objectives: 1. People attending this presentation will learn about the important role that consumers have in providing a consumer voice in the establishment of a new service. 2. The topic is relevant to mental health services and mental health issues as it provides an overview of the effective functioning of consumer involvement in the establishment of an early psychosis service.

S36 Recovery, early psychosis, evaluation
23/8/2012 From: 1030 To: 1230 Venue: Hall A&B

Graeme Doidge
This paper will update delegates as to the progress of and evaluative findings regarding an integrated early psychosis program (EPP) within a mainstream mental health service that is open to youth and adults 16-65. In 2006 St Vincent's Mental Health introduced an EPP. This program delivered phase-specific, and recovery-focused interventions. The program was designed to be without age barriers and sustainable within a mainstream mental health service. Evaluative work has been conducted, with findings recently published. The integrated service model focuses on access and inclusiveness for all consumers, questioning the Australian standard model that is exclusive to the 16-25 age group. Benchmarked against interstate and overseas fidelity studies, the EPP demonstrated superior results in a number of areas. Audited against an historic cohort, there are statistically significant improvements in consumers' experience of care. (Petrakis et al. 2011b). Further published work has evaluated the effectiveness of work with carers in both in patient and community settings. This paper contends specialist services are only one way to deliver effective early psychosis services and the current age restrictions discriminate against a significant proportion of Australians experiencing first episode psychosis. Integrated services offer a range of benefits to clients carers and staff that a specialist/standalone services cannot offer. Learning objectives: 1. The audience will learn about a best practice innovation for integrated early psychosis care across the age range. 2. The audience will learn about the challenges of...

S36 Recovery, early psychosis, evaluation
23/8/2012 From: 1030 To: 1230 Venue: Hall A&B
Paper 20°: Promoting recovery via an integrated model of care to deliver a bed-based, mental health Prevention and Recovery Centre.
Stuart Lee Laura Collister Simon Stafrace Elizabeth Crowther Jayashri Kulkarni
Australia has seen an increased availability of Prevention and Recovery Centres (PARCs) to either avoid acute psychiatry hospitalization or more effectively transition consumers to the community following a hospital admission. Aim: Characterize people admitted to a PARC delivered in partnership between public and non-government mental health services, and explore the impact of participation on symptoms, social and role functioning, and the use of acute hospital-based psychiatric services. There were 118 PARC participants in 2010. From a file review, collected data included demographic (age, sex, and marital, housing, employment and education/training status) and clinical (length of stay, primary diagnosis, and BASIS-32) measures. Most were single, unemployed or not studying, and 35% were in temporary housing or homeless. Almost two-thirds stepped up from the community with 11% exiting to acute hospital psychiatry care, suggesting avoidance of acute psychiatric hospitalization for many. When compared to the overall sample of patients admitted to the hospital's acute psychiatric unit, PARC participants had a higher intensity of acute hospitalisation prior to entry, and showed a significant reduction in acute psychiatric service use following PARC participation. Integrated delivery of a recovery-focused step-up/step-down service can achieve significant benefits for often high intensity acute psychiatric care users. Learning Objectives 1.Audience members will learn about the outcomes achieved by a prevention and recovery centre delivered in collaboration between public and non-government mental health services. 2.This topic is relevant to mental health services by demonstrating how a collaborative model of care can work to promote recovery and stabilization for in many cases high-intensity users of acute mental health services. References: Adams, C., & El-Mallakh, R. (2009). Patient outcome after treatment in a community-based crisis stabilization unit. The Journal of Behavioral Health Services and Research, 36(3), 396-399. Ofenton, W. S., Mosher, L. R., Herrell, J. M., & Blyler, C. R. (1998).

S37 Employment.
23/8/2012 From: 1030 To: 1230 Venue: Hall C
Featured Symposia: Employment.
Kristy Sanderson Geoff Waghorn Phil Nadin
Few activities in life better exemplify citizenship, self-determination and recovery than the person’s entry into the employment market, a fact increasingly realised by mental health advocates, researchers, services and government. For individuals,
employment affords access to social contacts, meaningful activity, and to funds to pursue interests, improve quality of life, living standards and a sense of being able to contribute to the community. For the wider community, successful employment outcomes for mental health service users decreases the economic burden of illness through reducing demand for pensions, increasing the tax base, decreasing the longer term demand for clinical services. It also helps to de-stigmatise mental illness and raise awareness within the community. Several models purport to support individuals into the competitive and open job market or to social enterprises or to fully supported employment in mental health exclusive industries. The evidence for Individual Placement and Support (IPS) in Australia, New Zealand, UK, USA and elsewhere is very strong. Social Enterprise and mental health industries models have a long history, with evidence to show they can be of assistance. With this multitude of models and philosophies, sometimes targeting the same cohort of mental health service users, how do government and policy makers weigh up the evidence and decide how best to invest to gain the maximum return for service users and taxpayers? Speakers include: Geoff Waghorn, Kristy Sanderson, Phil Nadin.

S38 Cultural diversity; rural communities
23/8/2012 From: 1030 To: 1230 Venue: Hall D
Paper 20’: Engaging CALD communities In Mental Health - Thinking outside the square.
Angela Devoti
The aim of this abstract is to present and highlight what a rural Community Mental Health Service is doing to make their service more accessible to people from a transcultural background. Experience and referral data has shown us that people from these backgrounds do not access mental health services as readily as other people. The service has explored strategies that will assist with reform and offer system transformation. The initiative that the Goulburn Valley Area Mental Health Service (GVAMHS) has taken is to employ a Culturally and Linguistically Diverse (CALD) Liaison Worker within the mental health service. The role of the CALD Liaison Worker is to act as a conduit between GVAMHS and clients and their families. From an organisational perspective support and consultation is provided to GVAMHS clinicians who are working with consumers from a transcultural background to provide culturally sensitive mental health care. For clients and their families the CALD Liaison Worker works closely to support the client and their families by providing orientation, explanation and information on how the Mental Health Service works. The third aspect of the CALD Liaison role is to develop and maintain strong collaborative relationships and networks with other key healthcare and service providers involved with the CALD communities. This exciting and innovative program is creating new ways of addressing the needs of CALD communities in accessing mental health care in a rural community.

Learning Objectives:
1. To be able to explore strategies that could be implemented in the participants own practice to enable better access and engagement with services.
2. This issue is relevant to mental health services as there are currently barriers to people from a CALD background being able to access mental health services. This paper explores an exciting new way of addressing this.

References:
The Mental Health Consumer Perceptions and Experiences of Services (MH-CoPES) is a Framework used across NSW Public adult mental health services to ensure consumer participation in service evaluation and quality improvement. To date, the MH-CoPES Framework and Questionnaires are only accessible to mental health services and consumers in the English language. In order to develop the inclusivity of the MH-CoPES Framework for CALD consumers, funding was provided by NSW Health to translate the MH-CoPES Questionnaire tool and supporting resources from English into one trial language (Simplified Chinese). Through the engagement and participation of Mandarin and Cantonese speaking consumers, as well as bilingual clinicians, key processes involving CALD consumer participation at each step of the MH-CoPES Framework were trialled and evaluated within services. This paper provides insight into the considerations and learning which has taken place as a result of the MH-CoPES CALD Trial, and the key processes needed for continuous service evaluation and quality improvement integrated with CALD consumer participation. Learning Objectives: 1. In general, the audience will gain an understanding of considerations around working with a more diverse range of consumers and participation processes when working with CALD consumers in mental health services. 2. The use of CALD consumers' views in order to facilitate service change is an important consideration for mental health services.

References:

The Rural Outreach for Locally Led Outcomes (ROLLO) service is a recently commissioned model of service provision to rural, remote and regional Australia. The mental health needs of agricultural workers and their families residing within a 100 km radius of Condobolin are served by provisional psychologists living in the community. Provided free and using a direct referral pathway, the program mitigates service provision barriers by providing a mobile service. Supported by Mission Australia and an experienced PsyBA Clinical supervisor, staff offer a professional service linking into local allied health and medical community support agencies. Rural Australians demonstrate risk taking attitudes to health, illness and behaviour. Small groups of people spread over vast geographic areas negotiate specific
occupational hazards in an unpredictable ecological environment with limited access to sparse infrastructure. Such populations experience a greater burden of mental distress and loss of wellbeing than urban or regional dwelling counterparts. The recently evaluated ROLLO pilot is one response to these needs of rural Australians. It recognises social proximity as a fundamental collective characteristic of rural communities, which influences the help seeking process given the ways in which this sociospatial relationship is responsible for both the silencing of mental health difficulties and the exclusion of people with mental illness in a way that is more pronounced than what occurs in urban areas. Learning Objectives: 1. Participants will learn about the implementation and early operation of a unique mental health service delivery model, effective in a rural and remote agricultural context. 2. The presentation addresses the historical and ongoing barriers to accessible and effective clinical support in the Central West of NSW, and other remote/regional communities. The model discussed looks to mitigating barriers to education in mental health practices that are now normative in Australia’s urban population.

References:

S38 Cultural diversity; rural communities
23/8/2012 From: 1030 To: 1230 Venue: Hall D
Paper 20': Supporting recovery and citizenship across cultures: A self appraisal and supervision tool for people working in the mental health sector. Ofelia Rivera
The work with culturally and linguistically diverse (CALD) background people require workers to work with the humanity of the person and consider the visible and invisible aspects. We are shaped by our culture and essentially we share more similarities than differences and are influenced by the experience of cultural changes across our life span. What is different in our humanity is the way how we understand and make meaning of life issues. Eliciting understanding and meaning with individuals gives us insight to the person’s cultural understanding. When assisting people towards recovery and citizenship, we must focus on the individual, regardless of culture. However; one must be aware of own attitudes, assumptions and attributions about CALD people and the possible barriers individuals experience when accessing services such as including the use of Interpreters in the recovery support plan. Assisting individuals from CALD backgrounds ought not to be seen as ‘added work’, but rather a constructive, inclusive and progressive way of working with everyone in the community. The tool can be used for self reflection and supervising staff when supporting people towards citizenship and aims to motivate workers’ confidence to work with CALD people by seeing people through their humanity.
Learning Objectives: 1. People attending this presentation will enhance their knowledge and insight about the elements of Recovery to assist individuals experiencing emotional distress to gain a sense of full citizenship, considering their humanness not just their cultural background. 2. People attending this presentation will enhance their ability to reflect on their own practice and to have a tool to use as a guide for self reflection as well as a supervision tool about recovery oriented practice in mental health work.
Improving the physical health of people with a mental illness in Sunbury.

Bernard Heaney, Bernadette Hetherington

There is significant evidence that people with mental illness experience poorer physical health compared to the general population. People with mental illness have a higher mortality rate in each of the main physical causes of death as compared to the general population. The Victorian Mental Health Reform Strategy identified Physical Health as a priority area and outlined the fostering of an integrated response to people’s physical health needs and mental health problems as a key objective. This joint project of Western Region Health Centre’s (WRHC) mental health program and the Sunbury Community Health Centre (SCHC) aim to ensure the physical health of people with a mental illness are a priority.

The Physical Health Assessment Program (PHAP) will provide an overall physical health check for people with a mental illness referred directly by WRHC Sunbury Community Mental Health program. The assessments will be conducted by a multi-disciplinary team of clinicians from SCHC. A WRHC staff member or advocate will be present to assist the client with any concerns and to assist with his/her health literacy. The program aims to review and evaluate the effects that this has on individuals and their experience of the process.

Learning Objectives:
1. To illustrate the range of physical health problems that people experiencing mental illness often encounter and explore why these are often not addressed.
2. To explore and evaluate the effectiveness of a holistic physical health check for people with a mental illness in a supportive environment.

Tobacco and Mental Illness, A national project.

Deiniol Griffith

While smoking rates in the general community have reduced to one of the lowest in the world (AIHW, 2011) approximately 40% of the remaining smokers are now people with mental illness. Tobacco use is a major contributing factor in the poor physical health and reduced life expectancy of many people with mental illness. It also contributes to significant financial difficulties, and is a major barrier to their recovery, community involvement and quality of life. Reports of the number of people with severe and persistent mental illness vary widely, but the recent Australian publication ‘People Living With Psychotic Illness’ (launched in November 2011 by the Minister for Mental Health and Ageing) estimates that 64,000 are 'in contact' with clinical mental health services at any given time. Of those surveyed for the publication, 66.1% were smoking 21 cigarettes a day or more. This figure had hardly changed since the last survey in 1997. The unmet need for the initiative is all too easy to measure. The program, is to be made available in four jurisdictions during 2011 and 2012, and was largely based on the highly successful South Australian Health Department's Tobacco and Mental Illness project, which has operated for more than 10 years. The presentation will discuss project materials, development and roll out as well as providing staff and individuals with some tools, tips and techniques to addressing tobacco use with participants/clients of their programs.

References:
S39 Improving physical health
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 1
Snapshots - Brief Paper 10’: Smoking-creating responses to increase recovery and participation.
Laurie Bassett
People that experience mental distress face many barriers in life. The barriers each person faces are unique, complex and interrelated. In 15 years of delivering psychosocial rehabilitation in Sydney a consistent and often awkward barrier to overcome is smoking. It is accepted that people from disadvantaged backgrounds are well over represented in the smoking population, with those experiencing mental distress and loss of wellbeing being no exception. Smoking is a personal choice to be respected but also acknowledged as difficult to stop. Attitudes towards smoking are changing quickly in Australia and we risk leaving disadvantaged clients behind if we do not look at providing a real choice to reduce or quit smoking. The issue of smoking for many clients is an ‘umbrella barrier’ one that if adequately addressed can automatically lead to significant gains and choices in other areas of life. What can we do to assist clients that may want to reduce their tobacco intake or stop? Staff with Mission Australia have been able to offer this support and have been actively supporting a number of their clients to reduce or stop their smoking with significant and unexpected outcomes in mental wellbeing, recovery and community participation - we would like to share with you the 'how'. References: Ragg M, Ahmed T. Smoke and mirrors: a review of the literature on smoking and mental illness. Tackling Tobacco Program Research Series No. 1. Sydney: Cancer Council NSW; 2008 ISSN 1869-1862 ISBN 978-1-921041-17-9. 2. Cancer Council NSW Tackling Tobacco Initiative A web based resource for Community Services 2011 'Askthequestion.com.au'

S39 Improving physical health
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 1
Snapshots - Brief Paper 10’: So You Think You Have a Good Advanced Directive. Think Again! Have you included decisions you have made regarding your physical health.
Fay Jackson
This presentation will ensure consumers, carers, clinicians and services are clearer on what the details of Advanced Directives should be. It will:oGuide Consumers and Carers towards ensuring their Advanced Directives are agreed upon by family members, clinicians and hospitals that may be involved in their physical and mental health care and human rights.oDiscuss directives including issues pertaining to your wishes should you be terminally ill, pregnant and need medical interventions, have a major physical trauma, need life support etc.oUrge clinicians to consider the comorbidity issues we need to address, raise these with Consumers, Carers and family members and to accept our directives.Recently some aged/physically very ill people and pregnant women have had their Advanced Directives overturned. Their credibility and that of their Carers/partners, brought into question because both have mental health histories, has lead to painful disagreements between family members and with services. As a result people are living compromised, mentally and physically painful existences. It is possible that our family members wishes may not align with ours and that clinicians, if not clear about our directives may accept the views of our family members or services over ours. Learning objectives:
1. Consumers, Carers, services and clinicians will be more prepared in the important issue of writing and engaging with Advanced Directives. This presentation is relevant to mental health services, health services and mental health issues because of the increasing uptake of Consumers and Carers making Advanced Directives and the directives being questioned by family members and services when the person who owns the directive is unconscious, unable to make their wishes clear verbally or in written form, or deemed as being 'not of sound mind'. Family members, clinicians, services and hospitals may find themselves involved in painful and costly legal proceedings if Advanced Directives are not clear, agreed to and enacted.

S39 Improving physical health
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Smoking Reduction Program Presentation.
Elise Tomkins  Jacqui Anketell  Trish Jochheim
For the last 15 months New Horizons have been facilitating a smoking reduction program aimed at providing information to people with a lived experience of mental illness. We attempt to run a Smoking Reduction Program 3 times per year at a minimum, we do this in partnership with another Non Government Organisation and we have opened this program up to Government organisations also. With each group we have approximately 14 people participate in the first couple of sessions, then allowing for consumer drop out we usually have 6 - 10 consumers complete each course. The course is ran over a 6 week period in a room that is set out to be an aesthetically pleasing, comfortable environment which encourages open discussion. Over the 6 weeks we discuss vitamins and minerals, why I smoke, benefits of reduction, Nicotine Replacement Therapy, support networks, stages of change, effects of smoking on holistic health, what is withdrawal, what are cravings, stress and coping skills, healthy living to avoid weight gain, physical activity and dealing with boredom. In addition, we have had to address issues such as social exclusion and the use of language as it can impact on the individual's belief in themselves and their ability to reduce.

Learning Objectives:
1. The audience will gain a snapshot of how to facilitate a successful smoking reduction program and learn vital information to be shared with participants.
2. To create awareness about the alarming rates of people with a mental illness who smoke and how this impacts on their physical, spiritual, financial, mental and emotional health and service delivery.

References:

S39 Improving physical health
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Citizenship and BPD.
Judy Burke  Bob Burke
People affected by BPD [Borderline Personality Disorder] have a high potential for recovering their citizenship, but only if they receive the right help. This paper examines the capability of today's Mental Health system to address the needs of consumers and carers affected by BPD, from two carers' perspective, utilising the lessons learned in their daughter's experience. Stating that most carers want the best for their loved one, and are both strong advocates and valuable resources for
the consumer's best outcomes, the paper illustrates the enormous stigma applied to people with this condition, and the barriers which the system puts in the way of consumer recovery. The case study then moves on to discuss the effectiveness of various commonly-used strategies, including IPRSS and CRCs, and addresses the relative merits of medication and psycho-therapy. The chance discovery of a breakthrough approach to the treatment of people with BPD completes the case study, and leads to suggested system improvements. After discussing the burden and needs of carers in the BPD area, the paper concludes by proposing a different, proven approach to treating this illness, which offers ways of bypassing the stigma and barriers and maximising the potential for citizenship recovery. Learning objectives: 1. How the approach by both the MH system and the carers needs to change, in order to achieve citizenship recovery for consumers who have BPD. 2. It is an illustration of the strengths and weaknesses of the system as it exists today, and proposes ways of overcoming the weaknesses and building on the strengths. References: Valerie Porr, Overcoming Borderline Personality Disorder-A family guide for healing and change. Jan Giffin, Family experience of BPD.

S40 Sensory-based approaches
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 2
Paper 20*: Qualitative findings from a pilot study examining the use of sensory interventions in New Zealand acute mental health services.
Daniel Sutton Kirsten van Kessel
The goal of reducing the use of seclusion and restraint in mental health services has resulted in the exploration of alternative methods for managing arousal (O'Hagan et al 2008). Sensory modulation has been identified as a potential alternative for seclusion reduction (Te Pou, 2010). The aim of this project was to examine the perceived effectiveness and acceptability of sensory intervention to clinicians and service users in New Zealand acute mental health services. Method: Focus groups and interviews were conducted with service users and staff who volunteered to share their experience of sensory modulation. Thematic analysis was used to analyse the data. Findings: The qualitative data suggest that sensory interventions are viewed by both staff and service users as being effective in modulating distress and promoting calm, and highlighted important considerations in implementing the sensory modulation approach. Conclusions: Participant responses reflected a high level of acceptability and a belief in the efficacy of sensory modulation. In order to impact on seclusion and restraint rates, sensory modulation needs to be considered as just one component of an organisational change process. References: O'Hagan, M., Davis, M., & Long J. (2008). Best practice in the reduction and elimination of seclusion and restraint: Seclusion: time for a change. Auckland, NZ: Te Pou Te Whakaaro Nui. Te Pou o te Whakaaro Nui (2010). Impact of sensory modulation in mental health acute wards on reducing the use of seclusion, Auckland, NZ: Te Pou Te Whakaaro Nui. Learning objectives: 1. People will gain a greater understanding of the specific aspects and mechanisms of sensory modulation which both staff and service users identified as being effective in the de-escalation of distress. 2. This topic is directly relevant to staff and consumers of mental health services given it focuses on an emerging and promising approach to support service users to self-regulate when distressed or agitated. The findings of this pilot project could have direct implications for both mental health clinicians and consumers.
S40 Sensory-based approaches  
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 2  
Paper 20': Establishing Sensory Based Approaches in Mental Health Inpatient Care: A Multidisciplinary Approach.  
Angela Chalmers Sophie Harrison Kade Mollison Noel Molloy Kelly Gray  
Objective: To reflect upon the implementation of sensory-based approaches within the environment of a psychiatric inpatient unit. Method: A literature review on sensory modulation within psychiatric inpatient care, including seclusion and restraint reduction initiatives, was conducted. A variety of sensory-based principles were planned, developed and implemented over a 3-year period. Preliminary data regarding sensory room use and acute arousal ratings within the high-dependency area were analysed. Results: Preliminary sensory room data showed a significant reduction in patient distress levels, as per consumer and clinician ratings, and that the majority of sensory room sessions were conducted by nursing staff. A significant reduction was also found for acute arousal ratings, pre to post, for the HDU engagement program. Several issues were uncovered throughout implementation of the sensory-based strategies. Conclusions: Findings indicate the importance of cultural change, compared with simply an environmental change, giving all staff and consumers the confidence to utilise a variety of sensory-based methods during times of need. Further Australian research is required to explore the positive contribution sensory modulation can potentially make across the spectrum of psychiatric settings. Learning objectives: 1. Have a better understanding of the role of Sensory Modulation in inpatient care. 2. Have an outline of possible implementation within their service. References: 1. Champagne T, Koomar J and Olson L. Sensory processing evaluation and intervention in mental health. OT Practice 2010; 15: CE1-8. 2. Moore K. The sensory connection program: Activities for mental health treatment. Manual and handbook. Framingham, MA: Therapro Inc., 2005.  

S40 Sensory-based approaches  
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 2  
Paper 20': Mindfulness and sensory modulation strategies to regulate arousal and emotional reactivity in young adults in acute care.  
Julia Bowman Amy Wilson Elisabeth Marsland Deborah Redman  
Individuals with mental health disorders commonly experience problems associated with regulating arousal and emotional reactivity, resulting in sensory modulation dysfunction. Currently, the use of seclusion and chemical-sedation is standard practice when dealing with highly agitated individuals in acute mental health facilities. However, the negative impact of seclusion and chemical-sedation on the recovery of individuals with a mental health disorder is increasingly being reported in research and policy documents. The aim of this study was to evaluate the impact of a Mindfulness and Sensory Modulation Group within an acute Youth Mental Health Unit in Sydney. The Unit is an inpatient locked facility, with a 20 bed capacity. The group consisted of ten, one hour sessions designed to facilitate the use of mindfulness and sensory modulation strategies to regulate moment-to-moment thoughts, feelings and sensations. A pre-test, post-test design was employed using a purposive sample of inpatient consumers aged between 16 and 40 years. Outcomes were measured at baseline, 5 weeks and 10 weeks over a 3 month period. Descriptive and inferential statistics were used to identify trends in the data. Preliminary results of the impact of Mindfulness and Sensory Modulation Group will be presented. Learning Objectives: 1. Audience participants will gain an
understanding of the functional problems associated with sensory modulation dysfunction in consumers of mental health services. Participants will learn about a unique program designed to facilitate the use of mindfulness and sensory modulation strategies within an acute Youth Mental Health Unit. This study is of relevance to mental health services as it demonstrates an alternative means of intervention to assist individuals in acute care to self-regulate sensory information and normalise levels of arousal. References: Champagne, T., Koomar, J., & Olson, L. (2010). Sensory processing evaluation and intervention in mental health. OT Practice, 15(5), 1-8. Champagne, T., & Stromberg, N. (2004). Sensory approaches in inpatient psychiatric settings: Innovative alternatives to seclusion and restraints. Journal of Psychosocial Nursing, 42(9), 34-44.

**S40 Sensory-based approaches**

23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 2

**Paper 20**: Sensory-based Approaches to Managing Distress: The theory that supports the practice.

Daniel Sutton   Kirsten van Kessel   Carolyn Swanson   Anne MacDonald

Andrea Dempsey   Michael Wilson

Sensory-based approaches to managing distress have gained a foothold in mental health clinical services since their introduction in 2004 as part of the Six Core Strategies to reduce seclusion and restraint of mental health service users. The appreciation for this approach has grown beyond its usefulness to minimise coercive practices, as clinicians and service users now have an awareness of a larger therapeutic value of these tools and approaches. The separate presentation of qualitative data from a structured intervention in New Zealand, that follows this one, will demonstrate that point. The purpose of this presentation is to outline the theoretical basis for the sensory-based approaches, the process of 'sensory modulation'. Sensory modulation will be explained as a clinical practice, and placed in the context of contemporary neuroscientific understanding of regulation of arousal by the parasympathetic branch of the nervous system. Learning Objectives: Participants will gain an understanding of the technical aspects of this approach, the theory and evidence that supports it, and insights into implementation in inpatient and community settings. References: Lane, SJ, Lynn, JZ, Reynolds, S (2010). Sensory modulation: A neuroscience and behavioural overview.

**S41 1. Symposium: NCPIC on Cannabis**

23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 3 & 4

**Symposium - 1 hr**: NCPIC Symposium: Cannabis, young people and mental health.

John Howard   Anna Michalopolous   Dion Alperstein   Kanina Hickey   Sonia Cox   Dion Alperstein   Greg Soames

NCPIC Symposium: Cannabis, young people and mental health. Cannabis is the most widely used illicit drug, and early initiation and regular use is been associated with a number of adverse health outcomes for young people, such as negative impacts on normal developmental processes, social exclusion, decreased engagement in education, and increased risk for mental health disorders, particularly psychoses, in those with a vulnerability. Use of cannabis can double the risk of schizophrenia in those who are vulnerable, and bring on a first episode up to two and a half years earlier. Early and heavy use of cannabis are associated with up to six times the risk for schizophrenia; especially smoking three or more times per week.
before the age of fifteen. Effective interventions are needed for vulnerable young people. NCPIC has been developing a range of practical and readily available resources and interventions targeting young people with more complex needs. **Paper 1.** Young people, complex needs and cannabis: Clear your vision a print and online resource to reduce or quit cannabis use. John Howard, Anna Michalopolous, Greg Soames, Melanie Simpson. Few resources exist to engage young people who have developed a problematic relationship with cannabis to consider their predicament and enhance their motivation for change. NCPIC with YOTS have developed a suite of resources with young people - Clear Your Vision - comprising: i) a booklet that can be used with a worker to reflect on the young persons use of cannabis, better cope with withdrawal and craving, and move towards a maintained reduction or cessation of cannabis use; ii) a facilitators guide for using the print resources in group work settings; and iii) an interactive web-version of the print resource. This paper overviews the development of the resources, their evaluation, and illustrates their use with young people who have become disengaged from home, education and employment. **Paper 2.** Yindyamarra - "Young Men and Yarndi" - the diffusion of information on cannabis, its use and potential risks among young Indigenous Australians. John Howard, Dion Alperstein, Sonia Cox, Heath Zorz, Owen Smith. Addressing cannabis use among young Indigenous Australians remains a priority, but effective strategies to do so remain elusive. Approaches that attempt to diffuse accurate information and raise awareness of potential risks via peers can be beneficial. A camp for young Indigenous males from mid-Western NSW aimed to: a) raise awareness of cannabis as an issue for young Indigenous Australians; b) clarify existing knowledge and beliefs; c) provide accurate information; d) raise awareness of harm reduction; e) create healthy messages than can be diffused among family and peers, and f) encourage help seeking if difficulties are experienced. Participants, whether using cannabis or not, had family, neighbours or peers who used, some heavily. Three activity-based groups addressing cannabis use and risks were developed: 1: What do you know about cannabis? Separating fact from fiction! 2. Helpful messages for mates/mob. 3: Reducing harms. A mix of active approaches was used - quiz, poster and prevention review and creation, music. This presentation outlines the development of the approach, theoretical underpinnings in diffusion of innovation theory, the camp, evaluation and learnings. **Paper 3.** MAKINGtheLINK. Karina Hickey. MAKINGtheLINK: Promoting Helpseeking for Drug Use and Mental Health Issues Among Aboriginal and Torres Strait Islander School Students, is an educational resource that includes activities for school-aged students to encourage them to seek help for problems related to drug use and mental health. By seeking help early, young people are less likely to develop long-term problems as a result of emerging mental health and drug use issues. Young people are often reluctant to seek help from professionals and tend to keep their problems to themselves or turn to friends, parents or teachers for support - people who often don't know what to do. The presentation illustrates this activity-based learning resource, which uses kinaesthetic, visual and auditory learning methods, and is developed with the target population and thus, hopefully, culturally appropriate and relevant to their needs. Learning Objectives: 1. Understand a variety of approaches to engage young people with complex needs in consideration of their cannabis use. 2. Increased awareness of responding to cannabis use by young Indigenous Australians. References: NCPIC Bulletin - 2012 Young Men and Yarndi - a pilot to diffuse information on cannabis, its use and potential risks among young
S41 2. Workshop: QuikFIX
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 3 & 4
Workshop 1 hr: QuikFIX Workshop - A Brief Motivational Interviewing Intervention for Cannabis Use and Mental Health.
Etty Matalon  Leanne Hides  Dan Lubman
Mental health conditions such as anxiety and depression are very common in AOD settings however they often go unnoticed or untreated (Lubman et al 2008). QuikFix is a brief intervention using a motivational interviewing (MI) style to target common mental health and cannabis use issues in young people. Designed by Dr Leanne Hides and colleagues to address the dearth of evidence based approaches for this population. QuikFix follows evidence based approaches (Baker et al 2007) and offers an integrated treatment of co-occurring mental health and cannabis use issues, by simultaneously addressing both issues, and their interrelationship. It was originally designed for allied health professionals as an early intervention program for young people with emerging depression and substance use problems in primary care settings. In particular the QuikFix intervention covers: engagement of the young person; brief assessment, assessment feedback; psycho-education; building readiness and commitment to change; developing a change plan; and providing brief coping skills training to the young person. Workshop participants receive comprehensive workshop handouts, resource materials and treatment manual. The workshop includes mini-presentations, demonstrations, videos, supervised practice and discussions, that are tailored to workplace and client needs and all delivered in a relaxed, friendly, fun and engaging atmosphere. By the end of the workshop participants will be familiar with:o addressing the concerns of young people presenting with comorbidity of cannabis abuse and mental health o delivering the QuikFix program to a young person o improving engagement and gaining basic MI principles and strategies o increasing the likelihood of the young person engaging in and attending future treatment. Training is provided by a psychologist with experience in teaching, implementing and testing Motivational Interviewing, and Cognitive-behavior therapy in addictive behavior, and mental health disorders.

S42 Citizenship framework
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 5 & 6
Workshop 1 hr: Allies in mental health? The role of privilege and power in recovering citizenship
Emma Ladd  Flick Grey
This workshop will examine how people without lived experience of mental illness (e.g. many mental health workers) and people with lived experience can productively work together, with greater awareness of how issues of privilege, power and social
justice impact on this work. We use the concept of allies, drawing on deep-rooted work in other social justice contexts. While the recovery of citizenship has been a driver of mental health reform, it is not straightforward for people with mental illness to claim the rights, power and status associated with becoming a citizen. Movements such as recovery and social inclusion call for society to regard all people as equal and to share resources accordingly. However, the power to influence these things is not held equally. People with privilege have access to resources and freedoms simply based on their background and identity, while people who have different experiences and identities may struggle to claim (or even feel entitled to) these same resources and freedoms. These are complex issues, but much can be learnt from work done in other social justice contexts: including anti-racism, anti-oppression and anti-classism movements. Effective alliance-building requires that people who have many privileges listen to, engage with and learn from people with fewer privileges. In mental health, this means that professionals (and others) who wish to be allies need to acknowledge inequalities in privilege and power and how this affects our ability to work in genuine partnership with people who have a mental illness. How do we ensure that decisions made at all levels of the mental health system are fundamentally informed and shaped by lived experience and expertise. Learning objectives: 1. Workshop participants will gain awareness around the impact of privilege in relationships between mental health professionals and people with lived experience of mental illness; and explore strategies to assist with acknowledging privilege and negotiating power imbalances in order to build genuine alliances in mental health. 2. While concepts of partnership and collaboration are central to recovery-oriented services, deeper reflection and dialogue helps to build strong alliances driven by social justice principles and which allow people to be genuinely accountable to each other. Ideas and resources developed by activists and workers in the areas of anti-oppression, anti-racism and anti-sexism can be usefully applied to the context of mental health services. References: Adair, M. & Howell, S. (1996). Breaking old patterns, weaving new ties: building alliances across cultural difference. Communities Journal for Cooperative Living, Spring: 50-53. Borg, M., Karlsson, B. & Kim, H. S. (2009). User involvement in community mental health services - principles and practices. Journal of Psychiatric and Mental Health Nursing, 16: 285-292.
and educational settings and policy development. These perspectives include the service delivery perspective, the service user's perspective and the socio/political and research perspective. The underpinning philosophy of the presenters' includes the recovery competencies for New Zealand mental health workers, and the theoretical positions that broadly include marginalisation, oppression and human rights. The presenters will each outline their position on how citizenship can be realised for many in society who are vulnerable and troubled, and consequently labelled as the 'risky' outsiders and strangers. The aim of the symposium is to generate a body of knowledge and practical wisdom to support delegates' successes in reclaiming one's citizenship status and to debate the reduction of the current barriers experienced by delegates' attempts to realise their full citizenship status. The presenters hope to progress the current research (Hamer, 2012) which has explored the understanding of citizenship and the journeys towards full participation as citizens for people with serious mental health problems. The outcome of the discussion will lead to clearer perspectives on what the adoption of a citizenship framework may mean for future service delivery, policy development, mental health law and the education and preparation of health and human service personnel.

Learning Objectives: 1. Participants will take part in dialogue on the current socio-political theory and debates on citizenship. The service-user led discussion will give participants the opportunity to construct a citizenship framework that underpins clinical practice settings. 2. The status of citizenship is highly contested across all nation states. People with serious mental health problems are making similar claims to citizenship rights and responsibilities as other marginalised groups. This symposium will offer an opportunity to reflect on what citizenship means for service users, and whether current understandings of recovery, social inclusion policies and mental health law help or hinder their journeys towards recognition as full citizens.


S43 Citizenship framework
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 7
Paper 20': Recovery and involuntary mental health admissions: The importance of control, relationships and hope.
Marianne Wyder Robert Bland David Crompton
Recovery has emerged as central concept for mental health and has now been explicitly adopted as the guiding principle for the provision of mental services in Australia and internationally. The concept of recovery includes internal conditions such as empowerment, self-determination, hope, healing and connection and external conditions such as human rights, a positive culture of healing, and recovery oriented services. Involuntary admissions, at face value, are at distinct contradiction to the concept of recovery as mental health crises that lead to the legal provision of involuntary treatment would appear to challenge the very principles of recovery. Involuntary treatment can, by definition, be a denial of agency and citizenship, a destruction of hope as well as reinforcing stigma associated with a mental illness. Yet involuntary treatment can also be a point from which the recovery journey can gain direction and momentum. This paper will present the findings from a qualitative
study investigating what aspects of the recovery model are relevant to involuntary mental health admissions from the perspectives of Consumers, their Carers and Health Care Professionals. This paper will focus on the experiences of 20 consumers who have experienced an involuntary mental health admission. Learning Objectives: 1. The audience will gain a deeper understanding of the complexities involved in applying recovery theory to involuntary mental health admissions. 2. Involuntary mental health admissions are among the most traumatic experiences for consumers, their carers' and health care professionals. The findings from this study suggest that the recovery framework is highly relevant to the context. References: Davidson, L, O'Connell, M, Tondora, J and Lawless, M (2005) Recovery in serious mental illness: A new wine or just a new bottle? Professional Psychology: Research and Practice, 36, pp450-487. Jacobson, N., & Greenley, D. (2001). What is recovery? A conceptual model and explanation. Psychiatric Services, 52, 482-485.

S43 Citizenship framework
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 7
Paper 20': Freeing up existing resources to enable access.
Andrea Taylor  Glen Bowcock  Peter Thomas
Bed occupancy and capacity challenges confront health service's daily. Despite this service having undergone a range of reforms and streamlining of mental health assessment/entry processes the timely availability of beds was problematic. The development by the service of an Average Length of Current Stay [ALOCS] indicator [the length of stay in an acute mental health bed at 12md on the last day of the month] identified a considerable number of people staying over 50/100 days. A range of initiatives were established to address the services ALOCS performance to assist in timely availability of mental health beds, to promote readiness for Activity Based Funding and the new National Emergency Access Target. ALOCS data analysed for July 2010 to December 2011 for 137 acute mental health beds will be presented. The linear trend line for ALOCS lowered to 33.8 days from 36.4 during the above period due to the reduction in the percentage of patients staying beyond 35 days in effect 'freeing' up 356 bed days per month. This reduction increased the availability of acute beds and improved the services Emergency Access Performance facilitating timely transfer of Emergency Department Mental Health presentations to the acute units. The impact of this initiative has also been seen in monthly Average Length of Stay which has decreased from 19.8 to 17 days.
Learning objectives: 1. Using data change and improve practice. 2. Efficient utilisation of existing resources.

S43 Citizenship framework
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 7
Dorothy Dunne  Wolf Scott
The 'recovery' concept is gaining increasing momentum in the field of mental health (Lloyd et.al, 2008), and principles of recovery philosophy are now included in the recent National Standards for Mental Health Services, 2010. There are a diverse range of assumptions about what recovery oriented practice looks like and embedding recovery principles into practice frameworks remains a significant challenge for community mental health organisations (Glover, 2005). Worklink is a community based organisation which delivers a range of programs that support
people who have had personal experience of mental illness. In 2011, three leaders from the Worklink organisation participated in a yearlong recovery based training program called the 'Recovery Oriented Mentoring Project' (ROMP). The aim of this innovative program was to ‘drill down’ and unpack recovery-based practice from the general to the specific. Drawing on the recovery literature, participants explored the practicalities of supporting and mentoring their colleagues through the systemic and personal changes that research has shown to be facilitative of the hope, citizenship and self-mastery of service users. The paper provides an overview of the challenges and rewards experienced by the Worklink mentors in their efforts to implement practical recovery-based changes at both the systemic and human resource levels of the organisation. Learning Objectives: 1. Participants will learn some of the ‘do’s and don’ts’ of service transformation to recovery oriented practices. 2. Participants will learn the benefits of applying recovery-based principles in service delivery.

References:

S43 Citizenship framework
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 7

Paul O'Halloran
Citizenship begins in the community and services need to provide a range of treatment responses that give people choices during an acute episode, including to remain within the familiar context of their own home environment. This is not a new idea, but one which has not progressed far in the Australian context over the last two decades. Progressive organisations which seek to build their services on the foundation of evidence and the recovery approach, must create a range of acute care options beyond inpatient admission, which include capacity for intensive home treatment. This requires capable staff with the right skills, knowledge & values to work with people on their own turf and deal with much greater contextual complexity during crisis. At TheMHS 2011, I talked about a service development initiative to improve the quality of acute community care. In 2012, the presentation will discuss the development of training & education for acute community practitioners.

S44 Body and mind
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 8
Paper 20’: Partnerships Leading to Better Practice: Pursuing the National Mental Health Plan for Victorians with an Eating Disorder.

Felicity Lawrence  Philippa Harrison  Jani White
The Body Image and Eating Disorders Treatment and Recovery Service (BETRS) is a joint pilot between the Mental Health Services of Austin and St Vincenti’s Health. BETRS is a specialist regional community based mental health assessment and treatment service for people with eating disorders. The purpose of BETRS is to: Improve access people with an eating disorder have to appropriate mental health assessment and treatment. Enhance the capacity of existing Services to support and manage people with eating disorders. Improve the quality of mental health care and support for consumers with eating disorders and their carers. Scope the mental
health service needs of people with eating disorders. The presentation will provide:

An overview of the pilot's evolution; its purpose, aims and core activities. Evidence that the activities have been of significant clinical benefit to consumers and their carers. Verification that the service is effective. Data will be presented on demand, demographic and diagnostic trends, and the impact of treatment.

Learning Objectives

1. Participants will become familiar with establishing a specialist mental health service that provides consultation, assessment and treatment for people with eating disorders.
2. Participants will become aware of the synergies that can exist between the public and private sectors, inpatient and community teams, general practice and specialist teams, mental health and physical health care teams as better practice under the Fourth National Mental Health Plan is pursued.

References:


S44 Body and mind
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 8
Paper 20': The experience of weight gain by people taking second generation antipsychotic medication: The family perspective.
Lea Scheltens Kim Usher Tanya Park

Weight gain is a common side effect of second generation antipsychotics (SGAs) (Baptista et al., 2008). These medications have however swiftly become the mainstay of treatment for people with psychotic conditions such as schizophrenia because of their reduced side effect profile compared to the earlier medications. While SGA-induced weight gain has been well researched, the impact on the individual and the family is less well known and there is limited literature on the family's lived experience, particularly from a parent or spouse's perspective. When a family member becomes unwell, the entire family unit is affected. Family participation is vital to achieve improved health outcomes and recovery (Buila & Swanke, 2010). This paper will present the findings of an interpretive descriptive study undertaken to explore the experience of families when a member has gained weight while taking SGAs. A thematic approach to data analysis was adopted to identify shared experiences and allow the voice of the consumers to be heard.

Learning objectives:

1. This presentation aims to engage the audience by presenting the findings of a qualitative study undertaken to understand the experience of the family when a member gains weight due to SGAs and will offer:
2. A review of the related literature; information on the study methodology and methods; an overview of the experience for the family; and a discussion of the outcomes.

S44 Body and mind
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 8
Paper 20': A nurse led intervention on weight gain for people with serious mental illness: results of a randomised control trial.
Tanya Park Kim Usher Kim Foster Petra Buettner
Weight gain and obesity is a worldwide epidemic with an estimated 20-25% of the world’s population having Metabolic Syndrome (MetS). While individuals in the general population are at risk of physical conditions such as MetS, people with mental illness are known to experience particularly high rates of co-morbid physical health problems (Usher, Foster & Park, 2006). This paper presents the findings of a randomised control trial to test the effectiveness of a twelve week healthy lifestyle program - 'Passport 4 Life' (Park, Usher & Foster, 2011). The program included weekly group sessions incorporating the concepts of motivational interviewing, nutrition and exercise education and an exercise program. After ethical approval, 104 participants were recruited to the study and randomly allocated to the control or intervention group. The majority of study participants self reported a weight problem (n=65, 64.4%), and having previously tried to lose weight (n=81, 80.2%). The results of the study demonstrated small changes in weight for the intervention group with a mean weight change of -0.74 kg (SD=3.78 kg, p=0.167) at 12 weeks while the control group (n=50) had a mean weight change of -0.17 kg (SD=3.36, p=0.729) at 12 weeks. Learning objectives: 1. This presentation aims to engage the audience by presenting the findings of a randomised control trial that tested the impact of a healthy lifestyle program on weight. 2. Mental health nurses and mental health services are well placed to support people with lifestyle change Little is currently known of the experience of families in relation to their family members weight gain however what is know is that the main support for the person with a serious mental illness is the family. References: Usher, K., Foster, K., & Park, T. (2006). The metabolic syndrome and schizophrenia: the latest evidence and nursing guidelines for management. Journal of Psychiatric Nursing, 13(6), 730-734. doi: 10.1111/j.1365-2850.2006.01026.x. Park, T., Usher, K., & Foster, K. (2011). Description of a healthy lifestyle intervention for people with serious mental illness taking second-generation antipsychotics. International Journal of Mental Health Nursing. 20(6), 428-437.

S44 Body and mind
23/8/2012 From: 1030 To: 1230 Venue: Meeting Room 8
Paper 20': Keeping the body in mind: Time to get active.
Stephanie Webster Jackie Curtis Andrew Watkins Julio De La Torre
Metabolic complications, including weight gain, obesity and metabolic syndrome are known to be a significant problem that can occur early in the course of treatment with anti-psychotic medication and lead to increased morbidity and reduced life expectancy. From a citizenship perspective, there is an urgent need for service responses that increase life expectancy. Keeping the body in mind is an innovative programme for the assessment, prevention and early intervention of cardiometabolic complications in young people experiencing first episode psychosis. The programme challenges prevailing assumptions that such weight gain is an unavoidable and acceptable. The programme track participant's weight, waist measurements and intervenes for any emerging metabolic complications. The presentation shares consumer stories, providing hope for consumers, and motivation for service providers. Keeping the body in mind is run by Dr Jackie Curtis and Andrew Watkins, through the Early Psychosis Programme, Prince of Wales Mental Health
Programme. It also draws on the clinical work of A/Professor Katherine Samaras, Department of Endocrinology, St Vincent's Hospital, Sydney and A/Professor Dr Philip Ward, School of Psychiatry, University of New South Wales, Sydney. Learning Objectives: 1. This presentation will increase participants understanding of the impact of weight gain and metabolic consequences of psychotropic medications from the consumer perspective. It will also highlight the Bondi Model of Care for Early intervention of cardiometabolic issues offering hope for those experiencing psychosis and practical strategies. 2. Cardiometabolic complications are common in consumers who are prescribed psychotropic medications and all mental health services need to be aware of this important issue and ways of developing prevention and early intervention strategies in partnership with consumers. References: Curtis, J., Newall, H., Samaras, K. (2012). The heart of the matter: cardiometabolic care in youth with psychosis. Early Intervention in Psychiatry. Shiers, D., P.B. Jones, and S. Field, Early intervention in psychosis: keeping the body in mind. British Journal of General Practice, 2009. 59(563): p. 395-6.

S45 Lunchtime Poster Session  
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level  
Gail McNaul Michelle Orr  
This poster will show how Centacare, Catholic Diocese of Ballarat, Mental Health Services have measured outcomes on the journey of recovery for people with a mental illness, with the services they provide, supporting the Victorian Department of Health's 'Framework for Recovery- Orientated Practice. The model of support that has been implemented is the Mental health Recovery Star (one of a family of stars from the suite of 'Outcomes Star'- A tried and tested tool to support and measure change.), which is an evidenced based practice that supports recovery by valuing the clients/consumers perspective and giving them choice in mapping their own journey of recovery, making decisions on interventions and measuring the outcomes. This practice supports social inclusion and is holistic in its approach to recovery. Interventions made by the client/consumer and worker are agreed upon in collaboration, providing empowerment to the client with their choices, whilst understanding change isn't easy. The dimensions covered are: Managing Mental Health, Self Care, Living Skills, Social networks, Work, Relationships, Addictive behaviour, Responsibilities, Identity and self esteem and Trust and hope. The model covers all dimensions linked to recovery which have been identified by clients/consumers, carers and professional services. Learning Objectives: The audience will gain an insight into an empowering holistic journey of recovery. The audience will also be able to visualise the measured outcomes. Reference: 1. Framework for Recovery Orientated Practice (2011) Mental Health and Drugs Division, Victorian Government, Department of Health Melbourne Victoria 2. Mental Health Recovery Star, Joy MacKeith and Sara Burns, Triangle Consulting, London

S45 Lunchtime Poster Session  
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level  
Poster: Recovering mental health promotion as a tool for improving outcomes for Indigenous women, infants and their families.  
Sarah Davies-Roe  
The 'Stay connected, stay strong' suite of resources were created as culturally sensitive perinatal and infant mental health (PIMH) mental health promotion tools to
raise community awareness and support Indigenous women, men and families to understand the importance of good social and emotional wellbeing during pregnancy and beyond. Digital storytelling and paper print resources using photographic images deliver and provide an opportunity for early identification of social and emotional difficulties and support families to access services that enable early intervention and prevention of future mental health problems. Collaboration and consultation processes in line with Indigenous protocols were a significant part of the development. The consultation groups for the resources provided support in the cultural and technical aspects to ensure information provided was well researched, balanced and accurate. The groups provided input throughout the development of the resources with one last consultation ensuring the final versions were an accurate representation of the issues relevant to Indigenous perinatal and infant mental health.

S45 Lunchtime Poster Session  
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level  
Poster: Promoting citizenship among Consumer and Carer Representatives.  
Penny Thomas  
In 2011, Western Australia's Mental Health Commission announced scholarships for people employed in mental health services for the 2012 academic year. Some of these scholarships were targeted at people with a lived experience of mental illness. Members of Peel and Rockingham Kwinana (PaRK) Mental Health Service's 'Guidance Group' successfully applied for scholarships. This dedicated group of volunteers represent Consumers and Carers on strategic and leadership committees across PaRK Mental Health Service. In consultation with all stakeholders, Murdoch University's Executive Education Centre designed a program to meet the specific needs of this group. The focus was on developing leaders in the area of Consumer and Carer representation, including exploring: what is important (values) hearing what consumers and carers want (stakeholder inclusion) getting the message across (communicating effectively) navigating communication (conflict resolution). The final product is a credit to the partner organisations who demonstrated flexibility and creativity throughout the process. The goal of this important initiative is to plan for a future roll-out to include Consumer and Carer representatives across WA. Hear from the consumer and carer representatives themselves who gained from the collaboration. Learning objective 1. To hear from the participants in a new pilot program focusing on education and leadership skills for Consumer and Carer representatives in Peel and Rockingham Kwinana Mental Health Service. To learn from the experience of the services involved in the pilot program aimed at supporting recovery of citizenship within mental health services and to hear how Consumer and Carer representatives were empowered to have a strong voice. References: 1. WA Mental Health Commission - Mental Health 20. 2. Making it personal and everybody's business. Reforming Western Australia's mental health system. (in particular see p 4 - Key principals; p 6 - Connected approaches; p 17 - Services working together; p 43 - A sustainable workforce, Looking forward; p 44 - A high quality system.) 2. WA Health Consumer Carer and Community Engagement Framework for health services and WA Health following consultation across WA health - April 2007.
S45 Lunchtime Poster Session
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: Conexus Magazine Bumper Issue Cover.
Damien Phillips  Kristy Webb
The UCWPA Community Mental Health of SAÆs innovative Conexus Magazine which has been in operation for one year and celebrated itÆs twelfth magazine edition December 2012, empowers people living with the range of mental illnesses to express themselves as creative, thinking, feeling citizens. One participant describes it as a voice of the unheard. This poster is the cover page of the bumper edition which is being created specifically for TheMHS conference. Painted by a resident of the UCWPA Avalon independent living residences, the artist uses his extensively imaginative ability to create beautiful and sometimes challenging work which evokes a range of emotions in the observer.

S45 Lunchtime Poster Session
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: Reviewing personal recovery strategies for mental health and promoting change.
Mary Ward
The landmark Brudekin report is a benchmark for measuring progress in mental health in Australia. Some effective changes have occurred in the twenty years since publication. Many evaluations of improvements are not favourable and some including Not for ServiceÆ are scathing. My personal experience indicates that some real citizenship recovery has occurred. Modern hospitals are more patient friendly and the consumer voice is welcomed. Numerous government and nongovernmental agencies provide extensive support within the community. Consumer groups (e.g. CAGs) are also an important forward move, providing improved communication between patients, professionals and management. However, suitable accommodation, employment and training for the mentally ill are still difficult to obtain. The community attitude towards mental illness also needs considerable improvement. Consumer input into planning is essential. Architects and builders recently met with our CAG group displaying plans and models of a new hospital. They were anxious to obtain feedback from patients. Restful surroundings, quiet areas and non-confronting environments are critical features of modern hospitals. Many groups, both government and non-government, are doing excellent work but before citizenship recovery is viable, community attitudes need to change and a co-ordinated State and Federal approach has the greatest potential for success. Learning objectives: Outlines how to recover, from Trauma damage and analysis of strategies used in personal journey. Examining critical nature of family, professional and community support for mentally ill. References: After Burdekin, A Brief Evaluation 14 years on (1)www.chp.org.au/parity/ Not for Service Report. www.hreoc.gov.au/disability_rights

S45 Lunchtime Poster Session
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: 23 Big Issues
Douglas Holmes
The 23 Big Issues were initially developed at the 2000 TheMHS Consumer Forum in Adelaide and reviewed in Townsville in 2006 and Sydney in 2010. During the Cairns conference a number of the posters that were developed for Sydney in 2010 will be
on display and members of the 23 Big Issues working group will be available to talk about the work the group has been doing since the 2010 Sydney TheMHS consumer day. The group has met monthly to consider the feedback from the many people who attended the 2010 consumer day. As feedback from each of the 23 Big Issues are completed and signed off by the TheMHS management committee they will be uploaded to the TheMHS website www.themhs.org for wider comments and ongoing discussion. The working group is planning to have a final report ready for the 2013 Melbourne TheMHS Conference. The posters displayed are: Front page of 23 Big Issues report, Issue 1 – Transport; Issue 2 – Seclusion; Issue 3 – Side Effects, Issue 8 - Choice of Therapists; Issue 15 - Lack of Partnership; Issue 18 - Management Plans; Issue 23 – C.A.L.D.

**Achievement Awards Poster**

**23/8/2012**  **From: 1300 To: 1330**  **Venue: Hall 2 - Exhibition/Ground Level**

**Poster:**  Caritas – A Star Ward  

**Douglas Holmes**  
The Caritas Mental Health unit at St Vincent’s Hospital in Darlinghurst has gone through a process over the last seven years moving the service towards becoming a recovery focused service. St Vincents has adopted the Strengths model as a way of introducing strengths based practice throughout all of its services. The Strengths model, initially developed in Kansas in the 1980’s requires a detailed assessment of the consumer’s strengths, abilities, resources and goals to be completed so that a recovery goal plan can be developed. In the inpatient ward, the Star Wards project has been introduced and utilises consumer involvement and participation principles: a project run and developed by the charity Bright in the UK. The program has 75 activities that make a consumers stay in an inpatient unit more comfortable and therapeutic. More information about Star Wards can be found at www.starwards.org.uk.

**Achievement Awards Poster**

**23/8/2012**  **From: 1300 To: 1330**  **Venue: Hall 2 - Exhibition/Ground Level**

**Poster:**  Facilitating transfer of training through values clarification and coaching  

**Frank Deane**  
The transfer of training into routine practice remains a significant and costly problem for service organisations. While the adoption of recovery-based services, underpinned by appropriate values, is a priority of the Fourth National Mental Health Plan (Australian Health Ministers, 2009), recovery policy represents a major workforce development challenge worldwide (Slade, Amering & Oades, 2008). The Collaborative Recovery Model (CRM) is an award-winning workforce development program, which is becoming widespread in Australia and has made inroads internationally (Oades & Anderson, 2012). However, the rate of transfer of the model into practice following training could be improved. The Community Managed Organisations in this application implemented CRM training and coaching over a 1 year period. This has resulted in organisation-wide improvements in transfer and recovery practices as reflected in clinical audit data. The organisations now routinely train their staff in this recovery approach and have imbedded the coaching models to support ongoing implementation in practice.
Achievement Awards Poster  
23/8/2012  From: 1300 To: 1330  Venue: Hall 2 - Exhibition/Ground Level  
Poster: MHPOD (Mental Health Professional Online Development)  
Penny Tolhurst  
MHPOD is an evidence-based online learning resource primarily designed for nurses, social workers, occupational therapists, psychiatrists and psychologists working in mental health in Australia, based on the National Practice Standards for the Mental Health Workforce. It is expected that others, including consumer workers, carer workers, Aboriginal health workers, and other mental health workers will also find it useful. There are about seventy hours of material on forty five topics, written and produced in Australia. The topics range from recovery to legislation and dual disability. Aims of MHPOD include supporting the mental health workforce, and improving access to evidence-based educational programs. The content has been written by the Psychosocial Research Centre at the University of Melbourne, and produced by CADRE Design. The broad project team, like the workforce, is multidisciplinary and located throughout Australia. Quality assurance has been undertaken by an expert group including consumer and carer representatives, clinicians and academics.

Achievement Awards Poster  
23/8/2012  From: 1300 To: 1330  Venue: Hall 2 - Exhibition/Ground Level  
Poster: Our Consumer Place  
Flick Grey  
Our Consumer Place is a resource centre run entirely by people with ‘mental illness’ (“consumers”). This experience provides a crucial source of insight. We are unique in Australia. We provide information, training and support to consumer-developed groups and projects, drawing from the Australian consumer community and international best-practice. We participate in the broader mental health sector to foster consumer perspective and provide training and advice for organisations to more effectively support consumer leadership. Publications include:

- “So, you have a ‘Mental Illness’ ... What now?” a groundbreaking booklet providing an introduction to mental illness from a consumer perspective.
- “Speaking Our Minds” a guide to sharing our stories, purposefully and safely.
- “Deep Insight: Leaders in the international mental health consumer/survivor movement share their thinking,” and “Psychobabble: The little red book of psychiatric jargon”: a glossary that (amusingly) explains the terms used in mental health from our perspective.

Achievement Awards Poster  
23/8/2012  From: 1300 To: 1330  Venue: Hall 2 - Exhibition/Ground Level  
Poster: H2M: HIV & HCV Mental Health in Primary Care  
Kurt Andersson-Noorgard  
The H2M service provides mental health assessment and treatment to HIV/HCV positive clients of general practitioners within inner city Sydney, the epicentre of the HIV/ HCV epidemic in Australia. Since the development of anti-retrovirals and other effective treatments the life-span of people living with HIV and HCV has increased creating a shift in the focus from a palliative to a chronic care approach. This multidisciplinary service integrates knowledge of HIV/HCV, Mental Health, AOD, Sexual Health and health promotion to impact on a client’s mental and physical health in a manner that improves access to care directly for the consumer but also indirectly...
improves mental health care within primary care by way of opportunistic education at regular case conferences. This service is unique in Australia and sees the piloting of “micro-teams” specifically focussed on blood borne viruses though easily adaptable to other chronic health conditions.

Achievement Awards Poster
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: Rural consumers make their Mark
Elizabeth Martin
Over the last six years, the Person-Centred Mental Health Workshop has been delivered to over 350 health and welfare staff as well as nursing, medical and social work students, in Far West NSW. Workshop content and format is the product of a collaborative venture between consumers of the local mental health service and the local Mental Health Academic. It combines consumer driven literature, contemporary mental health practice and the consumers “lived experience” to deliver lessons to health workers about the impact of their practice. Quantitative and qualitative data collected at the workshops confirm participants reflect upon their attitudes when working with people experiencing mental health difficulties. It also highlights that the aspects of the workshop that the participants most valued was the stories delivered by the consumers. While the workshop remains a local, rural program, it has been recognised and commended at local, state and national levels.

Achievement Awards Poster
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: Team work increases support and recovery for mothers
Priscilla Yardley
The Perinatal Mental Health Project is leading the way in addressing gaps in identifying and supporting women in the antenatal and postnatal period who are at risk of mental health problems. A health services partnership group formed in November 2010 collaboratively and innovatively developed and implemented a project that has included routine screening of women in the perinatal period, training health professions in assessment of mental health, implementing specific referral pathways and resources for services, and a GP Linkage Service for women without a GP. Results of the project reveal that 12-15% of women are being identified as at risk of mental health problems and provided with follow-up and support. Approximately 5% have been linked to a GP through the GP Linkages Service. Results of a pre-post survey confirm an increase in screening (46% to 68%) with 75% using the referral pathways and 36% reporting overall improvement in accessing services.

Achievement Awards Poster
23/8/2012 From: 1300 To: 1330 Venue: Hall 2 - Exhibition/Ground Level
Poster: Keeping Families in Mind
Elizabeth Fudge
Over a million Australian children have at least one parent with a mental illness. A range of factors associated with families where a parent experiences mental illness can have a negative impact on a child’s development and wellbeing. The COPMI national initiative aims to foster better mental health outcomes for children of parents with a mental illness, reduce stigma and help friends, family and workers in a range of settings and identify and respond to the needs of these children and their families.
This is achieved by developing information for parents, their partners, carers, family and friends to support these children and by providing training resources for workers to support families either individually or through community services and programs. COPMI resources are developed in consultation and under the guidance of people with a lived experience of parental mental illness, and leading researchers and service providers in the mental health field.

**S46 Recovery after disasters**  
**23/8/2012 From: 1330 To: 1500 Venue: Hall A&B**  
**Brendan Hedger  Chris Druce**

The prevalence of disasters and adverse events is prominent throughout Australia. Disaster events often have a profound impact and provide significant challenges for health services in managing the disaster situation, whilst providing for the continuity of services to affected communities. In accordance with the formal New South Wales emergency management arrangements, Western NSW Local Health District have developed a model that coordinates and integrates the mental health disaster response process into the overall health disaster response system. The aim of our paper is to offer an insight into the developmental history of the model and highlight the key concepts including, sound communication, planning and development of strategic partnerships. We aim to share our experience and demonstrate how the model works in practice, with examples of where and how the model has been utilised to respond to disaster events in our local health district. We will also outline the training program developed for mental health service personnel and reinforce the collaborative team approach, which is the essential ingredient that brings the model together. The authors believe that the model can be adapted, applied and sustained as an efficient and cost effective approach to mental health disaster response within any mental health service. Learning Objectives: 1. We are aiming for our audience to develop or enhance their understanding of the important role that mental health services have to play in response to disasters, and how the integration of this role into the overall health disaster response system provides for a coordinated and collaborative approach which leads to better outcomes for clients and communities. 2. The impact of disasters and/or adverse events on the mental health of individuals and communities is significant and it is important that mental health services have a process in place to respond effectively to such events.

**S46 Recovery after disasters**  
**23/8/2012 From: 1330 To: 1500 Venue: Hall A&B**  
**Paper 20**: Recovery Stress following Natural Disasters: What are Mental Health Priorities.  
**Rob Gordon**

Disaster recovery services after disasters are still developing. They have moved from standard mental health services emphasising psychiatric conditions towards community based support services with mental health support. This presentation reports on Australian disasters over the last 25 years, particularly Cyclones Larry and Yasi, the Black Saturday bushfires, and Victorian and Queensland floods in 2011 and 2012. It describes types of stresses experienced during recovery: surviving the event, finding accommodation, taking stock of losses, negotiating the systems, undertaking rebuilding to resettling a new life. Four processes occur in
sequence as people adapt to disasters. But while some people adapt well, many others have periods where they are unable to function and some people’s lives progressively deteriorate during recovery. Many people only later recognise how their personal, family and social lives have been affected. Understanding the stress processes help people manage them and protect themselves from loss of quality of life.

Learning Objectives: 1. To understand the relation between stress and the recovery tasks at different stages of recovery. 2. To present a model of interventions integrating mental health and community support strategies after disasters.


S46 Recovery after disasters
23/8/2012 From: 1330 To: 1500 Venue: Hall A&B
Paper 20': The National Alliance For Rural And Remote Mental Health.
Russell Roberts
Young males (15-25) in regional areas are 1.5 to 1.8 times more likely to commit suicide than their urban counterparts. Across the life span this ranges between 1.2 to 2.4 times higher. Compared to major cities, the rural population receive 72% of GP services, 50% of specialist services and only 38% of allied health services. Whilst 31% of the population live in rural settings, 91% of psychiatrists have their practice in major cities. Purpose: “It seeks a fair share of health resources and promotes rural innovation”. The Alliance advocacy for fairness on behalf of rural Australians and promotes example of innovation and best practice in rural settings. The Alliance works collaboratively to address rural mental health priorities, identify best practice, develop policy, position papers and communiqués on rural mental health, and advance the rural, regional and remote mental health research agenda. The Alliance represents and serves the mental health needs of 6.9 million Australians living in rural communities. Membership of the Alliance comprises public mental health service directors, senior clinicians, researchers and educators and NGO sector representatives, rural Aboriginal experts, mental health carers and consumers for each Australian state and territory. Learning Objectives: Participants will gain an understanding of the access inequities experienced by rural Australians. This paper addresses mental health service issues confronted by those living in rural communities.

S47 Consumer-run employment
23/8/2012 From: 1330 To: 1500 Venue: Hall C
Symposium - 1.5 hrs: From consumer participation to consumer-run services: valuing & utilising lived experience and reclaiming citizenship.
Indigo Daya Sandi Noble Janet Karagounis Judith Drake Gail Fujiwara
This symposium will examine a successful example of consumer employment and volunteering, by sharing different perspectives of Voices Vic, a consumer-led program at Prahran Mission. Voices Vic is a recovery program for people who hear voices, or have other unusual experiences. The project manager has a consumer background, as do 4 of 5 paid staff, and 8 of 9 volunteers. We start and run peer support groups, provide individual support, deliver conferences, talks and training, conduct research, and strive to share our belief that recovery is possible for
everyone. This session will give attendees a rich and honest experience of consumer engagement, and provide many practical and strategic ideas to take back to their own services and lives. **Paper 1.** Janet will explore what it meant to be given a chance, and how this impacted on her recovery. She will examine how she adapted to working life, what happens when it gets tough, and what she does to mentor and develop our volunteers. **Paper 2.** Sandi will explore what it is like to come from a professional background and be working amongst a consumer-led team. This will include how she works alongside peer workers and volunteers, and how this experience has impacted her own practice. **Paper 3.** Judith stumbled across Voices Vic rather by accident, when her psychiatrist received a flyer for their first 'mini-conference'. Yet something drew her to want to find out more about the innovative and inspiring work of the 'hearing voices' movement. This led to Judith volunteering with Voices Vic for over 8 months on their 2012 conference culminating in taking on the role of 'conference coordinator' at the event. She will discuss what it is about volunteering in a consumer-run service that feels so different to other services, and what consumers are capable of when genuinely supported, nurtured and empowered. **Paper 4.** Gail will share her experience of volunteering and employment, including the ups and downs. She will talk about how she uses the supports available at Voices Vic, and what changes have occurred in her life, and those she works with, as a result of her engagement. **Paper 5.** Indigo will talk about the Voices Vic approach to affirmative action employment and volunteering, and how the program has structured engagement, support and development for consumers. She will share the ways in which lines become blurred in our program, particularly when people are struggling, and how we have turned this into a strength. Indigo will also examine some of the day-to-day practices we employ, and the ways in which we continue to learn, adapt and evolve. 

**Learning Objectives:** 1. For attendees to gain a greater understanding of how consumer employment and volunteering can work in an ideal practice. This will include practical 'how to' approaches, strategic considerations, opportunities and barriers, and recovery and citizenship implications. This unique session will be of use to any service that is currently, or thinking of, engaging consumers in more meaningful ways, and to consumers interested in volunteering and employment pathways. 2. Attendees at this symposium will gain an appreciation of the powerful links between deep engagement, ownership and trust - and outcomes in terms of performance, recovery and citizenship. 

**References:**

**S48 Narrative tools**
23/8/2012 From: 1330 To: 1500 Venue: Hall D
**Workshop 1.5 hrs:** When is a story not just a story. Narrative as a valuable tool for consumers to use in the education of the community, schools, general practitioners and just about everyone in between.
**Merinda Epstein  Wanda Bennetts**
This workshop will provide an introduction to some of the complexities of using our stories in public. After introductions the initial thirty minutes will be spent walking people through the major issues outlined in 'Speaking Our Minds: A Guide to how we
use our stories.' and a copy will be available for each participant. Issues will include: choosing to make our stories public and how to look after ourselves; the power of parable; knowing when to say no to an invitation to speak; telling our story to ourselves; mental health workers and what they do to stories; friends and workmates - how much to tell; the media; speaking safely at conferences and the new social media. Also we'll focus on how to use our stories as a means to educate clinicians. There will be emphasis on and practice of the skills of public speaking. The bulk of the session will be spent with participants in groups developing a story - a snapshot of something from their experiences as a consumer which they think has an important message. Group members will help each other to hone in on the learning outcome from their short stories and each person/pair/group will choose an audience so that the importance of juggling what we want to say with what the audience wants to hear can be explored. This workshop has been a real winner in the past. Every one's efforts are accepted without judgement. It is a fine starting place for all those who are toying with using their stories in public as well as for more experienced story users who want to share ideas. There is an old consumer adage that we are 'more than just our story' and this is true but gaining the confidence and skills to make our stories work for us rather than just run our lives is a truly liberating experience. Learning Objectives: Participants will learn that their story is both precious and that it can be harvested for content that is valuable to many other groups in the community. People will learn about some of the stumbling blocks and pitfalls that consumers who use their story come across. Ideas and skills will be shared about how to protect ourselves and at the same time maximise the impact of our stories. People will be introduced to some of the theoretical issues native to the consumer movement and the arguments that exist around whether 'self story' is actually usefully and how and why we do or do not know that the audience is learning anything. People will learn some basics about public speaking and will have 'given it a shot' themselves by the end of the session. People will learn how to move from the classical chronological story to having a go at pulling out from their narrative their own vignettes or parables based on the nature of the lesson they want to get across. People will learn about the importance of the nature of the audience, timing, recovery from hiccups on the run, preferred presentation style as well as the importance of having a go and experimenting. Participants will learn a bit about what is important to them in the recovery stage after self-revealing and what to ask of their supporters after they have spoken publicly about private parts of their life. (248 words). 2. This workshop prepares people for 'telling their story' from a consumer point of view where everyone is presumed to have invaluable knowledge to share. As Personal Helpers & Mentors (PHaMHs), advocates, clinical educators, researchers, consultants, leaders, healers, directors and board members people with consumer experience have to make decisions about when to use story and when not to, when to try and hold the importance of story against opposition and when to let it go, what length is appropriate, which story is right for which audience and how to use story judiciously and carefully. The more people, who can use story to defend the first person voice, push the parameters of what we call science, challenge taken for granted language that damages people, for example, the greater our impact for the better on mental health service systems. References: Epstein M. & Grey F Speaking Our Minds: A guide to how we use our stories, Our Community Pty Ltd, Melbourne, August 2011. Morrison, Linda A Matter of Definition: Acknowledging Consumer/Survivor Experiences through Narrative, Radical Psychology, Volume Five, 2006.
S49 Working towards Social Inclusion  
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': You don't have to be mad to work here but that's how I got the job.
Louise Howe
This is one women's story of rissoles, rollerblades, and recovery. How do you go from being a qualified chef to becoming Consumer Advisor in WA's Mental Heath Commission? You start by taking up rollerblading at the age of 32 and then breaking your ankle! Louise discovered how learning acceptance, gaining understanding, taking on responsibility and participating in her own recovery were irreplaceable. Her story describes how medication and professional help alone are not enough to sustain wellness for the long haul. She will explain why 'you alone can do it but you can't do it alone' approach is a must for recovery and personal growth and can be achieved through friendship, mutual help and participation in community. Why taking on leadership roles are an important gateway to wellbeing and mental health and how a breakdown became a break though to a happier and healthy life.
She now represents consumers in policy and planning at a strategic level with in WA's Mental Health Commission. Louise's efforts have literally been award winning both personally and professionally, not just for her but for the organisations she has represented.
Learning objectives. 
1. An understanding of how recovery involves stepping out of one's comfort zone and taking risks and how a break down can be a break through. 
2. Explains how an individual can direct their mental health treatment, within supportive environments, as they navigate the different stages of their recovery.

References: 
Program of Growth to Maturity- Grow International 2005. 

S49 Working towards Social Inclusion  
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': The Comprehensive Assessment Process: Kick-starting recovery for people with Severe Mental Illness in a Community Care Unit setting.
Alicia King
Introduction: Given the high demand for residential rehabilitation services, the Comprehensive Assessment Process (CAP) was devised as a means of targeting those consumers who would most benefit from admission to a Community Care Unit (CCU). Research suggests that rehabilitation readiness (Cohen, Farkas & Cohen, 1992) is a significant predictor of rehabilitation outcome in the areas of living, learning and working (Ferdinandi et al, 1998). The CAP aims to incorporate a multidisciplinary perspective in identifying consumers' readiness for rehabilitation and 'Needs For Service' early in their admission, thereby reducing length of stay (LOS).
Aim: To evaluate the effectiveness of the CAP in reducing the LOS of consumers admitted to the CCU. Method: The CAP has been implemented since February 2010 at Norfolk Terrace CCU, assessing to date 21 consumers at the commencement of their admission. Consumers' LOS pre- and post-CAP implementation were compared. Results: Average LOS was reduced from 300 to 176 days, in consumers discharged since implementation of the CAP. LSP scores at discharge (unavailable at time of submission) will also be discussed. Conclusions: The CAP appears to be effective in reducing LOS. Further evaluation of corollary benefits, including

S49 Working towards Social Inclusion
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Systems which enable social inclusion.
Michelle Quirk  Chris McInnes
The role of the Psychiatric Disability Rehabilitation Support Services (PDRSS) and Non Government Organisations (NGO's) continues to evolve as we aim toward social inclusion for consumers of our sector. Services have formed partnerships within the community to the benefit of all stakeholders. However, the thought of stepping out into the world of training and employment can be impossible for some living with a mental illness and students often may abandon their studies when feeling overwhelmed or challenged by their health. St Lukes Anglicare has adapted systems to facilitate student placements for current consumers of Mental Health Recovery programs. Service users can remain linked to their programs and support worker whilst also working as a student with tailored provision as required. Developing systems to focus on inclusion and flexible learning opportunities provides an opening for increased study completions and a springboard into external placement possibilities. Developing a culture for social inclusion and community connection to exist as an option internally, we recognise services are a part of the mosaic of communities. We therefore increase social inclusion as an outcome by facilitating this option and invite other organisations to consider how they can do similar within their own structure and systems. Learning Objectives: 1. The audience will have a greater understanding of system transformation which may be constructed to enable consumers more choice and flexibility with regard to their student placement options, volunteer and work experience choices. 2. Mental Health Recovery Services work toward the goals of social inclusion, community connectedness, and employment and training outcomes for consumers - traditionally looking outside their organisations to develop the relationships and partnerships to enable these outcomes. This strategy assists us to build on our goals for increased participation of 'people with a lived experience of mental illness' in our workforce.

S49 Working towards Social Inclusion
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Bianca Holgate
Wellness Recovery Action Plan can Save Lives! WRAP is like a universal skeleton key that can unlock many aspects of wellness in one's life. WRAP encourages people to move beyond simply managing mental health distress to building a
meaningful life in the community by using a highly individualized plan for recovery and wellness. WRAP Australia, an organization is dedicated to promoting personal, organizational, and community wellness and empowerment. WRAP training, an evidence based approach is now available in Australia. Working in collaboration with the Copeland Centre, Bianca Holgate brings her own unique blend of recovery knowledge and skills along with her own experiences in the mental health system which has given her a strong passion for promoting safe self help strategies for staying well. WRAP emphasizes holistic health, wellness, strengths and social support, and by using this approach Bianca finally has her life back. This paper will also highlight the rigorous research that has been accomplished through a collaborative approach with people in recovery, universities and community organizations. This unique blend of the lived experience will leave people inspired to take charge of their own wellness and will be relevant to organisations interested in supporting people back into their community with providing choices in a person centred approach, guided by a strong set of values and ethics that has proven to change how organisations practice and one's attitudes, feelings, goals and skills. Learning outcomes: 1. The audience will gain more information into this evidence-based practice, inspired at all levels from personal to organisational perspectives. 2. This topic is relevant in light of the current interest in mental health recovery and recovery oriented practises in Australia. Interwoven through this presentation is a strong set of values and ethics that has proven to change one's attitudes and beliefs. There are also reports of organisations experiencing a cultural change as a result of implementing WRAP.

S49 Working towards Social Inclusion
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': The Bridging Program: Utilising principles of assertive community treatment without the team.
Luis Enrique Albornoz
The assertive community treatment (ACT) model is one of the most widely researched models for case management both in Australia and abroad in community mental health. It is a treatment approach to community care which is widely supported for working with people with severe mental illness. However, it is also an approach that requires a large amount of funding and resources which are often difficult to come by in mental health services where traditional case management models are core practice. This paper will propose how the principles of ACT can be successfully utilised within existing services with limited access to further enhancements or resources, as well as detail the development, implementation and evaluation findings of the 'Bridging Program' which was implemented in the Bankstown Community Mental Health Service. The aim of the program was to utilise assertive case management principles by providing an intensive level of support to consumers who historically have poor engagement with services, are high service users and have various complex needs. Evaluation findings have demonstrated benefits to both consumers and the service and have shown positive results in all aspects of the program including, engagement, accommodation, acute service use, admission rates and overall improvements in standardised outcome measures. Learning Objectives: 1. Members of the audience will gain a clear understanding of how the principles of assertive community treatment can be effectively utilised with minimal staffing when working with people who have a serious and persistent mental illness to improve their capacity to function independently and become active
members of their community. 2. This topic is relevant to current practice as the model of assertive community treatment is one of the most internationally researched and evidence based models in community mental health care. Both national and state mental health documents make reference to and encourage the use of this model as current best practice. References: Bond, G. R. (2002). Assertive community treatment for people with severe mental illness. Indianapolis, IN: Purdue University Indianapolis. Rosen, A., Mueser, K. T., & Teesson, M. (2007). Assertive community treatment - Issues from scientific and clinical literature with implications for practice. Journal of Rehabilitation Research and Development, 44, 813-826.

S49 Working towards Social Inclusion
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Woe to Go - A New Way of Recruiting and Selecting Staff.
Craig Stanley-Jones Arthur Papakotsias
Neami has identified a clear link between staff recruitment and selection processes and retention rates, which in turn are vital to improving services to consumers. The resources spent to induct and train staff means we need to adopt the best possible methods of selection to match that outlay. This presentation will outline the steps taken to introduce a new approach at Neami. A working group was formed and that group consulted with a HR specialist and all parts of Neami. The aim of the group was to develop a selection process to improve our ability to attract and select skilled staff from a range of diverse backgrounds whose values align well with Neami. We were also looking for an innovative approach that would be practical and workable and incorporate best practice. A behaviour based competency model that called for observations of applicant's behaviour in order to assess their suitability for the position, was identified as the preferred selection approach. This was initially applied to support worker roles and the selection criteria were defined as the key competencies (observable behaviours) needed to do the work. We defined competencies as 'a set of behaviours that are instrumental in the delivery of desired results' (Bartram et al, 2002). Learning Objectives: 1. To demonstrate the link between staff recruitment practices and retention rates. 2. To share the effectiveness of a start to finish workforce development strategy. References: Bartram, D White Paper, 'The SHL Universal Competency Framework', 2006. Crebert, G., Bates, M., Bell, G., Patrick, C., & Cragnolini, V. (2004). Developing generic skills at university, during work placement and in employment: graduates' perceptions. Higher Education Research 23, 147-165.

S49 Working towards Social Inclusion
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Coaching as a Service Improvement Mechanism.
Craig Stanley-Jones Arthur Papakotsias
There is an extensive evidence base that supports the use of coaching as a service development and improvement methodology. While coaching is widely used in business, health care has been slow to utilize this skillset and even more so in the the Community Managed Mental Health sector in particular. Neami introduced coaching to support the transfer of Collaborative Recovery Model (CRM) training into practice. CRM is a strength based coaching model for consumers and the introduction of coaching for staff generates a parallel process of the staff-consumer
interaction. Coaching has been introduced into the supervision structure to ensure coaching skills and understanding are continually improved and embraced by all staff. Staff are challenged to bring to the table a key issue they wish to discuss. The supervisor then coaches the staff member, mirroring the process that staff use with consumers. The underlying premise is that staff should not expect consumers to participate in a process they themselves will not participate in. Staff report that one of the greatest benefits of the implementation of CRM has been the introduction of coaching as a professional and personal development mechanism. Staff report enhanced relationships between supervisors and staff, 'aha' moments in coaching sessions leading to improved understanding and then the ability to transfer learning into practice and improved team morale. Learning Objectives: 1. To share the experience of introducing a coaching approach to supervision. 2. To explore the concept of parallel process in clinical supervision and the implications for coaching mental health practitioners.

References:

S50 Partners in Depression
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 2
Symposium - 1 hr: Partners in Depression- Supporting those who care.

Emma Cother Katie McGill Deanna Pagnini Tania Ewin Elena Terol

Over one million people in Australia have a family member or friend with depression. Supporting a person with depression can take a toll on the carer's own mental health and wellbeing. Partners in Depression is a group support and education program for those who love, live with or care for a person experiencing depression. It has been disseminated across Australia and over 1000 people have attended the course. This symposium will provide an overview of the initiative. Paper 1. What do we know supports carers of people with depression? Carers of people with depression face specific challenges. Like other mental illness, depression can be stigmatising, however, community attitudes can also minimise or fail to acknowledge the impact that the illness may have on people's lives. Carers of people with depression report difficulties in connecting with the health system, both in being included in the treatment process of the person with depression as well as having access to supports that address their own wellbeing needs. This presentation will provide a summary of what is known to influence carer wellbeing and the status of the evidence base regarding effectiveness of interventions for those who support a person with depression. Paper 2. Partners in Depression- not just a group education program. Partners in Depression is a six week group education program for those who love, live with or care for a person experiencing depression. Over 400 health and community professionals have been trained in the program across Australia and over 1000 carers have attended the course. However, Partners in Depression is more than just a group education course. It is also about raising awareness of the role of carers of people with depression, extending the evidence base into what we know about supporting family members and friends of people with depression, supporting innovation to enable the program to be available more widely, as well as providing an opportunity for carers to connect with others. This presentation will provide an overview of the many facets of the Partners in Depression program.
Paper 3. Does the Partners in Depression program help? The evaluation of the pilot of the Partners in Depression program indicated that it met participants’ expectations, addressed the stated information goals and was associated with a significant improvement in participants’ psychological distress. But can these results be replicated when the program is delivered by numerous facilitators across diverse locations across Australia? An overview will be provided of the evaluation results of the impact of the Partners in Depression program as delivered through the national dissemination project. The findings will draw from both quantitative (e.g. standardised measures) and qualitative (including focus groups and participant interviews) strategies, and will be supported by a carer speaking about their direct experience of the program. 

Paper 4. Success stories and lessons learned - national dissemination and local implementation to support carers of people with depression. There is a difference between knowing an intervention is helpful and having it available to those who need it across the country. The mental health service system is focused primarily on directly supporting the person with the mental illness, and carers often find it difficult to connect with supports specific to their needs. Partners in Depression took a partnership and capacity building approach to making the program available across the country. An overview will be provided of the effectiveness of specific strategies used in national dissemination. How the program worked ‘on the ground’ and how the gap between being trained in the program and actual implementation was traversed will be explained by a facilitator who has delivered the program in their community. 


S51 Trauma informed care
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 3 &4
Symposium - 1.5 hrs: Trauma Informed Care - a paradigm shift
Sabin Fernbacher Sandra Boughton Sandy Jeffs Robyn Humphries

It is well established that people with mental illness, including those with Personality Disorders have experienced high rates of interpersonal trauma. Psychiatric care has traditionally paid little attention to past trauma experiences and has treated consumers in a system in which they have limited power. ‘Trauma Informed Care’ (TIC) promotes the recovery of citizenship by providing open and genuine collaboration between provider and consumer at all phases of service delivery. This model of care has been implemented in countries such as the USA over the past decade. While little work has been done in this area in Australia to date, the tide is beginning to turn with national and local initiatives aiming to promote and find ways to implement TIC. TIC and citizenship - a theoretical overview. The first paper in this symposium examines what is meant by trauma informed care. It argues that trauma informed care requires a very different model of working with people experiencing mental illness. Trauma informed care is seen as redefining the relationship between mental health workers and consumers. The way in which the differences in attitudes and practice associated with trauma informed care contribute to the recovery of citizenship is explored. I wonder if? The second presentation by Sandy Jeffs will
provide insight into her lived experience of mental illness and trauma: 'When I was first admitted to a psychiatric hospital with a diagnosis of schizophrenia, it took me some time to disclose my history of family violence because I never felt secure or safe enough in that environment to do so. When I did finally disclose this information the psychiatrist felt if we pursued the issue it might open Pandora's Box and the consequences may be too difficult for me (or him) to deal with. As for my childhood sexual assault it took me until I was 17 years into a therapeutic relationship with another psychiatrist to raise the issue. Her initial response was to tell me I was depressed and prescribe antidepressants. No one ever asked me about the content of my voices or pondered what they or my delusions might be saying about my inner world. No one ever bothered to tease out my psychotic symptoms and their relationship to my childhood trauma; they were always seen as meaningless ramblings or manifestations of a sick mind. I wonder if the pattern and intensity of my voices and delusions would have been made less severe and less disabling, or more manageable, had my childhood trauma been acknowledged and treated in the early stages of my illness'.

Public sector mental health services typically do little to address trauma. Lack of consensus about whether trauma is a causal, contributory, co-morbid or coincidental factor in mental illness, the predominant focus on biological and genetic factors rather than on the broader bio-psycho-social perspective in our understanding of mental illness, and the importance placed on 'throughput' and risk management within acute psychiatric units all contribute to this reality. Trauma Informed Care in a public mental health setting The fourth paper provides an overview of the beginnings of this work at the Northern Area Mental Health Service (in Melbourne, Victoria). Taking a broad perspective, the systemic challenges involved in adopting a trauma informed model are examined. This leads to a discussion of the processes we have begun to introduce to gain 'buy-in' from staff, start education about TIC and find out what some of the barriers may be to undertake this work. Conundrums, challenges and things we have learned on the way will be shared. Burdekin documented the need to respond to issues of abuse of consumers adequately some twenty years ago - it is time to respond. Learning Objectives: 1. An understanding of the way in which trauma informed care facilitates the recovery of citizenship. An appreciation of the lived experience of consumers with a trauma background. An understanding of the systemic challenges involved in implementing TIC principles. 2. Changing attitudes and practice to acknowledge the trauma experiences of consumers is a challenge for all mental health services. References: Harris, M. and R. D. Fallot (2001). Designing trauma-informed addiction services. New directions for mental health services, Jossey-Bass. 89: 5773. Jeffs, S. (2010). Flying with paper wings. Reflections on living with madness. Melbourne: Vulgar Press.

S52 Peer workers & community
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 5 & 6
Paper 20': Rediscovering Citizenship in the Recovery Domain; A Discussion About the MI Recovery Program.
Cassy Nunan  Julie Anderson
MI Recovery is a peer-led education program that imparts evidence-based information (Davidson et al, 2007) about mental illness, recovery tools, managing stigma and planning healthy lifestyles. Interim results from a two year study indicate significant participant improvement trends in areas of empowerment, stigma, connectedness, illness management and recovery. This suggests the program is
'hitting its mark' in terms of outcomes, but doesn't say enough about the program qualities that enable these. To add depth to these findings, this paper will focus on the notion of equal citizenship in the peer domain and the experiential elements that promote empowerment and self efficacy. Feedback and commentary about the program from MI Recovery facilitators and participants demonstrates the uniqueness of the peer-only group setting, where 'we address issues that are affecting our lives: stigma....what to do if you relapse...people will come back the next week and say 'I tried out what we learned and it worked'.'Mental Illness diagnoses often results in loss of rights, status and selfhood. Peer-only domains are a unique space for reframing and reclaiming these necessary aspects of self (Solomon, P, 2004). Service Providers can gain a new understanding of recovery by listening to these experiences, and gain inspiration for reinvigorating service design. Learning objectives: 1 The audience will learn about a successful peer-led recovery program. 2. By reflecting the experiences of participants and facilitators, this paper will demonstrate aspects of the peer only domain - such as equality and shared experience if illness - that empower people to reclaim a previously lost sense of citizenship. References: Davidson, Larry; Tondora, Janis; O'Connell, Maria J. 'Creating a Recovery-Oriented System of Behavioural Health Care: Moving from Concept to Reality' Psychiatric Rehabilitation Journal, 2007, Volume 31, No. 1, 23-31. Solomon, Phyllis, 'Peer Support/Peer Provided Services Underlying Processes, Benefits and Critical Ingredients' Psychiatric Rehabilitation Journal, 2004, Volume 27, No. 4, pp 392-394.

S52 Peer workers & community
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 5 & 6
Paper 20**: The evolution of the peer support worker role in community mental health.
Jill Farrelly
To explore the evolving role of the mental health peer workforce in the context of FaHCSIA's community mental health Targeted Community Care Program. Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) acknowledges the vital role that peer support workers play in community mental health. The peer support worker role was developed in collaboration with stakeholders and became part of the Targeted Community Care program since implementation in 2008. The lived experience peer workers bring to their role has many significant benefits for the program. Peer workers are powerful social models for others on their recovery journey, offering hope and connection with the aim of contributing to empowerment and healing. This consumer perspective is also crucial in shaping our service delivery models. This presentation will reflect on how the role of the peer worker is evolving and will explore current challenges that peer workers face. FaHCSIA in partnership with a peer support worker from a Personal Helpers and Mentors service will explore the future directions for the growing mental health peer workforce. Learning Objectives: Increased awareness of peer support workers' role in community mental health and the unique contribution they make in supporting people with a mental illness; an understanding of the challenges peer support workers face within the Targeted Community Care program.
S52 Peer workers & community
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 5 & 6
Paper 20': Implementation of Targeted Community Care Mental Health.
Jill Farrelly
To share the challenges and lessons from the experience of implementing community mental health services from both a government and service provider perspective. The Commonwealth Government is investing in community mental health services as part of the $2.2 billion funding over 5 years announced in the 2011-2012 Federal Budget National Mental Health Reform package. The Department of Families, Community Services and Indigenous Affairs is progressively rolling out: o425 new personal helpers and mentors to work one-on-one with people with mental illness across Australia; ospecific help for people with a mental illness to return to employment; oextra mental health respite services, giving families of people with a mental illness greater access to flexible respite and support over five years; o40 new Family Mental Health Support Services. The Department is building on its experience in managing and evaluating Targeted Community Care (Mental Health) programs since 2008. As the implementation is progressing both Government and community mental health service providers are gaining valuable insights. Both a Government and service provider perspective about these insights, the successes of the program to date and anticipated key challenges ahead will be presented. Learning Objectives: Increased awareness of FaHCSIA's role in providing services for people with mental illness, their families and carers; an understanding of the implementation progress and the implications of present learning for future service delivery, including the challenges and successes to date.

S53 Measuring outcomes
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 7
Paper 20': Sharing Perspectives - Driving a Culture of Recovery!
Lisa Jones
Recovery oriented service provision relies on a working partnership between service providers, consumers and carers. Services need to encourage consumer participation, particularly in relation to treatment outcomes. Utilising the Consumer Self-Rated Measures (CSRM) is one way to achieve this. Two CSRM are mandated in Queensland's public mental health services, these are: the Mental Health Inventory (MHI) for adults and older persons; and the Strengths and Difficulties Questionnaire (SDQ) for child and youth. Since the implementation of outcomes in 2003 CSRM collections remain significantly lower than clinical outcomes collections. It's of concern that CSRM have such a low rate of offering and collection because this is the consumer's perspective. In mid 2011 a service improvement project was initiated to target the increased offering and use of CSRM in Queensland. This paper presents the project objectives, the approach taken to achieve these objectives, the results, lessons learned, and outlines strategies that will drive better collection of CSRM in Queensland for the future. Recovery is a deeply unique and individual process which cannot occur without the consumer. CSRM is one way to promote personal responsibility which in itself aids positive outcomes and recovery. Learning Objectives: 1. At the completion of this presentation the audience will (1) acquire a good understanding of the Sharing Perspectives project which targets the increased offering and use of CSRM; and 2. understand the importance of the working partnership between consumers, carers and service providers in the collection of CSRM. References: Sharing Perspectives: Increasing the use of

**S53 Measuring outcomes**

**23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 7**

**Paper 20': NOCC Strategic Directions: Where are we heading.**

**Sarah Anstey**

This paper outlines the progress and preliminary findings of the national outcomes and casemix collection (NOCC) strategic directions 2014-2024 project. The NOCC was first specified in 2002, with progressive implementation across all Australian states and territories. Whilst a number of developments have occurred since its inception, a comprehensive review of the core data collection requirements, relevance of the key objectives and the collection protocol have not to date been addressed. The national mental health information strategy subcommittee (MHISS) has therefore endorsed the undertaking of a review of the NOCC to be completed within the period of the 4th national mental health plan. The key aims of this project are to document the implementation to date of NOCC, including the issues and benefits of the current NOCC measures and protocols (stocktake) and the development of strategic directions for the NOCC through to 2024 (NOCC Development Plan 2014-2024), including the recommendations for the management of associated risks and implementation issues with any proposed changes. This presentation will outline the current progress of the project, which will include the key findings from the stocktake, and will additionally discuss the preliminary findings from the national consultation regarding the strategic directions for NOCC. Learning Objectives: 1. Participants will gain an understanding of the key issues with and benefits of the current NOCC suite, how its implementation has varied between states and territories, and how to become involved in contributing to the strategic directions over 2014-2024. 2. The collection and use of NOCC is a critical component of the National Mental Health Information Strategy, forming an important aspect of ensuring and monitoring quality and effective mental health services in Australia. References: Black, J., Lewis, T, McIntosh, P, Callaly, T, Coombs, T, Hunter, A and Moore, L. (2009). 'It's not that bad: the views of consumers and carers about routine outcome measurement in mental health.' Australian Health Review 33(1). Coombs, T., Stapley, K and Pirkis, J. (2011).

**S53 Measuring outcomes**

**23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 7**

**Paper 20': Well-being accounts linking individuals to the state.**

**Suellen Donnelly**

Quality of life measures are part of an innovation to replace the current global economic paradigm based on the unsustainable premise of limitless growth on a finite planet. On 2nd April 2012 there will be a meeting at the UN in NY to provide a long-term reference framework for a new sustainability-based economic paradigm for human happiness and the well-being of all life forms. Wellbeing and quality of life measures will soon be included into national accounts of human capital for the first time. Measuring a nation's economy simply by the flow of money (GDP) sets a financial standard for community and personal success. The new economic paradigm will promote improving mental and physical health by addressing the socio-economic, behavioural, environmental and inter-generational determinants of
health, strengthening social supports, incorporating indigenous knowledge into policy development and nurturing the values, wisdom and practice of our spiritual traditions. Wellbeing accounts will be a direct link between an individual and the state increasing one's sense of citizenship. Government policy can be shown to care for how a person feels rather than only what that person does. Learning objectives: 
1. Discovering developments in top level changes to principles of government policy. 
2. Learning about subjective well-being measures in the development of mental health care.

**S54 Rights: parents & children**
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 8

**Paper 20**: Stepping into their Shoes - a mental health response to embracing the rights of children and parents. 
**Rosemary Lawton  Harry Gelber**

Promoting rights of children and parents / carers is an important aspect in promoting client participation and enhancing quality service delivery within the mental health system. Consumer and carer rights are also fundamental to the National Standards for Mental Health Services and are a key component within accreditation processes. At The Royal Children's Hospital Integrated Mental Health Program, a range of strategies are used to inform children and families about their rights and responsibilities. However, providing information about rights is not sufficient. In late 2011, a project was developed to promote the incorporation of client and family rights and responsibilities into service decision-making and clinical practice. This paper will outline the initial stages of this journey - the structures that supported the project; the family consultation and involvement that informed it; and the key phases and strategies that have been adopted as part of an organisational change process. Interim outcomes and plans for future development will also be discussed. Consumers and carers need to feel they can actively exercise their rights and are supported to fulfil their responsibilities. Hence, the challenge for mental health services is to embed rights into the service delivery framework. Learning Objectives: 
1. Those attending will hear about the experience of a Child and Adolescent Mental Health Service in integrating rights and responsibilities into service delivery. Strategies will be outlined that could be adapted to their own service context. 
2. The presentation is relevant to mental health services and issues because rights are central to standards and accreditation for mental health services. Also, respecting rights communicates respect for consumers and parents/carers as individuals and supports their engagement with services. References: National Standards for Mental Health Services 2010, Commonwealth of Australia, 2010oGetting it right - a resource for embedding the Charter for Children in Out of Home Care in practice, Berry Street Victoria, 2011

**S54 Rights: parents & children**
23/8/2012 From: 1330 To: 1500 Venue: Meeting Room 8

**Paper 20**: Recovering 'parent-ship. 
**Elizabeth Fudge  Amanda Waegli**

The importance of the parenting role for mothers and fathers with mental illness or mental health problems has been documented in the literature, yet is rarely mentioned in recovery frameworks or training. Despite calls over at least the last 10 years for adults to be asked the question upon intake into mental health services 'How many children do you have caring responsibilities for?' this remains a rarely
broached topic. Barriers to workers discussing parenting with their clients are also well-documented, yet highly accessible training and supports are yet to make a broad impact nationally. This paper will present valid reasons for including parenting strongly within the recovery agenda and will provide lived experience examples of the impact of parenting on recovery. It will also specifically highlight the need to re-claim the role of fathering in the recovery process - both for the benefit of the fathers themselves - and their children. Learning objectives 1. The audience will be able to reflect on relevant literature and the lived experience of reclaiming parenting rights and responsibilities as part of a recovery process. 2. The importance of the parenting role for mothers and fathers with mental illness or mental health problems has been documented in the literature yet is rarely mentioned in recovery frameworks or training - let alone in regular case history taking of adults! It is vital that this highly meaningful life role is not overlooked in the spectrum of recovering citizenship.


S56 Wellness and work
23/8/2012 From: 1530 To: 1700 Venue: Hall A&B
Geoffrey Waghorn
This presentation summarises results of a Queensland multi-site randomised controlled trial (RCT) comparing consumer competitive employment outcomes from mental health services integrated with disability employment services, to outcomes attained by services in which the clinical team were trained to refer consumers to other local disability employment services. Four sites (Cairns, Townsville, Princess Alexandra Hospital, and West Moreton, n=208) used the same RCT design with randomisation at the consumer level. Four other sites (Bellerive, Hobart; Prince Charles Hospital, Brisbane; Royal Brisbane and Women's Hospital; and the Sunshine Coast, n=160) also implemented this employment service. One site (Gold Coast) did not meet minimum implementation standards. Results over 12 months at eight sites show that 228 of 368, or 62% of consumers obtained a vocational benefit. In the four RCT sites, 56.8% of consumers receiving the integrated employment service commenced competitive employment; compared to 32.9% among those receiving alternative assistance. Both methods exceeded the adjusted national average (24.8%, n=1333) for the most similar cohort in the Disability Employment Service program, for the same year. Competitive employment outcomes also varied across sites from 29%-68%. This coincided with varied adherence to recommended practices, and varied strength of leadership provided by key mental health staff. Learning Objectives: 1. Participants will learn how public mental health services and disability employment services can be best integrated in the Australian service delivery context. 2. Participants will also learn how vocational outcomes for people living with severe mental illness can be increased from the national average maximum expected of 24% to over 80% or more obtaining either competitive employment or a formal educational enrollment in a 12 month period. References: Waghorn, G. Childs, S., Hampton, E., Gladman, B, Greaves, A, Bowman, D. (in press). Enhancing community mental health services through formal partnerships with supported employment services. American Journal of Psychiatric

S56 Wellness and work
23/8/2012 From: 1530 To: 1700 Venue: Hall A&B
Catherine Skate  Daniel Angus
Supported Employment interventions which rapidly place participants into employment have been shown to be far superior to any other form of vocational rehabilitation for people with Serious Mental Illness. (1)MAXNetWork formed a partnership with Nepean Blue Mountains Local Health District to establish the 'Wellness through Work' program in the Pialla inpatient unit of the Nepean Hospital, a 'through care' model of service delivery aimed at intervening as early as possible during an acute admission to provide health and vocationally focused services. The aim is to facilitate reintegration into the community and prevent relapses through placement into employment and education. Additional objectives are to: 1. Determine whether a greater number of health interventions will positively influence the number of employment placements as proposed in a MAX Employment internal review on an earlier project(2) 2. Develop efficient and collaborative program management strategies between the two services. 3. Educate staff on the value of employment and education and the resources available to assist consumers. 4. Provide a recovery focused service promoting hope, planning for discharge upon admission and collaborative care planning. This paper will report on the employment, educational and program management outcomes and discuss the efficacy of this model in vocational service provision during inpatient admissions. Learning Objectives: 1. Members of the audience will gain an understanding of the practicalities of developing and sustaining partnerships between inpatient mental health units and employment services to provide vocational assistance to people during their admission. 2. Answers the question: Employment for people with mental illness is a crucial factor in recovery and assists them in the process of regaining their citizenship. References: 1. Crowther et al (2001) 'Helping People with Severe Mental Illness obtain Work- Systematic Review' British Medical Journal Vol 32 2. Thornton and Henderson (2010).

S56 Wellness and work
23/8/2012 From: 1530 To: 1700 Venue: Hall A&B
Paper 20*: Walking our Talk: Re-covering consumer worker rights to mentally healthy workplaces
Gabrielle Le Bon  Monica Acosta  Leone Crayden
Access to meaningful, paid work is a basic human right for every citizen, and people who experience mental illness should have equal access to the fundamental elements of citizenship including education, income and employment. Compelling evidence links participation in the workforce with improved mental health and recovery, increased finances and opportunities for social inclusion (see Huxley and Thornicroft, 2003; Morrow, Wasik, Cohen & Elah Perry 2009; Waghorn & Lloyd, 2005), whereas unemployment reinforces socioeconomic disadvantage, social exclusion and the disruption of citizenship. Reviews of the literature (see Kirsch,
2000) associated with the meaning and impact of work on people who experience mental illness reveals gaps and inconsistencies particularly surrounding the contextual aspects of the workplace and its impacts on consumer worker job satisfaction and retention. We will also explore mental health workplace settings and their impacts on the consumer workforce. Reflections from a peer worker, employer and project officer will identify the stigma and barriers to employment for people with a lived experience of mental illness from within mental health workplace settings and describe the cultural and attitudinal shifts required to ensure the provision of appropriate employment opportunities and the re-cover of consumer worker rights to social inclusion and citizenship. Learning Objectives: 1. This topic focuses on mental health services and their responses to consumer workers. It identifies the need for education and training to facilitate the cultural and attitudinal shifts required to ensure the provision of appropriate employment opportunities for Peer Workers. 2. The audience will hear reflections from a Peer Worker, Employer and Project Officer perspective. We will provide an overview of current research and best practice regarding the integration of peer workers into mental health services and offer recommendations to services aiming to increase consumer participation and engagement in service delivery. References: Huxley, G & Thornicroft, P (2003). Social inclusion, Social Quality and Mental Illness. The British Journal of Psychiatry, 182, 289-290. Morrow, M. Wasik, A. Cohen, M & Elah Perry, K. (2009). Removing barriers to work: Building economic security for people with psychiatric disabilities. Critical Social Policy, 29(4): 655-676. Waghorn, G & Lloyd, C. (2005). The employment of people with mental illness: A discussion document prepared for the Mental Illness Fellowship of Australia. Policy and Economics Group, Queensland Centre for Mental Health Research (QCMHR), The University of Queensland.

S57 Improving access
23/8/2012 From: 1530 To: 1700 Venue: Hall C
Paper 20*: Hope and recovery: A consumer run program in mental health. Chris Lloyd Gabrielle Vilic Philip Williams
Recovery is seen as a journey of healing and transformation. It requires people who believe in and stand by the person in recovery. Recovery takes place as a series of small steps, focuses on wellness not illness, and most importantly is consumer-choice focussed. The Hope and Recovery Group was initiated by consumers for consumers. Its purpose is to educate and empower consumers by sharing lived experience amongst the group. The Hope and Recovery Group adopts a friendly approach that emphasises and supports each individual's potential for recovery. The objectives of this group include: to share information and skills on how to manage mental health, to support the consumer's journey of recovery and to develop trust within the group whilst supporting each other's hopes. Hope is the foundation of recovery. Hope can also be generated through the positive life stories of others that may have experienced a mental illness. For many, witnessing peers living fulfilled lives in the community is one of the most compelling demonstrations of hope. The Hope and Recovery Group has now been running for five years on the psychiatric inpatient unit at the Gold Coast Hospital. Recently this group program has commenced running in the community clinics. Learning objectives: 1. People attending this presentation will learn about the process of setting up the Hope and Recovery Group, the way it has been conducted, and hear some testimonials from attendees. 2. This topic is relevant to mental health services as it will show the
importance of having consumer run groups in inpatient units and the community clinics.

S57 Improving access
23/8/2012 From: 1530 To: 1700 Venue: Hall C
Paper 20': Partnership between Improving Access to Psychological Therapies (IAPT) and Mind.
Rana Grace Julianne Watson Paige Knott
This paper presentation will provide an overview of an innovative service model delivered collaboratively in partnership to people in crisis presenting to a large Emergency Department in metropolitan Adelaide, South Australia. It will focus on the unique practice model that has developed within the IAPT and Mind service partnership providing low intensity Cognitive Behavioural Therapy (CBT) and psychosocial interventions and psycho-education. The presentation will provide an understanding of the roles of the IAPT Therapist and the Mind Worker, including the utilisation of joint assessments and a co-therapy role. A case study will be presented to demonstrate the partnership model and therapist and Mind outreach worker respective roles. The benefits and challenges of working in partnership will also be explored including: professional expectations and understanding of mutual roles within the service, promotion of the service to clients within the E.D. to facilitate uptake of complete service (therapist and Mind outreach worker), challenges of providing psychosocial outreach to this client group including stigma of worker visiting the client home, the many benefits of working in partnership including quality client outcomes, increasing therapist caseload capacity and enabling a co-therapy role which enhances the therapy. Learning Objectives: 1. How to integrate an NGO service within the clinical treating team. Use of the NGO service component to enhance therapy and assist motivation. 2. It addresses and fills a significant gap in services and pathways for mental health consumers at the entry level (step 2, NICE guidelines) for care, specifically for those presenting with high prevalent disorders (anxiety/depression) and also for those with suicidal ideation, situational crisis, acopia and somatic symptoms. References: 1. NICE (2004a). Anxiety: Management of Anxiety (Panic Disorder, With and Without Agoraphobia, and Generalised Anxiety Disorder) in Adults in Primary, Secondary and Community Care. Clinical Guideline 2. London: National Institute for Health and Clinical Excellence. Depression: Management of Depression in Primary and Secondary Care. Clinical Guideline 23. London: National Institute for Health and Clinical Excellence. 2. Bennett-Levy, J., Battersby, M., Singer, J., Moreau, M., & Breen, F. (2009). The beyondblue Improving Access to Psychological Therapies Project: Taking the next steps final report.

S57 Improving access
23/8/2012 From: 1530 To: 1700 Venue: Hall C
Paper 20': The First Improving Access to Psychological Therapies (IAPT) service to provide follow-up from an Emergency Department.
Julianne Watson
Improving Access to Psychological Therapies Service (IAPT), Flinders Medical Centre Emergency Department commenced operation on 17th October 201 1. Based on the UK model (www.iapt.nhs.uk), the service delivers 'Low Intensity Therapy and Psychosocial Interventions ', as recommended by the National Institute for Clinical Excellence (NICE) UK, to people presenting with emotional distress to the emergency department. The service is the 1st of its kind in Australia, and the first
IAPT service to target people presenting to an Emergency Department. Unique to this service is supervision that is embedded which is supported effectively by PC-MIS database that has been specifically developed for the United Kingdom Improving Access to Psychological Therapies Service. This database facilitates effective and prompt supervision ensuring the consumer receives an evidence-based, timely and effective service. This database is also used to collect clinical, consumer rated outcome measures at every contact. These outcomes are then utilised in a collaborative fashion with consumers to plan and review treatment, provide motivation and assist with relapse prevention planning. This service results in the prevention of Emergency Department readmission, self-harm and future reliance on tertiary mental health services. Furthermore it empowers consumers by building resilience and self-management skills to deal with their problems.

Learning Objective 1: Role of an innovative Low Intensity therapy service in providing a community based follow-up to people presenting in crisis to an Emergency Department (ED) in emotional distress. How to achieve quality through the utilisation of clinical supervision and outcome measurement.

It is an economic model for responding quickly to clients with high prevalence disorders who currently do not fit the criteria to receive a service from tertiary mental health services.

References:

S58 Art and Activism
23/8/2012 From: 1530 To: 1700 Venue: Hall D
Symposium - 1.5 hrs: Artivism, Act-ivism and Activism: Answering back to the psy-complex, mental-health-justified oppression and social injustice.
David Fryer Rai Magi Paul Duckett Rhonda Dixon Grovenor Rose Stambe Magirai Carmody Steph Hicks Sahra Duncey Seonaid Linn Rufus May

In this symposium we will describe a number of critical initiatives, by people labelled as 'mentally ill' and their allies, which answer back to oppressive knowledges and engage in innovative and progressive action research and creative, dramatic and performing arts, to challenge systematic oppression accomplished in psychiatric institutions, by big Pharma, and the everyday practices through which the psy-complex is perpetually socially re-constructed. First, conveners David Fryer and Rose Stambe and will briefly introduce critical psychology; anti-psychiatry, praxis and the notion of the psy-complex and relevance to 'mental health'. Second, Magirai Carmody, Rose Stambe, Stephanie Hicks and Sahra Dauncey will speak to the title: 'The challenges and potential for meaningful participatory action research in an Australian context'. They will describe collaborative action research by participant members of a mental health peer support group, Arc Inc., and a psychology honours student. Together they utilised a participatory action research method, Photovoice, to explore the lived experience of being hospitalised in a Psychiatric Hospital. Photovoice involved co-researchers taking photos that reflect experiences, discussing these experiences, and working collaboratively to explore these within the larger social and political context. In this way Photovoice enabled co-researchers to
write a history and provided a research method that challenged the typical roles of 'researcher' and 'participant'. The presenters will discuss ways in which their research was participatory as well as the difficulties and shortcomings of their research. They will also discuss the potential of participatory action research to be a meaningful and powerful tool for people with lived experience of mental health services. Third, Paul Duckett will speak to the title: 'The Seroxat User Group: Resistance compelled by the corruption of Politicians, Pharmacological Corporations and Academics' Paul will describe the work of the Seroxat and SSRI User Group in the UK. Paroxetine (seroxat) remains one of the world's best-selling prescription drugs. Paul will describe how the UK political system, the medical profession, and the university sector have colluded with the pharmaceutical industry to promote shareholders' profits at the expense of public health. Fourth, Aunty Rhonda Dixon Grovenor, Seonaid Linn and David Fryer will discuss Mental Health Artivism initiatives. Aunty Rhonda will describe her involvement in the spiritual and healing journey which was brought about through the researching, writing and performance of the play 'Posts in the Paddock'(which took over three years of research) presented by My Darling Patricia. Aunty Rhonda will draw on her participant observation as an actor in the play, photos and film, discussions with the writer / director and, crucially, with relatives of Jimmy Grovenor and his non-Aboriginal wife Ethol Page - Aboriginal people who have had an input in what would go into the play. Then Seonaid Linn and David Fryer will tell of the formative importance of their involvement in an innovative mutual-learning project and associated activism involving community artists, undergraduate psychology students and a lecturer in Scotland. Finally Rufus May will offer some comments as Discussant and then facilitate discussion between the audience and the presenters. Learning objectives: 1. Understanding critical political resistance as a creative force. 2. Learning lessons from attempts to promote the interests of survivors of psi through radical collaboration. References: Fryer, D. (2011). Inequality and Research from a Community Critical Standpoint. In Degirmencioglu, S. (Ed.) Some Still More Equal than Others? Or Equal Opportunities for All. Brussels: Council of Europe Press.Duckett, P.S. (2011). Seroxat: a story about UK pharmacological corporations, UK politicians, academics and other corrupt bastards.

S59 Treatment and prevention 23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1 Paper 20': Suicide prevention in the Australian Mental Health Sector. Sarah Coker People with mental illness have much greater risk than the general population of dying by suicide. Bertolote et al, 2005, estimates the proportion of people who die by suicide who have mental illness is as high as 90%. In the 2011 report on people living with a psychotic illness, half of those surveyed had attempted to take their life at some time. People are particularly at risk after discharge from hospital. It is now recognised that to prevent suicide it is essential to fund initiatives that target groups at risk such as people with mental illness. How well prepared are mental health services to prevent suicide and support bereaved families, friends and staff? This is the question that SANE Australia is asking in the next stage of its suicide prevention project funded by the Australian Government’s Suicide Prevention Strategy. SANE has researched interventions and policies used in both government and non-government mental health services, and summarised findings to create a snap-shot of current suicide prevention activity in the Australian mental health sector. The aim

S59 Treatment and prevention
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 1
Paper 20': Delay to seek treatment for alcohol use disorders in the Australian population,
Cath Chapman Tim Slade Caroline Hunt Maree Teesson
More than one in five Australians will meet criteria for an alcohol use disorder (AUD) over their lifetime. Rates among young Australians and among men are even higher. However, despite the high prevalence of these disorders, the significant associated burden and the availability of effective interventions, most people with an AUD fail to seek treatment. Moreover, many of those who do, delay treatment-seeking for many years after the onset of their disorder. In the context of the substantial negative social and health consequences of alcohol use disorders, this represents an important public health concern. This paper will present findings from the 2007 Australian National Survey of Mental Health and Wellbeing on delay to seek treatment for alcohol use disorders in the general population. Specifically, it will address the questions: Who seeks treatment for alcohol use disorders? How soon after onset of symptoms do people seek treatment? What is the relationship between age of onset, gender, birth cohort, comorbidity, severity and delay to seek treatment for alcohol use disorders? Learning Objectives: 1. Attendees will learn about patterns of treatment-seeking for alcohol use disorders and about the factors associated with delays to seek treatment for alcohol use disorders in the Australian population. 2. Understanding patterns of service use can guide interventions aimed at decreasing unmet need for care of mental and substance use disorders. References: Teesson, M., Hall, W., Slade, T., Mills, K., Grove, R., Mewton, L., Baillie, A., Haber, P. (2010) Prevalence and correlates of DSM-IV alcohol abuse and dependence in Australia: findings from the 2007 National Survey of Mental health and Wellbeing. Addiction, 105: 2085-2094. Wang, P., Berglund, P., Olfson, M., Pincus, H., Wells, K., Kessler, R. (2005) Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62. 603-613.
S59  Treatment and prevention
23/8/2012  From: 1530 To: 1700  Venue: Meeting Room 1
Paper 20':  Comorbidity of anxiety, affective and substance use disorders in the Australian population: which comes first and what does it tell us.
Tim Slade  Pete McEvoy  Cath Chapman  Rachel Grove
Comorbidity between mental and substance use disorders is common. Around one in four Australians who meet criteria for a mental disorder will meet criteria for more than one over a 12 month period. Over lifetime these rates are even higher. However, relatively little is known about the temporal sequencing of mental and substance use disorders in the population. Examining the order of onset of disorders over lifetime can inform understanding of their development and can guide timing and targeting of prevention and treatment efforts. This paper will use data from the 2007 Australian National Survey of Mental Health and Wellbeing to examine patterns of comorbidity in the population with a particular focus on the temporal ordering of disorder groups. Specifically, the paper will address the questions: how common is comorbidity in the Australian population? Which disorders come first? Do patterns of comorbidity differ for males and females? And how do these findings inform research and treatment?Learning Objective s: 1. Attendees will learn about patterns of comorbidity in the Australian population with particular focus on the order of onset for different subgroups in the population, such as males and females.  2. Examining the order of onset of mental and substance use disorders can inform understanding of their development and can guide timing and targeting of prevention and treatment.

S60  Improving practice
23/8/2012  From: 1530 To: 1700  Venue: Meeting Room 2
Paper 20':  Improving clinicians' practice in providing service to families and carers.
Christina Pead-Erbrederis  David Brophy  Hannah Jewell
This paper will describe an ongoing project being implemented at Austin Health's North East Area Mental Health Service, (NEAMHS), to promote and improve the service offered to families and carers of clients. NEAMHS collaborated with the Bouverie Centre in 2010 to commence the project by training a range of mental health clinicians, across various clinical teams, in the Family Consultation Model. A family consultation can be described as a consultative meeting between a mental health clinician and the family (including the client) that aims to clarify their working relationship and identify and respond to the family's need. Usually only about 1 - 3 sessions are offered. The paper will describe outcomes from the training project on 1.changes in families/carers perceptions of the service received; 2.changes in clinicians practice with families/carers, and 3.unexpected learnings from the implementation process on some problematic issues in service provision. The paper describes two subsequent quality projects currently being implemented to address these problems. Identifying a client's primary/significant carers and/or next-of-kin can be problematic, in instances, for example, when the client's judgement about this is impaired or there is conflict between family members about it. One project aims to improve clinician's identification and recording practices of significant carers and

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next-of kin and their contact details. A second project is aiming to improve clinicians' skills in assessing families and carers needs. Learning objectives: 1. The attendees will gain an understanding of the challenges of promoting and implementing change in clinicians' practice to improve their service to families and carers. 2. The paper has current relevance to mental health services because it shares and contributes to knowledge about how to improve services to families and carers, specifically clinicians' services. References: Marsh, D., T. (2001). A Family-Focussed Approach to Serious Mental Illness: Empirically Supported Interventions. Sarasota: Professional Resource Press. Riebschleger, J. (2005). Mental Health Professionals’ Contact with Family Members of People with Psychiatric Disabilities. Families in Society, 86(1), 9-16.

S60 Improving practice
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20': The Bridge to consent.
Linda Weedon  Rhonda Wilson
The times carers hear there is nothing we can do because he/ she won't consent. We believe there is a missing step here. As a carers organisation one of the barriers towards wellness is the issue of consent. We know that in most recovery services formal consent is required, and we believe necessary, via a referral form or system, a signature, walking in somewhere for the first time, or the tenth time. It is our experience that for some people struggling in the fallout of mental illness, who find that the consent system itself can be a significant barrier. It is this pre-consent time that within a context of a relationship that these unnecessary barriers can be eased. Taking the next step in the journey towards recovery is about walking beside a person, assisting in the consent task and establishing the link. We have found a way to use the OK from carers to be able to link with consumers, building a relationship that will allow the consumer to be supported to take the next step. Learning Objectives: 1. Ways to overcome the barrier to the consent process. 2. That there is a 3 way win with this approach - Consumer, carer and service provider. References: 1. Margaret Richards, Mike Doyle, Peter Cook, (2010) ‘A literature review of family interventions for dual diagnosis: implications for forensic mental health services (abridged)’, Advances in Dual Diagnosis, Vol. 2 Iss: 4, pp.5 - 1 1. 2. Sylvia W. Lim, MD slim@montefiore.org Rosy Chhabra rchhabra@aecom.yu.edu Ayelet Rosen ayrosen@aecom.yu.edu Andrew Racine aracine@montefiore.org Elizabeth M. Alderman, MD ealderma@montefiore.org Adolescents’ Views on Barriers to Health Care: A Pilot Study Published online before print November 30, 2011, Journal of Primary Care & Community Health November 30, 2011 2150131911422533

S60 Improving practice
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 2
Paper 20': Reviewing the National Practice Standards for the Mental Health Workforce and developing mental health competencies.
Penny Tolhurst  Simone Trembath
Penny Tolhurst will describe the Contained Review of the National Practice Standards for the Mental Health Workforce, and update participants on the progress of the review around the country. Supporting a workforce in the development of clearly articulated knowledge, skills and attitudes to deliver services that meet the needs of consumers, carers and families is the overall outcome sought from this project. The impact of practice: Simone Trembath will discuss areas of the standards
that have been particularly identified as needing review, including development of a new recovery standard. Learning objectives: 1. Audience members will gain an understanding of workforce practice standards as an element of service quality, and have the opportunity to discuss proposed changes to the standards. 2. Educators, trainers, managers, consumers, carers and workers will learn about workforce practices as one contributing element to the development of recovery-focused mental health services. References: National Practice Standards for the Mental Health Workforce (2002), National Mental Health Education and Training Advisory Group, Commonwealth Department of Health and Ageing, National Mental Health Strategy, National Standards for Mental Health services (2010) Australian Government, Canberra

S61 Trauma informed care
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 3 & 4
Workshop 1.5 hrs: Trauma Informed care workshop - A consumer perspective.
Liz Mullinar  Helen Thompson  Daya Henkel
Trauma effects both the physiological and psychological development of a person. Heal For Life Foundation has uniquely been operating a highly successful, trauma informed recovery model for over 12 years across Australia. This consumer orientated model has been independently researched and proven highly successful. The aim of the workshop is to present a new approach to helping clients with mental health issues which focuses on the recovery of clients rather than symptom abatement. The vast majority of people suffering with mental illness, addictions, eating disorders, homelessness, domestic violence, isolation, self harm and suicide ideation, bullying and lack of self esteem have experienced childhood trauma and/or abuse. This workshop is designed to provide information to health professionals from a consumers viewpoint, supported by neurobiological research, demonstrating how services and health professionals can work with and support clients more effectively towards recovery and importantly, feel less stressed themselves. Trauma informed care is based on the premise that trauma survivors have particular vulnerabilities and/or triggers that may be exacerbated by traditional approaches to service delivery. A trauma-informed approach utilises the mounting research and experiential evidence to more easily support clients suffering from the debilitating effects of trauma, that may have instigated their mental health issues. The workshop will cover topics such as the effects of childhood trauma on long-term mental health, behavioural impacts of trauma, the effects of trauma on the brain, memory, the effects on the hypothalamic-pituitary-adrenal axis, fight flight freeze reactions, the conditions needed for the recovery from trauma and the fundamental principles in working with survivors of trauma all from the consumer’s perspective. All presenters are/were consumers of the mental health service and so provide a professional consumer-informed insight. Our young consumer consultant who currently advises in the public health system will provide insight from her own recent treatment from health professionals. Hel Thompson, as a highly experienced trauma psychologist, will chair the workshop and Liz Mullinar, as founder of Heal For Life, will contribute her extensive experience of helping over 5000 people heal from trauma - which has led to the development of this consumer-oriented trauma-informed care approach. If you are a health professional with clients who have experienced any form of childhood trauma, then this workshop will give you a unique insight into your clients so that you are able to work more efficiently and effectively, and will introduce you to
ways of empowering your clients to heal from long-term, debilitating mental health problems. We, at Heal For Life, believe and know that everyone can heal. Learning Objectives: Workshop participants will learn how childhood trauma impacts on the developing brain and the behavioural impact of trauma. Key principles of working with clients who have experienced childhood trauma so that both the worker and client gain more from the relationship and inter-action utilising a trauma-informed approach. References: Cozolino, L. (2002). The Neuroscience of Psychotherapy: building and rebuilting the human brain, New York: W.W. Norton & Co.Heal For Life Foundation (2011) Trauma-Informed Care: a new approach to mental health. Quorrobolong, NSW. Heal For Life Foundation.

S62 Refugees: Asia-Pacific
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 5 & 6
Paper 20: Refugee Family Reunification, Mental Health and Settlement Outcomes.
G.E. Poole, Chaykham Choummanivong
Family reunification is widely recognised as a vital issue for people from refugee backgrounds but relatively little research has been reported on its relation to mental health or resettlement outcomes. A study was carried out over the course of 2011 involving an initial international review of the literature. A total of 46 respondents from refugee backgrounds with direct experience of the family reunification process in New Zealand were recruited from multiple national and ethnic community backgrounds in Auckland, Wellington, and Hamilton and invited to discuss and share their experiences. Structured individual interviews were carried out with 15 individual participants, as well as 13 focus groups, in addition to analysis reviews of case histories. Research questions focused on the meaning of family; the expectations and experiences the family reunification experience in New Zealand; and on the perceived impacts of family reunification, or lack of it, on the resettlement process and health and wellbeing. The data obtained were analysed applying qualitative thematic induction methods. Findings were consistent with the limited earlier literature in relation to the impacts of family reunification issues. Some practical specific recommendations flowing from direct consumer feedback of former refugees involved with family reunification applications are presented for informing policy and for consideration by decision-makers. Learning Objectives: 1. Provide participants with findings on research of refugee family reunification which has implications for policy and practice. 2. Engage participants in thought about future research and the importance of family reunification on mental health. References: Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. Australian and New Zealand Journal of Psychiatry, 40(2), 179-187. Rousseau, C., Rufagarib, M., Bagilishyaa, D., & Meashama, T. (2004). Remaking family life: Strategies for re-establishing continuity among Congolese refugees during the family reunification process. Social Science and Medicine, 59(5), 1095-1108

Book of Abstracts, Cairns 2012
Supporting the mental health of newly arrived refugees.

Wendy Zerner  Greg Turner

This paper will utilise the latest research and field experience to provide awareness of the issues that may contribute to the development of mental health problems in newly arrived refugees. Daily challenges in the life of new arrivals will be presented through stories shared by new arrivals. There will be discussion of support provided to new arrivals by services funded by the Department of Immigration and Citizenship such as settlement agencies and other refugee focussed services. The paper will provide suggestions on the role of mental health services in supporting these agencies as well as providing direct services themselves to this population. Prevention and intervention strategies along the spectrum of mental health will be discussed.

Learning Objectives:
1. Provide awareness on the issues that may contribute to the development of mental health problems in newly arrived refugees.
2. Discuss best practice models for assisting this population with their mental health needs.

References:

Promoting citizenship for people living with mental illness in the Asia Pacific: Asia Australia Mental Health.

Margaret Goding  Brigid Ryan  Kate White  Cynthia Agustin  Chee Ng

Aim: To promote the benefits for Australian mental health services to collaborate with their Asian neighbours. In response to the growing need of Asian-Pacific countries to enhance their mental health services, Asia Australia Mental Health (AAMH) - a collaboration between the University of Melbourne and St.Vincent's Mental Health Melbourne, works with mental health leaders (including consumers) and clinicians across the Asia-Pacific to promote community mental health and challenge stigma. High level advocacy, development of support networks, training and facilitation of service development have been key activities. An important program of AAMH is the Post-graduate Overseas Training (POST) Program which sponsors multi-disciplinary mental health clinicians and policy makers to observe and learn from Australian services. As a result, POST fellows are supported to improve mental health services in their own countries, and Australian staff gain a rich understanding of their neighbours. A current POST fellow from the Philippines will share her experience.

Over the last ten years, AAMH has been privileged to contribute to significant development and promote citizenship for people living with mental illness in our region. Learning Objectives: 1. To increase understanding of the progress being made by Asia-Pacific countries in developing community mental health services. 2. To show how countries in the Asia-Pacific region learn from both the problems and best practice examples of the Australian mental health system.

There is a growing trend in mental health services, and the broader community, to encourage consumers with a lived experience of mental illness to share both their experiences of that illness and then their stories of recovery. However, the implications of this for the individual are rarely discussed. Whilst the benefits to the community, such as education and hopefully reduced stigma, may be clear, the benefits, and perhaps even risks to the person sharing their story are often not immediately obvious. This paper will look at what ‘disclosure’ means, some of the reasons why people may choose (or be forced) to disclose their mental health status, the benefits and potential risks involved in sharing your story, the different degrees of disclosure that can occur, how to limit disclosure if you change your mind, the value of humour, the difficulties involved when one's story overlaps with other people's and some of the issues to think about before taking this significant step. I shall also discuss some of the different ways in which we can share our stories and I will share some of my own personal journey with dissociative identity disorder with you through writings and poems. Learning Objectives: 1. Audience members will gain a greater understanding of some of the issues surrounding disclosure from a consumer mental health perspective, including some personal examples of disclosures. 2. This is relevant to mental health issues and services as ALL mental health consumers are faced with situations requiring decisions about varying degrees of disclosure, yet the issues and implications surrounding these decisions are rarely discussed openly and honestly. References: Hyman, I. ‘Self-Disclosure and Its Impact on Individuals Who Receive Mental Health Services.’ HSS Pub. No. (SMA)-08-4337 Rockville, MD. Centre for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008. ‘Speaking Our Minds: A guide to how we use our stories.' Our Consumer Place, Melbourne, Victoria, Our Community Pty Ltd, 2011.
S63 Personal journey dilemmas
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 7
Paper 20’: Coming Out and Making the Team: The advantages and risks of disclosure.
Peri O’Shea
Coming Out or publically disclosing that you have an experience of mental illness has some significant personal and systemic advantages. Coming out can assist with personal recovery and opens up opportunities for peer support. Moreover, the more people who disclose assists to lessen stigma and misunderstanding. However, coming out also carries a number of risks not least due to the significant stigma associated with mental illness which may adversely affect a person’s personal, social and professional relationships. Another less understood risk of disclosure is that others who identify as consumers might not view your experience as severe or specific enough to make the ‘team’. This paper will draw on data from people working in the consumer movement, previous literature and personal experience; to explore the opportunities and risks in disclosure, the variances in view of what constitutes a consumer and the pressure to disclose some people working in the mental health consumer movement experience. Learning Objective: 1. More understanding and new thinking (includes presenter) about: The advantages and disadvantages of disclosure. The effect of stigma towards non-consumers within consumer movement.  2. Whether or not to disclose are questions that have significant impact on individual recovery. At a systemic level, disclosure by more people increases understanding and lessens the stigma associated with mental illness. References: Bergeson, Sue May 2007 Not sick enough. Bipolarconnect.com. Wahl, Otto 1999. Mental Health Consumers’ Experience of Stigma Schizophrenia Bulletin, Vol. 25, No. 3, 1999.

S64 Improving care
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8
Debbie Bridgeford
The North Metropolitan Area Health Service, Mental Health has focussed on strategies to improve consumer feedback management. Our strategies included; increasing consumer accessibility to complaints processes, developing guidelines and workshops for staff and regular reporting to Executive highlighting trends. Although we encountered challenges, including; resistance to display complaints forms, fear of complaints and a lack of staff understanding of what constitutes a complaint, our feedback processes have significantly improved. Outcomes include; front-line staff empowered with the skills and knowledge to resolve complaints at the point of service, reducing aggressive incidents and seclusion (from an average of 7.3 to 4.9 episodes per 1000 days), increasing complaints resolved verbally (from 0 to 34%), reducing the average days to respond and a 100% increase in the number of compliments received (from 79 to 158). We feel that the initiatives we have implemented in our service will be useful to other health services in improving their complaints management systems. Learning Objectives: 1. The value of verbal, compared to written responses to consumer complaints; benefits to both consumers’, staff and the organisation (i.e. reduction in aggressive incidents / seclusion, satisfaction and timeliness of response, ownership of complaint, confidence in the service). 2. Complaints are inevitable in all services and managing complaints in a mental health service is a unique challenge. Our findings indicate that complaints are
best managed in a mental health setting using a consumer-focussed complaints process.

S64 Improving care
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8
Paper 20*: Seclusion, trauma, and post incident support: An Australian study.
Stuart Lee  Fiona Whitecross  Amy Seeary
Despite the growing literature base identifying that seclusion is traumatic, it remains common practice in Australia. Measuring trauma in patients post seclusion using a valid and reliable trauma scale has not been undertaken before.

Aims: Measure the nature and severity of trauma symptoms experienced by patients following a seclusion episode, and explore the effectiveness of a brief post seclusion counselling intervention in reducing trauma symptoms or subsequent seclusion episodes. This study was conducted on an adult inpatient psychiatry setting, with people who underwent a seclusion episode invited to complete the 22-item trauma measure (Impact of Events Scale-Revised). To investigate the efficacy of post-seclusion counselling, a brief single-session intervention was piloted comparing outcomes for patients treated on a ward implementing semi-structured post-seclusion counselling and patients treated on a ward continuing with treatment-as-usual. To date 28 consumers have participated. Approximately 44% were found to have seclusion-related trauma symptoms consistent with a post-traumatic stress disorder, although there was no difference in trauma experience between groups. Significantly less time was spent in seclusion for patients treated on the post-seclusion counselling ward. These findings support further investigation into the psychological readiness for post seclusion interventions and the nurse's role in delivering this intervention.

Learning Objectives:
1. Nature of trauma symptoms stemming from a seclusion episode as well as the effectiveness of a brief intervention to reduce event-related trauma and future seclusion episodes.
2. This topic is relevant to mental health services by measuring seclusion-related trauma experiences and demonstrating the effectiveness of an intervention to reduce recurrent seclusion use.

References:

S64 Improving care
23/8/2012 From: 1530 To: 1700 Venue: Meeting Room 8
Paper 20*: How I overcame seclusion shock, began my true recovery and started becoming a citizen again.
Keir Saltmarsh
Seclusion and restraint can often lead consumers with enduring and everlasting trauma which can lead to disengagement from services along with a fear of inpatient settings. Keir provides a graphic and 'chilling' account of his experience of seclusion and restraint and explains how he overcame the shock and in doing so, truly began his recovery. The Reducing Seclusion and Restraint Project 2008-2010 provided practical solutions for staff and consumers across the Australian Mental Health inpatient service setting how best to avoid such events. However, the practice still remains. The trauma for some consumers, carers and staff endures. Keir found that when you overcome the trauma and shock of experiencing seclusion episodes, you
distance yourself from the shame, hurt, and stigma that this treatment method provides. Self esteem returns, the seclusion episode becomes a distant memory, and the way in which you overcome the trauma can shape your return to citizenship. This engaging presentation provides both consumers and staff of mental health services an opportunity to gain a shared understanding as to why this practice is damaging and why both parties have a shared responsibility in reducing and eliminating the practice of seclusion and restraint. Learning objectives: 1. Why seclusion and restraint is so damaging from a consumer perspective. 2. Why it is so important for services to utilise the consumer perspective in the continued reduction and elimination of seclusion and restraint. The importance of utilising consumers as tutors in educating staff and conversely, for consumers to understand the staff perspective and trauma that staff can experience as a result of these practices. Reference: Ending Seclusion and Restraint in Australian Mental Health Services. National Mental Health Consumer and Carer Forum, 2009. Second reference: National Standards for Mental Health Services 2010.

Film: Insatiable Moon (repeat) 5.30 - 7.30pm – Venue: Meeting Room 1, Level 1

Film Presentation: Community and Environmental Healing 5.30 – 6.30pm
Venue: Meeting Room 8, Level 1
Abstracts for Conference

Presentations on

Friday 24th August 2012

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DISCLAIMER
Information given by presenters at the conference does not represent the views of TheMHS, and does not constitute therapeutic advice
S76 Special Address and Presentation – Hon Mark Butler, Minister for Mental Health and Ageing

24/8/2012 From: 0900 To: 1015 Venue: Hall A&B

S76 Keynote – Rufus May

Keynote Presentation: The Quest for Freedom

Rufus May works as a clinical psychologist in adult mental health services in Bradford, England. Rufus is known for promoting recovery based approaches to psychosis and other mental health difficulties which he sees as understandable responses to difficult life circumstances. His interest in this is rooted in his own experience of psychosis and recovery in his late teens. His media work has included the channel 4 documentary 'The Doctor who Hears Voices' which achieved some acclaim and provoked discussion about the best way to assist people experiencing paranoia and challenging voices. He has an interest in mindfulness approaches, drama work and community development approaches. He is also known for helping develop 'Talking with Voices' techniques that help people change the relationship with their voices to a more helpful one.

S77 Mental Health Commissions

24/8/2012 From: 1045 To: 1245 Venue: Hall A&B

Featured Symposium - 2 hrs: Mental Health Commissions - symbols or levers of reform.

Chair: Alan Rosen. Opening Speaker: Hon Mark Butler. Introduction: Hon Helen Morton MLC (WA). Speakers: Louise Bradley, Canada; Lynne Lane, Peter McGeorge, New Zealand; Georgie Harman, Australia (national); Eddie Bartnik, WA; Bill Kingswell, QLD, Lesley Van Schoubroeck, Sebastian Rosenberg

There has been increasing interest in Mental Health Commissions around Australia and in New Zealand. Despite their differences in scope, each proposal has been a signal of reform in mental health. Hon Mark Butler, Minister for Mental Health and Ageing will give an opening address, followed by a panel which will feature speakers from International, National and State Commissions. The speakers will provide insights into the value of the symbolism that comes with the establishment of commissions as well as an outline of the different levers for reform that they have access to. How do we prevent a gap appearing between expectations and the reality, between the symbolism and the potency and outcomes of working the levers? Learning Objectives: 1. Understanding of the rationale of different forms of Mental Health Commissions. 2. Importance of symbolism in driving reform.

S78 1. Symposium: Service roles, boundaries
24/8/2012 From: 1045 To: 1245 Venue: Hall C
Symposium - 1 hr: Services, Roles and Boundaries: Exploring the WHO, WHAT and WHERE of Mental Health Services in a Changing Multi-Sector World.
Tully Rosen Tina Smith Jenna Bateman
Mental health services are undergoing major reform, and the landscape of the mental health sector is changing rapidly. Service provider boundaries are blurring and recovery-orientation is requiring a more integrated, coordinated and person-centred structuring of service delivery towards achieving client self-directed care. This approach challenges previous assumptions of who should be providing what services and where they should be delivered from. Traditional divisions between service sectors (public, community-managed and private/primary healthcare) are causing tension, including unnecessary gaps and duplications in service delivery. It is becoming increasingly challenging to differentiate between 'clinical' and 'non-clinical' health and community services for people affected by mental illness, or the qualifications and experience required by workers to deliver medical, talking therapy and psychosocial rehabilitation services. This facilitated forum will be hosted by the skilled and lively Michael Brooks. It will bring together a panel of stakeholders who will be invited to envision an ideal service system through the lenses of consumers, psychiatry, allied health, community managed organisations and health workforce planners. Audience participation may be hard to avoid. Learning Objectives:
1. Delegates will gain insight into the parallel universes, philosophies and practices of public, community managed and private/primary health and community services in Australia in responding to the needs of people affected by mental illness.
2. Solutions for collaborative practice and service partnerships will be explored, including the increasing importance of using accurate and specific language to describe activities such as the 'clinical' and 'non-clinical' services/interventions that we undertake. References: Bateman, J. and Smith, T. (2011). Taking Our Place: Community Managed Mental Health Services in Australia, International Journal of Mental Health, 40(2), 55-71. Community Services and Health Industry Skills Council (CS&HISC, 2009). Mental Health Articulation Research Project - Services and Workforce Study.

S78 2. Symposium: Working together primary care
24/8/2012 From: 1045 To: 1245 Venue: Hall C
Symposium - 1 hr: Working together, working better: An inter-disciplinary case study panel discussion.
Nicky Bisogni Janne McMahon Evan Bichara Mary Emeleus Roger Gurr John Farhall
Do you want to: Participate in an engaging, relevant and spirited session about collaborative mental health care? Explore a case study from an inter-disciplinary and cross sectoral perspective? Hear about the merits, opportunities and challenges of collaboration from the perspective of key providers of mental health care including a GP, psychiatrist, psychologist, and a consumer? Take home tips and strategies for the primary care and community mental health sectors to work together and better. If you answered yes to one, or more, of the above.. then this symposium, hosted by the Mental Health Professionals Network, is for you. A not-for-profit organisation, MHPN is funded by the Commonwealth Government Department of Health and Ageing until June 2014 to support collaboration in Australia's primary mental health
sector. Through the fostering of local interdisciplinary networks of mental health professionals, MHPN aims to improve referral pathways leading to better outcomes for consumers. MHPN has established over 450 interdisciplinary mental health networks across Australia, of which 40% are located in regional, rural and remote locations. In addition to supporting face to face networks MHPN also host a series of interdisciplinary panel discussions, delivered via webinar. The panel discussions, underpinned by a case study, model authentic discussions clinicians are, should and could be having about the merits and challenges of collaborative mental health care. The series has been successful in securing highly skilled and esteemed mental health clinicians as presenters; and been well attended and well received by participating mental health clinicians Testimonials from participants: 'Collaborative approaches were emphasized between disciplines; respecting each other's expertise and diversity of talents and therapies"..I have enjoyed fellow multidisciplinary colleague's questions and comments - one doesn't feel isolated in utilising this method of learning."[I will] intentionally work on developing relationships with other practitioners involved in caring for my clients and developing effective communication pathways."'(I now have).an increased knowledge base to confidently discuss options with GPs, consumers and their carers and families'The TheMHS symposium panel will comprise a psychologist, psychiatrist and consumer and will be facilitated by a GP. The panel, representing the primary care sector, will engage in a spirited conversation with the audience, representing the community mental health sector, about the challenges, merits and opportunities to collaborating across the sectors. The conversation will be authentic, person centred, engaging, clinically focused, and practical. Learning objectives: 1:People in the audience will gain a better understanding of the merits, challenges and opportunities in collaborative mental health care along with a better understanding of the key principles of intervention and the roles of different disciplines in providing primary care services to people with mental illness. 2.The launch of Better Access to Psychiatrists, Psychologists, and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative offers consumers a real and viable option to benefit from collaboration between mental health providers in the primary care sector. Supporting clinicians to work together and better will contribute to positive outcomes for consumers. References: MHPN Environmental Scan.Independent Evaluation of MHPN by Uni of Melb Centre of Health Policy, Programs and Economics

S79 Learning, benchmarking, art
24/8/2012 From: 1045 To: 1245 Venue: Hall D
Paper 20': Web based Learning connecting Day to Day Living Program service providers with recovery oriented practice.
Melody Edwardson Helen Glover
Inherent challenges to recovery-oriented practice exist in day programs for people with mental health issues. The key to correcting this is staff development, but costs limit service providers' capacity to meet these challenges. The distributed platform of web-based learning is often used in other settings as a response. Through a capacity-building project connecting over 60 Day-to-Day Living programs across Australia, funded by Department of Health and Ageing, a web-based training service was developed to improve services to participants. A platform of six online learning modules was designed so that service providers could purposely connect with each other across Australia to learn about recovery-oriented practice. These modules, designed by Enlightened Consultants, consist of videos, activities and resources that
services access when convenient. A scheduled webinar one month after the release of the module provides rich interagency discussion from across the nation. Ongoing feedback from providers informs the development of subsequent modules. Providers reported positive changes to their service as a result of this convenient, cost effective participation in the learning modules. Whilst many service providers continue to prefer face to face learning, having experienced the benefits of web-based learning most would use this method again as a useful training adjunct. 

Learning objectives: 1. the audience will gain an awareness of the benefits and challenges in using web based learning with community based mental health service providers. 2. Many community based services have restricted budgets for staff development, or operate in remote locations or are otherwise isolated. Learning about the effectiveness of web-based options can help services maximise limited resources. 


S79 Learning, benchmarking, art
24/8/2012 From: 1045 To: 1245 Venue: Hall D
Paper 20*: Art Bridges the Gap.
Carolyn Noel
The phrase 'triple bottom line' has become entrenched in corporate speak. Management knows it refers to fiscal, environmental and social responsibility. Companies know and measure fiscal responsibility; profitability, taxes, wages and budgets. Initially corporations struggled with the notion of environmental responsibility. Now environmental issues are now so well accepted it would be difficult to find a company or organisation that doesn't have some move to be more environmentally responsible; however once, the notion of turning off lights to save 'black balloons' was unheard of. But what of social responsibility, what is it? How does a company being socially responsible relate to mental health and in particular how does it assist people to recover citizenship? My presentation will showcase an example of how collaboration between Vic Roads and mental health consumers both in hospital and those accessing community mental health services has led to the creation of art for a large infrastructure project in Victoria. Mental health consumers were empowered to recover their citizenship through a corporations desire to be more socially responsible. From Wikipedia. '...even within the parameters of a capitalist economy, a much wider understanding of the nature of business is required. The proposal is that business sometimes has social responsibilities that conflict with, and override, the responsibility to maximise profits. Learning Objectives: 1. In much the same as corporations did not understand how they could be more environmentally responsible a few years ago the audience will begin to understand that corporations are now seeking assistance to find ways of engaging with their community in order to be more socially responsible. 2. This presentation will demonstrate how an arts therapist approached a large corporation and used the design principles and objectives from their urban design strategy to engage and fund mental health consumers to create art as part of their social responsibility strategy for a major freeway.
S79 Learning, benchmarking, art
24/8/2012 From: 1045 To: 1245 Venue: Hall D
Paper 20*: Mental Health Professional Development - recovery online.
Michael Blair
Mental Health Professional Online Development (MHPOD) is an online learning resource that has been developed for mental health workers in order to support their professional development. Based on the National Practice Standards for the Mental Health Workforce, MHPOD draws on the evidence base for mental health care and contemporary practice wisdom. The MHPOD contains 45 topic modules that are available to all mental health workers in Australia, with each State and Territory having contributed to the development in one of the largest collaborative efforts for mental health education. Education providers will use MHPOD, to ensure that new graduates are aware of the core knowledge, skills and attitudes required in current and future mental health service delivery. Recovery concepts feature in two of the modules in MHPOD. The aim of this presentation is to demonstrate how the information on recovery frameworks can be used by mental health workers in a blended learning situation. Research has demonstrated that more can be gained from online education through the utilisation of blended learning. Delegates will be able to gain an understanding of recovery concepts in the context of blended learning, and be introduced to this innovative new educational resource provided for all mental health workers. Learning objectives: 1. To better understand ‘Blended Learning’ using the MHPOD online learning program. 2. To gain a basic understanding of ‘Recovery concepts in mental health’. References: National Mental Health Education and Training Advisory Group, (2002) National Practice Standards for the Mental Health Workforce, Commonwealth Department of Health and Ageing, Canberra. Egle C. (2009) A Guide to Facilitating Adult Learning, Rural Health Education Foundation and the Australian Government Department of Health and Ageing, Canberra.

S79 Learning, benchmarking, art
24/8/2012 From: 1045 To: 1245 Venue: Hall D
Paper 20*: Building consumer and carer involvement in clinical benchmarking
Joanne Sharpe  Peri O'Shea
Responsive services involve consumers in quality improvement activities. We will discuss our work to build greater consumer and carer involvement in clinical benchmarking in NSW. Changing clinical services is complex. It can be supported by feeding back meaningful data to allow services to reflect on their practice and variation from other services. This 'clinical benchmarking' requires good data and reporting as well as building trust amongst services in the quality and potential uses of the data. NSW Health clinical benchmarking projects have been working to develop capacity for reflective practice through developing data and reporting tools, hosting regular benchmarking 'forums' and regularly visiting services to present and discuss data. Consumer and carer involvement has been a ‘top down’ process, starting with involvement of peak consumers and carers bodies in governance and planning of benchmarking. Consumers and carers are now increasingly involved as participants and presenters at benchmarking forums. We are working together to find the best ways to involve local consumer and carer representatives in local site visits. We will discuss the benchmarking processes and some of the challenges and issues we are still working to resolve. Learning Objectives: 1. The approach NSW mental health services have taken to clinical benchmarking. 2. The approach NSW Health is

S80 Inclusive communities
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 1
Snapshots - Brief Paper 10': European Football: The experience of young people with psychosis.

Chris Lloyd Philip Williams Michael Paterson
The benefits of physical activity for health have been well documented and acknowledged. It has been found that physical activity is useful in alleviating negative symptoms of schizophrenia and that it can also act as a possible coping strategy for positive symptoms such as auditory hallucinations. As part of the rehabilitation plan for young people with psychosis, they are provided with the opportunity of playing European football. Football can have a positive role to play in mental health promotion and in the delivery of interventions that impact positively on mental health. In Europe, notably in Italy and in the UK, competitive football has been used with people with a mental illness with very good results. Football provides an opportunity for people to work towards a common goal, share in the training, and develop friendships. It is a very normalising activity as following football or going to matches is something done by many people in society. This paper discusses a research project that was conducted to gain a greater understanding of the experience of playing sport for young diagnosed with an early psychotic disorder from their own perspective. Learning objectives: 1. The audience will learn about the personal experiences of young people with psychosis from being involved in football. 2. This paper is relevant to mental health services since football has not been widely used in Australia and the benefits gained by these young people indicate that football should be more widely promoted within mental health services.

S80 Inclusive communities
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Social Inclusion as a Determinant for Mental Health.

Carlie Grove Dianne Lewis Kara Holmes
It is widely known that social inclusion is linked with positive mental health. Within the complex landscape of mental health care in NSW, B Miles Women's Foundation (BMWF) provides accommodation and support to women who are living with a mental illness. BMWF is well placed to make the principles of social inclusion real within the community and recognizes its' essential role in enabling inclusion. BMWF distributes a regular newsletter that is produced by a peer-representative. The newsletter invites consumers to participate in a range of upcoming social events. Many consumers have been attending these events regularly for over a decade. Some consumers attend events sporadically while others may never attend. We are interested in learning from consumers about what is most important in terms of social inclusion. This presentation will present the findings of qualitative research into the factors that moderate consumer participation in the consumer-driven social program.
that is facilitated by BMWF. Results will include the findings from both surveys and focus groups. The findings of this research may be of interest to other community organizations who promote social inclusion. Many services offer timetables full of social activities, however, participation can be variable. This paper aims to illuminate how services can create the right opportunities based on the perspectives and values of consumers.

S80 Inclusive communities
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Analysis If strategies used during of personal journey of over sixty years of hospital treatment including five years of PTSD
Mary Ward
The landmark Brudekin report is a benchmark for measuring progress in mental health in Australia. Some effective changes have occurred in the twenty years since publication. Many evaluations of improvements are not favourable and some including Not for Service’ are scathing. My personal experience indicates that some real citizenship recovery has occurred. Modern hospitals are more patient friendly and the consumer voice is welcomed. Numerous government and nongovernmental agencies provide extensive support within the community. Consumer groups (e.g. CAGs) are also an important forward move, providing improved communication between patients, professionals and management. However, suitable accommodation, employment and training for the mentally ill are still difficult to obtain. The community attitude towards mental illness also needs considerable improvement. Consumer input into planning is essential. Architects and builders recently met with our CAG group displaying plans and models of a new hospital. They were anxious to obtain feedback from patients. Restful surroundings, quiet areas and non-confronting environments are critical features of modern hospitals. Many groups, both government and non-government, are doing excellent work but before citizenship recovery is viable, community attitudes need to change and a co-ordinated State and Federal approach has the greatest potential for success. Learning objectives: 1. Outlines how to recover from Trauma damage and analysis of strategies used in personal journey. 2. Examining critical nature of family, professional and community support for mentally ill. References: After Burdekin A Brief Evaluation 14 years on. Not for Service Report: www.hreoc.gov.au.

S80 Inclusive communities
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 1
Snapshots - Brief Paper 10': In Our Words' Writing Group.
Jennifer Swist  Louise Witherell
Recovery from mental illness can be appreciated in the context of ‘fitting in’ and ‘having a place’. Clients from the Richmond Fellowship of New South Wales (RFNSW) participating in the writing group 'In our Words' conveyed their experience as recovering citizenship across the lifespan through short stories, anecdotes and poetry. Themes such as culture, community, autonomy, and empowerment were explored, thus also delving into the individual clients' physical, mental and emotional journeys. Many clients also expressed their hopes for how citizenship may be realized in the future for individuals living with mental illness. Learning Objectives: 1. Raise awareness regarding the value of expressive writing. 2. Raise awareness of the unique perceptions of clients with a mental illness.
Snapshots - Brief Paper 10': Trauma and the Move Towards Citizenship.
Glenda Blackwell

Trauma affects a person's life in substantial ways, intrusive symptoms, avoidant behaviours, alienation and a range of mental health issues. Healing takes enormous courage. Recovery involves doing things that do not feel comfortable or natural, a constant search for meaning. Trauma forces people to confront the underpinnings of social structures, illusionary understandings about life that enable humans to live with a sense of order, control and safety, the very bases of reality and identity. However, trauma survivors have been awakened to knowledge beyond what is immediately seen and have the opportunity for a deeper understanding of self, life and human consciousness. What does this mean in terms of citizenship in a world where their worldview has been transformed? Is it just about rights, laws and socioeconomic concerns or something more real, personal, holistic, mystical? What does it take for services and professionals to work with the traumatised individual, to be fully with them but also able to stand apart, to learn from them. Why citizenship? Precisely because the system is in crisis, how much more important is it to support the trauma survivor's view, to enable them to claim their own citizenship rights, the ones that hold meaning for them.

Learning Objectives:
1. From attending this presentation people will gain an understanding about the effects of trauma on the way the individual views the world and how this affects how they situate themselves within that world.
2. This topic addresses the need for understanding of trauma for the individual and how mental health workers and professional can best assist the journey back to citizenship.

References:

Snapshots - Brief Paper 10': The impact of an education and support group for carer's of people with mental illness.
Luisa Adesso  Geraldine Albornoz

Caring for a person with a mental illness has a number of distinct challenges. These can include, difficulty navigating the mental health system, lack of respite options and uncertainty related to the episodic nature of mental illness. Furthermore, carers frequently report feeling isolated from usual sources of social and emotional support. As a result of these challenges many carers are at risk of stress, anxiety and depression, leading to poor psychological well-being and carer burden. This paper will describe the development, implementation and evaluation of a carer support program facilitated by Blacktown City Mental Health Service in partnership with Uniting Care Mental Health. The paper will also outline the preliminary findings of a pilot study conducted in collaboration with the University of Western Sydney. The Carer Support Program is made up of monthly support groups involving information sessions and peer support, as well as the opportunity for individual support, with the aim of addressing and alleviating a range of stressors that carers face within their daily lives. Outcome measures used as part of the pilot study include the
Depression, Anxiety and Stress Scale (DASS 21) (Henry & Crawford, 2005), Social Connectedness Scale-Revised (SCS-R) (Lee, Draper, & Lee, 2001) and the Involvement Evaluation Questionnaire (IEQ) (Schene et al, 1994). Learning Objectives: 1. Members of the audience will gain a better understanding of the interventions which carers have found helpful in assisting them in their carer role. 2. This topic is extremely relevant to mental health services as current trends in mental health care have had a major impact on the rights that families and carers have with regards to mental health treatment and support. The National Standards for Mental Health (2010) outlines the need for mental health services to recognise, respect, value and support the importance of carers to the wellbeing, treatment and recovery of people with a mental illness. References: Cleary, M., Freeman, A., Walter, G. (2006). Carer participation in mental health service delivery. International Journal of Mental Health Nursing; 15(3): 189-194. Hunter, A. (2005). Carer Services Mapping Project: Final Report. Sydney, ARAFMI NSW: 1-53.

S81 Treatment and co-ordination
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 2
Cathy McKenzie Frances Walker
The New Horizons Complex Care program began in September 2010 and is funded via the State Budget to improve the coordination of care for people with a mental illness who have complex and multiple needs. Care coordination is an innovative approach that was developed as part of the Victorian Mental Health Reform Strategy 2009-19, to address the perception that over 60% of people registered with area mental health services require some level of care coordination. Care coordination seeks to improve access for consumers with one or more comorbidities to housing, health care, drug and alcohol, legal and employment services. It also seeks to reduce the amount of hospitalisations, crisis presentations, episodes of homelessness and incarceration for this cohort of clients. This presentation aims to provide an explanation of how care coordination works in practice. It will identify the differences between care coordination and case management, as well as provide examples of how this approach has been successful via the use of case studies. It will also touch on some of the challenges of implementing this new and innovative approach. Learning Objectives: 1. A greater understanding of care coordination within the mental health sector and how this can be integrated into the daily practice of workers in the sector. 2. Given that consumers with multiple and complex needs are often seen by separate services, coordination of services is an approach that seeks to gain better outcomes as well as enhance and support the recovery journey. References: Department of Human Services (2009). Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019. Melbourne: Victorian Government. Stewart, M.W., Wilson, M., Bergquist, K. & Thorburn, J. (2012). Care coordinators: A controlled evaluation of an inpatient mental health service innovation. International Journal of Mental Health Nursing, 21, 82-91.
S81 Treatment and co-ordination
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 2
Paper 20': Implementing a Strengths Based Model of Recovery in a Hospital Based Community Mental Health Team.

Peter McGeorge, Kay Wilhelm, Andrew Wilson, Steve Bernardi, Helen Vidler
This presentation reports on the evaluation of, and the progress with, implementing an individualised recovery focused, strengths assessment, together with health information modules, in the community mental health team at St Vincent's Hospital, Sydney. The 'Personalised Strengths Assessment and Packages of Care Model' (POC) includes a systematised approach to assessment and case management based on levels of need and service intensity, specific treatment, rehabilitation resources and care pathways. In addition, the model incorporates; consumer participation and empowerment, and recovery focused goal planning. The POC was developed by St Vincent's Mental Health Service, incorporating the main effective components of the Strengths Model (Rapp & Goscha, 2006) along with an adaptation of the Illness Management and Recovery Model (Mueser et al, 2006). Mental health care systems operating within a traditional medical model have been widely criticised for being 'deficit focused' or 'pathologizing' which can limit an individual's capacity to recover from mental illness. This presentation will outline, how implementing a strengths and recovery based approach, which works together with consumers to collaboratively identify consumer's strengths and resources, as well as consumer identified goals; has resulted in positive outcomes from a system, clinical and consumer perspective. Learning Objectives: 1. The delegates will gain an understanding of some of the challenges to implementing a recovery based model with consumers of a hospital based, community mental health team. 2. It is important to show how, with the support of all levels of hospital management, a non traditional mental health service model can be effectively implemented, evaluated and change managed to produce positive outcomes from a system, clinical and consumer perspective. References: Rapp & Goscha, 2006 'The Strengths Model' Oxford University Press. NY. Mueser et al, 2006 'The Illness Management and Recovery Program: Rational, Development, and Preliminary Findings. Schizophrenia Bulletin. Vol. 3 2. No.S1

S81 Treatment and co-ordination
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 2
Paper 20': Psychiatric triage use by repeat contact consumers: an evaluation of frequency and severity of presentations and discharge outcomes.

Terri Hunt, Melissa Petrakis, Bryan Bowditch
There is limited research regarding psychiatric triage and no single model (Kevin, 2002). Internationally, Australian research by Mental Health Nurses is a dominant voice however consensus is lacking regarding whether psychiatric triage should be reserved for acute crises and severe symptoms or whether a supportive and/or advice provision role with consumers is valid. Aims: To evaluate the frequency and severity of triage contacts and discharge outcomes for psychiatric triage. Methods: Repeat contacts (N=929) were audited over a 3-month period. Results: The triage service was found to be accessible, with the median number of calls for any unique caller only one call per month; only 2 people out of 247 contacted more than once a week. Discharges outcomes were most frequently follow-up by case managers at the clinics within the service (34.3%). Conclusions: Though there is often concern by staff of triage services regarding frequent contacts from consumers with case
management arrangements with the service, in actuality this group represents less than 3% of service use. Given that nearly half the calls were advice and information only, there is a need to resource community providers regarding telephone counselling and referral agencies in the community without exclusive reliance on triage.

Learning objectives:
1. What people in the audience will gain or learn from attending this presentation is a sense of how a busy triage service can respect consumer citizenship in responding to what individuals subjectively perceive as a crisis. 2. This topic is relevant to mental health services and mental health issues because a large number of members of the public rely upon advice and information to access appropriate support. References: Grigg, M., Herrman, H., Harvey, C. (2002). What is duty/triage? Understanding the role of duty/triage in an area mental health service. Australian and New Zealand Journal of Psychiatry, 36, 787-791. Happell, B., Summers, B., Pinikahana, J. (2002). The triage of psychiatric patients in the hospital emergency department: a comparison between emergency department nurses and psychiatric nurse consultants. Accident and Emergency Nursing, 10, 65-71.

**S81 Treatment and co-ordination**

24/8/2012  From: 1045  To: 1245  Venue: Meeting Room 2  
**Paper 20**: Communication and AAC in Mental Health.  
Natalie Albores

Augmentative and alternative communication (AAC) includes all forms of assistive communication that are used to express thoughts, needs, wants, and ideas. AAC could be used highly effectively and efficiently in the mental health field with a several patient groups thereby this paper hopes to describe personal experiences using AAC with this population. The Speech Pathology Australia guidelines for 'Speech Pathology Services in Mental Health' cites literature specifying the need for speech services in this area, especially communication needs. Longitudinal studies have indicated an increased likelihood of mental health problems in those who presented with significant speech/language impairments as a child. Literature has indicated that children who presented with significant communication disorders at an early age don’t typically outgrow their disorders, and a continuing risk from childhood into early adulthood of behavioural, social and emotional problems. The use of AAC could be beneficial for patient's presenting with mental health disorders as it could assist with addressing communication difficulties encountered by the patient and those around them. AAC could also assist with the following: Further develop language skills / address breakdowns (ESL); Decrease frustrations/ isolation when messages are not understood . Increase control of one's life / quality / participation. Rehabilitation / vocational demands. References: Beukelman, D & Mirenda, P (2006). Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs. Paul H Brookes Pub Co.Clegg, J; Hollis, C; Mawhood, L & Rutter, M. (2005). Developmental language disorders-a followup in later adult life: cognitive, language and psychosocial outcomes. Journal of Child Psychiatry, 46 (2), 128-149.
S82 1. Workshop: MH First-Aid
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 3 &4
Workshop 1 hr: Early intervention in the school setting: Mental Health First Aid Training as an evidence based approach to developing school community support for young people with mental illness.
Laura Hart  Claire Kelly  Betty Kitchener  Anthony Jorm
Adolescence is the peak period for the onset of mental illness. Despite the need for early intervention and the availability of effective treatment, few young people with mental illness seek help. Adolescents show a strong preference for disclosing personal problems, such as symptoms of mental illness, to their friends. However, research shows that adolescent peer groups are not well equipped to cope with the disclosure of a peer's mental health problem, because they lack mental health literacy and knowledge of effective first aid strategies. There is a strong desire among young people to learn more about mental illness and how they can appropriately help their friends. Teachers and parents are also aware of the important impact mental illness can have on the lives of the young people they care for, and the adults who care for them, but often lack the skills and knowledge to know how to respond. Training in mental health first aid is an established, effective method for developing mental health literacy and first aid skills.
Workshop: The proposed workshop will describe the concept of mental health first aid, the model of the Mental Health First Aid Training and Research Program (MHFA) and the approaches schools can take to encourage MHFA training in their community. Both the Youth MHFA program - a course to teach adults how to assist a young person who is developing a mental illness - and the teen MHFA program - a new course to teach adolescents how to assist their friends - will be described and practical information about how to develop access to this training within the school environment will be provided. The workshop will discuss why providing information about mental illness in schools is important, current research on the mental health needs of young people, coping with resistance to change, and using creative ways to engage the school community in supporting those with mental illness.
Learning Objectives: 1. To understand the concept of mental health first aid and how it can be usefully applied in the school community setting to develop early intervention and support for young people with mental illness. 2. To understand how to access/provide MHFA training in the school setting, for students, teachers and parents.
References:

S82 2. Symposium: Data driving reform
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 3 &4
Symposium - 1 hr: Reading the tea leaves - understanding mental health data.
Toni Ellis  Bill Kingswell  Grant Sara  Ruth Catchpoole
This symposium will comprise of the following three presentations and provide an insight into why public mental health data is collected, and how it has been, and will be used to drive mental health reform in Australia. Using data to track mental health reform over the decades, particularly since the inception of the National Mental Health Strategy. Presenter: Dr Bill Kingswell, Acting Executive Director of Mental Health, Alcohol and other Drugs Directorate, Queensland Health. Twenty years ago,
the Australian Commonwealth and State / Territory governments embarked on a National Mental Health Strategy to overhaul an ailing mental health system and to improve the lives of people with a mental illness. The goals were ambitious, as to the extent of the projected changes and the requirement for all levels of government to work collaboratively. Despite significantly increased investment in recent years, Australia's mental health services are subject to adverse public attention. However, the data tells a different story, the system is being transformed and we are making progress across reform areas, particularly in relation to seclusion and restraint. More can be achieved with persistent effort. Using data to support and improve services, Presenter: Dr Grant Sara, InforMH, Mental Health and Drug and Alcohol Office NSW Health. Health services need data in order to understand and improve the care they provide. However, using our information systems to create meaningful and useful data is often a challenge. This presentation describes NSW Health's efforts to support service change through clinical benchmarking and data reporting. This work includes:-Data and indicator development-Development of a clinical benchmarking data tool (CIBRE)-Supporting services through site visits and presentations-Regular forums combining data presentations with educational updates-Training for managers in data literacy. The CIBRE data reporting tool has been an attempt to provide identified unit data for a wide range of issues and variables, using data visualisation software to make navigating and interpreting this data as simple as possible. The reporting tool will be demonstrated. Harnessing the available data involves many ongoing challenges. These include building trust, credibility and engagement with clinical leaders, increasing consumer and carer involvement, and finding a balance between data richness and data overload. Using data to inform national public reporting to monitor future directions. Presenter: (TBC), National Mental Health Commission, The National Mental Health Commission plays a key role in the Government's commitment to long-term reforms in mental health. The Commission will monitor and evaluate the Australian mental health system as a whole and in doing so it will work in collaboration with consumers, carers, stakeholders and all jurisdictions, seeking to share knowledge and information on program and service evaluation. Using its insight into national system performance, the Commission will provide advice to Governments to inform future policy directions, taking into consideration of the needs and interests of consumers and carers. The Commission will: Manage and administer the annual 'National Report Card on Mental Health and Suicide Prevention'; Monitor and report on the performance of the mental health system through ongoing evaluation of the Ten Year Roadmap for Mental Health Reform (currently under development); and Develop, collate and analyse data and reports from other sources including Commonwealth agencies reporting on progress - with a particular focus on ensuring a cross-sectoral perspective is taken to mental health reform. Learning Objectives: 1. After a short history of performance measurement in Australia's mental health sector, the audience will learn of current and future activities to reform our mental health system, where services are working well and where more attention is needed. 2. Transparency and accountability is a priority area under the Fourth National Mental Health Plan and public reporting is a central component to achieving this goal. Attendees will learn of the future direction of national public reporting of public mental health services.
S83 1. Symposium: Families  
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 5 & 6  
Symposium - 1 hr: Asking the right questions: What works well with families where a parent has a mental illness.  
Fiona McIlwaine  Melinda Goodyear  Hannah Jewell  Imogen O'Neill  Greg U'ren  Rose Cuff  Sabin Fernbacher  Jennifer Power  
The Bouverie Centre, La Trobe University, Victoria, provides leadership in the area of family sensitive practice for families where a parent has a mental illness (FaPMI). This symposium will outline key initiatives undertaken by the Bouverie Centre to improve service provision for families where a parent has a mental illness. Included in this symposium will be four initiatives that address the issues for these families and for the service system working to enhance family resilience. Paper 1: Understanding family resilience in families where a parent has a mental illness. Authors: Melanie Goodyear, Jennifer Power. The concept of resilience is increasingly used in research with children and adults affected by mental illness as a way of understanding not only the risks posed to people by mental illness but also the strengths people bring to a situation. This presentation will outline the findings from a pilot project exploring the concept of family resilience in families where a parent has a mental illness. Themes from interviews with adults who grew up in a household where a parent has a mental illness and interviews with experienced clinicians working with families where a parent has a mental illness will be presented highlighting identified key factors that support resilience in these families. Implications for service provision for ways to further promote strengths of the family unit in the provision of mental health services will also be discussed. Paper 2: The role of family work when mental illness is just one challenge in family life: Emerging clinical themes from the Bouverie FaPMI Clinical Team 2011 - 1 2. Authors: Rose Cuff, Hannah Jewell, Fiona McIlwaine, Imogen O'Neill, Greg U'ren. This 12 month project has been established as an Action Research Project that includes a team made up of FaPMI therapists, the FaPMI State-wide Co-ordinator and a researcher. The team has identified the following broad research question: How does a family-based approach that includes systematically talking about mental health and parenting benefit family functioning and reduce problems for children in FaPMIs, through increasing children's understanding of mental illness increasing parents' understanding of the impact of their mental illness on their parenting and on their children resourcing families to have ongoing discussions about mental illness issues. This paper will present emerging practice wisdom and clinical themes. Paper 3: Implementation of the 'Let's Talk About Children' Intervention in Australia. Authors: Rose Cuff, Melanie Goodyear, Hannah Jewell, Rose Cuff. Let's Talk About Children' (Solanthus 2010), is a brief intervention, originating in Finland, that involves a structured conversation between a practitioner and a parent (or parents) designed to support parents to assist their children to better understand mental illness. Here we report on its implementation within two metropolitan adult mental health services in Victoria, Australia. This paper will report on the impact of the 'Let's Talk' intervention for clients of each service and their families, with reference to outcomes for clients and their families in both the 'intervention' and 'control' groups. This paper will also outline the research into determining the effectiveness of training and mentoring and organisational implementation support on the uptake of 'Let's Talk' within the mental health services. Learning Objectives: 1. In the context of the increasing national emphasis of a family focus within mental health services this symposium will provide attendees with a more comprehensive understanding of the

S83 2. Workshop: Rehabilitation martial arts
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 5 & 6
Workshop 1 hr: Completing the Rehab Circle - A Rock and Water Approach.
Bronwyn Lunt  Roslyn Poole
As a community mental health rehabilitation service we have traditionally used clinical and educational approaches such as ACT, Mindfulness and CBT strategies with groups or individuals when working on goals related to improving ability to cope with everyday stresses. While consumers participating in these programs learn to apply these techniques internally, we have observed that a sizeable group of people continue to lack the confidence and assertiveness to tackle difficult situations head-on or to deal with the frequent challenges arising in communicating with family, social networks and government agencies. We realised that our work in communication, assertiveness, self-awareness in a Clinical rehabilitation program, tends to be 'headwork' (cerebral) and we often hear back that although people have practiced the skills (relaxation, breathing exercises, mindfulness) they find it difficult to use these techniques in many of their, everyday, stressful situations. We looked for an additional element to close the gap between the theoretical and practical. Enter 'Rock and Water' - an innovative program initially devised in The Netherlands for adolescent boys which uses the basic concepts of martial arts to raise self-awareness and self-control. The primary concept in Rock and Water is that we need to learn when to be strong (Rock) and when to give (Water). This is taught (using psycho-physical didactics) through a variety of exercises based on martial arts theory enhancing a sense of 'grounding', awareness and communication. We have adapted the program to our community Mental Health Rehabilitation setting. The group setting allows people to try out their skills, test their strength and challenge themselves in a safe and supportive setting. The feedback from participants indicates that simply doing the activities is a major boost to confidence with participants reporting large improvements in their belief in their own physical and emotional strength and confidence in their ability to stand strong and communicate effectively. For the most part, this has resulted in an increase in resilience and enhanced community inclusion and citizenship for group participants. This workshop will include background on the Rock and Water program and our rationale for adapting and applying this program in a mental health setting. We will discuss the challenges of implementing a program such as this as well as the outcomes we have recorded. Open discussion will be combined with a very hands-on approach. Participants in the workshop will have the opportunity to practically experience the Rock and Water concept with facilitators guiding participants through a range of exercises in pairs or small groups. This will be a fun, interactive and informative session. References: The Rock and Water Training Guide by Frank Ykema. The NSW Department of Health Mental Health Strategy 2007-2012.
S84  Collaboration Consumers Families  
24/8/2012  From: 1045  To: 1245  Venue: Meeting Room 7  
Paper 20’: Sustaining Consumer and Carer Participation.  
Ailsa Rayner  Joe Petrucci  Samantha Sanbarossa  
The Cairns & Hinterland Mental Health & Alcohol and Other Drugs Service (CHMHAS) recognised that Consumer and Carer (C&C) participation was tokenistic, that input into service delivery and planning was inadequate, a culture of reluctance to engage Consumers and Carers into service development prevailed, and a strategy to remedy these issues was required. A forum for consumers and carers as an advisory and oversight body to the services Executive Committee, and representation on the service committees was established. A training program was developed in collaboration with the Cairns Consumer and Carer Advisory Group and Centacares Mental Health Resource Service, based on the National Mental Health Strategy’s The Kit A guide to the advocacy we choose to do. Over 50 participants either, or both, Consumers and Carers have completed this training. Qualitative participant information over seven years reveal participants believe that it enabled their participation and skills learned were valuable in other aspects of their life, the skills and knowledge helped them to be valuable and worthwhile participants in service planning, review and delivery the Mental Health Service which is now more responsive to the needs of consumers and carers, and most importantly, it has enabled sustained consumer and carer participation. Learning objectives: 1. To increase the options for sustainable Consumer Participation. To share what works in our Service, References: Queensland Plan for Mental Health 2007-2017. Consumer and Carer Participation Policy - a framework for the mental health sector developed by the National Consumer and Carer Forum

S84  Collaboration Consumers Families  
24/8/2012  From: 1045  To: 1245  Venue: Meeting Room 7  
Paper 20’: Evaluation of the ON FIRE peer support program for children and adolescents in families affected by mental health issues.  
Kim Foster  Ingrid McPhee  Judith Fethney  Andrea McCloughen  Peter Lewis  
Nearly a quarter of Australian children live in families where a parent has mental illness. Peer support programs offer a key intervention strategy to develop childrens coping, build supportive networks, and provide information on mental illness. The purpose of the ON FIRE peer support program is to cultivate hope, resilience, and wellbeing in children and adolescents aged 8-17 years in families affected by mental health issues. The aim of this paper is to present the child and adolescent outcomes from a pre-test/post-test evaluation of ON FIRE in its multisite pilot implementation year (2011). Strengths and difficulties, emotional wellbeing, knowledge of mental illness, connections, and sense of hope, were measured at baseline and four months for 64 children/adolescents. After 4 months, there was improvement on almost all measures but no significant changes in overall strengths and difficulties or in knowledge about mental illness. There was a meaningful reduction in emotional difficulties, and 43% of parents considered their childs problems to have improved. Children’s sense of hope, and positive connections outside the family, had significantly increased. The findings indicated that ON FIRE was meeting its main objectives. Recommendations for future offerings of the program are discussed. Learning Objectives: 1. The outcomes for children/adolescents in the ON FIRE peer support progra. 2. Peer support programs can be an effective intervention strategy.

S84 Collaboration Consumers Families
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 7
Paper 20': Effective Discharge Planning: Consultation and Collaboration with Families and Carers.
Michelle Swann
From the moment a mental health consumer is admitted to a mental health facility the plan for their discharge is commenced. Given the level of attention discharge is afforded, why are so many discharges reported by carers, in particular, as being woefully inadequate. This presentation will explore ways in which this extremely important area of the continuum of care can be improved including appropriate consultation and collaboration with families and carers. Learning Objectives:
1. Discover and implement more effective and holistic discharge planning for mental health consumers that incorporates the views and needs of families and carers.

S84 Collaboration Consumers Families
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 7
Paper 20': Peer support at the coalface: the Consumer Companion Program.
Karen McCann  Rick Austin
The Consumer Companion Program is based on the concepts of shared experience, learning from one another and having companionship and was developed and established as a pilot program in February 2008. The program has continued to grow to its current status of employing approximately 80 consumer companions and operating at all 16 acute adult inpatient units, two medium secure units and one extended care facility in Queensland. The presentation will highlight the following processes: recruitment and selection; orientation, training and supervision, and achievements and challenges within the program. Learning Objectives: Participants will learn:
1. how peer support is utilised as a valuable strategy in supporting people experiencing acute episodes of mental illness, in addition to the traditional nursing roles;
2. how peer support complements clinical mental health care in the inpatient setting.
3. how evaluation data will demonstrate that peer support is valuable and effective in supporting people experiencing acute mental health issues.
4. how effective support and training, mental health consumers can provide a valuable role in expanding the current mental health workforce.
First Things First: People with mental illness who experience homelessness creating a home and building lives through the Doorway Enhanced Housing First Demonstration Project.

Tracey Swadling  Ruby Partland

The Victorian Government provided $3.2 million in 2011 for 3 years for MI Fellowship to support homeless people to achieve improved mental health outcomes, social inclusion and economic participation. The organisation developed an enhanced version of Housing First to improve social inclusion and economic participation, utilising the following adaptations: 1. Personalised service design and an Integrated Team including clinical and community supports. 2. Specialist employment support. 3. Development of Circles of Support. 4. Peer support. The project develops innovative partnerships with real estate agencies to secure private rental housing; Empowers people to design and direct their own integrated support team; Utilises peer leadership in the staffing model. Two case studies will be presented, which will provide an understanding of the different experience of two doorway participants, including their experience of the support of Peer Workers, directing their own Integrated Teams and establishing Circles of Support. In addition, the first 6 months of data from an independent evaluation will be presented (subject to ethics approval) which measure the extent to which program participants have: Retained stable housing; Lived with fewer formal support services; Gained work; Benefited from family and friends in maintaining stable housing. Learning Objectives: 1. Participants will learn about the doorway model which enhances the Housing First model and the ways in which the Individual Placement and Support and Circles of Support interventions assist housing outcomes for people with mental illness. 2. This presentation also outlines a peer leadership model used in the project. References: Roberts, M., et al, (2010) A study of the impact of social support development on job acquisition and retention amongst people with psychiatric disabilities. Journal of Vocational Rehabilitation, vol. 33, no. 3, pp 203 - 207. 2. Spagnolo, A., et al, (2011) A study of the perceived barriers to implementation of circles of support. Psychiatric Rehabilitation Journal, vol. 34, no. 3, pp 233 - 242

All the time inside: Stigma, Community Participation and Family Empowerment.

Maris Depers  Trevor Crowe

Caring for a loved one with a substance use disorder and/or mental illness (SU/MI) places an incredible burden upon carers. Family stigma is a common negative experience for families/carers (Corrigan, Watson and Miller, 2006). Stigma and the resulting social isolation play a major role in preventing families from seeking assistance and may therefore have a direct impact on families' access to social capital. Social capital, and in particular, the type and amount of participation in community activities, has been associated with both positive and negative changes in mental and physical health and substance use. However, the social capital paradigm is yet to be fully explored in a family empowerment context. This paper presents current literature on family stigma, social capital, community participation and family empowerment. The paper will also present findings from a large cross sectional study involving SU/MH carers from across Australia currently being
conducted which aims to explore the relationship between stigma, family empowerment, social capital and community participation in families impacted by SU/MH issues. Learning Objectives: 1. Knowledge of family empowerment paradigm in SU/MH recovery context; Awareness of the relationship between stigma and community participation in families/carers of a loved one with SU/MH issues. 2. Families/carers are an integral part of mental health service delivery, supporting both services and consumers; Research has shown that families experience their own recovery and empowerment processes from SU/MH issues and this is an emerging paradigm which will inform the nature of mental health service delivery in the future. References: Berry, H.L., Rodgers, B. and Dear, K.B.G (2007). Preliminary development and validation of an Australian Community Participation Questionnaire: Types of participation and associations with distress in a coastal community, Social Science & Medicine, 64, 1719-1737. Corrigan, P. W., Watson, A. C., and Miller, F. E. (2006). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. Journal of Family Psychology, 20(2), 239-246.

S85 Home, community, family
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 8
Paper 20’: Happening at home -Providing Emergency Crisis Resolution and Psychosocial Support for Clients
Michelle Hilton
This paper will describe the Mental Health Care at Home innovative rapid response service delivery model that currently is a sub-contracted service funded from RDNS and provided by Mind Australia workers. The presentation will describe the short-term crisis resolution and psychological support services that are provided to consumers to avoid unnecessary visits to the emergency department, admission to hospital or to facilitate in providing discharge support allowing clients to leave hospital earlier than otherwise expected to a supported environment. This service provides an integral step in the South Australian mental health reform agenda supporting the stepped model of care that focuses on prevention, early intervention and working in collaboration with specialist acute and community mental health services ensuring that access to specialist mental health services are minimised. The presentation will also describe the service aims, consumer profile and demonstrate consumer outcomes including the achievement of personal goals and an enhancement of community connectedness and social functioning through the use of case studies. Learning Objectives: 1. Participants will receive a snap shot of an innovative service delivery model that provides a crisis and psychosocial response to consumers in crisis. 2. Participants will have an opportunity to explore the applicability of this model and how it may translate to other emergency mental health settings in which an integrated mental health and psychosocial response is required. References: Johnson. S., Nolan F. et al (2005) Outcomes of crisis before and after the introduction of a crisis resolution team British Journal of Psychiatry 187: 68-75 Council of Australian Governments National Action Plan for Mental Health 2006-2011 Second Progress Report
S85 Home, community, family
24/8/2012 From: 1045 To: 1245 Venue: Meeting Room 8
Pamela Rutledge   Phil Nadin
The decision to merge two organisations was made with consideration of, and input from two consumers groups. During the merger process an opportunity has existed to create a new relationship with our consumers reinforcing their position in the organisation by acknowledging their rights to 'have a say' and take an active part in the change management process. This paper will describe the consumer consultation process and the communication mechanisms employed during the discussion phase of the merger. It will also explore how consumers have contributed to helping to shape the vision, mission and values of the new organisation. Consumers have been the central focus of The Richmond Fellowship of NSW and PRA for more than 40 years. Each individual organisation has been committed to providing support to people experiencing mental health issues in the context of psychosocial rehabilitation promoting recovery and citizenship. The new organisation will create a broader suite of programs ranging from psychosocial support, vocational support and employment, whilst continue to encourage consumer involvement.
Learning objectives:The paper will demonstrate how consumers can actively participate in organisational change. Learning Objectives: Highlight specific strategies to encourage participation.
References:
G. Dell’Acqua. (1995). Trieste Twenty years after: From the criticisms of psychiatric institutions to institutions of mental health. 1995

S87 Recovery from Natural Disasters
24/8/2012 From: 1345 To: 1515 Venue: Hall A&B
Featured Symposium - 1.5 hrs: Recovery from Natural Disasters: the case of Far North Queensland.
Michael Wilson   Tony Sansom-Gower   Kim Usher   Nick Rayner   Pauline Coffey   Suellen Donnelly
This symposium reviews the current state of research on and response to mental health impacts of natural disaster, with a specific focus on work underway in Far North Queensland since 2011. Results of a significant sample of people impacted by Cyclone Yasi will be discussed, with multiple mental health impact domains including analysis of Medicare data for prescription medications dispensing (3 months post-event compared to same period previous year). The panel will also present a qualitative review of the experience on hospital staff of evacuation and relocation of patients. This empirical data sets the scene for innovative clinical and non-clinical coordinated responses to populations impacted by these events. The overview of response includes the work of Queensland Health mental health clinicians (the Recovery and Resilience Teams) and Queensland Alliance for Mental Health (the peak body for the community-managed mental health sector). The Recovery and Resiliency team works closely with families and communities in FN Queensland to develop connections between various segments of family and their place in the community, and to apply a multi-layered supportive intervention derived from cognitive-behavioural therapy. The focus of the clinical support provided by the Recovery and Resiliency workers in Far North Queensland is Trauma-focused CBT (TFCBT). This intervention consists of the well-known CBT BASICS model (Lazarus,
but expanded to include existential and physiological aspects of response to trauma. General results indicate reliability and positive outcomes for people receiving this expanded support. A complete exposition of the process will be offered in the context of working with families and adults in this region. There will also be specific discussion of the complex responses of older persons to TFCBT, that account for an 'added variable' that presents as an existential or spiritual process in this group. The complexity of working with older persons derives from the biological and psychological responses to trauma over a lifetime. These responses that have built up into a schema create a multi-layered interaction that cascades and can swamp or dampen what might be already-compromised cognitive functioning. TFCBT has a number of clear, evidence based interventions that facilitate an older person in resolving critical life issues that may or may not be directly related to present trauma. An attitude in the clinician that allows or facilitates for both an encounter that makes the invisible trauma response visible and treatable to clients and better understood by • A series of interventions eclectically chosen in partnership, a 'guided discovery' with clients that allows self-direction and self analysis to occur • A clearer understanding of the internal processes that occur in an Older Person that both blocks and releases internal energies locked up in trauma responses • Finally, an overview of the response of the NGO sector will be presented through the lens of disaster-related community coordination and resourcing in the Resilient Places initiative of the Queensland Alliance for Mental Health. Through funding from the Commonwealth and Queensland State the NGO sector has been supported to provide coordination support for networks of community mental health services in disaster impacted regions. This coordination looks to enhance the impact of these services through stronger networking, identifying training, development and other mental health resources for community workers, particularly for community development officers and council liaison representatives attached to Local Government Authorities. A review of these resources and early impacts will be presented. Learning Objectives: 1. Participants will understand the scope of impact of recent natural disaster through the presentation of wide-ranging survey and other empirical data. 2. Participants will understand the complex impact of trauma across the lifespan and the usefulness of a trauma-based approach to cognitive-behavioural therapy. References: Lazarus, A. A. (1981). The Practice of Multimodal Therapy. New York: McGraw-Hill. Erickson, E (1987). The Life-Cycle Completed, 'The Existential Way to Recovery', in Moore, J et al. Psychiatry Danubina (2009) 21(4), 455-456.
owners, consumers and community agencies partner to offer marginalised people incentives and opportunities to dine at local cafes for a subsidised price. The model's success is driven by the inspiration and support of peer mentors in development, delivery and evaluation. The purpose of presenting this paper is to inspire others to adopt this model and to demonstrate a successful collaboration between consumers and local businesses to foster social inclusion. References: VicHealth. Mental Health & Wellbeing Unit. Research summary 2 - social inclusion as a determinant of mental health and wellbeing. Victorian Government. 2005 Jan. Social Exclusion Unit. Preventing social exclusion - report by the social exclusion unit. Cabinet Office UK Government. 2001 Mar.
model which provides a better base for recovery. Learning objectives 1. understand the process of change management in a busy service environment 2. Explore the notion of service delivery through functionally based community teams vs an integrated team model. References: Stepping up - the South Australian Social Inclusion Board review of mental health services in South Australia. A community mental health service delivery model: integrating the evidence base within existing clinical models

S89 Services and rights
24/8/2012 From: 1345 To: 1515 Venue: Hall D
Paper 20': Does Involuntary Commitment Deny Entitlement to Voting and therefore removes the Rights of Citizenship?
Ann Smith Zinaida Comely Sharon Lawn John McMillan
Aims: Systems Reform and Transformation The act of Involuntary Commitment limits the right to vote and enjoy the entitlement and freedom to stand for public office or serve on a jury, therefore denies the law of Citizenship which was established as the Nationality and Citizenship of 1948 which came into force on the 26th January 1949. The Convention of the Rights of Persons with Disabilities came into force on May 12th 2008, this Convention unequivocally recognises persons with disabilities as subjects of human rights, prohibits discrimination against them and asserts their place in the community (Weller, P. Supported Decision-Making and the Achievement of Non-Discrimination). 'Human Rights are the birthright of all people and cannot be lost or taken away'. (Australian Government of the Department of Foreign Affairs and Trade) We therefore argue that involuntary commitment takes away the status and the rights of citizenship. The electoral Commission of SA states that to qualify for enrolment to vote you have to be an Australian Citizen on the State roll and the roll of the Commonwealth and be 'of sound mind'. Who determines, that a person is of 'sound mind' and has the right to vote, ensuring social justice? Learning Objectives: 1. Involuntary patients having access to the Australian Ballot. 2. Involuntary commitment implies that you are not 'of sound mind' therefore unable to vote. We argue this point. References: Weller, P. Supported Decision-Making and the Achievement of Non-Discrimination: The Promise and Paradox of the Disabilities Convention. Convention of the Rights of Persons with Disabilities 12th May 2008.

S89 Services and rights
24/8/2012 From: 1345 To: 1515 Venue: Hall D
Catherine Flanagan Eleanor Gatto
This paper demonstrates the changes in service delivery modalities that have occurred since the year 2000 in the Cairns & Hinterland Integrated Mental Health & Alcohol and other Drugs Service (CHMHAS). Research data was collected in 2000 for a case study into the way that CHMHAS delivered services to consumers and carers living with mental ill-health (Flanagan, 2007). The research prioritised the development of participation and partnerships in service delivery. The analysis of the data indicated that CHMHAS experienced many constraints to implementing participation and partnership policies. The primary themes which emerged from the consumers' and carers' discourses were about their powerlessness in relation to psychiatry and bureaucracy, and the importance of mental health practitioners to assist them to address their social, emotional and material needs rather than continue a strict focus on bio-medical issues and solutions. It also found that
consumers and carers were exposed to legal, medical and social structures which disempowered them. Twelve years later there have been many changes in policy focusing on a philosophy of viewing and delivering services to consumers and carers from a recovery model. In 1993, Burdekin claimed that the assertions of rights without effective monitoring of their implementation, or remedies for their violation, were of little effect. Therefore, this paper will highlight the changes that have occurred at CHMHAS during the past 12 years and in what ways consumers and carers in Cairns believe this has led to citizenship recovery.

Learning Objectives:
1. Candidates will learn the gains or setbacks experienced by one mental health organisation towards implementing recovery modalities.
2. Candidates will gain an understanding of the operationalisation of contemporary mental health policies and plans and how they have impacted consumers and carers living with mental ill-health at the micro level.

References:

S90 Consumer participation, community engagement
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Brainwaves 3CR, Community Engagement through Radio
Mel Kelleher Ben Rinauldo
There is a general consensus within the mental health sector that there is a hierarchy of citizenship and that people living with mental illness are treated as second-class citizens (Arafmi Australia, 2011; Vicserv & Mental Health Legal Centre, 2010). As second-class citizens, the rights of people with mental illness are considered as less important than others of the same society. Patrick McGorry (2010) compared the Australian health system to an 'apartheid-like division between mind and body.' In combating this division, McGorry acknowledged the importance of people living with mental illness sharing their personal stories. Brainwaves is a community radio program wholly produced and delivered by people with a lived experience of mental illness. The show provides a vital platform for people with a lived experience and their families to share their personal experience of how mental illness erodes their rights and encumbers their participate as full citizens in our society. This presentation will discuss the construct of citizenship in Australia and how participation in Brainwaves contributes to enabling citizenship by providing equal access to the media and raising community awareness around the challenges to citizenship faced by people living with mental illness. Learning Objectives: 1. The presentation aims to contribute to the understanding of 'citizenship' for people living with mental illness and to provide an example of how key elements of citizenship can be operationalised through the Brainwaves radio program. 2. This topic demonstrates a community engagement program that contributes to social inclusion for people with a mental illness through a positive form of media.

S90 Consumer participation, community engagement
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 1
Snapshots - Brief Paper 10' : 'Tell us your story.
Catherine Fox  Bernadette Brady
Collecting stories of people’s experience of care in the psychiatric unit of the Canberra Hospital began in 2010 with the work being undertaken by the Consumer Consultant. Looking at the ways to improve methodology, data collection and analysis of the consumer or carers story has been the next step. A collaboration has been formed with the Director of Patient & Family Centred Care of the Health directorate and together they have collected analysed and provided guidance on quality improvement to the mental health services in the ACT. In this presentation the consumer consultant who leads the mental health project will talk about the methods used to capture the lived experience and analyse its findings. Show how the gaps identified have been used to guide service quality improvements and talk about the experience of a consumer working as an equal partner with a clinician who heads a similar project for the Health service. Showing why, engaging with consumers' and carers informs services about gaps relevant to services moving forward in providing health for all. The 'Tell us your story’ project has been utilised to inform services of what consumers and carer want beyond the psychiatric unit, supporting participation by consumers and carers to help improve the way things are done. Learning objectives: 1. The audience will walk away from the presentation with a understanding of how to collect peoples narratives and how this can help in their work practice and service improvements. They will understand how the threads of common gaps emerge and they will learn how to gather stories for their own work place. 2. Tell me your story puts the consumer & Carer in the driving seat of change. Helping mental health services to gain a broader picture of how things are and could be. The lived experience and insights of those who share their story provides clear insights into common things the service does right and also gaps, highlighting where services can aim to create quality improvements that will address the needs of those using the service.

S90 Consumer participation, community engagement
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 1
Evan Bichara  Jacqui Gibson
The Victorian CALD Reference Group comprises of a highly motivated group of culturally and linguistic diverse consumers who voluntarily run CALD mental health support and advocacy groups throughout Victoria. The group provides not only a network of support to consumer advocates but ensures that the issues that CALD consumers face on a daily basis are addressed at more systematic level. The incidental benefit to the members has been an increase in leadership capacity, self esteem and advocacies skills. Through planing, the group has been able to develop key areas of working priorities. The process has allowed for each member of the CALD Consumer Reference group to take a leading role and further their skills set in leadership development. An additional gain has been that the wider community now has a greater understanding for the need for CALD consumer advocates in Victoria. The presentation aims to explore the importance of keeping the CALD consumer perspective on the forefront of every mental health service agenda and how this can be successfully achieved with limited resources. Learning Objectives: 1. The
audience will learn about the role of the Victorian CALD-CRG and some of the key priorities in which it has engaged itself in as developments for the group since its inception in 2009. They will also hear from some of the members speak on some of the projects in which they have undertaken successfully to enhance the Victorian CALD Consumer Movement.

2. The CALD Consumer movement is one area of work that should be given some degree of priority as it enhances the mainstream Mental health services to give better services to its wider community it serves. We know that a large proportion of the population is of CALD background and therefore it would only make sense that this community is served in the best possible way and that is by making the CALD Consumer perspective in the forefront of mental health so that the Mental health services of today can serve the migrants/refugees of the past, today/tomorrow.

References:
The VTPU Training modules. The viewpoints of all the advocates of the Victorian CALD CRG.

S90 Consumer participation, community engagement
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 1
Snapshots - Brief Paper 10': Consumer participation as a process to reclaim citizenship.
Julie Anderson  Darren Freak
Mental Illness Fellowship Victoria has been systematically identifying opportunities for consumer participation, that provide increased autonomy and empowerment, continuing to transform its practice from 'doing to' to 'doing with'. Through a consumer participation project specific consumer services have been designed based on the principle of deep and meaningful dialogue. This dialogue contributed to the development of a framework focusing on the areas of training, cultural change and participation. Organisationally consumer participation is valued from the point of intake to assessments and the development of services to meet individual recovery needs. The framework expands the participatory space through a change management and development process to create opportunities for consumers to take up leadership roles. Arnstein's Ladder of Citizen Participation conceptualises the process to increase citizen power by consumers which can be applied to the mental health sector and wider community specifically in areas of decision making and creating a stronger sense of self efficacy. Through specific examples this presentation aims to demonstrate how valuing the citizenship of people with a mental illness within an organisational setting creates a transformative effect and provides pathways for a new leadership to emerge. Learning Objectives: 1. People in the audience will learn how a change management and development process can create pathways to consumer leadership in decision making within the service design of an NGO. 2. This presentation outlines a consumer participation framework that supports citizen power and offers consumer leadership opportunities. References: 1. Arinstein, S.R. (1969), 'A Ladder of Citizen Participation', Journal of the American Planning Association, 35 (4): 216 - 224 2. Gordon S. (2005), 'The role of the consumer in the leadership and management of mental health services', Australasian Psychiatry, 13(4): 362-5
Jon Martin

The concept that clients are the experts in mental health can be a challenge to professionals working in the mental health field and the wider community. When the Ambassadors of Hope present they are asking the audience to reframe not only who are the holder of key knowledge on mental health issue, but the 'them and us' patient/worker divide in the support relationship. Involvement in the project further supports the person to reclaim participation in society, which is vital to improving their mental health as described by Merton and Bateman (1997). This project enhances the services that Mind delivers, particularly improving the area of early intervention. The ambassadors take ownership of the project and assist in shaping how it operates going forward. This has further assisted in the speakers' recovery as the project focus on the principles of being self-directed strength based as stated by Davidson et al (2001) I will aim to: • Describe the project. • Show the outcomes for the audience • Show the outcomes for the Ambassador. Ambassadors of Hope is an project developed by Mind involving clients to educate the community about mental health and to enhance their recovery.

Learning Objectives:
1. To learn how to enhance a consumers recovery through participating in the project.
2. To develop a project that assists community mental health services provide early intervention and education in the community.


Anisa Ross

What is recovery. I attempt to define this for myself and find many nuances in this single word. I believe there are many stages to recovery. As I look at definitions I don't believe some aspects fit recovery from psychosis or mental illness. ‘The regaining of something lost or taken away’ stands alone as a futile hope for me. Regaining an absolute faith in my own sanity is still elusive 11 years after a psychotic break. I will never return to the person I was. I hasten to add that I believe I have gained much more than I have lost. Effective treatment has allowed me to build a richer life with a greater understanding and acceptance of myself. I have recovered and believe I can maintain my mental health. I still have many other areas of my life that require further attention. Recovery thus far has meant no hospitalisation, return to study, return to paid work, adapting to changes and attempting to rebuild relationships. Recovery has also meant connecting with people in a different way.

Learning Objectives: 1. Gain an understanding of the prolonged and dynamic recovery process. 2. Gain an understanding of the importance of the therapeutic relationship and its benefits.

S90 Consumer participation, community engagement  
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 1  
Karen Backhouse  Karen Hanzel-Jones  Sam Higgins  Lorrie Louws  
This presentation will aim to describe a clinical initiative provided by the Specialist Rehabilitation Service across Northern Sydney and Central Coast Local Health districts, through telling the personal story of an individual's involvement and her ongoing recovery of citizenship. The Specialist Rehabilitation Service provides client-centred rehabilitation support focussed on the personal recovery/values of individuals experiencing significant and chronic mental health issues. The Hearing Voices Support Group evolved from a New Zealand Model with a philosophy grounded in the Hearing Voices Movement. It is a closed group that meets weekly for a period of 8 weeks, co-facilitated with an 'expert' voice hearer with a focus on peer support, living with voice hearing and increasing social inclusion/capacity building. Results and conclusions: Initial qualitative data collected indicates that consumers have found the expert voice hearer to be a highly beneficial and critical aspect of the group. SH is viewed as a positive example of possibilities in relation to recovery and voice hearing, particularly in relation to the valuable role she performs in the community and her capacity to reframe the voice hearing experience. Learning Objectives: 1. Following this presentation, the audience will be able to discuss the concept of personal recovery. The audience will gain an understanding of personal recovery from an expert's experience of this process. 2. The personal recovery approach utilised by the Specialist Rehabilitation Service is a concept founded in the positive psychology movement. It is an evidence-based collaborative approach supporting mental health service consumers experiencing serious, chronic mental health issues focussing on their values and developing a recovery process towards a meaningful, engaging life and citizenship. References: Romme, M., Escher, S., (1993) Accepting Voices - MIND Publications. London. Andresen, R., Oades, L. G. and Caputi, P. (2011) Psychological Recovery: Beyond Mental Illness, John Wiley & Sons, Ltd, Chichester, UK.

S91 Hearing Voices  
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 2  
Nancy Ong  Jennifer Sabharwal  
Bawu Living Skills Centre is a community mental health drop in centre in Cairns. Bawu started a Hearing Voices Support group in 2010 with support from Voices Vic, Prahran Mission in Victoria and Hearing Voices Network, Richmond Fellowship, Western Australia. This paper chronicles the Hearing Voices Support group journey since its inception in 2010. This presentation will be of interest to consumers and services in regional areas who are interested in starting a Hearing Voices Group. Learning Objectives: 1. Share our experiences about starting a Hearing Voices support group in Cairns (the first group established outside of Brisbane) 2. Anecdotal account from a former voice hearer and her journey as facilitator of the group. References: Self-Help Approaches to Hearing Voices - Rufus May and Eleanor Longden (2011). The Voice inside: A practical guide for and about people who hear voices - Paul Baker with contributions from Marius Romme, Sandra Esher and Ron Coleman 2009.
S91 Hearing Voices  
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 2  
Paper 20': What it means to be 'out and proud' at work - when hearing voices is no longer a secret.  
Maggie Toko  
What it means to be 'out and proud' at work - when hearing voices is no longer a secret. Our presentation will describe an innovative approach which addresses the barriers to community participation for young voice hearers - used by Rocket Youth Residential Rehabilitation Program at Western Region Health Centre (WRHC). Young people who experience a mental illness are frequently disengaged and isolated from social inclusion. This is especially the case for young people who hear voices. Hearing voices accounts for 3 percent of the population with a diagnosed mental illness. Many don't access employment or education facilities and of those who do are often unable to maintain attendance. Family and relationship breakdowns are also common occurrences. The journey towards demystifying voice hearing for young clients at WRHC Rocket began with a considered disclosure by a staff member who hears voices and has culminated in the development of a collaborative young person specific Hearing Voices Group. Strategies used have included the sharing of lived experiences, mentoring, sensory modulation and experiential group work. Feedback from young people suggests that they are experiencing a greater sense of identity, more community engagement and an understanding that a life with hearing voices can be a meaningful life. Learning Objectives: 1. Practical strategies on how to engage young people who hear voices in conversations about their voices, their sensory perceptions and their recovery. 2. To understand the value of lived experiences by voice hearing staff members and to explore the importance of a supportive work environment and good work practices. References: Pierson, J 2009, Tackling Social Inclusion, 2nd edition. Vickerstaff, S, Phillipson, C, Wilkie, R 2011, Work Health and Wellbeing; the challenges of managing health at work.

S91 Hearing Voices  
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 2  
Paper 20': Improving outcomes and reducing formal paid support for individuals living with a mental illness, through a recovery oriented service delivery framework  
Chantelle Ritchie Adrian Burke  
This presentation will describe the recovery oriented service framework embedded within the Mental Illness Fellowship of Queensland and will illustrate the individual recovery outcomes achieved across a variety of service locations, mental health diagnoses and demographics. The service framework utilises evidence-based research, experience from working with individuals accessing services and sector wide service transformation. The framework is underpinned by the concept of 'service last' response and is made of three key components: 1. Personal Resource Base - identification of the individual's strengths and abilities, what the person is already doing to contribute to and stay well within their community. 2. Natural Resource Base - identification of the existing relationships that are already supporting the individual in their community. 3. Community Resource Base - identification of the community connections (library, dentist etc) that are already in existence within the individual's life. A case vignette will show the development of individual recovery outcomes for individuals including self mastery, ability to respond,
future capacity, learning and discovery, citizenship, , development and maintenance of relationships, sustainable housing, employment, recreation, and physical health which ultimately results in individuals reducing the level of formal paid supports within their lives.

**S92 Gender and citizenship**

**24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 3 &4**

**Paper 20': Recovering Citizenship for LGBTQI Mental Health Participants.**

Kath Sellick  Paul McCauley

As noted in the conference outline 'a mental health diagnosis can disrupt and challenge the notion of citizenship'. For people in the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community living with mental health diagnosis, the effects on ones status, rights and responsibilities have double significants in terms of sexuality and diagnosis. In the past 20 years since the Burdekin Report there has been a considerable shift both in attitudes to people with a mental illness and those who identify as LGBTIQ. However there are still significant challenges specifically at the point of diagnosis where questions of sexuality and mental health intersect and where LGBTQI mental health need meets existing service provision. This presentation explores the current issues, deficits and needs expressed by the LGBTQI community in their engagement with mental health services and reviews tailored service that seek to meet this diverse need. It is hoped the presentation will inform and assist service providers and users to create an effective practice that enhance the status, rights, responsibilities and recovery of LGBTIQ service users. Learning Objectives: 1. Participants will be informed of the mental health impacts on the LGBTIQ community; what their expressed needs are in managing their mental health and the attributes of existing tailored services to meet those needs. 2. The recent recovery-oriented model introduced in mental health services requires providers to better address the diverse needs of participants and specifically mentions service users form the LGBTIQ community. This presentation outlines the impacts of mental health services on the LGBTIQ community, their expressed needs and the potential services available to address those needs to better inform a diverse practice. References: Luckstead (2004) 'Raising Issues: Lesbian, Gay, Bisexual and Transgender People Receiving Services in the Public Mental Health System'. Van De Bergh, N & Crisp, C.(2004). 'Defining culturally competent practice with sexual minorities: implications for social work education and practice', in Journal of Social Work Education.

**S92 Gender and citizenship**

**24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 3 &4**

**Paper 20': Queer Community Wellbeing: The Results of Being Curious.**

Reima Pryor  Karen Field

Drummond Street Services, last year, presented on our analysis of the research and service system gaps in relation to Queer mental health, knowledge and treatment. We proposed that Australian research has been restricted by both notions that attribute the high prevalence of mental ill health to homophobia, and incorrect assumptions about the appropriateness of 'mainstream' mental health treatment models for this community. We advocated for the need for queer specific mental health services, that support the unique causes and impacts of mental ill-health for this community, as well as a community development approach which empowers the community to 'take their health back into their own hands'. This year we are able to
present on our initial (Beyond Blue and City of Yarra) funded research in relation to clinical file audits and community consultation regarding factors and pathways for mental health, community appropriate, intervention models. We see empowerment and true citizenship for this community being achieved not only via a cultural shift towards the ‘celebration of diversity’, but also via building the evidence-base, and access to, mental health interventions specific to this community, facilitating the spectrum of interventions from promotion, prevention, to early intervention, treatment and recovery. Learning Objectives: 1. Participants will learn about unique pathways to mental ill health and mental well being for the Queer Community. 2. Participants will better understand the unique mental health intervention needs for the Queer Community. References: Corboz, J., Dowsett, G., Mitchell, A., Couch, M. Agius, P. and Pitts, M (2008). Feeling queer and blue. A Report from the Australian Research Centre in Sex, Health and Society, La Trobe University, prepared for beyondblue: the national depression initiative. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society. oHillier, L., Jones, T., Overton, N., Ghan,L., Blackman, J., Mitchell,A., (2010) Writing themselves in 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.

S92 Gender and citizenship
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 3 &4
Paper 20': Equality, Gender Sensitive Care, Safety - are these my rights as a citizen.
Cheryl Sullivan Jude Stamp Julie Dempsey
Gender Sensitive Care is something often forgotten in mental health services. The illness itself takes precedence. How does this impact on service users - women, men, and people who identify as transgender or intersex? This presentation facilitated by consumers from the Women's Mental Health Network Victoria will highlight the need for gender sensitive care and provide an overview of the recently released Victorian Gender Sensitivity and safety guidelines. The presentation will commence with personal reflections on the lived experience as a consumer / consumer consultant. You will be asked to consider how you would feel if these experiences happened to your mother, sister, daughter, friend. So what can be done? The Victorian ‘Service guideline on gender sensitivity and safety. Promoting a holistic approach to wellbeing', was launched in September 2011 for implemented in all publicly funded mental health and drug and alcohol services in the state of Victoria. The Women's Mental Health Network Victoria has been funded to develop a gender sensitive training module to ensure that the service guidelines are embedded into practice. An overview of progress towards the development of this gender sensitive training resource will be presented. Learning Objectives: 1. To highlight the need for Gender Sensitive Care in all Mental Health Services from a consumer perspective. 2. To provide an overview of the Gender Sensitivity and Safety Guidelines as promoted in Victoria. References: Service guideline on gender sensitivity and safety. Promoting a holistic approach to wellbeing. Mental Health, Drugs and Regions Division, Victorian Government, Department of Health, Melbourne Victoria. 2011 Julie Dempsey (2011) Outrage to DeterminationàReal Women Right On!!! VWMHN Action for Change
Young people in this early part of the 21st Century face more complex challenges to their health and development than previous generations (1). Research suggests that 27% of young people have a mental health issue at any one point in time, and yet only 25% of young people who require assistance actually seek help (2). Many young people report that existing services do not meet their needs. Living in sparsely populated rural areas present unique challenges for young people accessing services, and specialist services are often not available (3). This paper outlines how service providers in a small community worked together collaboratively within current funding arrangements to develop an integrated youth-focused service, aimed at improving the well-being of rural young people. Learning Objectives: 1. Audience members will learn about how a rural community has provided a youth-focused collaborative service using existing resources. 2. This paper shows how quality youth services can be provided in a tight fiscal environment across service boundaries. References: 1. Tylee, A., Haller, D. M., Graham, T., Churchill, R., and Sanci, L. A. (2007) Youth-friendly primary-care services: how are we doing and what more needs to be done? The Lancet (online). www.thelancet.com. March 27, 2007. DOI:10.1016/S0140-6736(07)60371-7 2. McGorry, D., Purcell, R., Hickie, I., and Jorm, A. F. (2007) Investing in youth mental health is a best buy. Medical Journal of Australia; Volume 187, Number 7; 1 October 2007.

S93 Young people
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 5 & 6
Paper 20': Meds, Drugs and Rock 'n' Roll: Mental distress, substance use and engaging young people through creative arts.
Nichole Sullivan  Lindsay Martin  Gabriella Holmes
Following the lead of Western Australia which established the first Commission in Australia on 8 March 2010, the National Mental Health Commission came into effect in January 2012, New South Wales starts in July 2012 and Queensland's Commission is in the planning stages. This follows in the wake of commissions of various forms established in New Zealand, Canada and Scotland. Despite their differences in mandate and structure, they share an important characteristic - they are a symbol of reform for mental health and mental illness services. Mental health has emerged in Australia as one area where the media has captured a ground swell supporting substantive long term policy change with bi-partisan support. Mental Health Commissions have become a 'must have' for governments wanting to be seen to doing something. In 2010, the Coca-Cola Australia Foundation funded Mission Australia to develop and implement a Creative Arts Vocational Education (CAVE) program into a central pillar of the Triple Care Farm (TCF), residential rehabilitation and treatment program model for young people with Substance Use Disorders and Mental Distress. In 2011 the CAVE program assisted more than 156 young people to explore their creative skills and move towards further education, training and employment and reconnect with their communities. 75% of the young people graduate from the program into employment, training and education. In 2011, Students that participated in the general TCF program had an overall average length of stay of 40 days. Students that participated in the CAVE program had an average length of stay of 66 days; over 20 days longer than the average length of stay. This increase in the length of stay in the program equates to increased engagement which allowed an increase in clinical and non-clinical intervention and an increase in positive outcomes for young people. This workshop will explore how as helping professionals we can discover and explore relationships, attitudes, beliefs and emotions through music. It will demonstrate how creative writing, film making, performance and drama offers young people an opportunity to express themselves, tell their stories, and create new stories and perform them as a team, to their peers, and as a part of their recovery. The group environment is a strengths based environment, creating a safe vehicle where young people can experiment and try on new skills, behaviours, new ways of being in the world and outside their current range of experiences. The workshop will encourage helping professionals to support young people to take measured risks, and challenge young people's perceptions of their story and their constructs of society. Learning Objectives:oLearn skills for engagement through creative processesoEncourage the use of creative processes as a tool for recovery within the mental health sector. References: Milkman, H. B., Wanberg, K., & Robinson, C. (1996). Project self-discovery: Artistic alternatives for

S94 Evaluation
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 7
Paper 20': Discovering the We in Us and them.
Rob Warriner
While the statistics around the prevalence of mental illness are well-known to us, and have remained relatively consistent, it can still surprise to be confronted by evidence of these. During January, 2011 staff employed at WALSH Trust were invited to participate in an anonymous, computer-based survey. The brief survey asked questions related to their experience of mental illness, and its value to them as employees in the mental health sector. These questions looked to understand how many people in the organisation have themselves had their lives impacted by the experience of mental illness, and the impact of this upon their being employed within the mental health sector? Staff who themselves have their own personal experience of mental illness have long been acknowledged as having an essential and invaluable role to play in the development and provision of effective, recovery focused mental health services. What has been overlooked is the contribution of 'other' people, employed within the mental health sector who also have their own personal experience of mental illness, who do not identify themselves as 'service users', nor explicitly or overtly apply that experience to their professional role[s]..

Learning objectives: 1. Participants will learn of the extent to which the workforce employed at WALSH Trust have personal experience of mental illness.
2. Participants will have the opportunity to consider and discuss the implications of such results for HR and employment practices, and the provision of mental health support services.


S94 Evaluation
24/8/2012 From: 1345 To: 1515 Venue: Meeting Room 7
Paper 20': Are we recovery orientated. Learning from people with lived experience.
Melissa Petrakis Lisa Brophy Michael Stylianou Matthew Scott Jayne Lewis Nadine Cocks Liam Buckley Kieran Halloran
Over the last two years St Vincent's Mental Health and Mind Australia in Melbourne have collaborated to deliver an innovative service to support people with severe and enduring symptoms of mental illness and complex needs, the Adult Mental Health Reform Initiatives (AMHRI). Aims: To describe an evaluation of the recovery orientation of the AMHRI, highlighting the value of Consumer Consultants as researchers to a project seeking to engage vulnerable and marginalised participants.

Methods: The evaluation was consumer-led, with consumer consultants across both organisations active participants taking on the role of community researchers. They were instrumental in selection of the approach to the evaluation and instruments to use, they negotiated consent with consumers, they conducted all interviews peer-to-peer, and they collected all data and contributed to the analysis.

Two consumer rated recovery-orientation-of-the-service measures were used: the
Recovery Enhancing Environment measure (REE) and the Recovery Self-Assessment (RSA) (consumer version). Conclusions: The involvement of Consumer Consultants as researchers has generated interest here and overseas, with the Consumer Consultants the first four authors (of eight) of a book chapter accepted for publication in an international text on consumer participation in research being published in the United Kingdom and will be available this July.

Learning objectives:

1. What people in the audience will gain or learn from attending this presentation is how it is possible to work together as team of consumer consultants, managers and academics to contribute complimentary expertise to an evaluation project - consumers consultants in relation to engagement with their peers in a research role; managers to enable the work to happen, gaining access to the services, supporting the research endeavor; and academics to facilitate the research design, helping to write up the process and findings, and to be on the look out for knowledge dissemination opportunities through conferences and papers.

2. This topic is relevant to mental health services and mental health issues because it is important we challenge ourselves to work out and work through the benefits and challenges of genuine consumer citizenship rather than tokenistic representation.

References:


Closing Ceremony; Song Connection Choir; handover of banner to next year’s Committee - 3.45pm Venue: Hall A&B, Level 1
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